

**QUALITY OF WORK LIFE PRACTICES AMONG INTERNATIONAL NON-
GOVERNMENTAL ORGANIZATIONS IN THE HEALTH SECTOR IN
KENYA**

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DECLARATION

This research project is my original work and has never been presented for a degree in any other university.

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Date:

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This research project has been submitted for examination with my approval as the supervisor.

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Supervisor

ACKNOWLEDGMENT

I am grateful to God almighty for his grace, guidance and provision, without which I would not have come this far.

Many thanks to my entire family, especially my baby Hailey, for their understanding, patience, support and motivation during the entire course.

Thank you all and God bless you abundantly!

DEDICATION

I would like to dedicate this work to my entire family, for their great encouragement and support, especially my baby Hailey.

ABSTRACT

The study sought to determine the quality of work life practices in international non governmental organizations (NGOs) in the health sector in Kenya. The objective of the study was to find out the quality work life practices in international non governmental organizations in the health sector in Kenya. The research design for the study was a census survey, as it sought to study all the 45 international non-governmental organizations in the health sector in Kenya as registered with the Kenya NGO directory (2008). A semi-structured questionnaire was used to gather primary data. The target respondents comprised of the heads of the human resource function. Data was analyzed using frequency measures and percentages.

The findings of the study were that the quality of work practices in these organizations included; temporary part-time, referral services, compressed work schedules, phased return from maternity leave, in-house counseling for employees, on-site childcare, time off in lieu of notice, compassionate care leaves, temporary telecommuting, flexible working hours, job sharing, alternative work schedules, telecommuting, wellness programs. The findings also indicated that the most influential factors in determining the quality of work practices in these organizations were; availability of financial resources, work design variables, compliance to development partner policy and the culture of the organization.

It concluded that most of the organizations have quality of work life practice policy. Which shows commitment to enhance employee well being. It is recommended that the development partners should encourage the adoption of quality of work life practices by availing more financial resources, managers should be motivated in order to encourage and facilitate the use of the available quality of life practices.

TABLE OF CONTENTS

Declaration	ii
Acknowledgment	iii
Dedication	iv
Abstract	v
Table of Contents	vi
CHAPTER ONE: INTRODUCTION	1
1.1 Background	1
1.1.1. Quality of work life	1
1.2 International Non-Governmental Organizations in the Health Sector	3
1.3 Statement of the Problem	4
1.4 Objective of the Study	5
1.5 Significance of the Study	5
CHAPTER TWO: LITERATURE REVIEW	6
2.1 Introduction	6
2.2 Quality of Work life Practices	7
2.4. Challenges of implementing quality of work life practices	14
2.5 Factors that influence the adoption of quality of work life practices	15
CHAPTER THREE: RESEARCH METHODOLOGY	19
3.1 Research Design	19
3.2 Population	19
3.3 Data Collection	19
3.4 Data analysis	19

CHAPTER FOUR:DATA ANALYSIS, INTERPRETATION AND DISCUSSION	20
4.1 Response rate	20
4.1.1 Demographic details of the organizations.....	20
4.1.5 Existence of policy on quality work life in the international non governmental organizations in the health sector in Kenya	21
4.2 Quality of work life practices in international non-governmental organizations in the health sector in Kenya	21
 CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	30
5.1 Summary	30
5.2 Conclusions.....	31
5.3 Recommendations.....	31
5.4 Limitations of the study	32
5.5 Suggestions for further studies.....	32
 REFERENCES	33
Appendix 1: Letter of Introduction.....	37
Appendix 2: Questionnaire	38

CHAPTER ONE: INTRODUCTION

1.1 Background

Today, all types of organizations are facing the challenge of how to develop and manage their employees in order to achieve more with less and make optimum use of their potential. The increased permeability of the work-life boundary due to longer work hours, greater use of work-at-home practices such as telework, and increased use of technologies that link employees to the workplace around the clock presents new challenges in efforts to balance work and family needs (Major & Germano, 2006). International non-governmental organizations, like businesses see their employees as their most valuable asset and understand the necessity of having a positive, accepting, supportive environment in order to retain staff, bring out the best in each employee and maintain high morale and productivity.

Conflict between work and life demands has important consequences for organizations. Work- life conflict affects organizational commitment, job satisfaction, turnover intentions, work stress, and life satisfaction (Allen et al, 2000). Two types of conflict exist; family and life interference with work and work interference with ones' life and family, respectively, reflecting the potential for the life and family domain to interfere in the work role and the work domain to interfere in the family role. Compared to life and family interference with work, work interference with life and family is more prevalent (Frone et al, 2000) and more likely to be influenced by workplace factors (Anderson et al 2002).

1.1.1. Quality of work life

According to Bloom and Reenen (2005) the term "Work-life" in the broader sense, defines 'policies, programs, services and attitudes within a company that are specific to fostering the well-being of its employees through effective management of work, family personal life. Duxbury and Higgins (2003). Defines quality of work life as a person's control over the conditions in their work place', accomplished when an individual feels dually satisfied about their personal life and their paid occupation. It includes making the culture more supportive and adding activities to meet life event needs. It is also ensuring

that policies give employees as much control as possible over their lives, and using flexible work practices as a strategy to meet the dual agenda-the need of both employees and the business (Aghion et al, 2005). Quality of work life practices are therefore a strategy used by organizations to gain competitive advantage through retention of highly motivated, committed and reproductive workforce (Gray, 2002)

Quality of work life practices in an organization include; policies covering flexible work arrangements, child and dependent care, family and parental leave (Kirby and Krone, 2002). In contrast, work-life is a form of inner role conflict in which the role pressures from work and other domains such as family are mutually incompatible in some respect, whereby participation in one role is made difficult by virtue of participation in another (Allen et 2002).

Initially the concept of work life conflict focused on the impact of family demands on work. It now extends to the impact work has on individual stress, relationships and family well being (Russell and Bowman, 2000). It may be characterized by lack of fit between employees and their life responsibilities, and the goals of the organization. It may include issues such as difficulties related to child rearing, other kinship responsibilities, or stressful life events (Hobson et al, 2001). According to Eby et al (2005), work-life conflict occurs when cumulative demands of work and non-work life roles are incompatible in some respect, so that participation in one role is made difficult by participation in another role. A particularly important element of work and life conflict is work-related stress. Work and life conflict erodes the mental and physical well-being of workers, affects the quality of personal life outside of work, and increases cost to business (Frone et al, 2000).

According to Eagle et al (2003) work and life conflict has a negative impact on the employees' relationships with their children, spouse, friends as well as negative consequences for organization's bottom line. 'Employees experiencing high levels of work life conflict are likely to miss more work days per year and are less committed to the organization, and less satisfied with their job and thus more likely to intend to leave

their job. Quality of work life policies, programs, legislation and other initiatives can provide workers with the security and support they need to balance work with their other interests and life responsibilities. These initiatives include; onsite childcare onsite seminars on Issues like stress management, telecommuting, paternity leave and emergency leaves (Kirby and Krone, 2002).

1.2 International Non-Governmental Organizations in the Health Sector

Non governmental organizations are private voluntary groupings of individuals or associations not operated for profit or other commercial purpose. They exist for the purpose of public welfare, development, research or charity, including, but not restricted to health, relief, education, industry and supply of amenities and services. The registered non governmental organizations in Kenya are broadly categorized into two; international and national. International non-governmental Organizations are those that have are incorporated in other countries other than Kenya, but operate within Kenya under a certificate of registration. Most of them are well established in their country of origin and have the required resources compared to local non-governmental organizations.

There are over 500 international non-governmental and 45 in the health sector in Kenya (NGO directory, 2008). The health sector international non governmental organizations promote the participation of all citizens in the public health policy issues especially those that are marginalized; to ensure that their rights and needs are addressed. The focus areas of international NGOs in the health sector include health management and prevention of diseases such as HIV/Aids, Reproductive health, malaria and tuberculosis as well as nutrition, research and development, youth development, awareness campaigns and education (NGO directory, 2008). These organizations collaborate with other health associations, government organizations and universities to form mutually beneficial partnerships.

International non governmental organizations are supported financially by development partners such as, United States Agency for International Aid (USAID), Rockefeller, President's Emergency Plan for Aids Relief (PEPFAR) foundation. They face various

challenges due to their nature of operating in many countries. They thus have to mirror the policies of their country of incorporation, though tailoring the ‘best practices’ for consistency and uniformity. The development partners formulate global policies on quality of work life programs that are enforced in their affiliated partner organizations (Code for non profit sector, 2009). This translates into committed and motivated employees as not only are they helping others by ensuring their rights and needs are addressed, but that the employees’ rights and needs are addressed as well.

1.3 Statement of the Problem

There many issues facing international non- governmental organizations in the health sector in the last few years. The sector’s role in supplying health services has expanded enormously due to the demand of quality health services (De Cieri and Olekhans, 2004).

Due to more stringent conditions from development partners for the players in this industry to demonstrate results, these organizations are faced with the task of adopting modern management programs to ensure that they remain competitive and relevant in the communities they work in (Haar, 2004). The international non-governmental organizations in the public health sector have lacked in training and development of, if not the only, core resources available to them-their employees-as compared to the public and private sector organizations. These issues have created recruitment, retention, commitment and absenteeism problems for the sector (Haar, 2004). These organizations thus aim to provide employees with quality work life in order to attract and retain employees so as to become ‘employers of choice’.

The need to manage quality of work life has arisen out of the increasing diversity brought about by changing demographics of the workforce as well as changing social values and the globalization of economies and markets (Way, 1999). The adoption of a wide range quality of work life practices to deal with a variety of employee needs and demands has the potential of significant positive outcomes for the organization (Thomson et al, 2004).

Several studies relating to work life have been done. These include: Employee empowerment among international non governmental organizations in the public health sector (Odongo, 2006). Rimberia (2001) on use of flexible human resource practices in manufacturing firms concluded that, investing in ‘progressive’ human resource practices leads to a greater degree of commitment and motivation amongst the workforce. No study has been done on quality work life practices in international the non-governmental organizations in Kenya.

1.4 Objective of the Study

To establish the quality of work life practices among international non-governmental organizations in the health sector in Kenya.

1.5 Significance of the Study

The findings from this study will benefit the following:

- i) Academics by enhancing a deeper and broader understanding of quality of work life practices thus encourage more research.
- ii) Business enterprises by giving an insight into what motivates the international non- governmental organizations in the health sector to invest in these practices.
- iii) Development partners to see the benefits of offering quality of work life practices, thus factor this in funding.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The workplace has been shifting dramatically from command and control brand of authority to one based on a partnership between employees and employers. More and more organizations are using quality of work life practices strategic tools for creating workplaces whereby employees are engaged in, committed to and satisfied with their jobs. (Konrad and Mangel, 2002). There is increasing awareness of the benefits providing more quality of work life programs, reflecting increasing recognition of the fact that work and other commitments cannot be easily separated (Doherty and Tyson, 2000). As organizations move towards more participative and flat structures where fewer employees are expected to manage increased workloads, the demands of the environment increases, and maintaining the balance between the demands of a career and life responsibilities becomes more difficult (Gray, 2002).

The emergent challenge of international non-governmental organizations in health sector to attract and retain valued employees in a highly competitive labour market, is a strong motivating factor for increased organizational awareness and action, with regard to human resource policies and practices that address quality of work life (Guthrie, 2001). This is particularly valuable at management and senior management levels, on order to develop the leadership skills necessary for organizations to survive. Any organization aiming to increase its competitive advantage through its employees needs to develop an approach to human resources and quality work life practices that cater for the diverse needs of the workforce.

According to Capelli (2000), quality of work life has emerged as a strategic issue for human resource management and a key element of an organization's employee retention strategy. Organizations need to be aware of the changing needs of employees and provide quality of work life practices in order to retain their employees. Organizations that seek to increase employee morale, commitment and satisfaction and to reduce sources of stress and problems at work, will improve their ability to attract and retain talented and valued employees (Doherty and Tyson, 2000).

According to Aghion et al (2005), quality of work life -managing competing roles and responsibilities at work, at home and in the community- is a moving target that many organizations are having a hard time hitting. Driven by the complex changes in work and society, a growing number of workers are reporting a 'struggle to juggle'. Whether the challenge is on the life side of the equation, on the work side or on the sum total of way too much to do and not enough time to do it, finding ways to manage the conflict between work and life is important.

2.2 Quality of Work life Practices

Quality of work life practices refers to the ways in which organizations implement quality of work life programs to, workers in balancing the demands of work and their personal life. The quality of work life programs include; flex the time programs that focus on the element of time, flex the place programs that focus on working away from the office settings, Employee Assistant Programs ('AP), flex the job programs, flex the benefits programs such as leave options, and dependent care options as well as wellness programs.

Flex the time arrangement are a broad category of quality work life options that focus on the element of time: the days, hours, start time, and end time of work (Aghion et al, 2005). Included within this category are alternative work schedules. This is where employees work a full day but can vary their start and end of workday within defined guidelines. There is usually a 'core' of work hours when all employees are expected to be present. For example one employee arrives at 7.00 a.m. and leaves at 3.00p.m. While another arrives at 9.00.a.m. and leaves the office at 5.00.p.m., but both are there for the core hours of 10.00.a.m. and 2.00.p.m. Employees can fit work around their personal commitments and they can work at times when they are at their 'personal best'. Alternative work schedules can increase coverage or access for customers, co-workers on different shifts or business partners in other time zones. Access to computer networks (or office copier!) is easier outside the peak period. (Major and Germano, 2006).

Compressed work schedules/weeks involves employees working the full number of hours in their regular scheduled workweek or cycle, but these hours are compressed into fewer days. For example, employees working one extra hour every day and have half of Friday off. In this arrangement, the contractual 40-hour workweek is maintained and employees can then arrange for personal needs (eg. Banking) on their day off. (Eby et al, 2005). Another option is an employee working two consecutive Saturdays, especially for bankers, and their taking the next two consecutive Saturdays off. This means the employees alternate and thus quality customer service provision is not interrupted and the employees get to take time off for personal needs.

Part-time arrangements mean that employees chose to work less than full-time on a company's regular payroll. These arrangements may temporary or permanent or be set to accommodate the personal needs of employees (Kirby and Krone, 2002). The employees could work on contracts of say, three months with a break of two months. They could also chose to work as consultants where they are either on a retainer and are paid extra for actual work done or can be work as free-lance consultants for the firm and only get paid for consultation on a specific issue, for example legal consultants Flex the place programs including technological innovations have resulted in a wide range of options for working from satellite offices or from remote locations, all collectively known as telework (Kornad and Mangel, 2002). Telecommuting involves doing regular work from home.

This arrangement may be permanent whereby one is on s regular payroll, but does not operate from the offices or temporary, whereby for a specific period of time, one can work from home depending on the nature of the job. For example, information technology systems analyst, where the nature of the job permits this kind of arrangement. This kind of arrangement can be part-time or full-time or a set of options of workweek. Telecommuting usually relies on technology like telephone, fax machine or computer usually linked to the main office.

Employees can adjust their work schedules to accommodate their personal needs and also save time and cost in travel, parking and personal expenses (Way, 1999). Employers may also be able to save on office space and operating costs. Employers can broaden their recruitment pool or employee base to include people who cannot or do not want to commute to work. For example, experts in a certain field who may be incapacitated (Robertson, 2004). Although some employees are not well suited to telecommuting (e.g. people who do not work independently or 'workaholics' who find it difficult to leave the work alone, as well as 'people persons' who would find this too isolating. There is also need to identify security and confidentiality requirements for work documentation (Way, 1999).

Flex the job initiatives include job sharing, which is a form of permanent part-time work where two people share the responsibilities, hours, salary and benefits of a full time job (Doherty and Tyson, 2000). The split may be equal (50-50) or another combination (60-40) or it may be alternate (Three days one week two next). According to Major and Germano (2006), common configurations are morning / afternoon splits half-week spits (Monday to Wednesday noon, Wednesday noon to Friday afternoon) or alternate weeks. Compensation and benefits are split according to the percentage of full-time hours worked by each employee. It may offer the benefit of greater combined skills and expertise (two heads are better than one). The employer is able to share out office space and reduce overheads. If possible, both partners should stick to a regular schedule and plan for some overlap time for planning and co-ordinating.

These flex the leaves programs include a very broad category of practices that give a wide range of options for taking job-protected time off from work, some of which are legally required, such as vacations and maternity leave. Leaves may be paid, unpaid or self-funded and are negated as part of a collective agreement or established by the employer (Russell and Bowman, 2000). Typically, leaves are formal arrangements and may be part of the employment contract. Examples of leaves include: Time off in lieu of notice is taken leave taken during 'off peak' times in exchange for working extra time during 'peak' times. Bereavement leave granted to an employee following the death of a

family member that is not deducted from the annual leave days. (Martins et al, 2002). Duxbury (2003) says that compassionate care leave for employees is given to provide care for a gravely ill or dying spouse or common-law partner, parent or child that has a significant risk of death within six months.

Maternity leave for new mothers beyond the statutory requirements with job protection is another provision for quality of work life (Hobson et al, 2000). Phased return from maternity leave is an alternative extended for special reasons such as multiple births or a child with birth defects. Paid paternity for new fathers beyond the statutory minimum is another form of leave that is initiated to support quality of work life, that is gaining popularity among employers (Robertson, 2004).

Professional development leave could be study leave or career break leave whereby employees take time off to pursue work-related courses. These studies could be self-funded or paid by the employer (Eagle et al, 2003). Most employers limit the number of personal days per year. One can therefore opt for self-funded leave, which refers to an arrangement whereby the employee opts to receive a reduced salary for a period of time in exchange for leave from work without loss of position or benefits, this includes study leave or career break. For example, an employee receives 80 per cent of his or her salary. Employees may use their own sick days to care for a sick child as well as time off for emergencies (Capelli, 2000).

Dependent care focuses on employees who support dependants, typically dependent children or elderly relatives. It includes a range of options such as on-site childcare or emergency childcare (Bloom and Reenen, 2005). On-site childcare can save commuting time and allow employees to see their children during breaks. Emergency childcare can meet employee's needs when the child or caregiver is ill. Information and referral services can save considerable amount of time and stress for employees (Capelli, 2000).

Employee assistant programs (EAP) assists employees and family members with a range of personal concerns that may negatively affect employees' job performance, including substance abuse, mental health issues, family financial or marital problems as well as legal and emotional stress issues (Hobson et al, 2001).

Employee assistant programs are typically pre-arranged by the employer and contracted to a local community organization or to an external company specializing in these types of services. Under these plans, employees and their family members can access counselors through a toll free line. After discussing the concern with the employee, the counselor may refer the caller to appropriate community resources if specialized or long-term treatment is required. Other organizations have an in-house counseling session twice a year for each employee as part of their benefits package (Martins et al, 2002; Guthrie, 2001).

Robertson (2004) says that, wellness programs exist to assist and to educate employees about achieving and maintaining good physical, mental, emotional and social well being. A broad range of information services and programs fall under this title, including health-related education. These include paying membership to social and fitness clubs for their employees, having in-house fitness facilities, like a gymnasium, having weekly sessions every week with fitness gurus in activities such as yoga, kick boxing. Other activities include monthly outdoor team building sessions. Employers should provide what they can (e.g. if you cannot afford to put in a fitness facility, put in showers and lockers so that people can bike or jog to work (Milken et al, 2001).

Though some programs may involve little or no cost on the organization, for example providing information about local day-care centres, many programs designed to significantly aid the worker have a financial cost (Myers, 2004). Organizations can explore a number of potential avenues to improve the quality of work life of their workers. These mitigation strategies, practical implementation guidelines, and expected outcomes are meant to guide organizations as they attempt to provide members of their

workforce with more balance between their professional and personal lives (Hobson Ct al, 2001).

According to Gray (2002) companies with high levels of employee satisfaction know that quality of work life options are not ‘perks’. They are party of a business strategy that provides a solid return on investment for the company as well as the workforce. He further states that, quality of work life is one of the benefits employees are looking for in a job, providing a competitive edge in the labour markets especially for high caliber and specialized jobs. It is an important tool in reinforcing recruitment and raises retention. An organization also benefits by being an employer of choice, thus the ability to attract and retain talented employees who have the potential of becoming future leaders of the organization (Eagle et al, 2003). This results in reduced turnover and succession planning, thus less time spent recruiting and training.

The financial investment in recruitment, training and replacement of personnel also decreases significantly (Doherty and Tyson, 2000). Retaining employees thus has direct cost advantage for the organization. Quality of work life is also key in engaging the emerging labour market. According to Way (1999) majority of university students site quality of work life as a personal goal. They have seen their parents completely devoted to companies and then get laid off. These graduands are more selective in what they want to do.

Dc Cieri and Olekhans (2001), argue that employer support of quality of work life allows and encourages greater participation in training and education (indirect cost advantage) as employees have the time and motivation to engage in training and education to improve their skills and know-how. This in turn adds value to the organization in terms better skills and expertise, and thus gain a competitive advantage. In addition, flexible work arrangements have reduced absenteeism as well as limiting latecomers. Companies reported reduced instances of employees arriving late for work as a result of flexitime options (Bloom and Reenen, 2005). Happy employees perform better than disgruntled

stressed ones. Quality of work life practices produce gains in employee satisfaction surveys, customer service evaluations and improved relationships among colleagues. They encourage high level of job engagement and commitment. It is important for employers to have employees who are willing to go the extra mile to help the organization succeed (Doherty and Tyson, 2000).

Managerial stress is decreased as less work stressors for staff means decreased work-life stress for managers as well. The quality of work life practices offer a variety of means to reduce stress levels and increase job satisfaction in employees, thus reduced health costs as a result of better mental health brought about by better working conditions. (Hobson et al, 2001). Accelerated on and off-the-job stresses and expectations adversely affect top and bottom line growth, unnecessarily driving down productivity. A well-implemented work-life strategy greatly reduced both the real and perceived overwork and out-of-balance pressures that hamper productivity. This in turn produces a dramatic return on investment. Duxbury and Higgins (2003), say that satisfied employees contribute to greater business benefit for the employer, thus quality of work life practices have a positive impact on growth and profit.

Quality of work-life practices may also reduce other withdrawal behaviours that diminish the value of investments in employees such as reduced work effort, lateness, and absenteeism. Additionally, because many firms do not provide extensive work-life benefits, work-life programs and practices may motivate employees to exert maximum effort on the job in order to stay with the firm and avoid layoffs during downsizing or restructuring actions. Overall, quality of work life practices contribute to a motivated, satisfied and equitable workforce (Konrad and Mangel, 2002). These strategies enhance full engagement and better customer service. A workforce that is out of balance, unnecessarily stressed out, or disgruntled greatly reduces full engagement with internal and external customers (Doherty and Tyson, 2000; Guthrie, 2001).

Conversely, commitment to the organization's objectives and clients 'needs arises in direct proportion to the perception that the organization is committed to both the work and life success of each individual (Guthrie, 2001). The rising organizational cost of healthcare is driving senior management to become more proactive about employee health. Senior management view engaging employees in improving their own lifestyle behaviours and creating a healthier workplace as key components to the solution (Duxbury and Higgins, 2003). Quality of work life practices is thus seen as a win-win situation. The employers benefit from having motivated, committed and productive employees and the individual employee benefits from having a more balanced life as the quality of their family and social relationships is improved (Martins et al, 2002) and their confidence and productivity improved.

2.4. Challenges of implementing quality of work life practices

Several factors have been identified as creating major difficulties for the development and implementation of quality of work life practices. Kirby and Krone (2002) suggest that some of these factors included; an organizational culture which emphasizes and rewards long hours and high organizational commitment (to the neglect of other commitments); an isolated, hostile and unsupportive working environment for employees with life commitments external to the organization; attitudes and resistance of supervisors and middle management.

Kirby and Krone (2002) note that a culture that is unsupportive of quality of work life may lead to employee reluctance to utilize the benefits. Employee usage thus lags behind the implementation of quality of work life practices and fewer employees taking the opportunity to utilize the available quality of work life practices. Managers appear to experience difficulties in putting company policies in relation to flexible working into practice. Robertson (2004) points out the lack of guidance given to managers in implementing quality of work life practices. In particular they have difficulty in deciding who should have access to flexible work arrangements. If opportunities are limited, should they decide on 'first come' basis and, if this is the approach, how then can they ensure parity of treatment among all staff they manage.

Duxbury and Higgins (2003) sighted reluctance in workers in taking up quality of work life opportunities, due to the implicit misunderstanding that it would adversely affect how the company views them. They would seem less committed to their job and therefore less suited for managerial position, thus affect their chances of promotion and advancement in the organization and may ultimately lead them to losing their jobs. This pattern was observed in organizations with a prevalence of a long-hours culture and low take-up of quality of work life practices at senior levels, particularly by men (Bloom and Van, 2001).

Aghion et al (2005) points to a further challenge at the level of the organization in transforming its culture to one in which flexibility is beneficial, accessible on a fair and equitable basis, in accordance with organizational limits; and managed in a professional, rather than an ad hoc manner. This can only be achieved by convincing those in senior management positions, in particular men, to actively promote and adopt such practices such as some male managers view quality of work life as a women's issue (Haar, 2004). The importance of overcoming these challenges cannot be over emphasized. Gray (2002), argues that it is the attitudes, skills and behaviours of line managers that ultimately determine the success of flexible work arrangements.

A lack of communication and education about quality of work life practices; inadequate data to build the business case (Major and Germano, 2006; Robertson, 2004). Communication is widely acknowledged as important for successful support and implementation of initiatives such as quality of work life initiatives (Kirby and Krone 2002)

2.5 Factors that influence the adoption of quality of work life practices

Corporate policy and external environmental conditions broadly influence the adoption of quality work life programs (Haar, 2004, Demographic changes, such as the increase in the number of women in the workplace, thereby increasing the number of men assuming family responsibilities; dual career families; single parent families and an aging population have generated an increasingly diverse workforce and a greater need of

employees to balance work and home life. (Hobson et al; 2001, Alien, 2001). Changing social values have also had a great impact on the adoption of quality of work. Younger employees have entered the workforce at a time when employability is valued more than job security and may place a greater value on non-work commitments or developing their careers through ongoing education (Anderson and Coffey, 2002).

According to Thompson et al, (2004) managerial support and attitudes the strongest predictor of quality work life programs' adoption. Management can influence hours worked through the timing of meetings, deadlines, the scheduling of training and holidays, monitoring work, and role modeling long hours at work. Managerial support was related to less work-to family conflict and intention to turnover (Haar, 2004) lower perceptions of time demands and career damage, and greater levels of commitment to the organization. This suggests that managerial support has a wider impact on employee attitudes, particularly quality work life initiatives, thus also encouraging initiative use (Nord and Viano, 2002).

A requirement to comply to and 'mirror' the policies of development partners as a matter of good practice influences adoption of quality of work life. These development partners support the development of quality work life infrastructure within the sector and encourage sustainability through training the managers and providing 'guidelines' on how to implement the programs (Smith, 2005;Frone 2000). Like supportive managers, supportive supervisors may pave the way for employees to balance their work and non work commitments.

According to Bloom and Reneen (2005), supervisors experience the pressure of ensuring that tasks are completed on time but have little control over the development of quality of work life policies. Anderson and Coffey (2002) concur that supportive supervisors may encourage employees to use workplace initiatives, reduce perceptions of time demands and career damage and consequently reduce conflict between the work and home domain.

Coworker support is positively correlated with the number of family-friendly practices used (Kirby & Krone, 2002). Coworkers who are supportive and sensitive to the needs of peers can create a work environment that supports quality work life initiatives adopted by the organization and encourages their use. This is especially so where managers involve employees in making decisions that affect the organization through employee representation (Brough and Celling, 2002).

Quality work life is not a simple add-on, it is all about the culture of the organization and the whole organization needs to reflect that. A supportive work environment that makes realistic time demands on its employees and does not penalize employees for initiative use is conducive to a good balance between work and family life. According to Frone (2000) job instability! insecurity in the international non governmental sector due to short-term contracts influence organizations to adopt quality work life programs to enable the employees time to develop interests outside of work or training for future job roles.

According to Eby et al (2005) organizations also adopt quality work life programs as a stress management strategy. Growing number of people are reporting increased stress and burn-out and stress related chronic diseases cultural shift in attitude from a culture of hours to a culture of flexibility is needed in order to regain a quality life, to decrease health costs associated with burnout and stress-related chronic diseases.

Eagle et al (2003) suggest that work design variables in regard to field projects and team based projects, field work and jobs with a lot of travel away from home also influence the adoption of quality work life programs. These include programs such as telecommuting, flextime and time off in lieu of notice to enable the employees time off for other commitments like family and socializing with friends. This ensures improved employee health and morale, lower employee turnover and decreased employee absenteeism.

Due to increasing globalization of economies and markets, technology changes and other factors, workers are experiencing heavier workloads and increased demands for education and training. Thus the need to adopt quality work life initiatives that allow

them time off from work. Also in order to increase productivity and improve customer service delivery to customers in the different time zones as well as colleagues in different countries, initiatives such as part-time employment are employee In order to remain effective and efficient (Smith, 2005). Liberalization of markets has led to increased competition from both public and private sector organizations for highly specialized staff. The provision of quality work life strategies provides a positive and direct impact on an employee's decision to remain with an employer.

Way (1999) says that the 'war for talent', that is -competition for highly specialized and skilled employees- from public and private sector is another factor that drives organizations to adopt quality work life programs. In order to gain competitive advantage, employers are reliant on a committed and productive workforce. Quality work life strategies with regard to matters such as temporal flexibility leave benefits and interpersonal relationships have the potential to increase productivity. They also provide a positive and direct impact on an employee's decision to remain with an employer. The idea is not to out-work competition, but to out-think them. An organization has to do things that are different. An organization needs to hire the best people they can find if they are to be effective and efficient (Way, 1999; Roan and Blum, 2001).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

This study adopted a census survey design. This design was deemed appropriate for the study as it involved the description of specific characteristics of the entire population.

3.2 Population

The population of this study comprised all the 45 International non-governmental organizations in the health sector in Kenya, registered with the Non Governmental Organizations Bureau in Kenya (Non Governmental Organizations Directory, 2008)

3.3 Data Collection

Primary data was collected using a semi-structured questionnaire. The questionnaire was divided into three sections: The first section sought to find out the demographic details, the number of employees, the existence of policy n work life, existence of in-house human resource unit as well as the core business of international non-governmental organizations in the health sector in Kenya. The second section explored the various quality work life practices in the organizations and the third section dealt with the factors that influence adoption of quality work life practices. The respondents were the heads of the human resource function in the international non-governmental organizations in health sector in Kenya.

3.4 Data analysis

Data was analyzed using frequency measures and percentages. The respondents' results were tallied to determine how many respondents had the practice(s) in question offered to employees in their organization(s) and the results were presented in percentages.

CHAPTER FOUR: DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Response rate

Twenty (20) organizations out of the targeted 45 completed and returned duly filled questionnaires. This number represents a 44.4 % response rate. This response rate is a representative sample of the population and thus these results can be generalized for the entire population of international non- governmental organizations in the health sector in Kenya.

4.1.1 Demographic details of the organizations

Forty five per cent (55%) indicated that they have their headquarters in America whereas 25% sighted Europe. Organizations with their headquarters in Asia were 5% while New Zealand had 10% of the respondents sighting it as its headquarters and main funders or donors. It can also be noted that, fourteen (14) organizations, representing (75%) have been in operation more than 10 years, 15% for 6-10 years, 10% for 3-5 years and only 5% have been in operation for less than 3 years. This means that most of these organizations have been in existence for more than 10 years and are thus well established.

4.1.2 Existence of in-house human resource unit in the organizations

Ninety five per cent 95% have an in-house human resource unit. It was further established that the common practice in the organizations is that the human resource professionals facilitate quality of work life practices. Those organizations that do not have in-house human resource department have the finance and administration department handling human resource matters whereas others outsource the human resource activities from consultants. This means that these organizations take human resource issues seriously and thus the, establishment of the functions to ensure professionalism.

4.1.3 Number of employees in the organizations

Forty five per cent (45%) of the respondent indicated that the total number of employees in their organizations ranges between 81 and 100. This means that many of the international non-governmental organizations in the health sector in Kenya are medium sized. The number of employees is an indication of the size of the organization. Thirty per cent 30% had their number of employees between 61 and 80. The organizations with employees between 40 and 60 as well as those with more than 100 employees were 10% for each category. Only 5% of the respondents have less than 40 employees in their organizations.

4.1.4 Core business of international non-governmental organizations in the health sector in Kenya

Ninety five per cent (95%) of the respondents have HIV/Aids and Reproductive health as their focal areas in their organizations. Whereas only 5% indicated Leprosy and Tuberculosis as its focal area, 10 per cent focus on malaria while 30% focus on research in health. These results are in-line with the government's main focus in health care, HIV/Aids and reproductive health and thus these organizations also partner with the government through the ministry of public health.

4.1.5 Existence of policy on quality work life in the international non governmental organizations in the health sector in Kenya

Eighty five per cent (85%) had policy on quality of work life, whereas the remaining 15% do not have policy on quality of work life. This shows that the organizations have formed guidelines on quality of work life as contained in the policy(ies).

4.2 Quality of work life practices in international non-governmental organizations in the health sector in Kenya

4.2.1 Alternative work schedules

Eighty five per cent (85%) of the respondents, have alternative work schedules whereby the employees work a full day, but can vary their start and end of the work-day within

defined guidelines. There is a 'core' of work hours when all the employees are expected to be present e.g. One employee arrives at 7.00.a.m. and leaves at 3.00.p.m while another arrives at 9.00.a.m and leaves the office at 5.00p.m. but both are available for the core hours of between 10.00.p.m. and 2.00.p.m.This allows for co-ordination and scheduling of meetings. The results support literature review that non-governmental organizations offer flexibility in the arrival and departure time from work to enable the employees meet both their personal and work demands. This arrangement also ensures co-ordination with development partners and other affiliated partners across the globe with time zone differences.

4.2.2 Compressed work schedules

Ninety per cent (90%) of the respondents indicated that they have compressed work schedules whereby employees work full number of hours in their regular or contractual scheduled workweek or cycle, but these hours are compressed into fewer days. For example employees can work an extra hour everyday and have Friday afternoon off. This result is in agreement with literature review that international non-governmental organizations aim to assist their employees balance their work and personal lives, as they can use the afternoon that they are off to cater for personal issues such as banking.

4.2.3 Temporary part-time arrangements

Ninety per cent (90%) of the respondents also have temporary part-time arrangements set to accommodate personal needs of the employees. This supports literature that there is need to have this arrangement in place, especially for senior staff or experts in certain fields that are not readily available. These organizations cannot guarantee security of tenure in the jobs thus they employ these experts on temporary basis, allowing them to engage in other jobs such as private practice, in case of specialist doctors, in the case of the health sector. Employing them on full-time basis would also be too expensive for these organizations.

4.2.4 Contracts with paid breaks

Seventy five per cent (75%) of the respondent's said that their organizations offer their employees contracts of say, six months with a paid break of two months. This is in agreement with literature that these organizations usually have expatriates working in the different countries and are thus given time off to rest and recuperate (R and R) as most of these expert expatriates are based in hardship areas.

4.2.5 Permanent telecommuting

Fifty five per cent (55%) of the respondents indicated that they have permanent telecommuting in their organizations, whereby one is on the regular payroll but works from home. According to literature, this arrangement allows for the organizations to save on office space as well as other operational costs. This practice also allows for the employment of highly skilled staff who might be incapacitated and thus cannot travel as much e.g. paraplegics. This also ties in with these organizations' employment policies on non-discrimination in employment.

4.2.6 Temporary telecommuting

Another fifty five per cent (55%) of the respondents said that their organizations offer temporary telecommuting whereby for only a specific period of time, one can work from home depending on the nature of the job. This according to literature is possible for jobs that do not require much personal contact or face to face communication. For example, during report writing after completion of an assignment or project or when writing a proposal for fund raising. This enables the employees to save on time used to travel and also allow minimum distractions.

4.2.7 Job sharing-morning and afternoon splits

Sixty five per cent (65%) of the respondents have job sharing in their organizations, whereby employees have morning and afternoon splits or shifts. According to literature, due to the time zone differences between these organizations and other affiliated organizations across the globe, there is need to have some people working round the clock in order to ensure co-ordination. For example, a system analyst would be required

to be on twenty four hours to ensure that the information communication technology is up and running throughout.

4.2.8 Job sharing- alternating weeks

Seventy per cent (70%) of the respondents' companies have their employees working alternating weeks. This is mostly for field officers who work away from home. This allows the employee time to meet their personal needs as well as plan for their next assignment. The nature of the jobs in these organizations or work design variables as indicated in the literature on international non-governmental organizations supports this arrangement.

4.2.9 Time off in lieu of notice

Time off in lieu of notice had 65% of the respondents having this practice on offer to employees in their organizations. This is time off taken during 'down time', in exchange for working extra hours during 'peak' times, for example, towards the end of a project when evaluation and reporting is crucial and there is high demand on the employees' time. This is seen as an exchange and is therefore in agreement with literature that most organizations are moving from command and control brand of authority to partnership between employees and employers, as a 'best practice' thus ensuring commitment and full-engagement of employees to the organizations.

4.2.10 Compassionate care leaves

Eighty per cent (80%) of the respondents indicated that their organizations offer compassionate care leave, given to provide care for gravely ill or dying common law partner, spouse, parent or child who has a significant risk of death within six months, for example, terminal illnesses such as cancer. This is in accordance to literature on the extension of care given to the organizations' client to their employees and their loved ones in terms of health care and management. It only makes sense that an organization in the health sector should also be concerned with the physical, mental and social well-being of its employees and their dependants.

4.2.11 Phased return from maternity leave

Phased return from maternity leave for special reasons such as multiple birth or a child with birth defects had a rating of 90% per of the respondents indicating that it is available to their employees. International non-governmental organizations in the health sector, exist to promote the participation of all citizens in health policy issues to ensure that their rights and needs are addressed. This includes psychological well-being of new mothers, thus the need to give them time to adjust to their new status. This could be by allowing them t telecommute or work part-time for some time.

4.2.13 Professional development leaves

Professional development leaves such as fully self-funded career or study leave funded by the organization had the lowest rating of respondents that affirmed that these practices are available to employees in their organizations. These rating are 15% and 10% respectively. This is accordance with literature that international non-governmental organizations lack in training and development of the core resource available to them-their people. The reason for this is because these organizations exist for specific projects, after which the organizations move to another project, rendering the expertise previously needed irrelevant or the organizations cease to exist depending on availability of funding from donors. This also means that these most development partners do not provide funding for training, as the organizations have budgets that they strictly adhere to.

4.1.14 On-site childcare

Eighty per cent (80%) of the respondents said that they have on-site childcare whereby employees get to see their children during breaks. This supports literature review these organizations have policy in place on quality of work life in order to enhance the ability of the employees to meet the work and personal demands while ensuring that none of them suffer. This helps reduce absenteeism and late comers, thus enhancing full engagement and commitment to ones of because of peace of mind.

4.1.15 Referral Services

Referral services such as information about local day-care centres and elder care homes had a high rating of 90% of the respondents agreeing that these services is available in their organisation. This supports literature that some practices such as referral services have little or no cost to the organisation thus are readily available. This is especially important for expatriates who have little or no prior information on these services in their workstations. This practice enables these employees to settle in their work faster and enhances full engagement.

4.1.16 Counseling sessions

Seventy five per cent (75%) of the respondents have counseling sessions for their employees on demand, for example counseling after the loss of a loved one. This is in agreement with the organizations' mission of ensuring health care provision. It only makes sense that they would start with their own staff. Sixty per cent (60%) of these respondents also said that they have in-house fitness facilities such as gymnasiums whereas 70% per cent have lockers and showers so that employees can bike, walk or jog to work. According to literature, the rising organizational cost of healthcare is driving organizations to be more proactive about their employees' health. This calls for motivation of employees to improve their own lifestyle behaviors and creating healthier workplaces as key components to the solution. Thus international non-governmental organizations in the health sector in Kenya have embraced this strategy as well.

4.1.17 Eldercare and mental health therapy

Other quality of work life practices that were put forth by the respondents are elder care and mental health rehabilitation or therapy for substance abuse which and a rating of 35% and 40% respondents respectively indicating that these practices are offered in their organizations to employees. These results lay emphasis on the organizations' humanitarian mission of enhancing healthcare provision to communities and extending the same care to their own employees as well.

4.3 Factors that influence the adoption of quality of work life practices in International non-governmental organizations in the health sector in Kenya

4.3.1 Compliance with development partner policy

Ninety per cent (90%) of the respondents cited compliance with development partner policy as a factor that influences the adoption of quality of work life practices in their organization. This is in agreement with literature that due to the international nongovernmental organizations' nature of operating in many countries, they 'mirror' the policy of their development partners to ensure consistency and conformity in the 'best practice', though tailoring the practices to their organizational needs.

4.3.2 Availability of financial resources

Availability of financial resources also rated highly with 90% of the respondents indicating that it is a factor that influences the adoption of quality of work life practices in their organization. This is in conformity with literature that although some of the practices involve little or no cost to the organization, e.g. referral services, many programs designed to significantly aid the employees have a financial cost. It is thus important for the organization to factor in the cost implications of the practices in order to prioritize them according to the organizations financial capability.

4.3.3 Work design variables

Ninety five per cent (95%) of the respondents also cited work design variables e.g. team based and field based projects as a factor influencing their organization's adoption of quality of work life practices. This is in agreement with literature these organizations have unique work design variables as compared to the private sector organizations as they employees have to be in personal contact with their clients; in the field, which is mostly in marginalized areas with harsh living conditions. The provision of these practices enables the employees to have rest and recuperation (R and R). This enables the employees meet both their work and personal life demands.

4.3.4 Increased demand for education and training

Fifty five per cent (55%) of the respondents indicated that increased demand for education and training is a factor that influences the adoption of quality of work life practices in their organization. This is in contradiction with literature that these organizations' demand for competent, highly skilled and specialized staff. In as much as these organizations demand high caliber of employees is needed by the organizations, the organizations do not provide quality of work life practices that directly encourage pursuance of the education and training. There is need therefore for these organizations to rethink their position on this issue.

4.3.5 Supportive work culture

Supportive work culture is an important factor to consider in the adoption of quality of work life practices in international non-governmental organizations in the health sector in Kenya, as it had a high rating of 90% of the respondents. This is in support with literature that quality of work life is not a simple add-on, rather it is all about the culture of the organization. A supportive work culture that makes realistic time demands on its employees is crucial for the successful adoption and use of these practices

4.3.6 To gain competitive advantage in recruitment and retention

Fifty per cent (50%) of the respondents said that to gain competitive advantage in recruitment and retention is a factor that influences the adoption of quality of work life in their organizations. This contradicts literature that international non-governmental organizations are faced with recruitment and retention challenges. This means that the remaining 50% of the organizations do not necessarily adopt quality of work life practices because of this factor rather it is to enhance productivity through commitment to the organizations' mission and objectives while ensuring a balance between their work and personal life demands.

4.3.7 Demographic changes

Demographic changes, that is, a diverse workforce and changing social values each had a 75% rating of respondents citing it as a factor that influences adoption of quality of work

life practices in their organizations. This is in agreement with literature that there is an increasing number of single parent families and an increase in the number of women in the working lace thereby increasing the number of men assuming family responsibilities. It can also be noted that gone are the days that people focused on work to the neglect of personal demands. More people are struggling to juggle the two aspects of their lives so as to ensure a balance, due to changing social values that rate both aspects as equally important.

4.3.8 Technological changes

Seventy five per cent (75%) of the respondents cited technological changes and innovation as an influencing factor in adoption of the quality of work life practices. This reflects literature that up to date information technology is important for the successful adoption of most of the quality of work life practices as communication is key. The world has become a global village and economies have been liberalized, thus the need for real time communication so as to enhance performance and customer service delivery across the globe with different time zones.

4.3.9 Managerial attitude and support

Eighty five per cent (85%) of the respondents said that managerial attitudes and support influence their organizations' adoption of quality of work life practices. This is in agreement with literature that this is one of the strongest predictors of adoption and implementation of these practices. This is because management influences the hours worked, through timing of meetings, scheduling of training, work monitoring, role modeling of the use of the practices. This means that there is a lower perception of time demand as well as protection from perceived career 'damage' due to the use of the practices available. Thus managers enhance the use of the practices, as it is important that employees take advantage of the provision of these practices to ensure mutual benefits to the individual and the organization as well.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The findings of the study were that a big percentage of the organizations, that is 85% have policy on quality of work life. This shows a commitment by these organizations to enabling their employees balance their work and personal lives, Temporary part-time, referral services, compressed work schedule whereby employee work the full number of hours in their regular or contractual scheduled work week or cycle, but these hours are compressed into fewer days and phased return from maternity leave for special reasons such as multiple births or a child born with defects each had ratings of 90 % of organizations. This means that international non-governmental organizations in the health sector in Kenya are highly concerned with assisting the employees to balance their work and life demands and thus they provide these in flexibility in their organizations.

Alternative work schedules, employees working on contract with paid breaks had response rating of 85% and 75% respectively. Whereas professional development leaves such as study or career break leave paid for by the employer and as well as study or ever break leave fully funded by the employee with ratings of 10% and 15% of the respondents respectively. The low ratings could be because these organizations are on short life span depending on the project and thus cannot afford to fund these leaves due to financial resources and the short-term contract of the employees. The skills and expertise needed for one project could be rendered irrelevant for the next.

The results also show that the respondents rated availability of financial resources, work design variables, compliance to development partner policy and the culture of the organisation, with high ratings of 90% as the most influential factors in determining the adoption of quality of work life practices in these organizations. To gain competitive advantage in recruitment and retention and demand for education and training had respondent ratings of 50% and 55% respectively. These results indicate that attracting and retaining employees is not a major problem for international non – governmental

organizations in the health sector in Kenya. Education and training demand does not necessarily influence adoption of these practices as these organizations do not provide practices that directly support education and training due to the nature of short-term projects of the organizations. This is in-line with literature that these organizations lack in training of their major resource-their employees.

5.2 Conclusion

Most of the organizations have quality of work life practice policy in place that ensures that the organization provides an enabling environment for their employees to balance work and personal lives. Given the results, it can be concluded that organizations mainly provide the temporary part-time, compressed work schedules such as, employees an extra hour every day in order to have one afternoon off and phased return from maternity leave for special reasons such as multiple births or a child with birth. This shows commitment to enhance employee well-being by encouraging and enabling them to balance their work and personal lives by using 'best practice'. The results also confirm the lack of training opportunities in these organizations as stipulated in literature review, but refute the claims that these organizations are faced with the challenge of recruitment and retention. Given the high rate of unemployment in Kenya, lack of highly skilled and competent staff is not an issue for these organizations either.

The factors that highly influence adoption of quality of work life practices are work design variables, culture of the organization, compliance with development partner policy and availability of financial resources. This is in tandem with literature provided that these are the most influential factors for international non-governmental and those in the health sector are no exception.

5.3 Recommendations

From the results of this study the researcher recommends that the development partners should encourage the adoption of quality of work life practices by availing more financial resources for this purpose. Managers should also be motivated in order to encourage and

facilitate the use of the available quality of work life practices to ensure that the organization reaps the many benefits of these practices such as increased motivation and productivity, thus could be through enhancing a supportive culture and work environment. These organizations should also aim to provide education and training opportunities for their employees for the time they are working for them, as they also benefit from the education and training that the employees have prior to joining the organization. It is only fair that these organizations reciprocate to a certain extent, even for crash programs during the project period in order to promote career enhancement of the employees.

5.4 Limitations of the study

The study does not indicate which quality of work life practices have the greatest impact on the organizations. It basically only looks at the quality of work life practices in place. It also does not detail how these programs are implemented and their effectiveness and contribution the organizations.

5.5 Suggestions for further studies

The researcher suggests that further studies be conducted to determine whether the existence of policy on quality of work life has a direct correlation to the size of the organization. Other studies suggested are research to determine how the different quality of work life practices impact organizational outcomes in terms of contributions or benefits of each. The literature suggests that among the benefits of quality of work life are increased retention and commitment, reduced absenteeism and turnover, increased productivity among others. However it is not obvious whether these outcomes are automatically obtained by employees and also whether when such outcomes are obtained, they go on to contribute to the overall results of the organizations.

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Appendix 1: Letter of Introduction

Date:

Dear Sir/Madam

**RE: RESEARCH ON QUALITY OF WORK LIFE PRACTICES AMONG
INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS IN THE
PUBLIC HEALTH SECTOR IN KENYA**

I am a postgraduate student at the University of Nairobi pursuing a Master in Business Administration (MBA). As part of the academic requirements, I am undertaking a management research project on work-life-balance programs in international nongovernmental organizations in the public health sector in Nairobi.

I would be grateful if you could spare some time and fill the attached questionnaire. By answering honestly, this study will allow me to measure the impact work-life balance have had on the international non-governmental organizations in the public health sector. It will also help highlight the areas that have benefited the organizations and similarly the ones that have not been as successful.

Upon request, the results of this study will be made available to you. The information you provide will be treated with utmost confidentiality and will be used solely for academic. In case you have any queries or need clarification on any of the questions, please do not hesitate to contact me on my email. Thank you very much for taking your time to fill out this questionnaire.

Yours Sincerely

MBA student

Elizabeth W. Ng'ang'a

Appendix 2: Questionnaire

Section A: General Information

1. What is the organization's country of incorporation.....
2. Number of years of operation
3. Number of employees
() Less 40 40-60 () 61-80 () 81-100 () over 100 ()
4. What is the focal area in health of your organisation? Please explain briefly
.....
.....
5. Do you have a human resource department? (Please tick as relevant)
Yes () No () If no, explain how human resource function is handled
.....
.....
.....
6. Do you have policy on quality of work life? Please tick as appropriate
Yes () No ()

Section B: Quality of work life Practices

Please indicate by ticking in the spaces provided the degree to which your organization provides the following quality work life practices to staff.

QUALITY OF WORK LIFE PRACTICES	Agree	Neither agree not disagree	Not applicable
Alternative work schedules whereby employees work a full day but can vary start and end of workday within defined guidelines. There is usually a ‘core’ of work hours when all employees are expected to be present e.g. one arrives at 7.00. a.m. and leaves at 3.00 p.m. While another arrives at 9.00 a.m. and leaves at 5.00 p.m. Thus both are available for the core hours between 10.00 a.m. and 2.00 p.m.			
Compressed work schedules whereby employees work the full number of hours in their regular scheduled workweek or cycle, but these hours are compressed into fewer days			
Temporary part-time set to accommodate their personal needs of e personal needs of employees			
Employees could work on contracts of say, three months with a break of two months			
Permanent telecommuting where by one is on regular payroll, but works from home.			
Temporary telecommuting whereby for a specific period of time, one can work from home depending on the nature of the job			
Job sharing with morning and afternoon splits e.g. half-week splits (Monday to Wednesday noon, Wednesday noon to Friday afternoon etc)			
Job sharing whereby employees work alternate weeks.			
Time off in lieu of notice is taken leave taken during ‘off peak’ times in exchange for working extra time during ‘peak’ times			
Compassionate care leave, given to provide care for gravely ill or dying			

spouse or common-law partner, parent or child that has a significant risk of death within six months			
Phased return from maternity leave for special reasons such as multiple births or a child with birth defects.			
Fully Self-funded study or career break leave			
Study leave or career break leave paid by the employer			
On-site childcare where employees get to see their children during Breaks			
Referral services e.g. information about local day-care centers			
Counseling sessions			
In-house fitness facilities, e.g. gymnasium			
Showers and lockers so that people can bike or jog to work			
Others (kindly state and rank)			

Section C: Factors that influence the adoption of quality of work life practices Please indicate by ticking in the spaces provided the degree to which the following factors influence the adoption of quality of work life practices in your organization.

Factors	Strongly agree	Agree	Neither agree not disagree	Disagree	Strong disagree
i. Compliance with Development Partner policies					
ii. Availability of financial resources to implement the practices					
iii. Increased demand for education and training					
iv. Heavier work loads, thus as a stress management strategy					
v. Supportive culture and work environment					
vi. Co-worker Support -sensitivity to personal needs					
vii. To gain competitive advantage in recruitment and retention of skilled staff					
viii. Supervisor Support that encourages adoption and use					
ix. Work Design Variables e.g. team based projects, field projects and jobs					
x. Awareness of business Case, that is, the benefits					
xi. Demographic changes i.e. diverse workforce, such as dual					

career families					
xii. Changing social values that also respect that personal life and work life are both important to employees					
xiii. Technological changes and innovation					
xiv. Globalization of economies thus increase productivity and customer service delivery across different time zones etc					
xv. Managerial attitude and Support Others (Please state and rate)					

Thank you for taking your time to complete this questionnaire. Your input is highly appreciated.