

INFLUENCE OF COMPENSATION ON JOB SATISFACTION AMONG  
HEALTH CARE WORKERS UNDER THE ECONOMIC STIMULUS  
PROGRAMME AND PUBLIC SERVICE COMMISSION IN ISIOLO  
COUNTY, KENYA

BY  
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**DECLARATION**

This research project is my original work and has not been presented for award of a degree in any University.

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## **DEDICATION**

I dedicate this work to my family for the sacrifice they made which enabled me to complete this project. I would like in particular to mention my wife Mercy Wanjiru and daughter Raynah Kathure for their love, care, concern, support, encouragement and enthusiasm which inspired me to complete this project . This project is also dedicated to my late mother Josephine Kathure who did not live to see the fruits of my labour, my late grandparents Joshua M'Kirigia and Rael M'Kirigia. To my father Boniface Gichuru and Edith Gakii who have been a source of encouragement.

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## **ABBREVIATIONS AND ACRONYMS**

<b>DHIT</b> -	District Health Implementation Team
<b>DMOH</b> -	District Medical Officer of Health
<b>ESP</b> -	Economic Stimulus Program
<b>ILO</b> -	International Labour Organization
<b>MOH</b> -	Ministry of Health
<b>PSC</b> -	Public Service Commission
<b>SPSS</b> -	Statistical Package for Social Scientists
<b>USA</b> -	United States of America

## ABSTRACT

Job satisfaction is one of the most significant variables in organisational behaviour and in work organisations. It is one of the most important factors determining the quality of work, productivity, turnover and organisational performance. Job satisfaction is said to be associated with working conditions, time pressure, opportunities for career development, management support, compensation and promotional policies of the organizations. Health care workers like other employees need to be well compensated in order to make them more satisfied with their jobs, thus reducing turnover intentions while improving the quality of service. The purpose of this study was to determine the influence of compensation on job satisfaction among healthcare workers under the Economic Stimulus Programme and Public Service Commission in Isiolo County, Kenya. This study was guided by the following objectives: To determine the influence of direct financial compensation, indirect financial compensation and non-financial compensation on job satisfaction among health care workers. To achieve these objectives a cross-sectional research design was adopted where all 49 health care workers employed under the ESP and the 132 health care workers employed under the PSC were sampled through a census approach and stratified sampling respectively. 14 respondents in key positions in both ESP and PSC participated in the in-depth interview while 157 health workers filled in questionnaires. The two research instruments were tested for validity and reliability through a pilot study conducted on 5 health workers under the ESP and 10 under the PSC. Both descriptive and inferential statistics were used in the analysis with the help of Statistical Package for Social Scientists (SPSS). Data was reported using percentages and frequencies to establish the relationship between compensation and job satisfaction and to present the data in form of tables and themes. The study found out that majority of the health care workers were dissatisfied with compensation offered to them with those from the Economic Stimulus Programme being more dissatisfied especially with timely payment of their salaries, take home payment and other aspects of direct, indirect and non-financial compensation hence employees should be well compensated and have financial and non-financial compensations that are commensurate to their qualifications, experience and performance in order to boost their job satisfaction and finally improve productivity. There should be timely payment of salaries with consistent pay policies; administration of payment in a manner that is convenient to employees; employers should offer a pay rise that is satisfactory and that makes a positive impact on the employees' motivation and satisfaction. It is also recommended that the employers ensure their employee's payment is equitable to other players in the sector and that there is a perception of fairness within the organisations.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

Since the International Labour Organization (ILO) was founded in 1919, the question of the observance of equality of opportunity and treatment has been one of its fundamental objectives. The original Constitution of the ILO indicate that each country should have due regard to the equitable economic treatment of all workers lawfully resident therein and recommends that all persons should, without discrimination, enjoy equality of opportunity and treatment in respect of access to vocational guidance and placement services; training and employment of their own choice on the basis of individual suitability for such training or employment (International Labour Office, 2003).

ILO also recommends that workers should be allowed opportunities for advancement in accordance with their individual character, experience, ability and diligence; given security of tenure of employment; equal remuneration for work of equal value; favorable conditions of work including hours of work, rest periods, annual holidays with pay, occupational safety and occupational health measures, as well as social security measures, welfare facilities and benefits provided in connection with employment(International Labour Office, 2003).

Kenya Vision2030is a long-term development blueprint for the country. It is a product of a highly participatory, consultative and inclusive stakeholders' process carried out between October 2006 and May 2007. The Vision is anchored on three key pillars: economic; social; and political governance. The Vision has identified a number of flagship projects in key sectors such as agriculture, education, health, water and the environment. Within the health Sector the vision is geared towards improving the overall livelihoods of Kenyans, by aiming to provide an efficient integrated and high quality affordable health care system(Office of the Prime Minister Ministry of state for Planning, National Development and Vision 2030, 2012).The vision efforts are aimed at transforming Kenya in to a just, equitable and cohesive society which can begin with

communities and even organisations by ensuring organisations uphold justice, equitability and fairness which may lead to a cohesive workforce. Economic stimulus ideally is a plan to boost the economy by achieving positive effects like increased job creation, jump start frozen credit markets and restore consumer spending through the use of fiscal policy like government spending and tax measures (Campbell, 2011).

In 2008 the United States of America (USA) passed an act that would see the undertaking of the Economic Stimulus Programme-(ESP). This was done due to the fact that the USA economy was going in to a recession. Appelbaum, Baker and Schmitt (2008) discovered that with languishing residential construction, stagnating consumption, and weakening state and local government spending all acting as a drag on the economy, it was difficult to imagine how the economy could remain healthy. Further Appelbaum *et al.*,(2008) emphasized that the underlying source for the economy's weakness was the collapse of the housing market. Pollin, Epstein, Heintz and Ndikumana (2006) proposed an employment-targeted economic programme for the Republic of South Africa. These scholars emphasised that the country's current economic path of relatively slow growth and declining labor intensity had increased inequality and, in particular, had been harmful to the well-being of the poor hence the unemployed were concentrated most heavily among Africans, traditionally the most disadvantaged population group in South Africa; and among those living in relatively poor regions of the country.

During the 2008/09 and 2009/10 financial years, the government of Kenya initiated the Economic Stimulus Package for Constituencies. The objectives of these initiatives were to stimulate the economy through public works programme and create employment opportunities. Towards achieving this, the ESP was proposed as a short to medium term, high intensity and high impact programme aimed at jump starting the economy towards long term growth and development, securing the livelihoods of Kenyans and addressing the challenges of regional and inter-generational inequity. The Economic Stimulus is anchored within the principles of the Government's blueprint 'Vision 2030' and recognition of global concerns on environmental sustainability (Republic of Kenya, office of the deputy prime minister and ministry of finance 2009).



According to Dogbey (2012) under the ESP, was the goal of increasing the number of human resources for health available particularly in rural areas, with a focus on nurses. The ESP in Kenya is coordinated by the Ministry of Finance at the national level. The Ministry is responsible for providing overall leadership for the whole programme. Health activities and projects under the ESP in constituencies is charged to The District Health Implementation Team (DHIT) under leadership of the District Medical Officer of Health (DMOH) as the key implementing body (Gikonyo, Wakhisi and Nesoba, 2010).

The Public Service Commission of Kenya is an independent government commission established under the constitution of Kenya 2010 and charged with the responsibility of recruitment, promotion and undertaking of disciplinary actions of all employees in the civil service and local authorities in Kenya (Republic of Kenya, 2012). Similarly other countries like South Africa have a similar body that is tasked and mandated amongst others to investigate, monitor and evaluate the organisation of administration and personnel practices in the public service (Republic of South Africa, Public Service Commission, 2010)

Gothe, Köster, Storz, Nolting, Häussler (2007) defines job satisfaction as "any combination of psychological, physiological, and environmental circumstances that cause a person to say: 'I am happy with my job'". McNamara (1999) defines job satisfaction as one's feelings or state of mind regarding the nature of their work. Job satisfaction can be influenced by a variety of factors, e.g. the quality of one's relationship with their supervisor, the quality of the physical environment in which they work, degree of the fulfillment of their work.

## **1.2 Statement of the problem**

Job satisfaction is a major concern for many employers and more so the healthcare sector in particular. According to Sarwar and Abugre (2013) job satisfaction is one of the most important and significant variables in organisational behaviour and in work organisations. It is the general attitude of an employee to the job. The higher the job satisfaction, the

more likely workers will hold a positive attitude toward their jobs. When employees are not well compensated there will be reduced staff motivation and satisfaction leading to low output levels, loss of morale, lower organisational commitment and work withdrawal behaviours such as absenteeism and lateness and increased turnover. From an organisational perspective, the overall aim of compensating employees is to increase employee job satisfaction with a view of achieving organisational goals such as productivity and profitability.

In Isiolo health care workers are under the Ministry of Health (MOH) under the PSC and ESP. They include nurses, public health technicians and officers, laboratory technologists and technicians and medical engineering technologists. Some of these healthcare workers are deployed in the county referral hospital and others in the government health centre's within the county. According to Nyamosi (2013) the MOH made tremendous effort to address staff shortages through diverse hiring initiatives, including the ESP, but the significant gaps in the health workforce remain a challenge to quality service delivery. Job satisfaction and motivation are regarded as a key determinant of the public service success. An in-depth understanding of the significant sources of employee satisfaction and motivation is essential in enabling employers to effect the required strategic measures, which may include adapting their strategic human resource and implementation while gearing them towards optimal employee job satisfaction hence loyalty and retention of employees.

The health workers in ESP work under the same environment performing similar duties like their colleagues who are employed directly by the PSC. However the health workers under the ESP are employed under different terms from those of the PSC despite working the MOH with similar qualifications, performing same duties and the same environment. Although a number of studies on compensation and job satisfaction of health care workers have been done in other countries like those by Hagopian, Zuyderduin, Kyobututungi and Yumkella (2009) in Uganda, Yami, Hamza, Hassen, Jira and Sudhakar (2011) in Ethiopia and others locally like those by Mbindyo, Gilson, Blaauw and English (2009) in district hospitals in Kenya, Kangi (2012) on civil servants in Isiolo

district, Arimi (2012) on teachers in Meru central district, Ngovi (2011) on pre-school teachers in Garbatula district and Waithaka (2013) on government departments in Isiolo county, no study has been done so far on health workers under the ESP and PSC in Kenya and especially Isiolo County, thus the need to conduct the present study.

### **1.3 Purpose of the study**

The purpose of this study was to determine the influence of compensation on job satisfaction among healthcare workers employed under the Economic Stimulus Programme and Public Service Commission in Isiolo County, Kenya.

### **1.4 Objectives of the study**

This study was guided by the following objectives:-

- i. To determine the influence of direct financial compensation on job satisfaction of health care workers under the Economic Stimulus Programme and Public Service Commission.
- ii. To establish if indirect financial compensation enhances job satisfaction of health care workers under the Economic Stimulus Programme and Public Service Commission.
- iii. To determine the influence non-financial compensation on job satisfaction among health care workers under the Economic Stimulus Programme and Public Service Commission.

### **1.5 Research questions**

This study was guided by:-

- i. What is the influence of direct financial compensation on job satisfaction among health care workers under Economic Stimulus Program and Public Service Commission?
- ii. How does indirect financial compensation influence job satisfaction among health care workers under Economic Stimulus Program and Public Service Commission?

- iii. What is the influence of non-financial compensation on job satisfaction among health care workers under Economic Stimulus Program and Public Service Commission?

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

It is hoped that the findings of this study will be useful to the Ministries of Finance and Health in Kenya, PSC Kenya, Stimulus Project Management Committee, the Isiolo county public service board, The District Health Implementation Team and the county health management team in understanding the influence of compensation on job satisfaction among the healthcare workers under the ESP and PSC in Kenya. The findings will help the institutions formulate policies for human resource development to ensure satisfactory compensation for the ESP and PSC health care workers in Kenya.

### **1.7 Limitations of the study**

The study considered the influence of compensation on job satisfaction of the ESP health care workers leaving out other areas such as co-workers and supervision influences as one of the limitations. Other limitations included time due to strict academic timelines which made it difficult for the researcher to conduct the study in more Counties. There was poor cooperation from some of the respondents as they may not be able to understand the benefits of the study to them.

### **1.8 Delimitations of the study**

This research study focused on examining only one variable, the influence of compensation on job satisfaction. The study was limited to four factors; direct financial compensation, indirect financial compensation and non-financial compensation. The study was also limited to health workers under ESP and PSC in Isiolo County. Role of other variables, such as managerial leadership style and human resource practices might also be capable of clarifying this concept further but were not included in this study.

### **1.9 Assumptions of the study**

The study assumed that the respondents would give honest and accurate information. The study also assumed that instruments for data collection were valid and measured the desired constructs.

The study also assumed that the respondents would be available during the data collection phase of the study and that the sampled respondents would be a representative sample of the entire population.

### **1.10 Definition of significant terms used in the study**

**Compensation:** -entails the rewards earned by employees in return for their labour.

**Direct financial compensation:**-an employee's base wage which can be annual salary or hourly wage and any performance-based pay that an employee receives.

**Non-financial compensation:** - any benefits an employee receives from an employer or job that does not involve tangible value.

**Health care workers:**-persons employed under the economic stimulus programme and public service commission trained in the provision of health care services and other supportive health care roles in the cadres of nurses, public health officers and technicians, laboratory technologists and technicians and medical engineering technologists.

**Indirect financial compensation:** - includes everything from legally required public protection programmes such as social security to health insurance, retirement programmes, paid leave, child care, moving expenses.

**Job Satisfaction among health care workers:** - the level of contentment a person feels regarding their job.

### **1.11 Organisation of the study**

This section contains the five chapters of the study. Chapter one entails the background of the study, the statement of the problem, the purpose of the study, the research objectives, and questions the significance, assumptions, limitations, delimitations and definition of significant terms. Chapter two covers aspects of literature review with the

introduction, direct compensation, indirect compensation, extrinsic non-financial compensation, intrinsic non-financial compensation, the theoretical framework relevant to this study is also discussed, in addition to conceptual framework which shows the relationship between the dependent and independent variables. The literature review shows the knowledge gaps related to studies on ESP and PSC health care workers. Chapter three covers the research methodology specifically the research design, target population, sample size, sampling procedure, pilot study, validity and reliability, data collection procedures, data analysis procedures, ethical considerations and the operational definition of variables. Chapter four covers data analysis, presentation and interpretation and chapter five entails the summary of findings, discussions of the findings, conclusions, recommendations of the study and suggestions for future research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter analyses the related literature based on compensation and job satisfaction among employees under ESP and PSC. Most of the literature available is on compensation and job satisfaction of employees in organisations and institutions including health institutions. The chapter presents information on the theoretical and conceptual framework relevant to the dependent and independent variables of the study.

#### **2.2 Direct financial compensation and job satisfaction among workers.**

Direct financial compensation is the kind of compensation which is provided at regular consistent intervals. This kind of compensation includes wages, salaries, bonuses and commissions. According to Bateman and Snell (2009) the wages paid to employees are based on a complex set of forces. In healthcare organisations, explaining job satisfaction has remained a complex and enduring issue (Ali and Wajidi, 2013). Barton (2002) suggested that organisation should take into account financial rewards like salary because it has strong influence on employee motivation and retention. Similarly, Yaseen (2013) emphasis that less payment as compared to work done is one of that extrinsic factor which is responsible for job dissatisfaction and further that pay has direct influence on satisfaction level of employees.

Khamlub, Rashid, Sarker, Hirosawa, Outavong and Sakamoto (2013) are of the opinion that job satisfaction among health workers can be influenced by a wide variety of factors such as competitive pay, adequate staffing, a pleasant working environment, opportunities for personal and professional growth, a reasonable workload, supervision, recognition, noticeable progress of patients, positive relationships with co-workers, autonomy on the job, job security, career advancement and contingent rewards. Among the many factors that contribute to job satisfaction among employees is compensation. Compensation entails the rewards earned by employees in return for their labour. According to Nawab and Bhatti (2011) compensation must be; adequate, equitable,

balanced, cost effective, secure, prompt, incentive providing and acceptable to the employees.

Chirdan, Akosu, Ejembi, Bassi and Zoakah (2009) conducted a study on health workers in Nigeria which indicated that most workers were dissatisfied with the salary they were paid. Similarly a study on nurses in Islamabad, Pakistan by Bahalkani, Kumar, Lakho, Mahar,

Mazhar and Majeed (2011) indicated similar results in that most nurses were dissatisfied with their salaries. In their study conducted on health workers in Lao people's Democratic Republic Khamlub, Rashid, Sarker, Hirosawa, Outavong and Sakamoto (2013) are of the opinion that dissatisfaction with one's salary seemed to be a common issue that is also evident in several other studies and that many managers consider that the key motivation for their employees is pay, bonuses or raises. This suggests that health-care systems should provide suitable salary and fringe benefits scheme to satisfy their workers and maintain their loyalty. In their study in Ethiopia, Yami, Hamza, Hassen, Jira and Sudhakar (2011) found that health workers felt that they would be more satisfied with increased salaries, allowances and bonuses.

The term compensation includes payment, incentives and benefits offered by the employers of the company for hiring the services of the employees. Compensation plays an important role in maintaining and retaining an effective workforce (Bergmann and Scarpello, 2001). Compensation has been known to influence outcomes like job satisfaction, attraction, retention, performance, turnover intent of employees, skill acquisition, co-operation and motivation. According to Ali and Wajidi (2013) many studies have elaborated that low wages and lack of effective pension, promotions and insurance schemes are associated with low level of job satisfaction in healthcare professionals.

To effectively use compensation as a motivator, Tella, Ayeni and Popoola (2007) noted that personnel managers must consider four major components of a pay structures in an



organisation. They include (a) job rate, which means the importance the organization attaches to each job;(b) payment, which encourages employees by rewarding them according to their performance;(c) personal or special allowances; and (d) fringe benefits such as holidays with pay, pensions, and so on. Similarly Yaseen (2013) is of the opinion that compensation include both intrinsic rewards and extrinsic rewards and that extrinsic rewards include monetary and non monetary rewards.

Further Khamlub *et al.*,(2013) found that dissatisfaction with one's salary seemed to be a common issue that was also evident in several other studies. Many managers consider that the key motivation for their employees is pay, bonuses or raises. That suggests that health-care systems should provide a suitable salary and fringe benefits scheme to satisfy their workers and maintain their loyalty. In their study in Uganda, Hagopian *et al.*, (2009) found that most health workers were dissatisfied with the pay they received. Kebriaei and Motegheddi (2009) conducted a study on community health workers in Zahedan district in the Islamic Republic of Iran. The study showed that majority of the workers were greatly dissatisfied with their salaries. According to Tella *et al.*, (2007) if a professional has another job offer which has identical job characteristics with his current job, but greater financial reward, that worker would in all probability be motivated to accept the new job offer.

Herzberg's two-factor theory which is an early theory in worker satisfaction and motivation identified compensation as a "hygiene factor" rather than a motivation factor. This means that basic salary satisfaction must be present in order to maintain ongoing job satisfaction, but this by itself will not provide satisfaction, and increasing amounts of salary will not contribute to increasing levels of job satisfaction. Salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention. (USAID-funded Capacity Project and Uganda Ministry of Health. 2007)

Arokiasamy, Tat and Abdullah (2013) elaborate further that wages play an important role in the job satisfaction among employees in general. Tausif (2012) shared the same

sentiments in that Rewards in the form of money is considered as the best tool to motivate employees in organizations hence job satisfaction. There are very few studies on job satisfaction among health care workers in Kenya as was also noted by Van der Doef *et al.*, (2011) who studied experiences of East African nurses regarding job conditions, job satisfaction, somatic complaints and burnout and found that job dissatisfaction was explained by factors such as salaries and working conditions.

In Uganda, the Ministry of Health (2006) conducted a study of facility-based health workers with the intention of measuring health worker satisfaction, motivation and intent to stay in the health field. The findings showed that a number of respondents believed their salary packages were unfair, and a large majority thought that their compensation packages should have included health care for dependents, terminal benefits such as retirement, housing, food allowance and transportation. Ngovi (2011) carried out a study among pre-school teachers in Garbatula district which showed that poor pay was among the key contributors of job dissatisfaction. Nderitu (2013) also conducted a study on government departments in Isiolo County which indicated high levels of satisfaction with salary increments and promotions. A study conducted by Kangi (2012) on civil servants in Isiolo district also showed that poor pay was among the leading causes of dissatisfaction among civil servants however the studies did not determine the influence of indirect financial compensation extrinsic and intrinsic non-financial compensation.

According to National Assembly of Kenya (2012), ESP health care workers in the Ministry of Public Health were not being paid extraneous allowances like the other health workers in the ministry hence a petition to seek payment of the extraneous allowances of the staff recruited by ESP in the Ministry was brought to the floor of the house since these health care workers were the backbone of the vital healthcare provision in dispensaries and health centers across the country. Isiolo County no studies have been conducted on the influence of compensation on job satisfaction among the ESP and PSC health care workers hence the need for this study.

### **2.3 Indirect financial compensation and job satisfaction of workers.**

Indirect financial compensation includes all financial rewards that are not included in direct compensation and that are understood to form part of the social contract between the employee and the employer. They include things like social security, leaves, retirement plans and work injury compensation plans. According to Bateman and Snell (2009), there are three basic required benefits for an employee. They include workers compensation, social security and unemployment insurance. They further go on to elaborate that workers compensation is intended to provide financial support to employees suffering a work-related injury or illness. On the other hand social security is intended to provide financial support to retirees. Unemployment insurance provides financial support to employees who are laid off for reasons beyond their control.

Job satisfaction is found to be one of the most important factors determining the quality of work, productivity, turnover and organisational performance. It is said to be associated with working conditions, time pressure, opportunities for career development, management support, compensation and promotional policies of the organizations. Kumar, Ahmed, Shaikh, Hafeez and Hafeez (2013) are of the opinion that job satisfaction largely determines the productivity and efficiency of human resource for health. It literally depicts the extent to which professionals like or dislike their jobs and that it is said to be linked with the employee's work environment, job responsibilities and powers and time pressure; the determinants which affect employee's organizational commitment and consequently the quality of services. According to Kumar and Singh (2011) job satisfaction in the field of organisational behaviour has been researched invariably thus depicting its importance in the organizations.

Similarly Byars and Rue (2008) identified popular indirect financial compensations offered by today's organizations. They included social security for employees which is a federally administered insurance system. According to law, both employer and employee must pay into the system, and a certain percentage of the employee's salary is paid up to a maximum limit. How much is paid by employer and employee is calculated on the

average monthly wage (weighted toward the later years). It mainly gives financial security to employees when they retire.

Workers' compensation which is meant to protect employees from loss of income and to cover extra expenses associated with job-related injuries or illness. The laws generally provide for replacement of lost income, medical expenses, rehabilitation of some sort, death benefits to survivors, and lump-sum disability payments. Paid vacations are also types of indirect financial compensation whereby an employee must meet a certain length-of-service requirement before becoming eligible for paid vacation. Also, the time allowed for paid vacations generally depends on the employee's length of service. Unlike holiday policies that usually affect everyone in the same manner, vacation policies may differ among categories of employees. Most organizations allow employees to take vacation by the day or week but not in units of less than a day.

Paid Holidays comprise of Christmas Day, New Year's Day, Independence Day, Labour Day. One relatively new concept is the floating holiday, which is observed at the discretion of the employee or the employer. Another new concept is referred to as personal time-off or personal days. Under this concept, organizations give employees a certain number of days with pay to attend to personal affairs. Normally these days can be taken at the employee's discretion (Byars and Rue 2008).

Retirement and pension plans, which provide a source of income to people who have retired, represent money paid for past services. Private plans can be funded entirely by the organization or jointly by the organization and the employee during the time of employment. One popular form of pension plan is the defined-benefit plan. Under this, the employer pledges to provide a benefit determined by a definite formula at the employee's retirement date. The other major type of retirement plan is the defined – contribution plan, which calls for a fixed or known annual contribution instead of a known benefit. According to Misra, Rana and Dixit (2012) compensation is formulated based on internal consistency and payment levels relative to the market. An effective and just compensation policy can act as a stimulant for an organization to gain a competitive

edge. Employees' with perception of higher levels of procedural and distributive justice are more likely to feel obliged and perform their roles by putting in discretionary effort. The fairness of an internally aligned and externally competitive pay structure is judged in terms of organisational justice.

In addition to the previously discussed major benefits, organizations may offer a wide range of additional benefits, including food services, exercise facilities, health and first-aid services, financial and legal advice, and purchase discounts. The extent and attractiveness of these benefits vary considerably among organizations. For example, purchase discounts would be especially attractive to employees of retail store or an airline (Byars and Rue 2008). Indirect financial compensation just like direct financial compensation falls under the extrinsic kinds of rewards. According to Sarwar and Abugre (2013) extrinsic rewards include pay and fringe benefits, promotion or advancement opportunities within organizations, social aspect and workplace conditions. Arimi (2012) conducted a study on teachers in Meru central district which showed that they were satisfied with their vacations and social security however the study was conducted on teachers hence the need for this study to establish the influence of indirect financial compensation on health workers.

#### **2.4 Non-financial compensation and job satisfaction among workers.**

Non-financial compensation refers to issues such as career development and advancement opportunities, good work environments and conditions as well as opportunities for recognition, Autonomy, Task Significance, Task Involvement, Opportunities to Learn New Things and Recognition (Tausif, 2012). Task autonomy is defined as the extent to which employees have a major say in scheduling their work and deciding on procedures to be followed. According to Bateman and Snell (2009) autonomy refers to the independence and discretion in making decisions.

Chelladurai (2006) defines autonomy as the degree to which the job provides substantial freedom. Similarly Lunenburg (2011) defined autonomy as the degree to which the job provides substantial freedom, independence, and discretion to the individual in

scheduling the work and in determining the procedures to be used in doing the work. Autonomy is considered fundamental in building a sense of responsibility in employees. Lunenburg (2011) further elaborates that although most employees are willing to work within the broad constraints of an organisation, employees want a certain degree of freedom. Autonomy has become very important to people in the workplace. Tausif (2012) quoting Karim and Roger (2008) found that job autonomy had positive relation with employees' job satisfaction, if there is freedom at the work place then employees will be more satisfied with their work. Myung and Lee (2012) conducted a study on public sector employees in 18 countries in Europe, Canada and Africa which indicated that autonomy was a significant antecedent of job satisfaction, but the more autonomy the respondents had on deciding the times one would start and finish work was negatively associated with job satisfaction.

In their study done in South Korea, Park, Lee and Cho (2012) found that autonomy was a major factor in determining job satisfaction among the newly graduate nurses. Thus professional autonomy is considered a highly desirable nursing attribute and a major factor in nurse job satisfaction (Iliopoulou and While, 2010). In the critical care environment, a high level of accountability, responsibility and autonomy are required to optimise outcomes of critically unstable patients. Similarly, Jenaibi (2010) suggested that autonomy and empowerment at a work place enhances the satisfaction of the employees. Hayes, Bonner and Pryor (2010) conducted a study on nurses' job satisfaction in an acute hospital in Australia whose findings indicated that job autonomy played a major part in the feeling of job satisfaction among nurses. Peters, Chakraborty Mahapatra and Steinhardt (2010) in their study in two states in India found that health workers viewed autonomy as a very important ingredient of job satisfaction.

Another important aspect for job satisfaction among employees in organisations is the opportunities to learn new things. Lather and Jain (2005) views this as referring to providing opportunities for skill enhancement and development. Employees need to be recognized and appreciated thus enhancing job satisfaction. This describes how much appreciation is given to employees and the way an organisation gives rewards to its employees. According to Karim and Roger (2008) recognition is related to employee's

satisfaction in that recognition enhances the satisfaction level of employees. Similarly Tausif (2012) emphasizes that rewards and recognition enhances the loyalty and commitment of all employees. In a study conducted by Sarwar and Abugre (2013) indicated that employees rated recognition within the organization highly. Parvin and Kabir (2011) are of the opinion that recognition is important for the overall job satisfaction among employees in organisations.

Feedback is another aspect extrinsic non-financial compensation that greatly impacts on employee's job satisfaction. According to Morris and Venkatesh (2010) feedback, defined as the extent to which carrying out the work activities provides the employee with clear information about his or her performance. Feedback from managers on how well an employee is doing his/her job is very crucial for the employee to know areas that he/she has been performing well and those areas that need improvement. According to a study conducted by Bari, Arif and Shoaib (2013) on business institutes in Pakistan, it was found that feedback positively impacts employee attitude and performance in the workplace. They further suggested that focusing on the factors that positively impacts employee attitude and performance would enhance the performance of employees and create a positive work environment which will also help grow the Institute and its productivity.

Availability of opportunities for promotion is one of the other aspects of extrinsic non-financial compensation. Lack of promotion opportunities may lead to employees being very dissatisfied with their job. Tausif, (2012) explored the relationship between the non-financial rewards and job satisfaction among employees in the educational sector in Pakistan. The study showed that there was a strong relationship between promotion and job satisfaction. In their study, Van der Doef, Mbazzi and Verhoeven(2011) found that job dissatisfaction among East African nurses was enhanced by factors such as, availability of resources and opportunity for advancement which are forms of extrinsic non-financial compensation. A study conducted by Kangi (2012) on civil servants in Isiolo district indicated that dissatisfied by poor remuneration and working conditions, and lack of promotion, professional growth and advancement opportunities. Ngovi (2011)

carried out a study among pre school teachers in Garbatula district which showed that lack of autonomy and supervision played a major role in their job satisfaction.

Task significance is the degree to which the job has an impact on the lives or work of other people, within or outside the organisation. Making significant contribution to an organisation leads the purpose and value of the work to employees. According to Bateman and Snell (2009) task significance is an important and positive impact of the task on the lives of others. They further elaborate that even at companies with mundane products, individuals can believe in the significance of their work if customers like the product, if the company has good reputation or if their work is appreciated by others in the company. Chelladurai (2006) defined significance as the degree to which the job has substantial impact on the lives of other people. Further Lunenburg (2011) defined task significance as the substantial impact the job has on people's lives, whether those people are in the immediate organization or in the external environment. Lunenburg goes further on to elaborate with an example of medical researchers working on a cure for a terminal disease who most likely recognise the importance of their work to society.

Rehman , khan, Ziauddin and Lashari (2010) in their study done in Pakistan found that task significance had positive relationship with employee job satisfaction and that the feeling of significant contribution towards work enhances the satisfaction level of employees. In their study Kumar and Singh's (2011) findings revealed that the measure task significance of job characteristics shared its variance with the measure supervision of job satisfaction. These findings are similar to those reported by Chen (2008) who investigated achievement motivation and job characteristics on job satisfaction among the people who work in information system sectors in China which showed that job characteristics are effective upon the satisfaction of the personnel; moreover, job characteristics and job satisfaction were undoubtedly related to each other. A study conducted by Ercikti, Vito, Walsh and Higgins (2011) on police officers in the USA indicated that task significance played a major role in the overall job satisfaction of the officers.



Task involvement is also another aspect of job satisfaction and it is defined as the process of empowering employees to participate in managerial decision-making and improvement activities appropriate to their levels in the organisation. According to Parvin and kabir (2011) employee involvement is one of the major aspects of job satisfaction among employees. Hacket, Lapierre, and Hausdorf (2001) are of the opinion that job involvement has significant relationship with satisfaction of the employees. According to Morris and Venkatesh (2010) skill variety, is defined as the extent to which a job requires the use of different talents. People who are given greater variety in their job feel both less stressed and more satisfied. Similarly Zawiah (2006) shared the same sentiments in that Skill variety is the degree to which a job requires a variety of different activities in carrying out the work, which involves the use of a number of different skills and talent of the employee.

Task identity is defined as the extent to which a job involves completing a whole identifiable outcome or identifiable piece of work (Morris and Venkatesh 2010). Zawiah (2006) similarly defines Task identity as the degree to which a job requires completion of a “whole” and identifiable piece of work, i.e., doing a job from beginning to end with a visible outcome.

Task identity, speak specifically to the nature of the work and the day-to-day tasks that employees do as part of their overall job. In their study on telecommunication firm employees in the USA, Morris and Venkatesh (2010) found that task identity had direct, positive effects on job satisfaction whereas those effects were not moderated.

Mulinge and Mueller (1998) examined factors in the workplace that affected job satisfaction among agricultural technicians in Kenya. The study found that task significance, job variety and co-workers support were significant predictors of job satisfaction such that employees who were satisfied with these factors had higher levels of job satisfaction. Like all other health care workers, ESP and PSC health care workers in Kenya are faced with Non financial compensation challenges that may be a source of concern among them especially when it comes to some of the indicators mentioned such

as autonomy, promotions and opportunities to learn new things. Thus this study endeavors to shed light on the influence Non-financial compensation has on health workers job satisfaction. No study has been conducted on the influence of Non-financial compensation among health workers in Isiolo county hence the need for this study.

## **2.5 Theoretical framework**

The study draws relevance from theories of motivation and jobs satisfaction by Alderfer's ERG Theory, Fredrick Herzberg's two factor theory and Adam's equity theory. According to Chapman (2010) these theories are what are referred to as personality and workplace theories.

### **2.5.1 Job satisfaction theories**

Theories on job satisfaction are important and may be useful thus can be utilised to improve and increase job satisfaction.

### **2.5.2 Alderfer's ERG Theory**

According to Bateman and Snell (2009) the Alderfer's ERG Theory is more advanced than the Maslow's hierarchy of need. The theory postulates three sets of human needs: Existence, relatedness and growth. Existence needs are all materials and physiological desires. Relatedness needs involve relationship with other people and are satisfied through the process of mutual sharing thoughts and feelings. Growth needs motivate people to productively or creatively change themselves or their environments. Satisfaction of growth needs comes from fully utilizing personal capacities and developing new capacities. The Alderfer's ERG Theory proposes that several different needs can be operating at once in that working people can be motivated to satisfy existence, relatedness and growth needs at the same time. In the business context existence needs imply the employee's salary and the basic necessities that should be available for the workers, the possibility of salary increase, pension, hospital and medical plans or disability insurance.

Relatedness needs which involve relationship with other people and entail mutual sharing of thoughts and feelings in the business context could mean involvement, employee-centered supervision, personal, professional friends, office parties or social gatherings, need for reputation, prestige and recognition from others, the employee's job title, office space and furniture. Growth needs is the desire for self-fulfilment and achieving the best one is capable of becoming by fully utilizing persona capacities. In the business context this could mean opportunities to use one's skills, employee advancement, challenging assignments and development opportunities. According to Pinnington and Edwards (2000) research by Alderfer's managed to find some empirical support claiming that higher-order needs become more important as lower order needs are satisfied. Employees regressed to seeking more satisfaction from a lower order need rather than continuing to seek satisfaction at a higher level.

### **2.5.3 Herzberg's two-factor theory**

Frederick Herzberg developed a theory that focused on two dimensions to job satisfaction; these were "motivation" and "hygiene" factors (Bateman and Snell, 2009). The theory is also referred to as "motivator-hygiene theory" or in some instances the "dual structure theory". This describes the work characteristics associated with dissatisfaction as "hygiene factors" which vary from those pertaining to satisfaction and referred to as motivators, where motivators lead to satisfaction hence their absence may lead to dissatisfaction. The motivators include intrinsic interest in the work itself, recognition and achievement. Chapman (2010) distinguished between motivators which give positive satisfaction and hygiene factors that do not motivate if present but result in demotivation if absent. The continuing relevance of Herzberg is that there must be some direct link between performance and reward, whether extrinsic as in recognition or intrinsic as in naturally enjoyable work, to motivate employees to perform and improve their job satisfaction.

This theory was relevant to this study because hygiene factors are features of job such as policies and practices, remuneration, benefits and working conditions, thus corresponding to Maslow's lower order of needs. Organisations cannot afford to ignore hygiene factors

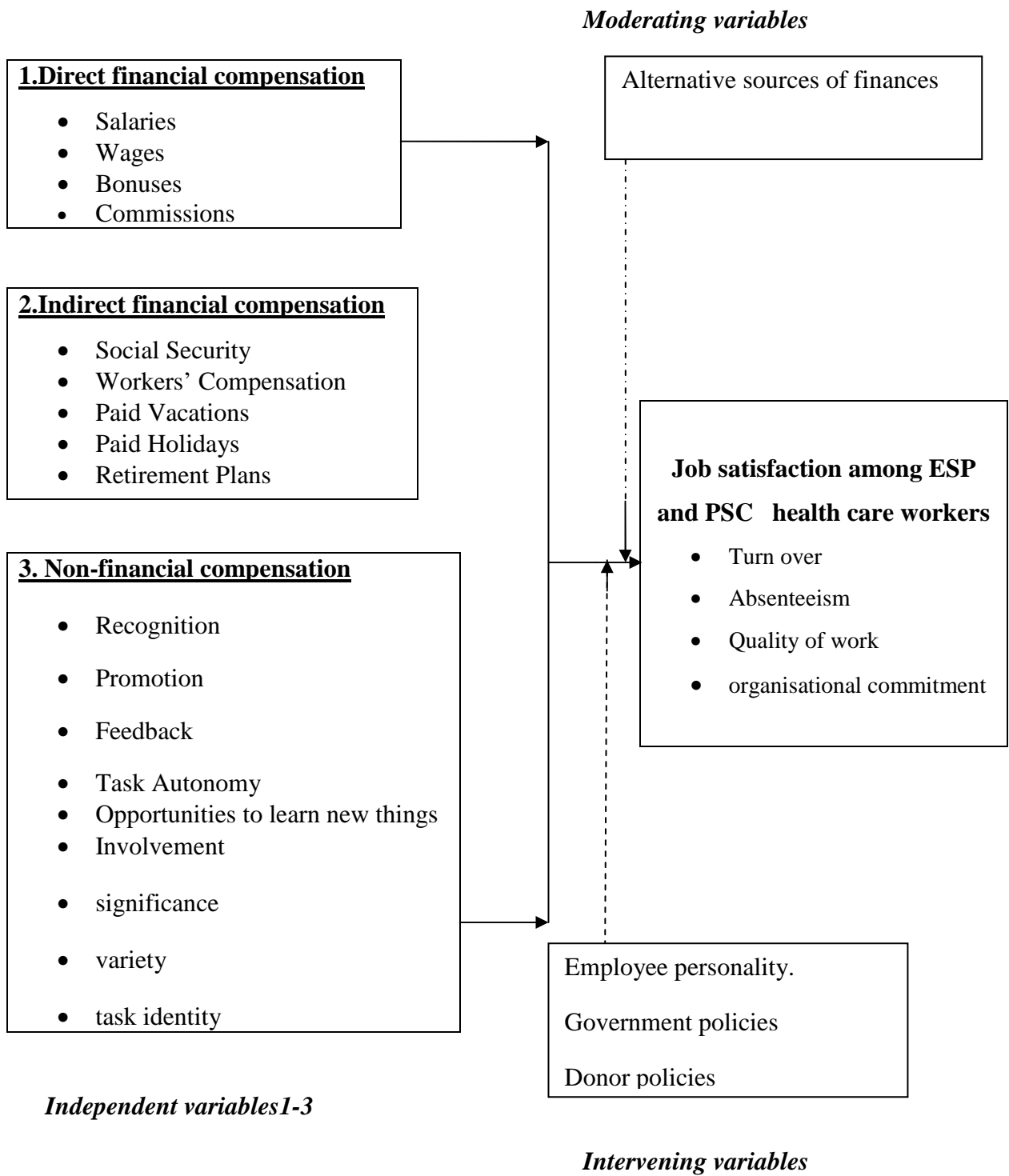
as employees will be generally unhappy and thus likely to seek other opportunities, while mediocre employees might stay on, and compromise the organization's success. Improving these factors may decrease job dissatisfaction and thus increasing of motivators. Inadequate hygiene factors may lead to dissatisfaction, but at the same time adequate hygiene factors do not necessarily lead to job satisfaction. According to Herzberg, motivators include job content such as responsibility, self-esteem, growth and autonomy. These satisfy high order needs and can result in job satisfaction. Granting employees more responsibility and creativity in their jobs is an example of a motivator which may encourage them to exert more effort and perform better since they will be more motivated.

#### **2.5.4 Equity theory**

Equity theory states that people assess how fairly they have been treated according to two key factors: outcomes and inputs (Bateman and Snell, 2009). According to Chapman (2010) equity theory explains why people can be happy and motivated by their situation one day and can be unhappy and demotivated if they realize that a colleague/ colleagues are enjoying better reward-to-effort ratio. This theory emphasizes the comparison of existing conditions against some standard by using the relationship between two variables (inputs and outcomes). Inputs are what an individual contributes to an exchange, while outcomes represent what an individual obtains from an exchange.

Equity theory suggests that individuals assign weights to various inputs and outcomes according to their own perception of relative importance. According to Daft and Noël (2001), equity theory is a process of job satisfaction that focuses on individuals' perceptions of how fairly they are treated compared to others. This implies that, if people perceive their treatment as less favourable than that of others with whom they compare themselves, they are likely to be less motivated to perform better. This theory therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others.

## 2.6 Conceptual framework



**Figure 2.1: Conceptual Framework**

The conceptual framework in Figure 2.1 is a diagrammatic explanation of the relationships among the various variables of the study. The framework suggests an interrelationship among four groups of independent variables, namely; direct financial compensation, indirect financial compensation and non-financial compensation with the dependent variable; job satisfaction. It is conceptualised that each of the compensation factors will have different implications for job satisfaction, hence job satisfaction is dependent upon these aspects of compensation. Feedback, task significance, perceived fair treatment in the workplace, career growth, job variety, adequate promotional opportunities, job security, co-workers support, autonomy and recognition among others are significant predictors of job satisfaction.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the research methodology that was used to help achieve the study objectives stated in chapter one of this study. The research site, target population of the study, sample design and sampling techniques, data collection instruments, data collection procedures as well as data analysis techniques are discussed.

#### **3.2 Research design**

This study was carried out using a cross-sectional research design. This cross-sectional design has been identified to be the most appropriate since the main aim will be to determine the influence of direct financial compensation, indirect financial compensation and non-financial compensation on job satisfaction under the ESP and PSC. The cross-sectional research design was preferred since it offered the researcher the required methodology to investigate the influence of compensation on job satisfaction among the ESP and PSC health care workers at a particular time. According to Brink (2009) the main advantage of the cross-sectional research design for a study is that the researcher is able to collect and compare several variables in a study at the same time.

In addition, the collection of data was less expensive in terms of time and cost; the researcher was also able to secure the cooperation of the respondents since the data was collected at one point in time; and finally, the analysis of the data was done more quickly using statistical software (SPSS).

Interviews were carried out among supervisors and unit in-charges, as a follow up to the questionnaires. The information collected from the interviews was used, where relevant, to support some of the findings from the quantitative analysis

#### **3.3 Target Population**

Target population were all 49 health care workers under the ESP in Isiolo County, Kenya and the 206 PSC health care workers which included all nurses, Public Health

Technicians, Laboratory technicians and medical engineering technicians under the PSC in the 29 health facilities in Isiolo county as shown in Tables 3.1 and 3.2 below.

**Table 3.1 Target population-Economic Stimulus Programme Health Care workers**

Cadre	Target population		
	Male	Female	Totals
Nurses	11	24	35
Public health technicians	4	3	7
Laboratory technicians	2	3	5
Medical engineering technicians	1	1	2
Total	18	31	49

(Source-Isiolo County public service board, 2014)

**Table 3.2 Target population-Public Service Commission Health Care workers**

Cadre	Target population		
	Male	Female	Totals
Nurses	64	111	175
Public health technicians	16	7	23
Laboratory technicians	4		4
Medical engineering technicians	3	1	4
Total	87	119	206

(Source-Isiolo County public service board, 2014)



### 3.4 Sample size and Sampling procedure.

The study used the equation developed by Cochran (1963:75) in calculating the sample size which was based on the sample for proportions, where by:

$$n = \frac{Z^2 * pq}{E^2}$$

Where:

n=the desired sample size

Z=the value corresponding to the level of confidence required (in this case 1.96

Corresponding to 95% Level of confidence)

p=Estimated level of an attribute that is present in the population (0.5 maximum variability)

q= estimated level of the attribute that is not present in the population.(1-p)

E%=desired level of precision (in this case 5%)

The adjusted minimum sample size will be collaborated by use of the following formula for

Correction for finite population

$$n_1 = \frac{n_0}{1 + \left(\frac{n_0 - 1}{N}\right)}$$

Where:

$n_1$ =adjusted minimum sample size

$n_0$ =minimum sample size as arrived at using the previous formula

N=the total known population

The sample size was calculated as follows

$$n = \frac{(1.96)^2 (0.5)(0.5)}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.25}{0.0025}$$

$$n = 384$$

Therefore

$$n_1 = \frac{n_0}{1 + \left(\frac{n_0-1}{N}\right)}$$

$$n_1 = \frac{384}{1 + \left(\frac{384-1}{206}\right)}$$

$n_1 = 132$  The sample size was 132 PSC health care workers in the cadres of nursing, public health technicians, laboratory technicians and medical engineering technologists.

In this study, the researcher used stratified sampling method to make sure that all the four cadres of PSC healthcare workers are involved. Census method was also used to get respondents from the ESP since the total population of the ESP healthcare workers in Isiolo County was relatively small. It is worth noting that when the total population is small it will be no use resorting to a sample survey. Purposive sampling was used to select the key informants who were the health care workers with special responsibilities who included supervisors and unit in-charges to be interviewed. 9 health care workers employed under the PSC and 5 under the ESP were interviewed.

Table 3.3 shows the sample size of the PSC health care workers

**Table 3.3 Sample size-public service commission health care workers**

Cadre	Sample size		
	Male	Female	Total
Nurses	31	80	111
Public health technicians	6	9	15
Laboratory technicians	3		3
Medical engineering technicians	2	1	3
Total	42	90	132

Table 3.4 shows the sample size of the PSC health care workers

**Table 3.4 Sample size-Economic Stimulus Programme Health Care workers**

Cadre	Target population		
	Male	Female	Totals
Nurses	8	27	35
Public health technicians	3	4	7
Laboratory technicians	2	3	5
Medical engineering technicians	1	1	2
Total	14	35	49

### **3.5 Research instruments**

The study used structured questionnaires and interview guides. The questionnaires were used to collect data from 157 health workers both under the ESP and PSC. A structured questionnaire has questions that are accompanied by a list of all possible alternatives from which respondents select the answer that best describes their situation. The questionnaire was appropriate for this study because it is time saving in addition to ensuring uniformity in the way questions are asked (Brink, 2009).

The study also used interview guides to collect data from the ESP and PSC health care workers who were tasked with the responsibilities of being in-charges of units in their departments. The interview guides had open-ended questions. Use of an unstructured interview produced more in-depth information on the health workers beliefs and attitudes, thus reinforcing data from the questionnaire for purposes of triangulation. The interview guides were administered on a face to face basis. According to Marshall and Rossman (1997) the less structured approach allows the interviews to be much more like conversations than formal events hence permitting the respondents' views to unfold.

### **3.5.1 Piloting of research instruments**

A pilot study of ESP and PSC health care workers was conducted which helped to establish the validity and reliability of the questionnaire/interview guide. According to Baker (1994) a sample size of 10-20% of the sample size for actual study is a reasonable number of participants to consider in a pilot study. Thabane, Ma, Chu, Cheng, Ismaila, Rios, Robson, Thabane, Giangregorio and Goldsmith (2010) are of the opinion that sample size calculations may not be required for some pilot studies however it is important that the sample for a pilot be representative of the target study population. A sample of 5 ESP health care workers and 10 PSC health care workers were used in the piloting.

### **3.5.2 Validity of the research instruments**

Validity indicates the degree to which an instrument measures what it is supposed to measure. The questionnaire was well structured to ensure construct and content validity. The questionnaire had been developed based on three standards: the pay satisfaction questionnaire (PSQ) developed by Heneman and Schwab (1985), Minnesota job satisfaction questionnaire developed by Weiss *et al.*, (1967) and the job descriptive index developed by Smith, Kendall and Hulin (1969)). These standards were found to contain descriptions that represent the general factors that influence job satisfaction thus only those items that relate to compensation have been considered and edited to fit in to the study setting.

### **3.5.3 Reliability of the Instruments**

Reliability is the consistency and dependability of a research instrument to measure a variable (Brink, 2009). In this study, the reliability of the research instrument was ensured by pre-testing the questionnaire and interview guide with a selected sample during the piloting. In order to test the reliability of the instruments, internal consistency techniques were applied using Cronbach's Alpha. The alpha value ranges between 0 and 0.9 with reliability increasing with the increase in value. Coefficient of 0.6-0.7 is a commonly accepted rule of thumb that indicates acceptable reliability and 0.8 or higher indicates good reliability. A high value of alpha (> 0.90) may suggest redundancies and

show that the test length should be shortened (Tavakol and Dennick, 2011). The questionnaire had a cronbach alpha coefficient value of 0.7 which indicated that the questionnaire was of good reliability.

### **3.6 Data Collection Procedures**

The researcher visited the public health facilities in Isiolo north, Garbatulla and Merti sub-counties where the ESP and PSC health workers were deployed within Isiolo County. A rapport was created prior to the collection of the data. Data was collected using a self-administered questionnaire and interviews guides. The questionnaires were preferred in this study since the respondents of the study were literate and able to answer the questions adequately. The researcher used this method because it was the most economical way for data collection compared to others in the sense that it was used to collect data from a big population within a short period of time. Respondents were free to answer sensitive questions since they were not required to disclose their identity. The questionnaires were handed to the respondent to complete at their convenience and were collected by the researcher after a day.

The researcher also used interview guides, which were direct face to face between the respondents and the researcher. The interviews gave the researcher an opportunity to penetrate the feelings and the thinking of the health workers for in depth data and for clarification of the issues through probing.

### **3.7 Data analysis techniques**

The questionnaires were cross examined to ascertain their accuracy, completeness and uniformity. Data was first cleaned by ensuring completeness of information at the point of collection. Data analysis was aided by Statistical Package for Social Scientists (SPSS) in order to answer the research questions and objectives. Furthermore, the researcher used percentages and frequencies to establish the relationship between different variables of the study and to present the data. This helped draw inferences over the influence of compensation on the dependent variable. The results from the data analysis were interpreted and presented using the frequency distribution tables. Qualitative data from

the interview guides was analysed using conceptual content analysis and presented in prose.

### **3.8 Ethical Considerations**

Informed consent was obtained from all those participating in the study. Those unwilling to participate in the study were under no obligation to do so. Respondents' names were not indicated anywhere in the questionnaire and interview guide for purposes of confidentiality of the information gathered which was only used for the purposes of this study.

### **3.9 Operationalization of variables**

**Table 3.5 Operationalization of variables**

<b>Objectives</b>	<b>Type of variable</b>	<b>Indicator</b>	<b>Measurement scale</b>	<b>Tools of analysis</b>	<b>Type of analysis</b>
To determine the influence of direct financial compensation on job satisfaction among healthcare workers under the ESP and PSC	Independent  Direct financial compensation	Number of reviews of Basic pay, Wages, Bonuses and Commissions from the year 2008-2013	Ordinal/ Nominal	frequencies Percentages	Descriptive Inferential
To establish if indirect financial compensation enhances job satisfaction among healthcare workers under the ESP and PSC	Independent  Indirect financial compensation	Availability and level of satisfaction with Paid leaves, vacation and Paid holidays Number of employees enrolled in a social security plan/scheme. Number of employees enlisted in a worker's compensation plan/scheme Number of employees enrolled in a retirement plan.	Ordinal/ Nominal	frequencies Percentages	Descriptive Inferential

<p>To find out the influence of Non-financial compensation on job satisfaction among healthcare workers under the ESP and PSC.</p>	<p>Independent  Non-financial compensation</p>	<p>Level and availability of task Involvement, significance, variety and task identity  Level and availability of task Involvement, significance, variety and task identity</p>	<p>Ordinal/ Nominal</p>	<p>frequencies Percentages</p>	<p>Descriptive Inferential</p>
<p>Job satisfaction among health care workers under the Economic Stimulus Programme and Public Service Commission</p>	<p>Dependent  Job Satisfaction</p>	<p>Staff turnover rate within the organisation Level of absenteeism within the organisation Level of quality of work and organisational commitment</p>	<p>Ratio Ordinal Nominal</p>	<p>frequencies Percentages</p>	<p>Descriptive Inferential</p>



## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This chapter analyzed the collected data from the questionnaires and interview guides. The findings were presented in tabular summaries, and their implication interpreted. The study sought to determine the influence of compensation on job satisfaction among Economic Stimulus programme and Public Service Commission healthcare workers in Isiolo County. Data is presented on the demographics, direct and indirect financial compensation and the intrinsic and extrinsic non-financial compensation in relation to the employer and cadres of the health workers under ESP and PSC.

#### 4.2 Respondent's demographic information.

The expected sample population was 176 respondents of which 157 (89%) were successfully completed and returned for analysis. 43 (98%) of the ESP health care workers responded and successfully completed the questionnaire. 114(86%) of the 132 sampled respondents from the PSC healthcare workers successfully completed the questionnaire. 9 (90%) out of 10 PSC health workers scheduled for interviews were interviewed while all 5 (100%) of those of the ESP being interviewed.

##### 4.2.1 Gender of the respondents under ESP and PSC.

The gender of the respondents is given in Table 4.1

**Table 4.1: Distribution of the respondents according to gender.**

Gender	Economic Stimulus Programme		Public Service Commission	
	Frequency(f)	Percentage(%)	f	%
Male	19	44	22	19
Female	24	56	92	81
Total	43	100	114	100

The study used a sample size made up of 44% male and 56% female respondents under ESP and 19% male and 81% female respondents under PSC as shown in the Table 4.1. This signified a gender disparity that could be significant to the findings of this study.

#### 4.2.2 Age of the respondents under ESP and PSC.

The age of the respondents is as given in Table 4.2 below

**Table 4.2: Distribution of the respondents according to age**

Age of the respondents (years)	Economic Stimulus Programme		Public Service Commission	
	f	%	f	%
20-29	34	79	6	5
30-39	8	19	62	55
40-49	1	2	32	28
50 and over			14	12
Total	43	100	114	100

According to the findings, most of the respondents 79% under ESP were aged between 20 and 29 years. 19% were between 30 and 39 years of age, 2% were aged between 40 and 49 years while none was above 50 years. The findings also indicate that most of the respondents 55% under PSC were aged between 30 and 39 years, 5% were aged between 20 and 29 years. Those between 40 and 49 years were 28% and 12% were above 50 years. The results show that majority of healthcare workers were below 50 years and therefore energetic to perform their tasks accordingly. It is observable that most of the PSC employees were below fifty years since the minimum retirement age in Government departments was fifty years and the maximum being sixty years and thus most of those who had surpassed the age of fifty years had willingly retired.

### 4.2.3 Years of service by ESP and PSC employers.

Years of service was sought to give a clearer picture on the years of experience and competences of the respondents.

**Table 4.3: Years of service of the respondents (ESP/PSC)**

Years of service	Economic Stimulus Programme		Public Service Commission	
	f	%	f	%
1-5	43	100	13	11
6-10			26	23
11-15			16	14
16-20			25	22
21-25			10	9
26-30			16	14
31-35			8	7
<b>Total</b>	43	100	114	100

It is evident from Table4.3 that all 43 ESP respondents had worked for between 1 and 5 years. 11% of those under the PSC who had worked for between 1 and 5 years.23% had worked for more than 5 years but less than 15 years. Those who had worked for more than ten years and below 15 years were 14%. Some respondents (22%) had worked for between 16 and 20 years while 9%had worked 21 to 25 years. About 14%and 7% had worked for between 26 and 30 years and between 31 and 35 years respectively.

Table 4.4 shows that all 43 ESP respondents had worked with the government for between 1 and 5 years. 23% of the PSC respondents had worked with the government for between 6 and 10 years. 11% had worked for between 1 and 5 years under the PSC. About 14% respondents under the PSC respondents had worked for between 11 and 15 years while 22% had worked for 16 and 20 years. 9% of the PSC workers had worked for between 21 and 25 years, while 14% had worked for between 26 and 30 years. 7% of the PSC respondents had worked for over 31 years.

The years of service of the respondents in relation to their employer is as given in Table 4.4

**Table 4.4: Years of service of the respondents as per their employer**

Years of service	Economic Stimulus Programme		Public Service Commission	
	f	%	f	%
1-5	43	100	13	11
6-10			26	23
11-15			16	14
16-20			25	22
21-25			10	9
26-30			16	14
31-35			8	7
Total	43	100	114	100

### **4.3 Influence of Direct Financial Compensation on Job Satisfaction among health care workers under the ESP and PSC.**

This section analyses the extent of employee satisfaction with monthly take home payment, most recent pay rise, timeliness of pay and organization's administration of pay. It also analyses the extent to which there is fairness of compensation and benefit package within the organization, response on whether employees will resign if offered better terms elsewhere, equitability of employees compensation and benefit packages in comparison to other organization, the extent of consistency of organization's pay policies and response on whether employees receive information on pay issues that concern them.

#### **4.3.1 The extent of satisfaction with monthly take home payment.**

Respondents were requested to indicate their level of satisfaction with monthly take home payment. The results are as shown in Table 4.5.

**Table 4.5 Levels of job satisfaction with a monthly take home pay**

<b>Level of job satisfaction</b>	<b>f</b>	<b>%</b>
Very dissatisfied	34	21
Dissatisfied	89	57
Neither satisfied or dissatisfied	25	16
Satisfied	9	6
Very satisfied		
Total	157	100

Table 4.5, shows that majority of the employees (57%) of all the health workers under the ESP and PSC were dissatisfied with their monthly take home payment, 21% were very dissatisfied, 16 % were not sure whether they were satisfied or not and 6% were satisfied while none was not very satisfied with their monthly take home payment. This is a clear

indication that majority of the PSC and ESP health care workers were dissatisfied with their monthly take home payment which may influence their job satisfaction.

Table 4.6 shows that majority (53%) of the ESP healthcare workers were very dissatisfied with their monthly take home payment. None was satisfied with their take home payment. Majority (60%) of the PSC health care workers were dissatisfied with their take home payment. 22% were neither satisfied nor dissatisfied and only 8% were satisfied with their take home payment.

The level of satisfaction with monthly take home payment among the respondents in relation to the employer is as given in Table 4.6

**Table 4.6 Levels of job satisfaction with a monthly take home payment among employees in relation to employer**

Level of satisfaction	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Very dissatisfied	23	53	11	10		
Dissatisfied	20	47	69	60		
Neither satisfied nor dissatisfied			25	22		
Satisfied			9	8		
Total	43	100	114	100		

The level of satisfaction with monthly take home payment among the respondents in relation to their cadres is as given in Table 4.7

**Table 4.7 Levels of job satisfaction with a monthly take home payment among employees in relation to their cadres under ESP/PSC**

Level of satisfaction	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Very dissatisfied	23	18	7	35	2	40	2	29
Dissatisfied	74	60	8	40	2	40	5	71
Neither satisfied nor dissatisfied	20	16	5	25				
Satisfied	8	6			1	20		

Table 4.7 shows that majority (78%) of the nurses were dissatisfied with their monthly take home payment, while 16% were not decided and 6% were satisfied with their monthly take home payment. It is also notable that 40% of the public health technicians were dissatisfied with their monthly take home payment while 35% were very dissatisfied. 25% were neither satisfied nor dissatisfied. None felt satisfied or very satisfied with their monthly take home payment.

Results from table 4.7 reveals that majority (40%) of the medical engineering technicians were very dissatisfied with their monthly take home payment. Only 20% were satisfied with their monthly take home payment. Similarly majority (71%) of the lab technicians were dissatisfied. None was satisfied.

### 4.3.2 Level of satisfaction with the most recent payment.

Respondents were requested to indicate their level of satisfaction with most recent payment rise.

The results are as shown in Table 4.8.

**Table 4.8 Levels of satisfaction with the most recent pay rise**

<b>Level of job satisfaction</b>	<b>f</b>	<b>%</b>
Very dissatisfied	37	23
Dissatisfied	96	61
Neither satisfied or dissatisfied	15	10
Satisfied	9	6
Very satisfied		
Total	157	100

Table 4.8, shows that majority(61%) of the employees were dissatisfied with their most recent pay rise, 23% while 10 % were neither satisfied or not. 6% were This is a clear indication that majority of the PSC and ESP health care workers were dissatisfied with their most recent pay rise.



The level of satisfaction with most recent pay rise among the respondents in relation to the employer is as given in Table 4.9

**Table 4.9 Levels of job satisfaction with most recent pay rise among employees in relation to employer**

Level of satisfaction	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Very dissatisfied	24	56	13		11	
Dissatisfied	14	32	82		72	
Neither satisfied nor dissatisfied	5	12	10		9	
Satisfied			9		8	
Very satisfied						
Total	43	100	114		100	

Table 4.9 shows that 56% of the ESP healthcare workers were very dissatisfied with their most recent payment rise. None was satisfied with their most recent payment raise. 72% of the PSC health care workers were dissatisfied with their take home payment raise while only 8% were satisfied with their most recent pay rise.

The level of satisfaction with most recent pay rise among the respondents as per the cadres is as shown in Table 4.10

**Table 4.10 Levels of job satisfaction with most recent pay rise among employees in relation to their cadres**

Level of satisfaction	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Very dissatisfied	25	20	8	40	2	40	2	29
Dissatisfied	81	65	9	45	1	20	5	71
Neither satisfied nor dissatisfied	13	10	2	10				
Satisfied	6	5	1	5	2	40		
Total	125	100	20	100	5	100	7	100

Table 4.10 shows that 65% of the nurses were dissatisfied with their most recent pay rise while 5% were satisfied. It is notable that 45% of the public health technicians were dissatisfied and only 5% were satisfied with their most recent pay rise. About 40% of the medical engineering technicians were very dissatisfied while a similar percentage felt satisfied with their monthly take home payment. Similarly majority (71%) of the lab technicians were dissatisfied. None were satisfied.

### 4.3.3 Timeliness of pay of health care workers.

Respondents were required to indicate whether they received timely payment of their salaries. The results are as shown in Table 4.11.

**Table 4.11 timeliness of payment in relation to employer among health care workers under ESP/PSC**

Response	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Yes	1	2	72	63		
No	42	98	42	37		
Total	43	100	114	100		

The Table 4.11 shows that majority (98%) of the ESP respondents reported that their payment was not delivered timely. Only 2% wrote that their salaries were paid timely. It can also be deduced that 63% of the PSC respondents wrote that their payment was timely delivered while 37% indicated that their salaries were not delivered timely

### 4.3.4 Levels of satisfaction among health workers with the organisation's administration of payment

The respondents were required to indicate their levels of satisfaction with the way the organisation administers payments. The results are shown in table 4.12.

**Table 4.12 Levels of satisfaction with the organization's administration of payment**

Level of job satisfaction	f	%
Very dissatisfied	21	13
Dissatisfied	48	31
Neither satisfied or dissatisfied	45	29
Satisfied	43	27
Very satisfied		
Total	157	100

Table 4.12, shows that 31% of the respondents, were dissatisfied with way the organisation administers payment. 29 % were not sure whether they were satisfied or not and 27% were satisfied with the way the organisation administers pay.

The level of satisfaction with the way the organisation administers payment among the respondents in relation to their employer is as shown in Table 4.13

**Table 4.13 Levels of satisfaction with the way the organization administers payment in relation to employer**

Level of satisfaction	Economic Programme		Stimulus Public Service Commission	
	f	%	f	%
Very dissatisfied	11	26	10	9
Dissatisfied	14	32	34	30
Neither satisfied nor dissatisfied	15	35	30	26
Satisfied	3	7	40	35
Total	43	100	114	100

Table 4.13 shows that 35% of the ESP healthcare workers were neither satisfied or dissatisfied with the way the organisation administers payments while 32% were dissatisfied. Some respondents (26%) were very dissatisfied while 7% noted that they were satisfied with the way the organisation administers payments. The table shows that 35% of the PSC health care workers were satisfied with the way the organisation administers pay while 30% were dissatisfied. 26% were neither satisfied nor dissatisfied and only 9% were very dissatisfied with the way the organisation administers payment. None was very satisfied with the way the organization administers payment.

#### 4.3.5 Fairness of compensation and benefit package among health care workers.

Respondents were required to indicate whether they viewed fairness in the way compensation and benefit packages were offered within the organisation. The results are as shown in Table 4.14.

**Table 4.14 Fairness of compensation and benefit package**

<b>Response</b>	<b>f</b>	<b>%</b>
Yes	33	21
No	124	79
Total	157	100

With reference to Table 4.14 above, majority (79%) of the respondents noted that there was no fairness in compensation among health care workers, while 21% percent indicated that there was fairness in compensation.

How respondents viewed fairness of compensation within the organisations as per their employers is as shown in Table 4.15

**Table 4.15 Fairness of compensation and benefit package in relation to employer**

<b>Response</b>	<b>Economic Programme</b>		<b>Stimulus Public Service Commission</b>	
	<b>f</b>	<b>%</b>	<b>f</b>	<b>%</b>
Yes			33	29
No	43	100	81	71
Total	43	100	114	100

The Table 4.15 shows that all 43 ESP respondents indicated that there was no fairness in compensation. 29% of the PSC respondents wrote that there was fairness in compensation. It can also be deduced from the findings that majority (71%) of the PSC respondents wrote that there was no fairness in compensation.

**4.3.6 Data on whether employees under ESP/PSC will resign if offered better terms.**

The respondents were asked whether they would resign from their current government employment if offered better terms. The results are shown in table 4.16.

**Table 4.16 Response on whether employees will resign if offered better terms.**

<b>Response</b>	<b>f</b>	<b>%</b>
Yes	151	96
No	6	4
Total	157	100

Data from Table 4.16 show that most healthcare workers (96%) would resign from their current employment if offered better terms. However, (4%) would still remain with their current jobs even if they are offered better terms. Reasons as to why the respondents would remain in their current positions require further investigations since it was beyond the scope of this study. This showed that employees are heavily motivated by financial incentives and will resign from their organisations to take up appointments in other organisations where terms and conditions are better than their current ones since they will be more satisfied. This clearly indicates that employees' job satisfaction heavily depends on financial incentives offered by the organisation among in order to ensure employee retention and productivity.

Table 4.17 shows response on whether employees would resign if offered better terms elsewhere.

**Table 4.17 Response on whether employees will resign if offered better terms elsewhere**

Response	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Yes	43	100	108	95		
No			6	5		
Total	43	100	114	100		

Table 4.17 shows that all the 49 ESP respondents would resign if offered better terms elsewhere. Similarly majority of the PSC respondents (95%) would resign if offered better terms elsewhere. 5% would still remain the in the same job.

**4.3.7: How equitable employees view their compensation and benefit packages in comparison to other organisation and sectors.**

Respondents were requested to respond on how equitable they view their compensation and benefit packages in comparison to other organisations and sectors as shown in Table 4.18.

**Table 4.18 How equitable employees view their compensation and benefit packages in comparison to other organisation and sectors.**

Response	f	%
Very inequitable	73	46
Inequitable	42	27
Satisfactory	33	21
Equitable	8	5
Very equitable	1	1
<b>Total</b>	<b>157</b>	<b>100</b>

Table 4.18 shows that 46% of the respondents noted that the compensation and benefit packages offered by their employers were very inequitable in comparison to other sectors and organisation, 27% reported that it was inequitable, 21% indicating that the compensation was satisfactory; a few (5%) indicated that the compensation and benefit packages they get were equitable to other organizations.

Table 4.19 shows response on how employees view compensation and benefit package in comparison to other organisations and sectors in relation to their employer.

**Table 4.19 Response on how equitable employees view the compensation and benefit packages in comparison to other organisation and sectors in relation to employer**

Response	Economic Programme		Stimulus		Public Commission		Service	
	f	%	f	%	f	%	f	%
Very inequitable	40	93	33	29				
Inequitable	3	7	39	34				
Satisfactory			33	29				
Equitable			8	7				
Very equitable			1	1				
Total	43	100	114	100				

Table 4.19 shows that majority (93%) of the ESP healthcare workers noted that the compensation and benefit packages offered to them is very inequitable in comparison to other organisation. The Table also shows that 34% of the PSC health care workers indicated that the compensation and benefit packages offered to them is inequitable in comparison to other sectors while 29% indicated it was satisfactory with 7% indicating it was equitable.



Table 4.20 shows response on how employees view compensation and benefit package in comparison to other organisations and sectors in relation to their cadre.

**Table 4.20 Response on how equitable employees view the compensation and benefit packages in comparison to other organisation and sectors in relation to cadre**

Response	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Very inequitable	56	45	10	50	1	20	6	86
Inequitable	34	27	5	25	3	60		
Satisfactory	27	22	4	20	1	20	1	14
Equitable	7	5	1	5				
Very equitable	1	1						
Total	125	100	20	100	5	100	7	100

Table 4.20 shows that 45% of the nurses wrote that the compensation and benefit packages offered to them is very inequitable in comparison to other sectors and organisation while 22% indicated that it is satisfactory and only 5% noting that the compensation and benefit packages offered to them is equitable in comparison to other sectors and organisation. It is also notable from the table that 50% of the public health technicians and 86% medical laboratory technicians noted that the compensation and benefit packages offered to them is very inequitable in comparison to other sectors and organisation, while 60% of the medical engineering technicians wrote that the compensation and benefit packages offered to them is inequitable in comparison to other sectors. Only 5% of the public health technicians indicated that their compensation and benefit package was equitable to other sectors. None from the medical engineering

technician and lab technician indicated that the compensation and benefit packages offered to them is equitable in comparison to other sectors and organisations.

#### **4.3.8 Data on whether employees receive information on payment issues that concern them**

Respondents were requested to indicate whether they received any information on payment issues that concern them. The results are as shown in Table 4.21.

**Table 4.21 Response on whether employees receive information on pay issues that concern them.**

<b>Response</b>	<b>Economic Programme</b>	<b>Stimulus</b>	<b>Public Commission</b>	<b>Service</b>
	<b>f</b>	<b>%</b>	<b>f</b>	<b>%</b>
Yes	1	2	43	38
No	42	98	71	62
Total	43	100	114	100

Table 4.21 shows that majority of the ESP respondents (98%) wrote that they were not receiving information on pay issues that concern them. Only 2% indicated that they received information on pay issues that concern them.

It can also be deduced from the Table that 62% of the PSC respondents also indicated that they were not receiving information on pay issues that concern them while 38% wrote that they were receiving information on pay issues that concern them.

**4.3.9: The extent to which employees indicate there is consistency of organization's pay policy.**

Respondents were requested to respond to what extent they noted there is consistency of the organization's pay policy. The results are shown in Table 4.22.

**Table 4.22 Response on to the extent to which employees noted there is consistency of organization's pay policy.**

<b>Response</b>	<b>f</b>	<b>%</b>
Very little extent	39	25
Little extent	39	25
Some extent	45	29
Great extent	25	16
Very great extent	9	5
Total	157	100

Table 4.22, shows that 29% of the respondents indicated that to some extent there is consistency of the organization's pay policy. 25% wrote that it was to a little extent and another 25% noted it was to a very little extent, 16% indicated that there is consistency of the organization's pay policy to a great extent.

Table 4.20 shows response on how employees noted there is consistency of organization's pay in relation to employer.

**Table 4.23 Response to the extent to which employees noted there is consistency of organization's pay in relation to employer**

Response	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Very little extent	10	23	29	25		
Little extent	14	33	25	22		
Some extent	16	37	29	25		
Great extent	3	7	22	20		
Very great extent			9	8		
Total	43	100	114	100		

Table 4.23 shows that 37% of the ESP healthcare workers indicated that to some extent there was consistency of the organization's pay policy while 33% noted that it was to a little extent. The table shows that 25% of the PSC health care workers noted that to some extent there was consistency of the organization's pay policy and a similar percentage (25%) indicating that it was to a very little extent.

13 of the supervisors' and unit charges (9 ESP and 4 PSC) interviewed said that employees were paid salaries on a monthly basis and that there were no bonuses paid to them. However those from the PSC said that they were offered allowances on top of their basic salary which included risk, commuter, house, extraneous and hardship allowances according to an individual's job group with the extraneous allowance being the largest allowance of all. Supervisors from the ESP said that there were no allowances for them and they only received a blanket sum as gross pay. They also said that there were delays

in releasing their monthly salaries such that in some occasions they had to go for two or three months without pay and when they finally get the pay it was heavily taxed. All of the PSC respondents interviewed said that they believed that their employees were satisfied with their gross pay especially after the introduction of the extraneous allowance. Those of the ESP were of the opinion that their employees were very dissatisfied since they were not getting any allowances and were being paid even less than their counterparts who had the same qualifications under the PSC. They were also dissatisfied with how their salaries at times were not paid in a timely manner.

#### **4.4 Influence of indirect financial compensation on job satisfaction of health workers under ESP and PSC.**

This section analyses the level of employee satisfaction with retirement plans and social security plans. Response on availability of work place injury compensation plans and availability of paid vacations leaves and holidays.

##### **4.4.1: Level of satisfaction with employee retirement plans.**

The respondents were required to indicate how satisfied they were with the retirement plans put in place for them. The results are shown in Table 4.24

**Table 4.24 Levels of satisfaction with employee retirement plans**

<b>Level of job satisfaction</b>	<b>f</b>	<b>%</b>
Very dissatisfied	47	30
Dissatisfied	52	33
Neither satisfied or dissatisfied	47	30
Satisfied	11	7
Very satisfied		
Total	157	100

Table 4.24, shows that 33% of the respondents were dissatisfied with the retirement plans, 30% were very dissatisfied, and 30% were not sure whether they were satisfied or not with only 7% indicating they were satisfied with the retirement plans.

Level of satisfaction with employee retirement plans in relation to employer is as shown in Table 4.25

**Table 4.25 Levels of satisfaction with employee retirement plans in relation to employer**

Level of satisfaction	Economic Programme		Stimulus Public Commission Service	
	f	%	f	%
Very dissatisfied	6	14	41	36
Dissatisfied	28	65	23	21
Neither satisfied nor dissatisfied	9	21	38	33
Satisfied			11	10
Total	43	100	114	100

It is evident from Table 4.25 that majority of the ESP healthcare workers 65% were dissatisfied with the way the retirement plans put in place for them while 6% were very dissatisfied. None was satisfied with the retirement plans put in place for them. The table shows that 36% of the PSC health care workers were very dissatisfied with the retirement plans, while 21% were dissatisfied and only 10% were satisfied with the retirement plans

#### 4.4.2: Availability of paid vacations, leave and holidays.

The respondents were requested to indicate whether their employer offered them paid vacations, leave and holidays. The results are shown in Table 4.26

**Table 4.26 Response on availability of paid vacations, leave and holidays.**

Response	Economic Programme		Stimulus	Public Commission		Service
	f	%		f	%	
Yes	43	100		114	100	
No						
Total	43	100		114	100	

The Table 4.26 shows that all of the ESP and PSC respondents acknowledged that they were offered paid vacations, leave and holidays.

#### 4.4.3: Availability of work place injury compensation plans within the organisation

The respondents were requested to indicate whether their employer offered them work place injury compensation. The results are shown in Table 4.27

**Table 4.27 Response on availability of work place injury compensation plans**

Response	Economic Programme		Stimulus	Public Commission		Service
	f	%		f	%	
Yes				114	100	
No	43	100				
Total	43	100		114	100	

Table 4.27 shows that all of the ESP acknowledged that their employer did not have work place injury compensation plans for them while PSC respondents acknowledged that they had work place injury compensation plans put in place for them.

**4.4.4: Level of satisfaction with social security plans for the employees**

The respondents were required to indicate how satisfied they were with the social security plans as shown in Table 4.28

**Table 4.28 Levels of satisfaction with social security plans for the employees**

<b>Level of satisfaction</b>	<b>f</b>	<b>%</b>
Very dissatisfied	32	20
Dissatisfied	71	46
Neither satisfied or dissatisfied	39	25
Satisfied	14	9
Total	157	100

Table 4.28, shows that majority of the respondents, 46% were dissatisfied with the social security plans put in place for them by their employers, while only 9% indicated they were satisfied with the social security plans.



Table 4.29 shows level of satisfaction with employee social security in relation to employer

**Table 4.29 Level of satisfaction with social security plans in relation to employer**

Level of satisfaction	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Very dissatisfied	4	9	28		25	
Dissatisfied	30	70	41		36	
Neither satisfied nor dissatisfied	9	21	30		27	
Satisfied				14		12
Total	43	100	114		100	

Table 4.29 shows that majority of the ESP healthcare workers (70%) were dissatisfied with the social security plans, while 9% were very dissatisfied. Some respondents (21%) were neither satisfied nor dissatisfied. None was satisfied with the social security plans put in store for them by their employers. 36% of the PSC health workers were dissatisfied, while only 12% was satisfied with the social security plans.

All 9 PSC supervisors' and unit in-charges interviewed said that employees were enrolled in retirement and pension plans and were covered with the government workman's compensation plans in case of injury during the performing of their duties. However, they did not require other social security plans since they already were under the government pension plans. Supervisors' and unit in-charges of the ESP interviewed said that there were no work place injury compensation plans for the ESP employees and also no retirement plans for them since they were not under permanent and pensionable terms and were not sure if they were enrolled in any social security plans since they did not get pay slips that indicated so.

Eight (8) of the PSC supervisors' and unit in-charges interviewed said that they believed that the PSC employees were to some extent satisfied with these plans but however they may be dissatisfied with the retirement plans after the introduction of the devolved governments since the system was not clear on how the pension were to be paid to those who were retiring hence employees were anxious. Those supervising the ESP felt that the employees were extremely dissatisfied since they were not incorporated in to any social security/retirement plans and were not entitled to work place injury compensation plans thus were dissatisfied, since they felt that they were working for the same government and performing the same duties as those from the PSC.

#### **4.5 The influence of Non-financial compensation on job satisfaction among health workers under ESP and PSC.**

This section analyses the extent to which employees have job autonomy, get feedback from managers, receive recognition for the work they do, feel their job gives them opportunities for promotion and upward movement and availability of opportunities to learn new things.

##### **4.5.1: Information regarding the level of autonomy.**

The respondents were required to indicate the amount of autonomy available in the job. The results are shown in Table 4.30

**Table 4.30 Response on the amount of autonomy**

<b>Response</b>	<b>f</b>	<b>%</b>
Not at all	7	4
Very little autonomy	30	19
Little autonomy	17	11
Moderate autonomy	23	15
Fairly great autonomy	24	15
Great autonomy	23	15
Very great autonomy	33	21
Total	157	100

Table 4.30, shows that 21% of the respondents wrote that their job gave them very great autonomy, 4% reported that there was no autonomy in their job at all, while 9% noted that their job gave them very little autonomy.

The response to amount of autonomy in relation to the employer is as shown in Table 4.31

**4.31 Response to amount of autonomy in relation to employer**

Response	Economic Programme		Stimulus Public Commission		Service	
	f	%	f	%	f	%
Not at all	5	12	2		2	
Very little autonomy	17	40	13		11	
Little autonomy	4	9	13		11	
Moderate autonomy	3	7	20		18	
Fairly great autonomy	2	5	22		19	
Great autonomy	9	21	14		13	
Very great autonomy	3	7	30		26	
Total	43	100	114		100	

Table 4.31 shows that 40% of the ESP healthcare workers noted that their job gave them very little autonomy, while 26% reported that their job gave them great autonomy and only 5% of the ESP workers wrote their job did not give them any autonomy at all. The table also shows that 26% of the PSC health care workers reported that their job gave them very great autonomy while 19% indicated they got fairly great autonomy. 11% noted they had very little autonomy in their jobs and only 2% wrote that they had no autonomy.

The response to amount of autonomy in relation to the employee's cadre is as shown in Table 4.32

**4.32 Response to amount of autonomy in relation to cadre**

Response	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Not at all	5	4					2	29
Very little autonomy	26	21	4	20				
Little autonomy	13	10	1	5	1	20	2	29
Moderate autonomy	18	14	3	15	2	40		
Fairly great autonomy	19	15	2	10	1	20	2	29
Great autonomy	16	13	6	30	1	20		
Very great autonomy	28	23	4	20			1	13
Total	125	100	20	100	5	100	7	100

Table 4.32 shows that 23% of the nurses noted that their job gave them very great autonomy, while 21% wrote that they had very little autonomy in performing their duties. Only 4% reported that they had no autonomy in performing their duties. It is also noted that 40% of the medical engineering technicians noted that they had moderate autonomy in the performance of their duties. Few of the medical laboratory technicians (13%) had very great autonomy.

#### 4.5.2: The extent to which employees get feedback from managers.

The respondents were required to indicate to what extent they get feedback from their managers on how well they are doing their job. The results are shown in Table 4.35.

**Table 4.33 Response to the extent to which employees get feedback from managers**

<b>Response</b>	<b>f</b>	<b>%</b>
Not at all	14	9
To a very small extent	31	20
To a small extent	21	13
To a moderate extent	36	23
To a fairly great extent	24	15
To a great extent	16	10
To a very great extent	15	10
Total	157	100

Table 4.33 shows that 23% of the respondents noted that they got feedback from their managers on how well they are doing their job to a moderate extent, 9% reported that they got no feedback at all, while 10% wrote that they got feedback from managers and colleagues to a very great extent.

The extent to which employees get feedback from their supervisors and managers in relation to their employer is as shown in table 4.34

**Table 4.34 The extent to which employees get feedback from managers in relation to employer**

Response	Economic Stimulus Programme		Public Commission	Service
	f	%	f	%
Not at all	8	19	6	5
To a very small extent	19	44	12	11
To a small extent	3	6	18	16
To a moderate extent	8	19	28	25
To a fairly great extent	2	5	22	19
To a great extent	3	7	13	11
To a very great extent			15	14
Total	43	100	114	100

Table 4.34 shows that 44% of the ESP healthcare workers noted that they got feedback from their managers on how well they are doing their job to a very small extent, while 19% said they did not get feedback. The table also shows that 25% of the PSC health care workers reported that their managers and colleagues gave them feedback on how well they were doing their jobs to a moderate extent, while 5% wrote that they did not get any feedback. 14% reported that to a very great extent they get feedback from their managers and colleagues.

Table 4.35 shows that 25% of the nurses noted that to a moderate extent they get feedback from their managers, while 10% said that they did not get any feedback from their managers. Only 9% wrote that to a very great extent they get feedback from their managers. It is notable from the table that 43% of the medical laboratory technicians reported that to a very small extent they got feedback. About 25% of the public health technician noted that they got feedback to a fairly great extent

The extent to which employees get feedback from their supervisors and managers in relation to their cadres is as shown in table 4.35

**4.35 Response to the extent to which employees get feedback from managers in relation to cadre**

Response	nurses		Public health technicians		Medical engineers		Medical lab technicians	
	f	%	f	%	f	%	f	%
Not at all	13	10	1	5				
To very small extent	23	18	4	20	1	20	3	43
To a small extent	17	14	3	15	1	20		
To moderate extent	31	25	1	5	1	20	3	43
To fairly great extent	18	14	5	25	1	20		
To a great extent	12	10	3	15	1	20		
To a very great extent	11	9	3	15			1	14
Total	125	100	20	100	5	100	7	100

#### **4.5.3: The extent to which employees receive recognition for the work they do.**

The respondents were required to indicate to what extent they received recognition for the work they do. The results are shown in Table 4.36.

**Table 4.36 Response to the extent to which employees receive enough recognition for work they do.**

<b>Response</b>	<b>f</b>	<b>%</b>
Not at all	25	15
To a very little extent	31	20
To a little extent	8	5
To a moderate extent	34	22
To a fairly great extent	15	10
To a great extent	33	21
To a very great extent	11	7
Total	157	100

Table 4.36 shows that 22% of the respondents reported that they received recognition to a moderate extent, 15% wrote that they were not recognised, while 7% noted that they were recognised to a very great extent.



Response to the extent to which employees receive enough recognition for work they do in relation to employer is as shown in table 4.37

**Table 4.37 Response to the extent to which employees receive enough recognition for work they do in relation to employer.**

Response	Economic Programme	Stimulus	Public Commission	Service
	f	%	f	%
Not at all	10	23	15	13
To a very little extent	22	52	9	8
To a little extent	3	7	5	5
To a moderate extent	4	9	30	26
To a fairly great extent	2	5	13	11
To a great extent	1	2	32	28
To a very great extent	1	2	10	9

Table 4.37 shows that 52% of the ESP healthcare workers noted that they were recognized to a very little extent, while 23% wrote they were not recognized and only 2% of the ESP population noted that they were recognized to a very great extent. The Table also shows that 28% of the PSC health care workers reported that they were recognized to a great extent, while 26% said that they were recognized to a moderate extent.

Table 4.38 shows the extent to which employees receive enough recognition for work they do in relation to their cadre.

**Table 4.38 Response to the extent to which employees receive enough recognition for work they do in relation to cadre.**

Response	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Not at all	21	17	3	15	1	20		
To very little extent	24	19	2	10			3	42
To a little extent	5	4	1	5	1	20	1	14
To moderate extent	25	20	5	25	2	40	2	30
To fairly great extent	13	10	1	5	1	20		
To a great extent	28	23	4	20			1	14
To a very great extent	9	7	2	10				
Total	125	100	20	100	5	100	7	100

Table 4.38 shows that 23% of the nurses noted that to a great extent they were recognized, while 17% wrote that they were not recognized. It is evident from the table that 42% of the medical laboratory technicians reported that they were recognized to a very little extent, while 14% noted that they were recognized to a great extent. 25% of the public health technician and 40% of the medical engineering technicians reported that they were recognized to a moderate extent.

**4.5.4: The extent to which employees indicate their job gives them opportunities for promotion and upward movement.**

The respondents were required to indicate to what extent their job gives them opportunities for promotion and upward movement as shown in Table 4.39

**Table 4.39 Response to the extent to which employees feel their job gives them opportunities for promotion and upward movement (ESP/PSC)**

<b>Response</b>	<b>f</b>	<b>%</b>
Not at all	28	18
To a very little extent	25	15
To a little extent	42	27
To a moderate extent	27	17
To a fairly great extent	22	14
To a great extent	4	3
To a very great extent	9	6
Total	157	100

Table 4.39, shows that 27% of the respondents, noted that to a little extent their job gave them opportunities for promotion and upward movement, 18% reported that their job did not give them opportunities for promotion and upward movement, while 6% wrote that to a very great extent they had opportunities for promotion and upward movement.

The response to the extent to which employees noted their job gives them opportunities for promotion and upward movement in relation to employer is as shown in table 4.40

**Table 4.40 Response to the extent to which employees noted their job gives them opportunities for promotion and upward movement in relation to employer.**

Response	Economic Stimulus Programme		Public Service Commission	
	f	%	f	%
Not at all	22	51	6	5
To a very little extent	13	30	12	11
To a little extent	3	7	39	34
To a moderate extent	5	12	22	19
To a fairly great extent			22	19
To a great extent			4	4
To a very great extent			9	8
Total	43	100	114	100

Table 4.40 shows that majority of the ESP healthcare workers (51%) noted that their job did not give them opportunities for promotion and upward movement, while 7% reported that to a little extent their job gave them opportunities for promotion and upward movement and only 12% indicated that their job gave them opportunities for promotion and upward movement to a moderate extent. The table shows that 34% of the PSC health care workers reported that their job gave them opportunities for promotion and upward movement to a little extent, while 8% wrote that to a very great extent their job gave them opportunities for promotion and upward movement. 5% noted that they had no opportunities for promotion and upward movement at all.

The response to the extent to which employees noted their job gives them opportunities for promotion and upward movement in relation to cadre is as shown in table 4.41

**Table 4.41 Response to the extent to which employees feel their job gives them opportunities for promotion and upward movement in relation to cadre (ESP/PSC).**

Response	nurses		Public health technicians		Medical engineers		Medical lab technicians	
	f	%	f	%	f	%	f	%
	Not at all	20	16	3	15	1	20	
To very little extent	21	17	3	15			3	43
To a little extent	32	26	6	30	1	20	1	14
To moderate extent	23	18	2	10	2	40	2	29
To fairly great extent	18	14	4	20	1	20		
To a great extent	4	3					1	14
To a very great extent	7	6	2	10				
Total	125	100	20	100	5	100	7	100

Table 4.41 shows that 26% of the nurses indicated that their job gave them opportunities for promotion and upward movement to a little extent, while 16% reported that they had no opportunities for promotion at all. Only 6% of the nurse noted that to a very great extent they had opportunities for promotion. It is evident from the table that 43% of the medical laboratory technicians wrote that they had opportunities for promotion and upward movement to a little extent, while 14% reported that to a very great extent they had opportunities for promotion and upward movement. 30% of the public health technician and 40% of the medical engineering technicians noted that to a little extent they opportunities for promotion and upward movement.

#### 4.5.5: Information on availability of opportunities to learn new things.

The respondents were required to indicate the frequency to which their job offered them opportunities to learn new things as shown in Table 4.44

**Table 4.42 response on availability of opportunities to learn new things**

<b>Response</b>	<b>f</b>	<b>%</b>
Never	6	4
Almost never	11	7
Sometimes	105	66
Almost every time	28	18
Every time	7	5
Total	157	100

Table 4.42, shows that majority of the respondents, (66%) wrote that sometimes their job offered them opportunities to learn new things, 4% reported that they never get any opportunities to learn new things, while 5% noted that their job gave opportunities to learn new things every time.

The response to the availability of opportunities to learn new things in relation to cadre is as shown in table 4.41

**Table 4.43 responses on availability of opportunities to learn new things in relation to cadre**

Response	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
	Never	5	4	1	5			
Almost never	6	5	3	15	1	20	1	14
Sometimes	84	67	13	65	4	80	4	57
Almost every time	24	19	2	10			2	29
Every time	6	5	1	5				
Total	125	100	20	100	5	100	7	100

Table 4.43 shows that majority of the nurses (67%) noted that their job sometimes offered them opportunities to learn new things, while reported that their job offered them opportunities to learn new things every time. Only 4% reported that their job never offered them opportunities to learn new things at all. Majority of the medical engineering technicians (80%) noted that their job sometimes offered them opportunities to learn new things. 57% of the medical laboratory technicians and 65% public health technicians stated that their job sometimes offered them opportunities to learn new things.

#### 4.5.6: Information on availability of task identity.

The respondents were required to indicate to what extent their job had task identity as shown in Table 4.44

**Table 4.44 Response to availability of task identity**

<b>Response</b>	<b>f</b>	<b>%</b>
To a moderate extent	10	7
To a fairly great extent	19	12
To a great extent	54	34
To a very great extent	74	47
Total	157	100

Table 4.44, shows that 47% of the respondents, reported that their job had task identity to a very great extent, 7% noted that they got task identity to a moderate extent, while 34% wrote that they got task identity to a great extent.



**4.5.7: The extent to which the job allows employees to work closely with other people.**

The respondents were required to indicate to what extent their job allowed them to work closely with other people as shown in Table 4.45.

**Table 4.45 extent to which the job allows respondents to work closely with other people.**

<b>Response</b>	<b>f</b>	<b>%</b>
To a very small extent	2	1
To a moderate extent	6	4
To a fairly great extent	3	2
Great extent	49	31
To a very great extent	97	62
Total	157	100

Table 4.45, shows that majority of the health workers, (62%) noted that to a very great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation and only 1% noted that to a very small extent did their job allow them to work closely with other people.

Table 4.46 shows the response to the extent to which the job allows employees to work closely with other people in relation to employer.

**Table 4.46 Response on extent to which the job allows respondents to work closely with other people in relation to employer**

Response	Economic Programme		Stimulus	Public Commission		Service
	f	%	f	f	%	
To a very small extent				2		2
To a moderate extent	1	2		5		4
To a fairly great extent				3		3
To a great extent	11	26		38		33
To a very great extent	31	72		66		58
Total	43	100		114		100

Table 4.46 shows that majority of the ESP healthcare workers (72%) noted that to a very great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation, while 26% indicated this was to a great extent and only 2% of the health workers stated that this was to a moderate extent. The table shows that majority of the PSC health care workers (58%) were reported that to a very great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation while 33% indicated that this was to a great extent. 4% noted that it was to a moderate extent that their job allowed them to work closely with other people including clients and people in related jobs in the organisation.

Table 4.47 shows the response to the extent to which the job allows employees to work closely with other people in relation to cadre.

**Table 4.47: Response on extent to which the job allows respondents to work closely with other people in relation to cadre**

Response	nurses		Public health technicians		Medical engineering technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
	To very small extent	1	1			1	20	
To moderate extent	6	5						
To fairly great extent	2	2	1	5				
To a great extent	35	28	10	50	1	20	3	43
To a very great extent	81	65	9	45	3	60	4	57
Total	125	100	20	100	5	100	7	100

Table 4.47 shows that 65% of the nurses noted that to a very great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation, while 28% indicated that this was to a great extent and only 5% wrote that to a moderate extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation. Notable from the table is that 50% of the medical engineering technicians noted that to a very great extent their job allowed them to work closely with other people. 50% of the public health technicians indicated that to a great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation

#### 4.5.8: Information on availability of task variety in the job.

The respondents were required to indicate how much task variety their job offered them.

The results are shown in Table 4.48

**Table 4.48 Response to availability of task variety in the job**

<b>Response</b>	<b>f</b>	<b>%</b>
Not at all	5	4
Very little variety	5	19
Little variety	16	11
Moderate variety	17	15
Fairly much variety	3	15
Much variety	37	15
Very much variety	74	21
Total	157	100

Table 4.48, shows that 21% of the respondents reported that their job offered them very much task variety, 4% noted that there was no task variety in their job at all, while 19% indicated that their job gave them very little task variety. Similarly 45% of the public health technicians indicated that their job offered them very much task variety.

Table 4.49 shows the Response to availability of task variety in the job in relation to cadre.

**Table 4.49 Response to availability of task variety in the job in relation to cadre**

Response	nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Not at all	3	2	2	10				
Very little variety	5	4						
Little variety	11	9	3	15	1	20	1	14
Moderate variety	13	10	2	10	2	40		
Fairly much variety	2	2	1	5				
Much variety	31	25	3	15	1	20	2	29
Very much variety	60	48	9	45	1	20	4	57

Table 4.49 shows that 48% of the nurses indicated that their job gave them very much task variety. 4% reported that their job offered very little task variety. Only 2% stated that their job offered no task variety. Notable from the table is that 40% of the medical engineering technicians indicated that their job offered them moderate task variety. 57% of the medical laboratory technicians wrote that their job offered them very much task

#### 4.5.9: Data on job significance

The questionnaire also requested respondents to indicate their perception of the significance they noted their job holds as shown in Table 4.50.

**Table 4.50 Response on job significance**

<b>Response</b>	<b>f</b>	<b>%</b>
Slightly significant	6	4
neutral	6	4
Moderately significant	12	7
Very significant	37	24
Extremely significant	96	61
Total	157	100

Table 4.50, shows that 61% of the respondents indicated that their job held extreme significance. 4% reported that their job held slight significance, while 24% noted that their job was very significant.

Response on how employees noted their job had job significance in relation to cadre is as shown in table 4.51

**Table 4.51 Response on job significance in relation to cadre**

Response	Nurses		Public health technicians		Medical engineer technicians		Medical lab technicians	
	f	%	f	%	f	%	f	%
Slightly significant	4	3	1	5			1	14
neutral	4	3	1	5	1	20		
Moderately significant	11	9			0		1	14
Very significant	27	22	8	40	2	40		
Extremely significant	79	63	10	50	2	40	5	72
Total	125	100	20	100	5	100	7	100

Table 4.51 shows that 63% of the nurses wrote that their job held extreme significance, while 3% noted that their job held slight significance. It is notable from the table that 40% of the medical engineering technicians reported that their job held extreme significant. Majority of the medical laboratory technicians (72%) indicated that their job had extreme significance with only 14% reporting that their job held slight significance. Similarly 50% of the public health technicians noted that their job held extreme significance.

From the interviews it was noted that as much as monetary rewards were a motivating factor for employees, they still kept on seeking for other intrinsic and extrinsic non-financial motivators. The supervisors reported that employees constantly felt the need to be recognized and appreciated by the organization including their bosses. They also reported that employees wanted to be given the task that gave them autonomy in

performing their duties while under minimal supervision. The interviews reported that employees have constantly been sensitive to issues concerning their promotions and have been keen to ensure that their promotion came in timely and follow-up done for those that had delayed promotions.

All 14 supervisors and in-charges interviewed said there were trainings, workshops and seminars that were routinely taking place within the county organised by the Ministry of Health, county government, partners and other stake holders whereby employees were always invited to attend. The invitations were dependent on the focus of the training and type of training to ensure relevance to the attending officers. Paid study leaves were also given to officers who met the criteria, to allow them to further their education thus ensuring continuous professional growth. However this was not synonymous with those under the ESP who felt that they were not accorded paid study leaves as they were not permanent and pensionable.

Supervisors interviewed said that feedback was given informally depending on the occasion and only once quarterly did they give feedback formally through the filling of the appraisal form as necessitated by the government for all public officers.

All 14 PSC and ESP supervisors and unit in-charges interviewed felt that the tasks undertaken by the health workers were significant and allowed the health workers to work closely with their colleagues and clients while requiring them to use a variety of skills which involved doing a whole and identifiable piece of work with results that could be seen. Supervisor from the PSC felt that there was low turnover of employees from the public service, however those from the ESP said that some of the employees had quit their employment for greener pastures especially after the devolvement of health services which they felt that in one way or the other shuttered their dreams of being absorbed in the permanent and pensionable terms.

All 14 supervisors and unit in-charges from PSC and ESP interviewed felt that promotion should be pegged on experience, qualification and performance of the individual employees. The supervisors and unit in-charges also felt that there should be equitability



of pay to people who performed similar duties with similar qualifications and years of service. All the 14 supervisors and unit in-charges agreed that there were no many cases of absenteeism within the organisation and this was thought to be because there were duty rostars that stipulated who should work where and at what time hence most employees had to abide by them. Most of the PSC interviewees felt that to some extent employees were fairly treated while those from the ESP felt that they were not fairly treated.

All the supervisors and unit in-charges observed that the major difficulties they faced in compensating, rewarding and motivating employees were issues that they did not have control over especially issues of pay, promotions retirement plans and others pertaining to the tasks.

All these issues were carried out by the PSC and the Ministry of Health headquarters thus they had no control.<sup>8</sup> of the supervisors under the PSC said that they believed that their employer had a good sense of what would make them more satisfied with their job since they have been getting promotions, timely payment of salaries, paid study leaves and having retirement plans put in place for them. However all of those from the ESP felt that their employer did not have a good sense of what would make them more satisfied since they lacked promotions, timely payment of salaries and paid study leaves.

**CHAPTER FIVE**  
**SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND**  
**RECOMMENDATIONS**

**5.1 Introduction**

This chapter presents the summary of the findings, discussion, conclusions drawn from the findings, recommendations for practice and areas for further research. The main objective of the study was to establish the influence of compensation on job satisfaction among healthcare workers under the ESP and PSC in Isiolo County. Specifically, the study sought to establish the influence of direct financial compensation, indirect financial compensation and non financial compensation on job satisfaction among health care workers.

**5.2 Summary of the findings.**

**5.2.1 General Information.**

From the study findings, generally there were more female than male employees in the composition of the staff under the ESP and PSC. This signified a gender disparity in the sample of study that could be a significant factor to the study. Findings from the study showed that majority of the staff were aged between 30-39 years. The relationship between age and job satisfaction was established by Reiner and Zhao (1999) whereas Ting (1997) explains how job satisfaction can be affected by the race and age of the employees.

**5.2.2 Summary of major findings in relation to study objectives.**

Table 5.1 shows the summary of the finding as per the research objectives.

**Table 5.1 Summary in relation to objectives**

Objective	Type of analysis	Major findings of the research
To determine the influence of direct financial compensation on job satisfaction	<ul style="list-style-type: none"> <li>• Frequencies</li> <li>• Percentages</li> </ul>	<ul style="list-style-type: none"> <li>• 53% of the ESP health workers were very dissatisfied with their monthly take home pay</li> <li>• 60% of the PSC health workers were dissatisfied with their monthly take home pay Majority of the nurses (60%), 40% of the public health technicians, 40% of the medical engineering technicians and 71% of the medical laboratory technicians were dissatisfied with their monthly take home payments.</li> <li>• 56% of the ESP health workers and 72% of those under the PSC were very dissatisfied with their most recent pay rise.</li> <li>• 98% of the health workers under ESP indicated that there was no timely payment of salaries and 63% of those under the PSC noted that there was timely payment of their salaries.</li> <li>• 100% of the health workers under ESP would resign from their current employment if offered better terms, while 95% of those under the PSC would resign.</li> </ul>
To determine the influence of indirect financial compensation on	<ul style="list-style-type: none"> <li>• Frequencies</li> <li>• Percentages</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of the employees were dissatisfied with the retirement plans put in place for them with only 7% expressing satisfaction.65% and 36% of employees from the ESP and PSC respectively were dissatisfied</li> </ul>

job satisfaction

- All employees under ESP and PSC acknowledged that their employer offered the paid leaves, holidays and vacations.
- Majority of the employees 70% from the ESP and 36% from the PSC reported dissatisfaction with the social security plans.
- 100% of the ESP employees noted that there was no workplace injury compensation plan for them while 100% of those from the PSC reported that their employer had work place injury compensation plan for them

To determine the influence of Non-financial compensation on job satisfaction

- Frequencies
- Percentages

- 40% of the health workers under ESP indicated that their job gave them very little autonomy, while 26% of those under the PSC noting that their job gave them very great autonomy.
- 23% of the nurse,30% of the public health officer and 40% of the medical engineers indicated that their job gave them great autonomy with 29% of the lab technicians indicating that their job gave them no autonomy at all.
- 44% of the health workers under ESP noted that they got feedback from their managers to a very small extent while 19% of those from the PSC reporting they got feedback to a fairly great extent.
- 44%of the health workers under ESP reported that they got feedback from their managers to a small extent and 25% of those under the PSC reporting that to some extent they got feedback.
- However majority (52%) of health workers under the ESP indicated they were

recognized to a very little extent with 28% of those from the PSC reporting that they were recognized to a great extent

- 51% of the health workers under ESP reported that their job gave them no opportunities at all for promotion and upward movement, while 34% of those under the PSC indicating that they had opportunities for promotion to a very little extent.
  - Most (66%) of the health workers under ESP and PSC noted that sometimes their job gave them to learn new things.
  - 21% of the health workers noted their job gave them no task variety at all with 61% indicating their job was significant.
  - Majority (62%) of the health workers felt that their job allowed them to work with other people to a great extent.
  - Majority of the health workers, (61%) reported that their job held extreme significance while 4% noted that their job held slight significance, while 24% felt that their job was very significant.
  - 47% of the health workers noted that their job had task identity to a very great extent, 7% indicating that they got task identity to a moderate extent, while 34% reporting that they got task identity to a great extent.
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### **5.3 Discussion of the findings.**

#### **5.3.1 Direct financial compensation on health workers under ESP and PSC.**

The findings of this study on job satisfaction indicated that health-care workers employed under ESP and PSC were generally dissatisfied with their job. One possible reason for the overall dissatisfaction may be the location of this study, which was conducted in the hardship arid area of Kenya which does not provide a comfortable working environment, good infrastructure, and a convenient life for the employees. Therefore, workers in this hardship area were more interested in job satisfaction. Moreover, most respondents worked at health centers located in remote areas of the county away from their hometown in extreme hardship.

This study found significant differences in job satisfaction between healthcare workers employed by the ESP and the PSC. However, the results of this study indicate that job satisfaction is strongly influenced by all the three aspects of compensation.

The study found that majority of the healthcare workers employed under the ESP and PSC were dissatisfied with their monthly take home payment and only 9 of the 157 respondents indicating that their monthly take home payment was satisfying. The study also found out that all employees under the ESP were dissatisfied with their monthly take home payment unlike those employed under the PSC who were satisfied with their monthly take home payment. This is an indication that those employed under the ESP are more dissatisfied with their monthly pay home than those employed by the PSC. The study also found out that all cadres of employees were dissatisfied with their monthly take home payment with only few nurses and medical engineering technicians feeling satisfied with their monthly take home pay.

The findings were synonymous with findings of Chirdan, Akosu, Ejembi, Bassi and Zoakah (2009) who conducted a study on health workers in Nigeria which indicated that most workers were dissatisfied with the salary they were paid. Similarly the findings of a study on nurses in Islamabad, Pakistan by Bahalkani, Kumar, Lakho, Mahar, Mazhar and Majeed (2011) indicated similar results in that most nurses were dissatisfied with their salaries. Dissatisfaction with one's salary seems to be a common issue that is further

evident in several other studies by Kinzl , Knotzer H, Traweger , Lederer , Heidegger and Benzer (2005) among anesthetists in Austria and Switzerland , Eker , Tuzun , Dasakapan and Surenkok (2004) among physiotherapists in Turkey and Burnard , Morrison and Phillips (1999) among nurses in Wales. Many managers and organisations are of the view that the key motivation for their employees is pay, bonuses or salary increments. This suggests that health-care systems should provide a suitable salary and fringe benefits scheme to satisfy their workers and maintain their loyalty. Ellis and Pennington (2004) supported the findings by stating that financial incentives have a short-term effect on the motivation levels of employees although they play a critical role in their motivation.

The current study found out that more than half of the employees (96 of the 157) were dissatisfied with the most recent pay raise they had received. The study found a clear indication that majority of the PSC and ESP health care workers were not happy with the pay raise with only a few of the PSC employees noting that the recent raise which was the annual increment was satisfying to them. The study findings revealed that majority of the nurses were dissatisfied with their most recent pay rise which is the annual salary increment that is given to different individuals on different months with only a few noting they were satisfied. It was also found that majority of the public health technicians, medical engineering technicians and laboratory technicians were dissatisfied with their most recent pay rise. In relation to Alderfer's ERG Theory, Existence needs imply the employee's salary and the basic necessities that should be available for the workers in order for them to perform effectively and without them the employee will feel dissatisfied and de-motivated and adequate salary increase that will ensure the employees are safe from effects of inflation that may be detrimental to psychological peace.

The study found out that majority of the respondents 85 (male 31 and female 54) of the 157 who responded to the questionnaire indicated that they were not receiving their salaries in a timely manner. It was also found that majority of the ESP employees, 42 of the 43 who responded to the questionnaire reported that their pay was not timely paid while majority 72 of the 114 of the PSC indicated that their pay was timely delivered.

Clark and Oswald (1996) in their study in the United Kingdom found that the impact of wage raise as result of promotion was more significant than fixed income on job satisfaction.

Findings from the present study show that employees were dissatisfied by the way the organisation administered their pay with majority of the respondents feeling that there was no fairness in compensation within the organisation. The findings of this study revealed that all of the ESP employees noted that there was no fairness in compensation with a few of the PSC feeling there was some degree of fairness within the organisation. In a similar study Quarles (1994) found out that besides promotion opportunities, the evaluation criteria used in the promotion and reward system also had significant effects on employees' turnover intentions. Ineffective performance appraisal and planning systems contributed to employees' perceptions of unfairness and they were more likely to consider leaving the organization (Dailey and Kirk, 1992).

Findings of the present study showed that all healthcare workers under ESP would resign from their current employment if offered better terms elsewhere. However, 6 of the 114 PSC respondents would still remain with their current jobs even if they are offered better terms elsewhere because of reasons that needs further research .This shows that employees are heavily motivated by financial incentives and will resign from their organizations to take up appointments in other organizations where terms and conditions are better than their current ones since they will be more satisfied. This clearly indicates that employees' job satisfaction heavily depends upon financial incentives offered by the organisation among other factors in order to ensure employee retention and productivity. Ellis and Pennington (2004) have a different opinion whereby they noted that financial incentives have a short-term effect on the motivation levels of employees although they play a critical role in their motivation.

The study found out that most employees especially those under the ESP noted that the compensation and benefit packages offered by their employers were very inequitable in comparison to other sectors and organisation with only a small percentage (8%) stating



that the package was equitable in comparison with other sectors and organisation. The findings of the present study revealed that majority of the employees (42 of the 43) under ESP were not receiving information on pay issues with a similar higher percentage (62%) from the PSC.

The study findings established that all employees were paid salaries on a monthly basis and that there were no bonuses paid to them; however those from the PSC were offered allowances on top of their basic salary which included risk, commuter, house, extraneous and hardship allowances in accordance to an individual's job group with the extraneous allowance being the biggest allowance of all. It was also found out that there were delays in releasing monthly salaries for those employed under the ESP such that in some occasions they had to go for two or three months without pay and when they finally got it was usually heavily taxed. Thus majority of the PSC employees were somehow satisfied with their gross pay especially after the introduction of the extraneous allowance unlike those under the ESP.

### **5.3.2 Indirect financial compensation of health workers under ESP and PSC.**

71 out of the 157 employees who responded to the questionnaires were dissatisfied with the social security plans put in place for them by their employers this was a mutual feeling between the ESP and PSC employees with the ESP having 30 of the 43 noting they were dissatisfied. However a small number (14 of the 114) of the PSC employees noted they were satisfied with the retirement and social security plans put in place for them by their employer. A substantial number of the ESP employees (9 of the 43) were neither satisfied or dissatisfied with the social security plans put in place for them

The study also found out that employees got paid leaves, holidays and vacations from their employers. However the ESP employees did get work place injury compensation plans like in the case of workers under PSC. Majority of the respondents (52 of the 157) reported that they were dissatisfied with the retirement plans put in place for them by their employer with a very small percentage (7%) indicating that they were satisfied. majority of those from the ESP (28of the 43)were dissatisfied with the retirement plans

put in place for them by their employer with only a small population (10 of the 114) of those of the PSC reporting satisfaction. The findings of this study were similar to those by Arimi (2012) who conducted a study on teachers in Meru central district which showed that they were satisfied with their vacations and social security.

Findings of the current study show that PSC employees were enrolled in retirement and pension plans and were covered with the government workman's compensation plans in cases of injury during the performance of their duties. However, they did not require other social security plans since they already were under the government pension plans. There were no work place injury compensation plans for the ESP employees and also no retirement plans for them since they were not under permanent and pensionable terms. The study also found out that majority of the ESP employees were not sure if they were enrolled in any social security plans since they did not get pay slips that indicated so.

The findings of the present study established that majority of the PSC supervisors' and unit in-charges believed that the PSC employees were to some extent satisfied with these retirement plans but however they may be dissatisfied with the retirement plans after the introduction of the devolved governments since the system was not clear on how the pension were to be paid to those who were retiring hence employees were abit a anxious. It was also established that those supervising the ESP felt that the employees were extremely dissatisfied since they were not incorporated in any social security/retirement plans and were not entitled to work place injury compensation plans, thus were dissatisfied especially since they felt that they were working for the same government and performing similar duties as those workers under the PSC. Cherotich (2012) conducted a study on bank employees in Nakuru municipality, which indicated that employees were happy with the retirement benefits.

With reference to Alderfer's ERG theory, existence needs are all materials and physiological desires and in this context it means the availability of a pension, hospital and medical plans, disability insurance or retirement plans hence lack thereof will lead to dissatisfaction

Similarly Herzberg Two-factor theory suggests that hygiene factors are features of the job such as policies and practices, remuneration, benefits and working conditions, corresponding to Maslow's lower order of needs. Organisations cannot afford to ignore hygiene factors as employees will be generally dissatisfied and thus likely to seek other opportunities. Improving these factors may decrease job dissatisfaction and thus increasing of motivators. Inadequate hygiene factors may lead to dissatisfaction.

Equity theory explains that people can be demotivated if they realize that their colleagues are enjoying better reward-to-effort ratio. This theory emphasises the comparison of existing conditions against some standard. Inputs are what an individual contributes to an exchange, while outcomes represent what an individual obtains from an exchange. The theory suggests that individuals assign weights to various inputs and outcomes according to their own perception of relative importance individuals' perceive how fairly they are treated by comparing themselves to others. This implies that, if people perceive their treatment as less favourable than that of others with whom they compare themselves, they are likely to be less motivated to perform better hence dissatisfied.

### **5.3.3 Non-financial compensation of health care workers under ESP and PSC.**

The current findings revealed that majority of the respondents (66 of the 114) under PSC noted that their job gave them great autonomy, while 24% of then ESP indicated that their job gave them very little autonomy.

My study found out that nurses and medical laboratory technicians reported that their job gave them very great autonomy while the medical engineering technicians noted that they had moderate autonomy in the performance of their duties. Similarly in a study on Indian anesthesiologists, Shidhaye, Divekar, Gaurav and Shidhaye (2011) revealed that a job that was interesting and that permitted them to contribute their skills and ideas was very important to the anesthetists .As long as sufficient resources are at their disposal, anesthetists managed high task demands and task-related stressors. Furthermore, anesthetists needed to exercise a high degree of control over their work in order to obtain job satisfaction. An interesting job would not suffice for adequate job satisfaction.

The findings of the study established that most health workers (36 of the 157) indicated that they got feedback from their managers on how well they are doing their job to a moderate extent, while 9% wrote that they got no feedback at all. 19 of the 43 ESP healthcare workers who responded to the questionnaire noted that they got feedback from their managers on how well they are doing their job to a very small extent. Workers under the PSC reported that their managers and colleagues gave them feedback on how well they were doing their jobs to a moderate extent. 31 of the 125 nurses revealed that they got feedback from their managers to a moderate extent with only 9% reporting that they get feedback from their managers to a very great extent. 3 of the 7 medical laboratory technicians revealed that they got feedback to a very small extent while 11 of the 20 public health technician indicated that they got feedback to a great extent.

Health-care workers' job satisfaction can be achieved by adopting participative leadership styles that encourage the workers to be involved in making decisions that have an influence on their work and their relationships with fellow workers. This finding was supported by Chen (2008) who suggested that leaders have the greatest opportunity to influence job satisfaction among professionals. Rogatus (2012) also showed that supervision and co-workers had a significant influence on job satisfaction. According to Herzberg's Two-factor theory, motivators include job content such as responsibility, self-esteem, growth and autonomy. These satisfy high order needs and can result in job satisfaction. Granting employees more responsibility and creativity in their jobs is an example of a motivator which may encourage them to exert more effort and perform better since they will be more motivated.

The current study revealed that most employees (34 of the 157) received recognition to a moderate extent with 15% reporting that they were not recognized at all while 7% indicating that they were recognized to a very great extent. It was found that majority of the ESP healthcare workers (22 of the 43) stated that they were recognized to a very little extent while 23% indicated that they were not recognized at all. The findings revealed that majority of the PSC health care workers (55 of the 114) reported that they felt they were recognized to a great extent with a small percentage (13%) reporting not being

recognized at all. The findings of the current study show that majority of the nurses (50 of the 125) noted that they were recognized to a great extent while 4 of the 7 of the medical laboratory technicians noted that they were recognized to a very little extent.

The study established that 95 of the 157 respondents revealed that to a little extent their job gave them opportunities for promotion and upward movement with 23% reporting that they had opportunities for promotion and upward movement to a very great extent. 22 of the 43 ESP healthcare workers noted that their job did not give them opportunities for promotion and upward movement at all while 45 of the 114 PSC health care workers revealed that their job gave them opportunities for promotion and upward movement to a little extent.

These findings are supported by Lazear and Rosen (1981) who stated that promotion can be used as an incentive tool and can be looked at as a way of rewarding the employees for meeting the organizational goals thus it serves as a mean of synchronizing organizational goals with personal goals. The deciding factor for the position of any individual in the hierarchy is his/her talent, the higher the level of talent in any individual the higher will be his/her position in the hierarchy. Promotion is important because it carries with it a significant change in the wage package of an employee, thus a raise in salary indicates the value of promotion (Baker, 1994). Doeringer and Piore, (1971) assert that promotion follows a defined set pattern which is outlined in the employment bond.

In their study among nurses in England, Shields and Ward (2001) found that the employees who are dissatisfied with the opportunity available for promotion show a greater intention to leave the organization. Pergamit and Veum (1989) established that the greater the chances of promotion the higher will be the job satisfaction of employees. Apart from job satisfaction, the employee satisfaction is determined by satisfaction with promotion. When employees perceive that there are golden chances for promotion they feel satisfied in their respective place in the organization.

Alderfer's ERG theory stipulates growth needs motivate people to productively or creatively change themselves or their environments thus satisfaction of growth needs comes from fully utilizing personal capacities and developing new capacities and includes the desire for self-fulfilment and achieving the best one is capable of becoming which means availability of opportunities to use one's skills, employee career advancement, challenging duties and assignments including employee development opportunities. If growth needs of an employee are met then they will be more satisfied within the organisation.

The current study established that majority of the respondents (105 of the 157) reported that their job sometimes offered them opportunities to learn new things with a 4% reporting that they never get any opportunities to learn new things, while 5% noted that their job gave opportunities to learn new things every time. 84 of the nurses, 4 of the medical engineers, 4 of the medical laboratory technicians' and 13 of public health technicians indicated that their job sometimes offered them opportunities to learn new things. Bartlett (2001) found a positive relationship between workplace training and organizational commitment, which suggested that human resource development professionals can adapt new research methods to demonstrate to organizational decision makers that training and development contributes to desired workplace attitudes which may in turn influence behaviors such as absenteeism and turnover.

The study found out that majority of the employees (147) indicated that their job was involving and to a very great extent their job allowed them to work closely with other people including clients and people in related jobs in the organization, with only 2 of the employees reporting that their job does not require them to work closely with other people. This seemed to be a mutual agreement between the ESP and PSC healthcare employees. In a similar situation majority of the nurses (118) noted that to a great extent their job allowed them to work closely with other people including clients and people in related jobs in the organisation. The findings of the study revealed that majority of the medical engineering technicians (4), public health technicians (100) and all medical laboratory technicians reported that their job allowed them to work closely with other

people including clients. Peterson, Puia, and Suess (2003) showed that coworker relationship is amongst the factors that are predictive of overall job satisfaction. In other words, if employees are happy with the quality of relations with fellow workers, one can predict that they will be happy at work; if employees are not happy with the quality of relations with fellow workers, one can predict that they will not be happy at work

The current study findings established that majority of the respondents (114) indicated that their job offered them task variety. Majority of the nurses (93), public health technicians (13) and medical laboratory technicians (6) noted that their job gave them much task variety. A study conducted by Pollock (2002) recognized Herzberg's motivators, recognition and interesting work as being crucial in motivating people. Pollock (2002) noted that over and above monetary reward, what people crave for is praise. They need assurance that their efforts are known, valued, and appreciated.

The study established that majority (145) of the respondents reported that their job was significant. Majority of the nurses (106), medical engineering technicians (4), public health technicians (18) and medical laboratory technicians (6) noted that their job was significant. Similarly Cheung and Scherling (1999) found that people also get dissatisfied with their jobs simply because their jobs do not make any meaning. If employees feel challenged and interested by the task at hand, they will be happy and satisfied because they innately believe that what they do is indeed value-adding. On the other hand, if employees feel discouraged and disinterested by the task at hand, they will be unhappy and dissatisfied, because they don't see any tangible value in them doing the job. The findings of the current study shows that majority (147) of the respondents indicated that their job had task identity to a great extent while 10 noted that to a moderate extent they got task identity. Morris and Venkatesh (2010) found that task identity had direct, positive effects on job satisfaction.

My results confirm the results of the original Herzberg (1959) studies to determine the factors in an employee work environment that caused satisfaction or dissatisfaction which claimed that satisfaction will largely be caused by the true motivators and dissatisfaction

by the hygiene factors. Herzberg found that achievement, recognition and work itself were the strongest contributors to the motivation of people (Adair, 1996). Achievement and recognition for achievement have also been found to be the two strongest satisfiers in Herzberg motivation studies by Backer (1982), Senekal (1998) and Botha (2003). Miller (2002) also mentions recognition (including praise and rewards) as a common incentive but asserts that it discourages intrinsic motivation. Pollock's (2002) study recognized Herzberg's motivators, recognition and interesting work as being crucial in motivating people. He says, over and above monetary reward, what people crave is praise. They need assurance that their efforts are known, valued, and appreciated. What it takes to satisfy this deep desire is a sincere "well done", preferably delivered in front of their peers.

The present study found out that majority of the supervisors 4 (2 male and 2 female) and unit in-charges 9 (4 male and 5 female) said that employees constantly felt the need to be recognized and appreciated by the organization including their bosses. The findings established that employees wanted to be given task that gave them autonomy in performing their duties while under minimal supervision. Trainings, workshops and seminars were found to be common and routinely taking place within the county organized by the Ministry of Health at the national level and county government where partners, other stake holders and employees were always invited to attend to ensure relevance.

Paid study leaves were also given to officers who met the criteria, to allow them to further their education thus ensuring continuous professional growth. However this was not synonymous with those under the ESP who felt that they were not accorded paid study leaves as they were not permanent and pensionable. The study also found out that feedback was given informally depending on the occasion and only once quarterly was feedback given formally through the filling of the appraisal form as necessitated by the government for all public officers.

According to Alderfer's ERG theory, relatedness needs entail the need for affection and belonging which include employee-centred supervision, personal and professional



friends, need for reputation, prestige and recognition from others while growth needs involve the use one's skills, employee advancement and development opportunities.

In Herzberg's Two-Factor Theory of Motivation, recognition of performance together with sense of achievement, increased responsibility and personal growth and development among others were classified motivation factors (Danisha and Usman, 2010).

The current findings revealed that all the PSC and ESP unit in-charges said that the tasks undertaken by the health workers were significant and allowed the health workers to work closely with their colleagues and clients while requiring them to use a variety of skills which involved doing an identifiable piece of work with results that could be seen. It was also established that the supervisors from the PSC were of the opinion that there was low turnover of employees from the public service, however, those from the ESP were of the opinion that some of the employees had quit their employment for greener pastures especially after the devolvement of health services which they felt that it had shuttered their dreams of being absorbed in the permanent and pensionable terms.

The findings present study also established that all the supervisors and unit in-charges would want promotion pegged on experience, qualification and performance of the individual employees. They would want equitability of pay to people who performed similar duties with similar qualifications and years of service. The findings also revealed that there were not many cases of absenteeism within the organisation because there were duty rosters that stipulated who should work where and at what time hence most employees had to abide by them.

The current study established that the major difficulties faced by the supervisors and unit in-charges in compensating, rewarding and motivating employees were issues that they did not have control over especially those relating to pay, promotions retirement plans and other issues pertaining to the employee's tasks. All these issues were addressed by the PSC and the Ministry of Health thus the supervisors and unit in-charges have no control over. It was also established from the study that all of those under the PSC

believed that their employer had a good sense of what would make them more satisfied with their job however those from the ESP felt that their employer did not.

If organizations want to improve the level of job satisfaction they must pay great attention to working conditions and particularly to resources , for instance, employees should have a strong influence on planning and organizing their own work, on their work place and work schedule and on time control, and should be able to choose cooperation partners. Job satisfaction appears to be one of the most influential variables in work and organizational psychology. It is considered an important indicator of working life quality and exerts enormous influence on employee well-being.

Ramirez, Graham, Richards, Cull and Gregory (1996) investigated the mental health of hospital consultants and observed that job satisfaction significantly protected consultants' mental health from the effects of job stress. Job demands and job control have various effects on employee well-being and health, especially when high performance and a high level of control are demanded. This compares with the findings of this study which shows that salary, recognition, feedback from managers and prospects for promotion turned out to be important correlates of job satisfaction in health care workers under the ESP and PSC.

The more the number of motivated and satisfied employees in an organisation the better are the chances of the organisation to achieve its goal and attain ultimate profitability (Saari and Judge, 2004). A satisfied employee is more committed and can be retained in the organisation for a longer period, thus enhancing the productivity of the organization (Bravendam, 2002). Researches by Peters *et al.*, (2010) and Chikungwa and Chamisa (2013) have shown that a satisfied employee stays motivated at the work place and has higher probability of performing his other roles as a member of the society, which is interacting with other members of the society in various capacities. In relation to Alderfer's ERG theory skill variety, task identity and task significance were psychological factors contributing to workers experiencing meaningfulness of their work and therefore fall under the relatedness needs thus are relevant in ensuring job satisfaction of employees.

## **5.4 Conclusion**

The study findings lead to conclusion that most respondents under the ESP and PSC are dissatisfied with the overall compensation. No aspect of direct financial compensation appeared to be satisfactory to majority of the health care workers employed under the ESP. The direct compensation factors underlying the higher degree of dissatisfaction in health care workers employed under ESP in Isiolo county, include their monthly take home pay, the pay rise they get, lack of consistency of organisation pay policy, in equitability of pay, lack of pay information that concern them, timeliness of pay, the way the organisation administers their pay and lack of fairness in compensation. The ESP health care workers are also dissatisfied with all aspects of indirect financial compensation however they are acknowledging that they get paid leaves, holidays and vacations. They are also dissatisfied with all aspects of non-financial compensation with the exception of the fact that they feel their job allows them to work closely with colleagues and clients

The two aspect of direct financial compensation that appeared to be satisfactory to majority of those employed under the PSC include the timeliness of their pay and the way the organisation administers pay. The direct compensation factors underlying the higher degree of dissatisfaction in health care workers employed under PSC in Isiolo County include their monthly take home pay, the pay rise they get, lack of consistency of organization pay policy, in equitability of pay, lack of pay information that concern them and lack of fairness in compensation.

The PSC health care workers are also dissatisfied with all aspects of indirect financial compensation they agreed that they had work place injury compensation plans put in place for them and also get paid leaves, holidays and vacations. Majority found aspects of intrinsic non-financial compensation to be quite satisfactory however they were dissatisfied with most aspects of the extrinsic non-financial compensation with those employed under the ESP being more dissatisfied.

All cadres felt they were dissatisfied with most aspects of financial and non financial compensation. Majority of the employees from the PSC and ESP would resign if offered better terms elsewhere, which is an indication of dissatisfaction among the employees hence the study concludes that direct, indirect and non-financial compensation influence job satisfaction.

### **5.5 Recommendations of the study.**

Employees should be well compensated and have financial and non-financial compensations that are commensurate to their qualifications, experience and performance in order to boost their job satisfaction and finally improve productivity.

Employers should ensure that there is timely payment of salaries with consistent pay policies; administer pay in a manner that is convenient to employees; offer pay rise that is satisfactory and that makes a positive impact on the employees' motivation and satisfaction. Managers should also ensure that their employee's payment is equitable to other players in the sector and that there is a perception of fairness within the organisation. Organisation should also ensure they offer timely information on pay issues that concern their employees.

Organisations should ensure that there are good social security and retirement plans in place for their employees. They should also ensure that there are paid leave and holidays for their employees. Organisations should also put in place work place injury compensation plans for their employees more so the health workers who are always operating in risky environments.

Organisations should give enough autonomy and feedback to their employees. Managers should offer their employees tasks that give them a variety of options and make use of different skills. Similarly they need to recognize their employees and appreciate them when they perform well.

Organisation should offer opportunities for promotion and upward movement to their employees. Promotions for employees should be based on merit, qualifications and competence to ensure that they are satisfied with their jobs and this makes them to improve on their productivity and finally meeting the goals of the organization. There should be opportunities for learning new things within the organization. Employees should be given study leaves, on job trainings, and internships within their organization that will help them improve their knowledge and advance their career. Employees should be continuously trained on their areas of specialty to ensure that they continually remain updated and relevant to their jobs. This ensures that they are satisfied with their jobs and fully conversant with the tasks they are required to undertake. This finally helps the organization or government department achieve its goals and objectives.

#### **5.6 Suggestions for further research.**

The following areas have been identified for further research.

A study should be done on the job satisfaction indicators (organisational commitment, turn over intentions and work quality) in order to identify the relationship between health workers job satisfaction and these indicators. Once identified the relationships, will be a useful in improving employees' job satisfaction.

A study should be conducted to explore the influence of motivation on job satisfaction in order to help identify the best way to motivate workers hence improving productivity.

A study should also be conducted to find out reasons which make employees opt to work elsewhere other than where they are if offered better terms in order to help identify ways of retaining them.

Other job satisfaction factors that were not considered in this study can also be researched on to understand more deeply their influence on job satisfaction and how they relate to the performance of the PSC and ESP health care workers.

Lastly, similar research should be done in other counties with workers under ESP and other sectors/ organisations.

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## **APPENDICES**

### **APPENDIX I**

#### **LETTER OF TRANSMITTAL**

ERIC KITHINJI GICHURU

University of Nairobi,  
Department of Extra Mural studies,  
P.O. Box 30197,  
Nairobi  
April, 2014

**Dear respondent,**

I am a student at the University of Nairobi, pursuing a Master of Arts Degree in Project Planning and Management. I am conducting a study that is intended to assess the influence of compensation on job satisfaction among health care workers under the Economic Stimulus Program and Public Service Commission in Isiolo County.

Attached please find a questionnaire meant for gathering information for this study. Kindly fill the questionnaire honestly and to the best of your knowledge. All responses will be handled with absolute confidence and will be used solely for the purpose of this study.

Thank you,

Yours Faithfully,

ERIC KITHINJI GICHURU

Mobile No. 0724804484



## APPENDIX II

### QUESTIONNAIRE

**SECTION A: DEMOGRAPHICS.** Please tick the appropriate box.

1. Gender

a) Male  b) female

2. Age

a) 20 -29  b) 30-39  40-49  50 and over

3. Employer

a) Economic Stimulus Programme

b) Public Service Commission

4. training

a) nurse

b) public health technician

c) medical engineering technician

d) lab technician

5. years of service within the programme or organisation

1-5  6-10  11-15  16-20  21-25  26-30

31-35

**SECTION B: DIRECT FINANCIAL COMPENSATION QUESTIONNAIRE**

The statements below describe various aspects of your direct compensation and benefit policy. For each statement, please tick on the appropriate statement or fill in the blanks

1) To what extent do you feel satisfied with your monthly take home pay?

- a) Very dissatisfied
- b) dissatisfied
- c) Neither satisfied nor dissatisfied
- d) Satisfied
- e) Very satisfied

2) How satisfying was your most recent pay rise? That is to what extent were you satisfied with your most resent pay rise?

- a) Very dissatisfied
- b) dissatisfied
- c) Neither satisfied nor dissatisfied
- d) Satisfied
- e) Very satisfied

3) Is your pay reliable and timely? Yes..... No.....

4) How satisfied are you with the way the organization administers pay?

- a) Very dissatisfied
- b) dissatisfied
- c) Neither satisfied nor dissatisfied
- d) Satisfied
- e) Very satisfied

5) Do you feel there is fairness of Compensation and benefit package available in the program?

Yes..... No.....

6) To what extent do you feel there is Fairness of Compensation in the program /organisation?

- a) very little extent
- b) little extent
- c) some extent
- d) great extent
- e) very great extent

7) Offered better terms elsewhere would resign from your current employment?

Yes..... No.....

8) How equitable is the Compensation and benefit package available in the program/organisation in comparison to other organizations and sectors?

- a) Very inequitable
- b) Inequitable
- c) Satisfactory
- d) Equitable
- e) Very equitable

9) Do you get any information from the organisation or programme on pay issues that concern you?

Yes..... No.....

10) To what extent is there consistency of Consistency of the organization's pay policies?

- a) very little extent
- b) little extent
- c) some extent
- d) great extent
- e) very great extent

### **SECTION C: INDIRECT FINANCIAL COMPENSATION**

**The statements below describe various aspects of your indirect compensation and benefit policy. For each statement, please tick on the appropriate statement or fill in the blanks**

11) How satisfied are you with the retirement plans put in store for you

- a) Very dissatisfied
- b) dissatisfied
- c) Neither satisfied nor dissatisfied
- d) Satisfied
- e) Very satisfied

12) Does the organization offer you paid vacations, holidays and leaves?

Yes..... no.....

13) Are there work place injury compensation plans meant for you in your organisation?

Yes..... No.....

14) How satisfied are you with the Social Security plans put in store for you

- a) Very dissatisfied
- b) dissatisfied
- c) Neither satisfied nor dissatisfied
- d) Satisfied
- e) Very satisfied

## **SECTION D:NON- FINANCIAL COMPENSATION QUESTIONNAIRE**

**The statements below describe various aspects of non-financial compensation. For each statement, please answer the question by ticking on the appropriate statement or filling in the blanks**

15) How much autonomy is there in your job? That is, to what extent does your job permit you to decide on your own how to go about doing the work?

- a) Not at all
- b) very little autonomy
- c) little autonomy
- d) moderate autonomy
- e) fairly much autonomy
- f) much autonomy
- g) very much autonomy

16) To what extent do managers or co-workers let you know how-well you are doing on your job?

- a) Not at all
- b) To a very small extent
- c) To a small extent
- d) To a moderate extent
- e) To a fairly great extent
- f) To a great extent
- g) To a very great extent

17) To what extent do you feel that you receive enough recognition for the work you do?

- a) Not at all
- b) To a very little extent
- c) To a little extent
- d) To a moderate extent
- e) To a fairly great extent
- f) To a great extent
- g) To a very great extent

18) To what extent do you feel that your job gives you opportunities for promotions and upward movement?

- a) Not at all
- b) To a very little extent
- c) To a little extent
- d) To a moderate extent
- e) To a fairly great extent
- f) To a great extent
- g) To a very great extent

19) How often does your job give you the opportunity to learn new things?

- a) Never
- b) Almost never
- c) Sometimes
- d) Almost every time
- e) Every time

20) To what extent does your job offer you task identity? That is, to what extent does your job involve doing a whole and identifiable piece of work?

- a) Not at all
- b) To a very small extent
- c) To a small extent
- d) To a moderate extent
- e) To a fairly great extent
- f) To a great extent
- g) To a very great extent

21) How much variety is there in your job? That is, to what extent does the job require you to do many different things at work, using a variety of your skills and talents?

- a) Not at all
- b) very little variety
- c) little variety
- d) moderate variety

- e) fairly much variety
  - f) much variety
  - g) very much variety
- 22) In general, how significant or important is your job?
- a) Not at all significant
  - b) Low significance
  - c) Slight significance
  - d) Neutral
  - e) Moderate significance
  - f) Very significant
  - g) Extremely significant
- 23) To what extent does your job require you to work closely with other people (either clients, or people in related job in your own organization)?
- a) Not at all
  - b) To a very small extent
  - c) To a small extent
  - d) To a moderate extent
  - e) To a fairly great extent
  - f) To a great extent
  - g) To a very great extent

## **APPENDIX III**

### **INTERVIEW GUIDE**

- 1) What forms/schemes of direct and indirect financial compensation are in place for employees and how are they implemented?
- 2) Are employees actually satisfied by these schemes?
- 3) Do monetary rewards always motivate employees? Do employees seek further motivation packages such as recognition, autonomy, promotion and training etc.?
- 4) How often do you give feedback to employees on how well they are doing their job?
- 5) Do you think that the tasks undertaken by employees are involving significant?
- 6) Are employees assigned tasks that allow them to use a variety of skills and talents and that have task identity i.e. task involve doing a whole and identifiable piece of work?
- 7) How will you rate employees' turn over in your organization? How often do employees quit and reasons for quitting?
- 8) In your own perspective, how do you think compensation can best be design to effectively increase job satisfaction among employees for an effective performance?
- 9) Do you see many cases of absenteeism among employees? If yes, what are the reasons given for absenteeism?
- 10) How will you rate employees' current working condition? Do they feel fairly treated?
- 11) What are the major difficulties you face in compensating, rewarding or motivating employees?
- 12). Do you feel your employer has a good sense of what will make you be more satisfied with your job? and why?