INFLUENCE OF HEALTH APPROACHES ON JOB SATISFACTION AMONG HEALTHCARE WORKERS: A CASE OF TIER 3 PUBLIC HOSPITALS IN BUSIA COUNTY, KENYA

BY

ERIC WAMALWA

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DECLARATION

This Project is my original work and has not been presented in any other university.

Signature_____ Date_____

Eric Wamalwa

L50/68899/2013

This project has been submitted for examination with my approval as a University Supervisor

Signature: _____ Date: _____

Mr Elias Owino

Lecturer

School of Open & Distance Learning

University of Nairobi.

DEDICATION

I dedicate this work to my Late mother Mary Khavugwi and to my wife Modesta Moraa and my two children, Austin and Gian, who have been a source of encouragement in development of this project. I appreciate your effort in assisting me pursue the path of excellence.

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ABSTRACT

One of the greatest challenges facing the Ministry of Health has been to device and adopt a win –win practice, that which will lead to high productivity among its stretched workforce and at the same time mitigate staff turnover and absenteeism. This is because human resource remains the most important resource and the driving pillar to enable them deliver optimally to meet the overall health goals. This study aimed to understand the effects of health approaches on job satisfaction among healthcare workers stationed at the main county referral hospital and the 6 sub-county hospitals categorized as tier 3 facilities within Busia County. The study aimed to establish whether career advancement, health financial autonomy, motivation and status of workplace environment had an influence on job satisfaction among the health workers of the aforementioned health institutions. The study adopted a descriptive survey research design. 2 types of data collection tools were used; questionnaire and Focused Group Discussion. 191 out of 214 healthcare workers from the seven county and sub county hospitals within the county constituted the sample, with cluster sampling as the main sampling technique applied. Qualitative and quantitative methods were used to analyse data with the aid of statistical package for social science (SPSS) version 23. Frequency distribution tables were used to present data which was followed by interpretation then discussion. From the analysis, 88.7% of the respondents said they were able to use their abilities well, with a further 63% admitting there were opportunities for career advancement. On health finance autonomy, a significant majority pointed out that they were not in control of the user fees generated at the facility level thus compromised on their ability to respond to emergencies, thus lowering their job satisfaction. On motivation influencing job satisfaction, 67.1% of the respondents said they do not receive recognition for exemplary performance from their supervisors. Also, 78.6 of the respondents said there was no linkage between performance and pay. Promotion was also identified as a key factor in boosting staff morale, with 85% of those who had been promoted over the last 4 years admitting it had impacted positively on their work. The study also revealed work environment influences job satisfaction. The major concern identified here was lack of adequate infrastructure, dilapidated or non-availability of equipment and inconsistent supply of drugs and non-pharmaceuticals, which was affecting their passion for work. The study noted that health workers in tier 3 public facilities are moderately satisfied with their job. On health worker socio demographic trends with job satisfaction, the study revealed that years in service was statistically significant with the overall level of job satisfaction ie $p<0.05$. Further analysis revealed that health worker who has served for less than 5 years was 11 times more likely to have higher satisfaction than those that have served more years. The study recommends that the department fully embraces performance contracting as a basis for rewarding performance, revert back ownership of user fees to the facilities, the department's human resource unit avails opportunities for training and the department to complete the building projects initiated across the tier 3 facilities across the county and equipping them.

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LIST OF ABBREVIATIONS

BCHSP	-	Busia County Health Strategic Plan
FIF	-	Facility Improvement Fund
HRM	-	Human Resource for Health
KDHS	-	Kenya Demographic Health Survey
KEPH	-	Kenya Essential Package for Health
HSA	-	Health system Assessment
HRM	-	Human Resource Management
KHSSP	-	Kenya Health Sector Strategic Plan
MGDs	-	Millennium Development Goals
NHIF	-	National hospital Insurance Fund
SRC	-	Salaries and Remuneration Commission
WHO	-	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

For the efficient functioning of any health system, and considering human resource as being key pillar in the health process, there is need for an in-depth understanding of worker job satisfaction as it is quite crucial to understanding the dynamics of any workforce. In the healthcare system, the health workforce has always been singled out as the most vital resource that creates an environment for the interplay of the other sub units in the system. Every health care professional is a key person in the sector, thus a shortage or understaffing of personnel in any sector/department will definitely creates havoc for the rest of the professionals. Many scholars have attempted to define the term Job satisfaction. Job satisfaction is defined as the effective response to one's job (Locke,1976). It has been shown to be an important factor in the retention of providers in a given community. Job satisfaction has also been defined as the degree to which employees have a positive affection or orientation towards employment by the organization. Other scholars have also attempted to give further meaning to this term. however, even with the varied definitions, there is a consensus that job satisfaction has been linked to health worker motivation, stress, burnout, absenteeism, intention to leave, and turnover , (Adams, A. & Bond, S , 2000).

The consequences according to WHO health report (2006) are there is a high likelihood that patients will receive sub-standard care. These shortages facilitates non conducive environment that may be unfavorable in motivating and retaining talents.

The technological advancement in the health sector today, as well as, the need dictated by the customer preference for highly sophisticated nursing/patient care, only highly skilled talents are required to meet this demand. There has been a rising demand that Job satisfaction of the healthcare workforce be incorporated in quality assurance programmes. As earlier noted, lack of job satisfaction facilitates turnover, fatigue, absenteeism, low productivity etcetera, hence poor service. Over the recent years, there has been a significant investment by government of Kenya and the larger East African region to invest in health system strengthening. This follows the

discovery that health status challenges facing these nations, Kenya included cannot be improved unless the health sectors as a resource and its workforce is strengthened.

In Serbia, Europe, Aleksandra conducted a job satisfaction research in 2007 on the Serbian healthcare workforce working in a disabled patient's facility. Low levels of job satisfaction were recorded among these workers. The nurses were the most affected with very low levels of job satisfaction, however the doctors were contented with their jobs. The research revealed that over 50% of the respondents admitted to be working in a non-stimulating environment and that their jobs were none motivating. A 1/5 of the respondents stated that they lacked clinical or personal independency and that they were rarely involved in making decisions. In addition 64% of them felt that they were inadequately developed hence, lacked educational/training stimulation. From this study the researchers discovered that job satisfaction is closely linked to quality hospital politics, excellent interpersonal relationships, an000d a feeling of competency from the workforce. Similar studies have indicated that there is a strong relationship linking low job satisfaction and managerial factors (Piko et al, 2006). Other studies as well, similarly conducted amongst healthcare workers emphasizes the significance of interpersonal relationships in acquiring high job satisfaction levels.

In Kuwait, Asia, results on a study in 2001 conducted by Health State department on job satisfaction amongst healthcare workers pointed a considerable link between job satisfaction and level of education amongst the workers. The study also revealed that long term experienced employees reported to be more satisfied as opposed to those with short term experience. Additionally job orientation positively pointed to job satisfaction. Those respondents who got job orientation, as well as, in-service education reported to be more satisfied than the rest.

In Iran, Asia, Ali-Mohammed in 2004 conducted a research investigating the factors influencing job satisfaction of public hospitals workforce. Mohammed reported a fair level of general job satisfaction among the respondents. The opportunity to develop was established to be a major predictor of job satisfaction among the respondents. Hence, Mohammed revealed that the higher presence of development opportunities in an organization, the higher the job satisfaction levels.

In Nigeria, Olutayo Martins in 2011 while conducting a study on Job satisfaction among doctors and nurses at Federal Medical Centre, Yola Nigeria revealed that majority of respondents were satisfied with job security, hours of work, delegation of work by supervisor and degree of autonomy. However, factors of highest satisfaction relating to hospital facilities were physical working conditions and physical surrounding

Pillay conducted an investigation on job satisfaction levels on professional nurses in south Africa. The findings were overall job dissatisfaction in the South African Nurses. The study however highlighted a disproportion in the Job satisfaction leves in public and private sectors nurses. A separate study conducted in South African revealed that certain organizational habitudes and unpleasant working conditions were strongly associated with job dissatisfaction, while the social aspects of the job were found to be a strong predictor of job satisfaction (Kekana et al, 2007)

In Kenya, A job satisfaction study among nurses conducted in 2009 at Mombasa County referral Hospital (Makadara) indicated that a considerable number of nurses were dissatisfied with their current job, the major reason cited being poor payment scheme, lack of training opportunities, lack of incentive, beaurocratic management styles and poor performance evaluation system. A majority of them cited failure by the system to recognize their efforts in health, despite the presence of the Government Performance Appraisal System, which targeted to reward officers based on audited and verified performance of their duties.

Busia County;

Busia County is one among the four counties in western Kenya and lies within the Lake Victoria Basin. (BCHSP 2013-18) It is a border County and neighbours Siaya, Bungoma and Kakamega Counties. The county has seven sub counties with a geographical area of 1697 square kilometres. The County's estimated population in the planning year 2014 -2015 is 864,343 representing 1.9% of the republic's total population, and with an annual growth rate of 2.54% (2009 Census Projection.)

In terms of Health status, Busia County is one among the counties still grappling with poor health indicators in key age cohorts, as indicated in the table below;

Table 1.1: KDHS 2008/2009

Impact level indicator	National Rate	County Rate
Life expectancy at Birth	59.5	52.5
Annual Deaths (per 1000) persons	10.4/1000 persons	52.5 (per 1000 persons)
Neonatal Mortality Rate (per 1000)	31/1000 live births	24/1000 live births
Under 5 mortality rate (per 1000 births)	75/1000 live births	121/1000 live births

Among the major risk factors are unsafe sex practises, poor hygiene standards and low nutrition, which when viewed wholesomely could be attributed to high poverty index coupled with cultural beliefs and values.

In terms of the health workforce in Busia County, and as outlined in the BCHSP 2013-18, the county staffing level is at 20.5 % (1085) against the required standard norm of 5295 as guided by the WHO staffing Norms and standards. Thus, there exists a glaring gap in terms of workforce, and who are currently charged with the responsibility of turning around the dwindling health indicators and improve the health status of the county for economic empowerment. (BCHSP 2013-18). The crucial staffing gaps are conspicuous among the specialist cadres; among them are surgeons, physicians, paediatricians, ophthalmologist and gynaecologist. As per the health strategic plan of 2013, Busia County Doctor-patient ratio stands at 1:31000 against the WHO recommended of 1:1000 , while the Nurse – patient ratio is at 1: 2700 against the WHO recommended of 1:20.

With these statistics, it is clear that the health workforce of Busia County has got an enormous task at hand to deliver the health mandate. This therefore postulates to the need to have a motivated workforce, which is the heart of county health system, with this workforce being central to advancing better health for the county's population. Since the inception of the new dispensation, there has been no clear cut documented interventions or prioritised actions aimed at boosting job satisfaction levels of staff. Over the recent years, management would invest in improving the working surrounding of staff by availing requisite supplies and equipment and sponsoring them for scientific conferences and short term courses as part of career advancement. However, these initiatives have recently suffered a setback due to the current centralised system of budgeting.

1.2 Statement of the problem

Ensuring health worker job satisfaction is vital if health workers are to be retained and effectively deliver health services in many developing countries, Kenya included. There has been efforts by various players and stakeholders to invest in health programmes and interventions, but achieving desirable job satisfaction has been elusive and remains a matter of grave concern, more so in the public health institutions. Thus there is a need for a deeper thought towards understanding issues that affect staff job satisfaction, and not just limiting our focus to the widely perceived, yet perennial, issues of staff shortage and low remuneration. There is thus need to consider other factors beyond the two aforementioned that will help health managers and experts in developing amicable innovations and approach that will wholesomely improve that increase job satisfaction build that inner drive to enable the healthcare workers meet the overall objective of attainment of better health for all.

Over the recent past, and with the ever changing demands and dynamics in health, health managers have attempted to deploy different approaches with an aim of improving performance of the limited of health workers who are relied upon to improve the health outcomes. Some of this recent approaches have included organisational commitment, improving quality of work and employing rewards schemes ,all targeted at building the performance of staff. This study will thus attempt to establish how the application of these approaches will influence on the overall job satisfaction of health workers in Busia County, and how comparatively different it will be from other studies carried out elsewhere on the outcomes of these approaches, and also provide a basis for policy direction to address the health worker human resource concerns.

There is thus the need to have the limited number of health staff available to be highly motivated, by ensuring they all achieve satisfaction in the workplace tasks they undertake. This can be done by first having an in-depth understanding of the health provider and their situation, and applying a bundle of linked interventions, in varying degrees, to boost their job satisfaction and build their workplace morale.

1.3 Purpose of study

The major purpose of this study was to analyse the influence of health approaches on job satisfaction of healthcare workers in tier 3 public facilities in Busia County.

1.4 Research Objectives of the study

i. To establish how career advancement influences job satisfaction among tier 3 healthcare workers in Busia County.
ii. To investigate how health financial autonomy influences job satisfaction of healthcare workers in tier 3 public facilities within Busia County
iii. Determine the extent to which motivation contributes to job satisfaction of tier 3 healthcare workers in Busia County
iv. To establish how the status of the work environment influences job satisfaction of healthcare workers of tier 3 public facilities in Busia County
v. To establish the connection between the staff socio-demographic attributes and level of job satisfaction among healthcare workers of tier 3 public facilities within Busia County

1.5 Research questions

i. How does staff career advancement influence job satisfaction among tier 3 healthcare workers in Busia County?
ii. In what ways does health financial autonomy influence job satisfaction among healthcare workers in tier 3 public facilities in Busia County?
iii. To what extent does motivation affect job satisfaction among tier 3 healthcare workers in Busia County?
iv. How does the work environment affect job satisfaction among healthcare workers in tier 3 public facilities in Busia County?
v. What is the relationship between staff socio-demographic attributes and levels of job satisfaction among healthcare workers of tier 3 public facilities within Busia County?

1.6 Significance of the study

This study had a great significance as there had never been a recent study which had focused on documenting factors that may affect the level of job satisfaction among healthcare givers in tier 3 public facilities within Busia County.

It was also worth observing that as indicated by Clegg, A 2000, a growing segment of the health worker population is indeed ageing and most institutions are finding it difficult in finding and retaining qualified professional health workers, thus creating shortages. Most of these workers surveyed observe that they see this shortage as a catalyst for increased stress on the health

workers, thus lowering patient care and causing some to even quit the profession for other ventures.

It was therefore prudent for the healthcare managers to have a deeper understanding of issues that affect job satisfaction and give them considerable importance, so that the productivity of the available professionals can be enhanced for improved quality of care. Also worth noting is the Kenya HSA report 2010 reported that increasing productivity of existing health workers is always more cost effective than hiring more workers, and in some cases hiring more providers may be impossible. (In the current financial year, 27% of Busia County budget has been allocated to Department of Health and Sanitation, but no funds out of these has been set aside for recruitment – CFSP 2016/17) Immediate Solutions lie therefore in increasing job satisfaction to counter absenteeism and staff turnover.

1.7 Limitations of the study

The limitation of this study was that most healthcare workers could have always perceived monetary incentives as the main contributor to their overall job satisfaction, and this may have hampered their ability to internalize the questions and give unbiased responses. It was also not possible to control the attitudes of respondents which may have affected the validity of the responses. This is because respondents may have given socially acceptable answers to please the researcher. The other limitation was that the situation individual staff may be undergoing at the time of administration of the questionnaire may have lead to varied response, e.g. response by a staff facing a disciplinary process may not have be the same the one on stress free and probably soon proceeding on leave.

1.8 Delimitations of the study

This study confined itself to only a section of health practices that affect tier 3 health worker motivation. However, there could be other determinants outside the hospital and health set up which could still affect their job satisfaction and which is not discussed. The study also focused on tier 3 healthcare workers, which is only but a fraction of the larger cluster of all health professionals working in varied facilities in the county.

1.9 Assumptions of the study

i. That all respondents to the study provided reliable responses.

ii. That the sampled respondents views had characteristics with a significant similarity to the entire target population

iii. That all respondents to the questionnaires gave a honest, accurate and unbiased information about the topic of study

iv. The information generated could help all relevant stakeholders realise the importance of investing in health workforce for improved health outcomes.

1.10 Definition of significant terms

Health Approaches; Refers to those interventions or habitudes that are applied within any health system with an aim of influencing behaviour of health players towards achieving laid out goals and objectives

Tier 3 Facilities; Comprises of all level 4 facilities (County and Sub County hospitals within the county ,which by virtue of the population it serves and the infrastructure available, are able to offer an array of comprehensive diagnostic, medical ,surgical and rehabilitative care, including reproductive health

Motivation; For purposes of this study, this term refers to recognition and rewards schemes associated with workers that is aimed at realising their unique efforts and appreciating the same to increase their job satisfaction

Healthcare workers; An individual accredited by a professional body upon completion of course of study to practise health related fields, and is currently practising those skills in a health set up.

Career advancement; refers to the progressive process by which the health worker strives to manage his learning and skills in the course of his duty to enable him/her meet the needs in the working environment and achieve satisfaction, thru formal or on-job training.

Work environment; includes that surrounding in which a health worker practises his/her skills, which includes tangible aspects like physical infrastructure and supplies to intangible aspects like interaction with clients and with other staff.

Health Financial Autonomy; For this study, the term refers to the whole process by which tier hospitals manage the cost sharing fund directly or by implication generated by them right from collection , budgeting, execution and review of its implementation for improved health outcomes

1.11 Organization of the study

The study was organized into five chapters. Chapter one contained background of the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitation of the study, delimitation of the study, basic assumptions of the study, definition of significant terms and the study's organization. Chapter two comprised of literature that was correlated to the study.

Chapter three dealt with the study methodology used in carrying out research. It included the research design, the targeted population, the size of the sample, the sampling methods, instruments of the research, dependability and validity, as well as, the analysis of the data. Chapter four presented data analysis, its presentation, and its discussion. Chapter five discusses the research findings' summarization, conclusions, recommendations, as well as suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter defined the aspects and dimensions of job satisfaction as discussed by different scholars. It then went ahead to discuss the job satisfaction in relation to the four aforementioned health approaches and their links. It also discussed the theoretical framework associated with job satisfaction and also summarized the approaches in the conceptual framework developed, and lastly a summary of the discussions

2.2 The Concept of Health approaches and Job satisfaction

Health approaches refers to those interventions or habitudes that have been applied ,after extensive research, within a health system with an aim of influencing behavior of health players and aimed at achieving laid out goals and objectives. A number of health approaches have been applied in different contexts, some individually and others as a bundle of linked interventions, albeit with mixed findings. Among these approaches are building organizational commitment, improving the work environment, improving the recognition and reward system for health workers and advocating for career advancement and career path.

Closely linked with this approaches is the issue of job satisfaction which can be defines as the as a gratifying or positive emotional state ensuing from the evaluation of a person's job or job experience. Job satisfaction ensues from the view that a person's job facilitates for the fulfillment of an individual's significant work values, and when these values are in line with personal objectives. Kreitner et al (2002) viewed job satisfaction as an emotional response to various aspects of an individual's job.

Woods et al (2004) posits that job satisfaction is obtained if the workforce amalgamates with the organization, offer their best professionalism and be committed, usually highly linked to the types of approaches that the staff will easily identify with. Nevertheless, these researchers hypothesizes that increased performance and job satisfaction are driven by rewards. Kreitner et al

(2002) revealed some factors that influence job satisfaction i.e. the management policy requiring employee involvement, as well as, stress management initiatives at the workplace.

For the purpose of understanding job satisfaction better the aspect of morale and attitude must be distinguished, as well as, their connection to job satisfaction (Locke, 1968).Morale refers to the degree to which an person's needs are fulfilled and to which this individual perceives that this satisfaction is stemming from the job. Attitude refers to the evaluation that inclines an individual to act in a particular manner i.e cognitive, affective, as well as, other behavioral components.

Mayer and Botha (2004) research reported low levels of job satisfaction in most South African corporations hence, lack of commitment to productivity and the achievement of the employer's objectives. In the list of issues of concern amongst the human resource managers in South Africa, productivity and job satisfaction topples the list (Grobler et al, 2002) this factor indicates that Job satisfaction influences employees' productivity, as well as, commitment.

2.3 Career Advancement and Job Satisfaction

Career advancement dictates the nature of an individual's quality of' live, as well as, his/her social-economic involvement. Career development is critical for an effective job market. Individuals on career paths that maximally taps on their full potential, becomes motivated and productive hence increased job satisfaction. Developing opportunities motivates individuals to further develop themselves and acquire promotional opportunities. (Ojakaa, Olang & Jarvis, 2014)

Every employee in the organisation desire/hope to advance his/her life. According to Naidu .A. (2008) Promotion is a significant instance of career advancement. Training and development opportunities need to be availed impartially in order for employees to advance. With clearly laid down promotional policies available, all employees will be motivated.Therefore, availability of career advancement through personal growth initiatives reduces occupational stress amongst employees (Senguin, 2003). The health sector is dynamic therefore, workers in this sector especially the nurses constantly develop themselves with the objective of meeting the dynamic demands of their line of duty.

Batista, et al (2005) indicated that in the five factors which motivates the work of the surveyed Nurses as listed in order of priority i.e. loving what you do, high-quality multidisciplinary relationship, growth opportunities, problem solving power, working conditions, and lastly remuneration. As observed by Ojakaa, et al, one of the greatest hindrance to retention of health workers is the absence of opportunities for professional development. He concluded this in his study of health worker behavior in the parts of Northern Kenya, in the rural health facilities. Modern opinion advocating career change as a fundamental element shaping future career paths, find little similarity amongst traditional theoretical models (Heathfield, 2000)

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Undeniably, the degree at which change has been associated with careers has created new perceptions. Reference is currently made to the protean career, which is characterized by psychological accomplishment measures, continuous learning including identity changes, and significantly driven by newer organizational structures. The degree of change in organizational structures has facilitated a career pandemonium as referred to some authors (Leopold, 2010). This matter should be dealt with within a pluralistic career management system, combining expert, spiral, linear, and transient career cultures. This necessitates the management to adapt its career development systems to changing employee's needs. Development opportunities directed at supporting career resilience facilitates more flexible and adaptable employee, traits that are key to the employer and the employee seeking career change.

It is also worth noting that not all categories of health workers may prioritise career advancement in them attaining higher levels of productivity. A Malawian study revealed that continuous employee development and in the career path is not sufficient to retain the health sector workforce, however, excellent human resource management (HRM) practises leads to improved motivation and productivity. These practices encompasses, job descriptions, performance appraisal, satisfactory supervision, and recognition and performance feedback.

2.4 Work Environment and Job Satisfaction

The state of the environment in which health workers operate from can have a bearing on the worker job satisfaction, depending on the type of duty the worker is assigned to. The

environment can ne conceptualised to include the tangible aspect like physical infrastructure and availability of supplies of the intangible aspect to consider interaction with client and other staff, both of which have a direct bearing on worker's job satisfaction.

Workplace infrastructure refers to the buildings and plants by which the health worker is enabled to carry out his/her duties. This would include actual working area and the other supporting infrastructure e.g offices, car park and abolition wing. European Journal of Business and Management(www.iiste.org ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online) Vol.6, states that to maximization of employee's performance centers around two focal areas: the infrastructure of the working atmosphere and personal job satisfaction which directly relates to employee productivity and motivation.

The working environment can be viewed in terms of behavioural or physical components. An organizations physical environment and its design and layout, together with the right equipment to enhance employees work, can affect employee behaviour in the workplace. Thomas G. Cummings, (1998) estimates that improvements in the physical design of the workplace may result in a 5-10 percent increase in employee productivity, which in turn builds further on their job satisfaction.

Provision of efficient and sufficient working tools such as, machinery, facilities, equipments, technology and other physical resources to the employees facilitates superior employee commitment and performance. Provision of the exact opposite of the above mentioned resources plus unfavourable working conditions has been noted to negatively impact employee commitment and retention (Fox, 2007; Griffin, 2012. The degree of job satisfaction and the employees' view of fairness in pay impact productivity and commitment (Schermerhorn, 2010). From a safety standpoint, Jain, (2005) posits that working conditions influences employee's safety perceptions hence impacting employee commitment.

According to the report, in Niger, nurses at health centers were reported to be reluctant to refer patients to district hospitals because only 3 of the 33 hospitals provided surgical care, and most of them had facilities that were rudimentary. Running out of stock is a familiar phenomenal to many pharmacists and other medical practitioners. Grimes F (2003) observes that there are slim chances of achieving better working infrastructure and medical supplies, however, if such environments is in place there will be immediate significant gains. There must be safety also in the physical working environment i.e. in terms of ventilations (fresh air) in the medical

facilities, good drainage, availability and strict adherence to using protective working gears, safe floors and stairs, etcetera. Healthcare workforce also require medical insurance to cater for their medical needs and that of their families.

WHO report 2006, also states that no matter how motivated and skilled health workers are, they cannot do their jobs properly in facilities that lack clean water, adequate lighting, heating, vehicles, drugs, working equipment and other supplies. Health worker performance is determined by availability of key equipment and supplies as they complement the skills the health workers skills in performance of their duties. Equipment and supplies form part of the health support systems and the presence is key in ensuring the overall system is efficient

Mukherjee, (2005) conducted an extensive research and hypothesized that improving the working atmosphere facilitates reduced grievances, absenteeism and on the other hand increased productivity.

2.5 Motivation and Job Satisfaction

Employee motivation is defined as the inner force that drives employees to accomplish personal and organisational goals. It is a factor of factors that cause employees to pursue work tasks and goals (Tyson, et al, 1997). However, motivation can be built within an organisation by application of other procedures, eg performance management with an aim of rewarding excelling staff based on an evaluation of their work

Khan, et al (2010) posited that recognition and reward facilitates employees' job satisfaction, which therefore directly influence organisational achievement. Milwark R 2006 employee recognition as that communication between management and employees which reward them for reaching specific goals or producing high quality results in the work place, and is usually undertaken to encourage repeat of such action, to reinforce the behaviour. Job satisfaction is directly associated with motivation of employees in an organisation. With an increase in that it enhances as the satisfaction of employees increases (Salman, et al 2010).

Recognition and reward system is a vital aspect in any organisation. A properly administered recognition system can provide incentive for quality staff performance. It can motivate staff to explore more effective ways of doing their jobs. Alternatively, if not well applied, can utterly discourage effort (Ayeni & Popoola, 2007). When employees are recognised, they get work done. Employers get more of the behaviour they recognize, not what they assume they will

automatically recognize. Thus when employees surpass their targets or exceed their standards, they would automatically expect to receive some recognition for their effort.

In the current county context, there has not been an elaborate plan to recognize staff effort. Probably the managers have not yet discovered the impetus of this intervention. However, the study will seek to find out how staff values this important aspect of health workforce management.

Section C of the County Human Resource Manual, 2013 recognises performance management as a key tool in management of staff performance, right from strategic planning; work planning, target setting, tracking performance, reporting and finally recognition and rewarding of performance. This system, to which the Department of health and sanitation Busia County subscribes to, envisages recognition of staff based on the evaluation of their performance at the end of the financial year. The county has been preparing the annual work plans from which targets are drawn and individuals fill the performance appraisals with their immediate supervisors to monitor performance.

2.6 Health Financing Autonomy and Job Satisfaction

WHO describes health financing as the function of a health system concerned with mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system. However, for purposes of this study, it will focus on the cost sharing programme which is one among the alternatives adopted by the government in the early nineties to complement the dwindling health resource allocation over the years.

For this study, health financing autonomy refers to the independence of tier 3 facilities to manage the cost sharing fund ,commonly known as the Financial Improvement Fund (FIF) right from collection, budgeting and execution and review of implementation on impacting of facility health indicators as outlined in the annual work plans. Kenya, facing a recession in the 1980s in per capita expenditures, the Ministry of Health (MOH) in 1989 subsequently initiated a new cost sharing programme. This programme was a part of an inclusive health sector financing strategy which encompassed the private sector development, social insurance and efficiency process. Challenges were faced in the initial implementation phase leading to the suspension of the outpatient registration fee, the main source of revenue of the time. The Ministry of health in the

year 1991 introduced a management improvement program and gradually re-introduced the outpatient fee, branding it a treatment fee (Musau, SN et al, 1996)

According to a report on health budgeting by healthy action in Kenya published in 2011, the cost sharing programme has grown over the years to account for 67% of total health funding for District and sub district hospitals with vulnerable disease burdens. This is indeed a significant proportion, with the deficit supported by the Ministry of health through recurrent and development funding.

The major sources of cost sharing fund comprises of monies paid directly at facilities for services, NHIF reimbursements for services rendered and outpatient capitation funds, free maternity reimbursement. These funds were directly managed by the heads of these institutions on delegated authority from the then permanent secretary of the ministry and the Division of Healthcare Financing played and oversight role of the funds. Through this, the hospital would budget for these monies based on their needs and priorities and execute the same, and had a great impact on service delivery, with a number of facilities implementing successful projects within hospitals to health outcomes

However, with the new dispensation, and with the passing of the County PFM Act in 2012, the management of this kitty was reverted back to the county treasury and tagged as a county revenue source. This resulted in hospitals forfeiting the independent control of the cost sharing fund and unprecedented berauctocratic procedures in administration of the same, which has greatly contributed to staff demoralization , as they are lo longer in charge of the monies, yet they commit their effort in generating it. Busia CROP (county review and outlook paper) of financial year 2014/15 indicated a decline in revenues from the hospitals. there could be indications that the hospitals are not putting in effort to collect , partly affected by the failure to generate this funds back to the generators of the same . This study will therefore aim to establish the effect of lack of control of this fund to staff motivation in the tier 3 facilities within Busia County.

2.7 Theoretical Framework

Job Satisfaction Theories

We now analyse Hertzberg's two factor theory of job satisfaction, and to determine how they it can be utilized to improve and increase job satisfaction.

Hertzberg's two-factor theory

Frederick Herzberg in the 1950s theorized that only two dimensions to job satisfaction exist, i.e. "hygiene" and "motivation'. The job characteristics connected to dissatisfaction
(Hygiene factors) differ from those of satisfaction (motivators) such that, motivators facilitates satisfaction conversely, their absence may not facilitate dissatisfaction. Examples of Work motivators are: recognition, achievement, and intrinsic interest in the job itself. The relevance of Herzberg theory is in the point that there must be some considerable linkage between reward and productivity whether extrinsic (in recognition) or intrinsic (in naturally enjoying work) to motivate the workers' productivity and increased job satisfaction. This paper was built on this premise. This theory thus anchors itself on this two dimensions ; Hygiene factors and motivators

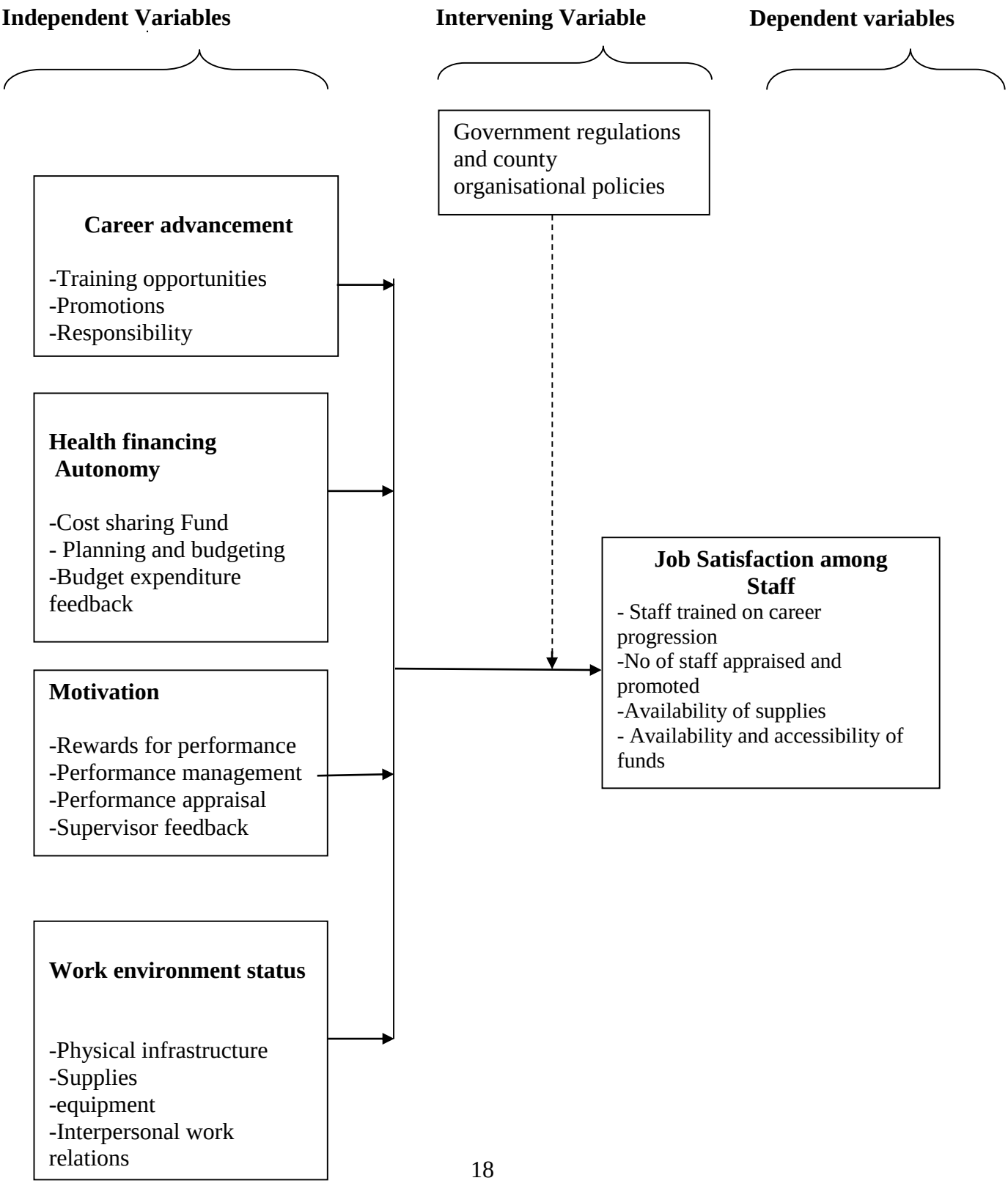
The Hygiene factors are job characteristics including: policies and procedures, benefits, remuneration, and the Work atmosphere, corresponding to Maslow's lower level needs. Improvement of these factors facilitates a decrease in job dissatisfaction hence increasing the motivators. Inadequate hygiene factors may facilitate job dissatisfaction. Conversely, adequate hygiene factors may lead not to job satisfaction. Hygiene factors must be dealt with first followed by motivators. Organizations ought not to ignore hygiene factors because it leads to a generally an unhappy workforce who may quit for greener pastures leaving behind an incompetent workforce capable of failing to meet the employers vision. Herzberg views the motivators to include job contentment such as: autonomy self esteem, dependability/responsibility, and growth. These factors gratify the higher hierarchical needs and hence could facilitate job satisfaction. When employees are granted more responsibility and room for creativity and innovation, they get motivated and hence exert more effort on productivity.

Different studies have revealed that health workers have responded uniquely to factors linked to the theory above. Aleksandra's research in Serbia in 2007 revealed majority of the respondents identified the non – stimulating environment, categorized as a hygiene factor, and thus their motivation for work was significantly lowered. Also, a study conducted by Ali Mohamed in Iran Asia had the majority of the respondents identifying opportunity to develop, which is a motivator and categorized as a higher end need as being the highest predictor of job satisfaction among the public hospitals health workers. This study aimed at establishing respondents' view on the health approaches, with its linkage to this theory. The study categorized health finance autonomy, which is a policy and work environment status as being hygiene factors while career advancement and rewards and recognition as motivators, and how these two influenced health worker overall job satisfaction

2.8 Conceptual Framework

The conceptual framework looks at a healthcare worker in a public facility. Career advancement influences the health worker through availability of training opportunities, promotions and responsibility. The work environment influences the health worker through status of the physical infrastructure and availability of supplies like drugs and equipment, together with interpersonal relations between healthcare workers in their set up. The healthcare worker is also influenced by his/her perception on the control he/she has over the resources generated by him/her through cost sharing kitty and its budgeting and implementation. Lastly, motivation also influences the healthcare worker through available reward system and implementation of the performance management within his/her area of jurisdiction. All the above contribute positively or negatively towards the healthcare worker's job satisfaction.

Figure 0-1: Conceptual framework



2.9 Summary of literature review

The literature reviewed effects of health managers practises on health workers job satisfaction. These practises include status of work environment, recognition mechanisms, health financial autonomy and career advancement and their association with worker. The section also highlighted the theories linked with the area of study as a further justification; most relevant being the Hertzberg's two-factor theory. It is in the light of this that my study focused on the above issues.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter concentrates on discussing the procedures that were deployed to conduct the research. These procedures included: sample size, target population, research design, the data gathering process, reliability and validity of the research tools, analysis of data, budgeting, as well as, sample and sampling methods.

3.2 The research Design

The study employed a descriptive cross sectional research design. Kombo and Tromp (2006) described descriptive research design to be a process of describing the heart of the matter as it is. This research design was useful since the intention of the study was to describe the situation as it was at each of the major health facility in the Sub County, and demonstrated relationships. It was also flexible in the sense that a wide range of information could be gathered. The study entailed conducting interviews to health facility staff using structured questionnaires and focus group discussion. Both quantitative and qualitative techniques were used. The researcher chose this approach because findings from both methods complemented each other and able to adequately achieve the research objective. The outcome of the quantitative methods assisted in making generalizations about the study population, while that of FDGs elicited in-depth explanations on the issue of professional health worker job satisfaction and retention as it pertained to the healthcare workers of tier three facilities in Busia County.

3.3 Target population

The target population is a specific population in which an investigator deliberates to generalize the research findings (Mugenda and Mugenda, 2003). Sekaran (2000) supported this when he defined a sample as a subset of the population in question and comprises a selection of members from that particular population. The target population for this study were 481 healthcare workers in tier 3 health facilities in Busia County who had been working for

more than one year as permanent employees of the County. The samples were drawn from the seven tier three health facilities in Busia County.

3.4 Sample size and Sampling Procedure

Under this section the study discussed the sample size and sampling procedures that was adopted for the study.

3.4.1 Sample size

For this paper, the formula following as Mugenda and Mugenda (2003) opinionated was applied. This was used because of the following reasons; that this is a social research, and two, our assumption is that the sample had a significant similarity to the whole population (in this case ,the formula assumes a 50% share in the target population that will possess the features and characteristics being measured).

The formula is as indicated below:

$$\mathbf{n= \frac{Z^2 P (1-P)}{d^2}}$$

Where; n=the required sample size

z=95% confidence interval or 1.96

d=degree of accuracy usually set at 0.05

P= 0.5%

The prevalence of 50% was used as indicated by Mugenda and Mugenda, (2003)

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

n= 384

But since the study population is ≤ 10,000 we have to use the finite population correction factor. The actual sample size is calculated as follows;

$$\mathbf{nf} = \frac{n}{1+n/N}$$

(Mugenda &Mugenda, 2003)

Where; nf =required sample size for a population below 10 000

n=required sample size for a population above 10 000.

N= Size of the total populace from which sample is drawn 481

thus the required sample size will be

$$nf = \frac{384}{1+\frac{(384)}{481}}$$

nf = 213.5

Hence 214 questionnaires were distributed, and 191 were collected back, a response rate of 89%.

3.4.2 Sample Size for the Focus Group Discussion

For the discussions in the focus group, each sampled group had one group discussion counted as a response. There were thus 7 responses from the focused group discussions, aside from the 214 questionairres administered, thus making the total responses to be 221 .

3.4.3 Sampling procedure

The methodology of Cluster sampling was deployed in the survey. The primary sampling unit (PSU) referred to as a group/cluster in this study was a health facility. At the initial stage 7 health facilities, tier 3 hospitals were selected. In the second stage probability which were proportional to size (pps) were applied. The sampling frame (list of healthcare workers working in each institution) was used to divide the sample proportionately within the individual facility (cluster) in relation to the total sample size (Table 3-1). From each cluster, participants were selected by simple random sampling.

Table 3.1: The relationship between population and sample size

Health facility	**Total Number of HCW**	**Questionnaires to be distributed**
Busia County referral Hospital	191	191/481X214= 85
Sio Port SCH	32	32/481X214=14
Nambale SCH	28	28/481X214=12
Alupe SDH	73	73/481X214=32

Teso Hospital, Kocholia	74	74/481X214=33
Port Victoria SCH	44	44/481X214=11
Khunyangu SCH	39	39/481X214=18
Total	481	214

3.5 Research Instruments

The research tools that used for data collection were structured questionnaire and focused group discussion. A questionnaire was relevant to the study because large amount of data was collected from a large number of people in a short period of time, it upheld confidentiality, it had no interviewer bias and it was relatively cost effective. It was also relevant since it reached a large number of people more easily.

Section A of the questionnaire covered questions on social demographic characteristics

Section B of the questionnaire covered questions on career advancement on job satisfaction

Section C of the questionnaire contained questions on financial autonomy on job satisfaction

Section D of the questionnaire contained questions on rewards and recognition towards job satisfaction

Section E of the questionnaire contained questions on physical facilities and supplies on job satisfaction

The questionnaire had both open ended and closed ended questions. The questionnaire and FGD were divided into sections relative to the variables under investigation so as to collect specific data from the respondent that partook in the research objectives through answering the research questions.

3.5.1 Pilot testing of the instruments

The tool of research - were pretested to ascertain that items in the research instruments were clearly stated and bore the similar meaning to each interviewee. The investigator was able to text the clarity of the instruments, their user friendliness, their aptness and entirety prior to actual data collection. The data collected from the pilot study was not included in the study but was used to correct the instruments. The pilot testing was to enable the researcher to obtain sum assessment of the questions validity and likely reliability of

the data that would be collected. Preliminary analysis using the pilot test data was undertaken to ensure that the data collected answered the research questions.

3.5.2 Validity of the instruments

The research instruments' validity is a measure of the degree to which this instruments gauge what they are intended to measure. Therefore, an instrument of research is declared valid if it accurately measures whatever it was to measure and allow data to be accurately collected hence representing the respondent's responses/opinions. To ensure validity, the researcher ensured the questionnaires had instructions to be followed and the questions were written in simple language which the respondent easily understood. The researcher also gave the instruments to the two supervisors to evaluate the relevance of each item in the instrument to the objectives. The researcher also conducted a pilot study to ensure validity.

3.5.3 Reliability of the instruments

Reliability measures the extent to which a research instruments yields consistent results or data after repeated trials (Mugenda and Mugenda, 2003). If a measure has been developed and is said to be reliable, it means that if applied repeatedly to measure phenomenon, it would produce same results. The researcher ensured that the questions in the questionnaire were designed using simple language that was easy to understand by the respondents. In addition, the researcher conducted pre-test study on the instruments which involved administering the same questionnaires to health workers at Matungu Sub- County hospital. This enabled the researcher to correct the questions that attracted varied responses as a result of vagueness or lack of clarity.

3.6 Data collection procedures

The researcher sought permission to conduct the study from the University of Nairobi and thereafter obtain permit issued by the National Commission for Science, Technology and Innovation (NACOSTI). The investigator obtained consent from the county Director of Health before the study commenced. The researcher ensured data collection team was well trained on research ethics and use of data collection tool. The researcher also ensured that the tools and the cover letters were printed and availed in time. The respondents were contacted

directly and the research assistants delivered the questionnaires with cover letters to the respondents.

3.7 Data Analysis techniques

According to Orodho (2009), data analysis is the process of systematically searching and arranging interview transcript, field notes, data and other materials obtained from the field. He further says that analysis involves working with data, organising them, breaking them into manageable units, synthesising them and searching for patterns. The data analysis was both quantitative and qualitative.

3.8 Ethical consideration

The study was undertaken after obtaining approval from the University upon presentation of the research proposal. A permit was also sought from NACOSTI. Additionally, authority was sought from the office of the County Director of Health - Curative services, Busia County. While recruiting the participating respondents, there was no discrimination and this was done fairly. All the workers were treated with dignity and respect and their rights were upheld. A verbal explanation was given to the workers, after which they were requested to sign a consent form. The study's objectives were vividly outlined to the respondents and they had the right to withdraw from the research study at any point in time if he or she deems it necessary. The information collected was used only for purposes of the study. Information obtained was treated with the strictest confidentiality by ensuring that the responses provided by participants were not revealed to a third party without consent of the subject who supplied the data. Personal data was reasonably guarded against risks such as loss, unauthorized access, modification or disclosure.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter analyzed the collected data from the questionnaires and focused group discussions. The findings were presented in tabular followed by an analysis and interpretation of the findings. The findings are based on data collected from healthcare workers in tier 3 public health facilities in Busia County.

4.2 Respondents Social-demographic characteristics

The expected sample population was 214 respondents of which 191 (89%) were successfully completed and returned for analysis. This is within Mugenda and Mugenda (2003) who prescribed the significant response rate for social sciences statistical analysis as a minimum value of 50%. The study sought to determine influence of health approaches on job satisfaction among healthcare workers in tier 3 public hospitals in Busia County Kenya.

4.2.1 Distribution of respondents by gender

Table 4.1: Distribution of gender among healthcare workers in tier 3 health facilities in Busia County

Gender	Frequency	Percentage
Male	84	44
Female	107	56
Total	**191**	**100**

The gender of the respondents is shown in table 4.1. The study used a size which comprised of 44 % (84) males and 56% (107) females. This signified a gender disparity that could be significant to the findings of this study. This could be due to the high number of female nurses in healthcare facilities within the County.

4.2.2 Distribution of the respondents by age

Table 4.2: Distribution of Age among health care workers in tier 3 health facilities in Busia County

Age	Frequency	Percent
<25	4	2.00
26-35	79	41.36
36-45	56	29.32
46-55	45	23.56
>56	7	3.65
Total	**191**	**100**

The age of the respondents is as given in Table 4.2 below. According to the findings, the biggest proportions 41.36% (79) of the respondents were aged between 26 and 35 years of age, 29.32% (56) of the respondents were aged between 36 and 45 years. 23.56% (45) were aged between 46 and 55 years. Those were above 56 years were 3.65% (7) and 2% (4) were below 25 years. The findings show that more than half of healthcare workers were below 45 years and were therefore energetic to perform their tasks accordingly.

4.2.3: Distribution of respondents by profession

Table 4.3: Distribution of profession among healthcare workers in tier 3 health facilities in Busia County

Profession	Frequency	Percent
Clinician	28	14.7
Pharmacist	15	7.9
Nurse	76	39.8
Laboratory technologist	30	15.7
Radiographer	3	1.6
Nutritionist	4	2.1
Others	35	18.3
Total	**191**	**100**

The studies deliberated on identifying the profession of the respondents in the tier 3 health facilities in Busia County. Results from Table 4.3 reveal the various professions of participant in the study. Nurses comprised a bigger proportion 39.8 (76) of the respondents. Laboratory technologist were 15.6% (30), clinicians were 14.7% (28), pharmacist 7.9% (15), Nutritionist 2.1% (4) and others 18.3% (35) comprising physiotherapists, community oral health workers, records officers, public health officers and occupational health.

4.2.4 Distribution of respondent's years of service

Table 4.4: Duration of services of Health care workers in tier 3 health facilities in Busia County

Years of Service	Frequency	Percent
<5 Years	53	27.7
5-10 Years	55	28.8
11-15Years	18	9.4
16-20 Years	20	10.5
>20 Years	45	23.7
Total	**191**	**100**

The researcher sought to find out years of service of the respondents. This would assist the researcher to establishing the influence of experience on job satisfaction. The results are

presented in Table 4.4 below. The findings show that majority 28.8% (55) of the respondents had worked for 5-10 years, this was followed by 27.7% (53) who had worked less than 5 years and another 23.7% (45) who had worked more than 20 years. The findings show that 10.5% (20) had worked for 16-20 years while 9.4% (18) had worked for 11-15 years. Thus majority of the respondents had considerable job experience in the healthcare sector thus were competent to provide convincing information that would benefit the study.

4.2.5 Distribution of respondent's health facility

Table 4.5: Respondents health facilities

Health Facility	Frequency	Percentage %
Busia County Referral Hospital	77	40
Teso Sub County Referral Hospital	33	17.3
Port Victoria Sub County Hospital	16	8.4
Alupe Sub County Hospital	28	14.7
Khunyangu Sub County Hospital	15	7.9
Nambale Sub County Hospital	10	5.2
Sio Port Sub County Hospital	12	6.3
Total	**191**	**100**

More than a third 40% (77) of the respondent were from Busia County referral Hospital, 17.3% (33) from Teso Sub County Hospital, 14.7 % (28) from Alupe Sub County Hospital, 8.4% (16) from Port Victoria Sub County Hospital, 7.9% (15) from Khunyangu Sub County 6.3% (12) from Sio Port Sub County Hospital and lastly 5.2% (10) from Nambale Sub County Hospital.

Busia County referral Hospital has a bigger number of health care workers compared to other facilities thus the high number of respondents **(See Table 4.5).**

4.3: Career Advancement and Health worker Job satisfaction

Table 4.6: Adequate Training

Response	Frequency	Percent
Yes	112	58.6
No	79	41.4
Total	**191**	**100**

This was the first objective of the study. Career advancement enhances job satisfaction and workers in an organization. The results revealed that more than of half 58.6% (112) of the respondents said there was adequate training in relation to their current job description, 41.4% (79) of the respondents said No **(See Table 4.6)**. 57.6% (110) of the respondents said there was no career growth while 42.4% (81) said there was career growth. **(See Table 4.7)**

Table 4.7: Career growth

Response	Frequency	Percent
Yes	81	42.4
No	110	57.6
Total	**191**	**100**

Table 4.8: Career Path

Response	Frequency	Percent
Yes	84	44
No	107	56
Total	**191**	**100**

56% (107) of the respondents said there was no career path in their health facilities while 44% (84) of respondent said there was career path in their health facilities **(See Table 4.8).**

Table 4.9: Chances of learning new things

Response	Frequency	Percent
Yes	151	79.1
No	40	20.9
Total	**191**	**100**

More than three quarters 79.1% (151) affirmed on chances of learning new things; however 20.9% (40) were of contrary opinion. **(See Table 4.9)**

Table 4.10: Use Abilities

Response	Frequency	Percent
Yes	157	88.7
No	34	11.3
Total	**191**	**100**

Majority 88.7% (157) of the respondents said they used their abilities while 11.3% (34) were not able to use their abilities. **(See Table 4.10)**

Table 4.11: Opportunity for Career Advancement

Response	Frequency	Percent
Yes	117	61.3
No	74	38.7
Total	**191**	**100**

Less than two thirds 61.3% (117) of the respondents said there was opportunity for career advancement, 38.7 (74) said there were no opportunities for career advancement. **(See Table 4.11)**

Table 4.12: Training and education opportunities

Response	Frequency	Percent
Yes	127	66.5
No	64	33.5
Total	**191**	**100**

More than two thirds 66.5% (127) of the respondents said there were training/education opportunities while one third 33.5% (64) of the respondents said there were no training/education opportunities**. (See Table 4.12)**

Table 4.13: Job Security

Response	Frequency	Percent
Yes	141	73.8
No	50	26.2
Total	**191**	**100**

Almost three quarters 73.8% (141) of the respondents affirmed to having job security, more than a quarter 26.2% (50) of the respondents were of contrary opinion. **(See Table 4.13)**

Table 4.14: Promoted when due

Response	Frequency	Percent
Yes	19	9.9
No	172	90.1
Total	**191**	**100**

Majority 90.1% (172) of the respondents said they were not promoted when due. Only 9.9% (19) of the respondents said they were not promoted when due. **(Table 4.14)**

Table 4.15: Adequate support from the supervisors

Response	Frequency	Percent
Yes	87	45.5
No	104	54.5
Total	**191**	**100**

More than half 54.5% (104) of the respondents said they don't get adequate support from the supervisor, 45.5% (87) said they received adequate support from supervisor **(see Table 4.15)**

Table 4.16: Undergone training relevant to career advancement

Response	Frequency	Percent
Yes	105	55
No	86	45
Total	**191**	**100**

55% (105) of the respondents stated that they have undergone training relevant to career advancement while 45% (86) stated they have not undergone training relevant to career **(See Table 4.16)**

From the analysis above , it was established that career advancement influences health worker job satisfaction in tier 3 public health facilities. A significant majority acknowledged that they were able to use their abilities well and that opportunities for career advancement were present. However this was so because majority of the respondents admitted that career advancement was more of a personal initiative rather than a Department of Health human resource function. From the FGD, it also emerged that the department's human resource section did not lay emphasis in conducting a training needs assessment which is key in identifying training gaps.

4.4: Health financial autonomy and health worker job satisfation

The second objective of the study was to determine health financial autonomy on job satisfaction of professional health care workers in tier 3 health facilities within Busia County. The study sought to review various sources of funds within the health institutions and its management.

Table 4.17: Main Sources of Funds

Variable	Frequency	Percentage
User fees collected at the facility	96	50.6

Funding from National Government	44	23
Funding from County Government	121	63.4
Reimbursements from health insurance schemes	72	37.7
Other source of funding	14	7.3

Results in table 4.17 showed that majority 63% (121) of the respondents said they get their funds from County Government, 50.6% (96) indicated they get funds from user fees collected from the facility, 37.7% (72) indicated they get funds from reimbursement from health insurance schemes, 23% (44) indicated they get funds from national government and lastly 7.3% (14) indicated they received funding from other sources, non-governmental organizations and faith based organizations.

Table 4.18: Aware of policies guiding receiving and implementation of funds from the County government

Response	**Frequency**	**Percent**
Yes	62	32.5
No	129	67.5
Total	**191**	**100**

More than two thirds 67.5% (129) of the respondents were not aware of policy/policies guiding receiving and implementation of funds from County government and other stakeholders**.** Only 32.5% (62) said they were aware of such policy/policies**. (See table 4.18)**

Table 4.19: Mobilization of funds in your facility e.g donor funds, PPPs etc

Response	Frequency	Percent
Yes	75	39.3
No	116	60.6
Total	**191**	**100**

According to the study, 60.7% (116) of the respondents said there was no mobilization of funds from stakeholders eg donors, private public partnerships. However 39.3% (75) said that there was mobilization of funds in their facilities. **(See table 4.19)**

Table 4.20: Facility Control of user fees

Response	Frequency	Percent
Yes	15	7.8
No	176	92.2
Total	**191**	**100**

Respondents were asked if they are able to control user fees (FIF), 92.2 % (176) said they were not able to control their user fees while 7.8% (15) said they were able to control their user fees.

Table 4.21: Hospital accessibility to funds during emergencies

Response	Frequency	Percent
Yes	54	28.3
No	137	71.1
Total	**191**	**100**

Majority 71.1% (137) of the respondents stated their institutions was not able to access emergency funds to meet obligation in instance of occurring emergencies, only 28.3% (54) said they were able to access emergency funds. **(See Table 4.21)**

Table 4.22: Turn Around time for emergency funds accessibility

Total	**n = 54**	**100**
Response	**Frequency**	**Percent**
1 hour	13	24.1
12 hours	18	33.3
24 hours	13	24.1
48 hours	10	18.5
Total	**n = 54**	**100**

From those who said they were able to access emergency funds 33.3% (18) got the funds after 12 hours, 24% (13) after 12 hours, 24% (13) after 24 hours and 18.5% (10) after 48 hours. **(see Table 4.22)**

Table 4.23: Existence of a system for tracking funds allocated to the facility

Response	**Frequency**	**Percent**
Yes	90	47.1
No	101	52.9
Total	**191**	**100**

More than half 52.9% (101) of the respondents stated there was no system for tracking and auditing funds allocated to the facility, while 47.1% said there was a system for tracking funds **(See table 4.23)**

Table 4.24: Devolution has created enough resources for delivery of health services

Response	Frequency	Percent
Yes	20	10.5
No	171	89.5
Total	**191**	**100**

Most of the respondents, 89.5% (171) were of contrary opinion that devolution has created enough resources for delivery of essential health services while 10.5% (20) affirmed that devolution has created enough resources for the delivery of essential health services to the facility **(See Table 4.24).**

Table 4.25: Any plans by the county to address the mentioned challenges

Response	Frequency	Percent
Yes	37	19.4
No	154	80.6
Total	**191**	**100**

The researcher further sought to find out the main challenges facing delivery of health services under the devolved system. Results revealed that, inadequate and stalled infrastructure, and FIF was cited to be very high with 141 of the respondents citing so. There were 77 responses stating understaffing as the main challenge. There were 56 responses citing corruption by county official as a challenge. There were 52 responses saying delayed promotion was a challenge. 15 responses cited lack of skills and communication by county officials as a challenge while 9 responses cited intimidation by politicians as a challenge facing delivery of health services under devolved system.

The researcher further sought to know whether there were plans by the county to address the challenges mentioned, Majority 80.6% (154) stated that the County was not ready to address the challenges. Only 19.4% (37) stated that the county was ready to address the challenges **(Table 4.25).**

The analysis revealed that the health workers in tier 3 public hospitals do not have access to the facility generated cost sharing fund and was thus inhibiting their ability to offer timely and quality services to clients. This is consistent with the KEMRI research which was published in the Standard Newspaper of 13th August 2017 which observed health standards in public hospitals had drastically dropped due to lack of control of the user fees by the institutions

4.5: Motivation and Health worker Job satisfaction

This was third objective of the study where the study sought to find out influence of motivation on job satisfaction. The respondents were therefore asked to indicate their level of agreement with statements regarding recognition.

Table 4.26: Distribution of responses on level of agreement with motivation factors (recognition and rewards)

Variable	Strongly disagree		Disagree		Somehow agree		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
I receive recognition for job well done	64	33.5	66	34.6	39	20.4	20	10.5	2	1.0
I participate supervisory decisions that affect my job	38	19.9	54	28.3	51	26.7	44	23.0	4	2.1
I am constantly provided feedback on progress of my work	40	20.9	67	35.1	60	31.4	21	11.0	3	1.6
There is link between performance and pay	75	39.3	75	39.3	20	10.5	18	9.4	3	1.6
I am at liberty to make decisions on my	21	11.0	45	23.6	53	27.7	60	31.4	12	6.3

daily work and act on them										
I feel I am highly motivated after recognition for work done by my supervisor	63	33	64	33.5	36	18.8	20	10.5	8	4.2
Additional remuneration for work done	89	46.6	62	32.5	17	8.9	10	5.2	13	6.8
Provision of a work environment free of intimidation and interference	40	20.9	34	17.8	57	29.8	45	23.6	15	7.9
My opinion seems to matter at work, I am respected	15	7.9	37	19.4	68	35.6	58	30.4	13	6.8
There are good conflict resolution mechanisms at my workplace	23	12	35	18.3	61	31.9	61	31.9	11	5.8
I am respected by my supervisor	5	2.6	14	7.3	42	22	101	52.9	29	15.2
I get respect from my junior	2	1.0	11	5.8	46	24.4	100	52.4	32	16.8
Chances of promotion	53	27.7	59	30.9	46	24.1	29	15.2	4	2.1

The table 4.26 above shows the responses. The findings indicate that majority 67.1% (130) of the respondents disagreed that they received recognition for job well done, 20.4% (39) somehow agreed, 10.5% (20) agreed and lastly only 1% (2) strongly agreed that they receive recognition for job well done. Less than half 45.2% (92) of the respondents disagreed that they don't participate in supervisory decisions that affect their job, 26.7% (51) somehow agreed, 23% (44) agreed, while 2.1% (4) strongly agreed that they participated in supervisory decisions that affect their job. 56% of the respondents stated that they are not constantly provided feedback on the progress of their work, 31.4% (60) somehow agreed while 12.6% (24) agreed they are constantly provided feedback on the progress of their work. More than three quarters 78.6% (150) of the healthcare workers indicated there was no link between performance and pay, 10.5% (20) somehow agreed. Only 11% (21) agreed that there was link between performance and pay. More

than one thirds 37.7% (72) agreed that they were at liberty to make decisions on their daily work and act on them, 27.7 % (53) somehow agreed while 34.6% (66) disagreed they were not. Two thirds 66.5% (127) of the respondents said they did not feel highly motivated after recognition for work done by their supervisor, 18.8% (36) somehow agreed. 14.7% (28) felt highly motivated after recognition for work done by their supervisor. Majority 79.1% (151) disagreed that they receive additional remuneration for a work well done, 8.9% (17) somehow agreed, while 12% (23) agreed that they get additional remuneration for job well done. 38.7% (74) disagreed that there's provision of a work environment free of intimidation and interference. 29.8% (57) somehow agreed while 31.5 agreed there was provision of a work environment free of intimidation and interference. 37.2% (71) agreed their opinion seemed to matter at work, they are respected, 35.6% (68) somehow agreed, however 27.3% (52) disagreed. On conflict resolution mechanisms at their work place, 37.7% (72) of the respondents agreed it was present, 31.9% (61) somehow agreed while 30.3% (58) disagreed. Respondents were asked if they are fairly evaluated on their work, 38.2 agreed they were fairly evaluated, 33% (63) somehow agreed while 28.6% (55) disagreed. Majority 68.1% (130) agreed that they are respected by their supervisors, 22% (42) somehow agreed but 9.9% (19) of the respondents disagreed. More than two third 69.2% (132) agreed they get respect from their juniors, 24.4% (46) somehow agreed but 6.8% (13) disagreed. More than half 58.6 % (112) of the respondents disagreed they don't get chances for promotion, 24.1% (46) somehow agreed, while 17.3 (33) agreed that they do get chances for promotion.

Table 4.27: staff ever promoted over the last 4 years

Response	Frequency	Percent
Yes	75	39.3
No	116	60.7
Total	**191**	**100**

The researcher further sought to know whether the respondents have been promoted in the last four years. 60.7 % (116) of the respondents indicated they have not been promoted in the last four years. Only 39.27% (75) of the respondents indicated they had been promoted in the last four years **(See Table 4.27).**

Table 4.28: staff promoted and the impact of promotion on their work performance

Response	Frequency	Percent
Yes	64	85.3
No	11	14.7
Total	**n=75**	**100**

The respondents who had been promoted were further asked if the promotion in the last four years has impacted on their performance at work, the results indicated that 85.3% (64) said yes while 14.7% (11) said it did not impact on their work **(See Table 4.28).**

Majority of the respondents were alluded to the fact that they are recognized by their managers for a job well done ,neither are they provided feedback on the progress of their work, and this has led to them feeling dissatisfied at work place. Also staff promotion emerged as a significant tool which can greatly influence health worker satisfaction, coherent with the findings of Arnold and

Boshoff (2001) who stated that by providing promotion opportunities at work place, job satisfaction is positively impacted

4.6: Work Environment and Health worker job satisfaction

The 4th objective for this research was to ascertain the control of status of working environment on job satisfaction of professional healthcare workers of tier 3 facilities in Busia County. Respondents were requested to respond to what extent they agreed with work environment factors.

Table 4.29: Distribution of responses on level of agreement with work environment factors

Variable	Strongly disagree		Disagree		Somehow agree		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
I am comfortable with the state of infrastructure (buildings and installation)	67	35.1	69	36.1	37	19.4	16	8.4	2	1
I have the supplies to do my job well and safely(needles, bandages, gauze	30	15.7	53	27.7	76	39.8	29	15.2	3	1.6
There is constant supply of non-pharms	37	19.4	66	34.6	56	29.3	28	14.7	4	2.1
I have the equipment's to do my job well	39	20.4	76	39.8	59	30.9	16	8.4	1	0.5
Facility has good access to drugs and medication	18	19.4	53	27.7	76	39.8	42	22	2	1
At work place I have access to safe clean water	31	16.2	49	25.7	42	22	55	28.8	21	11
At work place I have good access to electricity	11	5.8	19	9.9	67	35.1	73	38.2	21	11
I am provided refreshment during my breaks at place of my work (eg staff tea)	69	36.1	32	16.8	40	20.9	43	22.5	7	3.7
I am provided with ample parking space for my vehicle/motorbike/bicycle	18	9.4	44	23	49	25.7	58	30.4	22	11.5

There is constant maintenance of equipment's and machines	44	23	81	42.4	42	22	21	11	3	1.6
The facility has safe means of waste disposal	32	16.8	27	14.1	58	30.4	54	28.3	20	10.5
There is availability of personal protective devices (gloves, face masks, boots)	9	4.7	41	21.5	75	39.3	55	28.8	11	5.8
The state of physical surrounding (neatness, flowers, land scape, paint)	15	7.9	31	16.2	64	33.5	59	30.9	22	11.5

The results are shown in **table 4.29** above. According to the results 71.2% (136) of the respondents were not comfortable with state of infrastructure, 19.4% (37) somehow agreed while 9.4% (18) were comfortable with state of infrastructure. 43.4% (83) of the respondent's disagreed that they have the supplies to do their job well and safely, 39.8% (76) somehow agreed, 16.8% (32) agreed that they have the supplies to do their job well. 54% (103) of the interviewees opposed that there's constant supply of non-pharms, 29.3% (56) somehow agreed. Only 16.8% (32) agreed that they have constant supply of non-pharms. 60.2% (115) of the respondents disagreed that they have the equipment's to do their job well and efficiently, 30.9% (59) somehow agreed while 8.9% (17) agreed that they have equipment's to do their job well. Less than half 47.1% (71) or the respondents disagreed that their facility had access to drugs and medication, 39.8% (76) somehow agreed, 23% (44) agreed that their facility had good access to drugs and medication. 41.9% (80) disagreed that they have good access to safe clean water at their work place, 22% (42) somehow agreed while 39.8 agreed that they access to safe clean water at their place of work. 52.9% (101) of the respondents disagreed that they are provided with refreshment at their place of work, 20.9% (40) somehow agreed, 26.2% (50) agreed that they are provided refreshment at their place of work. 41.9% of the respondents agreed that they

are provide with ample parking space for their vehicle, motorbike and bicycle, 25.7% (49) somehow agreed. However 32.4% (62) disagreed that they are provided with ample parking space for their vehicle/motorbike/bicycle. Almost two thirds 65.4% (125) of the respondents disagreed that there's constant maintenance of equipment's and machines, 22% (42) somehow agreed, 12.6% (24) agreed that there's constant maintenance of equipment and machines. 38.8% (74) of the respondents agreed that their facility has safe means of waste disposal, 30.4% (58) somehow agreed but 30.9% (59) disagreed that their facility had safe means of waste disposal. 39% (75) somehow agreed that there's availability of personal protective device, 34.6 agreed, while 26.4% (50) disagreed that there's availability of personal protective devices. 42.4% (81) of the respondents agreed that they are comfortable with the state of physical surrounding, 33.5% (64) somehow agreed however 24.1% (46) disagreed with the state of physical surrounding.

4.7: Overall Level of Job Satisfaction

Table 4.30: Overall level of Job satisfaction

Response	Frequency	Percent
Completely satisfied	7	3.7
Highly satisfied	44	23.0
Moderately satisfied	77	40.3
Not satisfied	42	22.0
Completely dissatisfied	21	11.0
Total	**191**	**100**

The interviewees were requested to record their overall job satisfaction. From the findings, 40.3% (77) of the respondents indicated that that they were moderately satisfied 23% (44)

indicated that they were highly satisfied, 22.2% (42) indicated that they were not satisfied, 11% (21) indicated that they were completely dissatisfied. Only 3.7% (7) of the respondents were completely satisfied. From these findings we can deduce that most of the respondents in this study were moderately satisfied **(See Table 4.30).**

4.8: Respondents preferences on health approaches

Table 4.31: Respondents preferences on health approaches

Response	Frequency	Percent
Career Advancement	20	10.5
Health financial autonomy	48	25.1
Motivation	73	38.2
Work Environment	50	26.2
Total	**191**	**100**

In this section the study sought to determine the influence of various job approaches on job satisfaction among healthcare workers. The findings show that majority of the healthcare workers agreed to a large extent 38.2% (73) that motivation influenced job satisfaction, 26.2% (50) indicated work environment, and 25.1% (48) indicated financial autonomy while 10.5% (20) indicated career advancement **(See Table 4.31).**

4.9: Association between the staff socio-demographic attributes overall job satisfaction of tier 3 public health facilities within Busia County

4.9.1 Bivariate analysis

4.9.1.1: Association between Demographic characteristics and overall job satisfaction

Overall job satisfaction was probed by bivariate analysis with socio-demographic distinctiveness employing chi- square association test. The outcome revealed that Years in public service (X^2=30.07, p<0.05) was statistically considerably related with job satisfaction. Facility stationed (X^2=19.66, p>0.05), Gender (X^2=7.57, p>0.05), Age (X^2=22.04, p>0.05), Profession/cadre (X^2=22.88, p>0.05), were not statistically associated with overall job satisfaction **(See Table 4.32).**

Table 4.32: Association between socio demographic characteristics and overall job satisfaction

Variable		Level of satisfaction					Pearson chi-square	P value
		Completely satisfied	Highly satisfied	moderately satisfied	Not satisfied	Completely dissatisfied		
Gender	Male	3	21	33	23	4	7.57	0.10
	Female	4	23	44	19	17		
Age	<25	1	0	1	2	0	22.04	0.14
	26-35	5	21	32	13	8		
	36-45	1	12	22	22	7		
	46-55	0	11	16	16	5		
	>56	0	0	6	6	1		
Profession/ Cadre	Clinician	2	7	12	4	3	22.88	0.52
	Pharmacist	1	3	6	4	1		
	Nurse	0	13	30	22	11		
	Laboratory Tech	0	11	11	5	3		
	Radiographer	0	1	1	1	0		
	Nutritionist	0	1	3	0	0		
	Others	4	8	14	6	3		
Years in Public service	<5	6	20	15	8	4	30.01	**0.01***
	5-10	1	6	27	14	7		
	11-15	0	2	7	6	2		
	16-20	0	6	10	2	2		
	>20	0	9	18	12	6		
Facility stationed	Busia County Ref H	3	15	31	21	7	19.66	0.71
	Teso Sub County H	1	8	13	6	5		
	Port Victoria S C H	2	4	5	3	2		
	Alupe S C H	0	6	13	7	2		
	Khunyangu S C H	0	5	6	2	2		
	Nambale S C H	0	4	6	0	0		
	Sio Port S C H	1	2	3	3	3		

***Significance (p<0.05)**

4.9.1.2: Association between overall job satisfaction and undergone training in the last four years

The usage of the chi-square test of association employed in bivariate analysis was deliberated to establish the relationship between overall job satisfaction and undergone training in the last four years. Results revealed that undergone training in the last four years (X^2=3.52, p>0.05) wasn't statistically considerably related with overall job satisfaction **(See Table 4.8).**

Table 4.33: Association between overall job satisfaction and undergone training in the last four years

Variable		Level of satisfaction					Pearson chi-square	P value
		Highly satisfied	Moderately satisfied	Fairly satisfied	Not satisfied	Completely dissatisfied		
Training in last four years	Yes	4	23	44	26	8	3.52	0.47
	No	3	21	33	16	13		

***Significance (p<0.05)**

4.9.1.3: Association between overall job satisfaction and have supplies to do my job well

Overall job satisfaction was subjected to bivariate analysis with have supplies to do my job well. Results indicated that, have supplies to do my job well facility (X^2=14.83, p>0.05) wasn't statistically considerably related to availability of equipment's **(See Table 4.34).**

Table 4.34: Association between overall satisfaction and have supplies to do job well

Variable		Level of satisfaction					Pearson chi-square	P value
		Highly satisfied	Moderately satisfied	Fairly satisfied	Not satisfied	Completely dissatisfied		
Enough supplies to do job	Strongly disagree	3	4	14	5	4	14.83	0.53
	Disagree	0	16	21	9	5		

well	Somehow agree	3	15	31	18	9
	Agree	1	6	10	19	3
	Strongly agree	0	2	1	0	0

*Significance ($p<0.05$)

4.9.1.4: Association between overall job satisfaction and ever been promoted in the last four years

Bivariate analysis was conducted between ever promoted in the last four years and overall job satisfaction using chi-square test of association. According to the results, ($X^2=8.75$, $p>0.05$) were not statistically considerably linked to overall job satisfaction **(See Table 4.35)**

Table 4.35: Association between overall job satisfaction and ever promoted in last four years

Variable		**Level of satisfaction**					**Pearson chi-square**	**P value**
		Completely satisfied	**Highly satisfied**	**Moderately satisfied**	**Not satisfied**	**Completely dissatisfied**		
Promoted in the last four years	Yes	1	12	31	23	8	8.75	0.06
	No	6	32	46	19	13		

*Significance ($p<0.05$)

4.9.2 Multivariate analysis

The important factors derived from bivariate analysis (with $p<0.05$) were probed by multivariate analysis (Ordinal logistic regression) to establish the final autonomous factors that were related dependent factors.

Table 4.36: Binary logistics regression for overall job satisfaction associated with years of public service

***Significance (p<0.05)**

Predictor variable	β	S.E. (β)	Df	Adjusted OR	P-value
Years in Public service					
<5 years	-1.28	0.38	1	11.24	**0.01***
5-10 Years	.076	0.36	1	0.04	0.86
11-15 Years	.12	0.50	1	0.06	0.80
16-20 years	-0.67	0.49	1	1.83	0.75
>21	**Reference**				

The results as shown in **table 4.36** above showed that health care workers who had worked for less than fives years were significantly associated with overall job satisfaction $p<0.05$. Healthcare workers who had worked for, 5-10 years, 11-15 years and 16-20 years were not statistically associated with overall job satisfaction $p> 0.05$. A worker who had worked for less than 5 years were 11 times more likely to be highly satisfied with job than those who had not.

4.10: Themes and responses

Qualitative data was sorted according to themes. Main themes were further broken down into sub themes. Multiple responses came out of the participants from the FGDs, (**Table 4.37).**

Table 4.37: Themes and responses from FGDs

THEME	RESPONSES
CAREER ADVANCEMENT **Sub themes** **a) Career growth opportunities**	Respondents noted that there's were adequate opportunities for career advancement They further cited that the County has NOT provided opportunity for career advancement, most instances, the county team is yet to develop mechanism to assess staff who have advanced in different skills & thus utilize them in the relevant areas ***"someone goes for training and when they report back to work they are not re-designated"***
b) Career path	There's no induction process for new staff on schemes of services and ways of progression and the department's Human Resource section has not mad effort to strengthen this
c) Opportunities for training /education	Respondents were aware opportunities exist , (both short term and long term trainings/courses) but most of the time communication comes late They further indicated there should be a baseline survey to identify gaps and match with staff interest for courses No refunds for scientific conferences and short term management courses (could be supported thru cost sharing fund but has ceased as the fund is no longer in the facility's control) thus low passion for job ***"late last year I attended the Nurses Scientific conference in Kisumu with a promise from the dept. that I will be refunded the same upon my return, but to date the same has not been honored"*** However , there are isolated cases of partner sponsorship No opportunities for long term trainings (by County Government) A few available but by partners some of the courses are communicated late to staff, with past deadlines Respondents emphasized the need for adequate budget allocation for trainings They further recommended that there is need to have an active training committee at the health department to streamline matter

THEME	RESPONSES
HEALTH FINANCIAL AUTONOMY Sub themes **a) Main source of funding**	Main source of funding staff mentioned were from County government, National government, partners and FIF collected at facility They further stated that the county has got potential to maximize on resource mobilization , but it has not fully exploited this aspect Monies from partners are mostly managed by the partners themselves, and they only implement activities with the GoK staff Funds from County Government (CG) and FIF are not directly received by the facility ***"Much as we are aware that we generate cost sharing fund at the facility, these funds are not invested back to our hospital"*** However the challenge of flow back of funds to lower units is hurting services
b) Control of user fees .	Need for FIF to be returned back to the facilities. Resources should be devolved down to facilities ,both FIF & other sources ,including ownership & control healthcare workers feel they are not part of the budgeting system and highly recommended for the department to allow the facilities participate in the budget process and ensure the same is honored 90% ***"As a facility, we have totally failed to address severe emergency situations including referral of critical maternal cases ,all this due to lack of control of the FIF"*** Healthcare workers do not at all participate in the budgeting process, yet they feel they should have a say as they are the ones on the ground therefore decision making on critical matters with financial implications then becomes difficult
c) Devolution has created enough	Devolution has created resources for implementation of health services, but the implementers have not been up to the task ***" Free maternity service is a perfect course for strengthening***

resources for delivery of essential health services	***maternity services, a product of devolution, but the administrators of this fund in the county have failed to use funds in the anticipated manner"***

THEME	**RESPONSES**
MOTIVATION (REWARDS & RECOGNITION) Sub themes **a) Receive recognition for job well done**	Healthcare workers feel no recognition at place of work & their efforts are not rewarded thus less motivated Respondents suggested there should be some evaluation done, possibly on quarterly basis, to recognize staff effort and reward accordingly. Manageable interventions like scientific conferences which motivated staff are no longer available, as you are forced to meet the costs yourself Healthcare workers feel there is also some bias on staff attending trainings, especially management courses No specific measures in place to motivate and reward staff
. **b) Link between performance and pay**	There is no link between performance and pay. Staff feel they are overworked and some doubling up roles due to shortage On Performance management, the process is not fully adhered to, and is only done for promotion, more of public relation ***"Performance contacting has never been accompanied with resource flow, thus a process in futility"*** Respondents believe if Performance Management is strengthened, can be a good basis for evaluation of staff performance and rewarding them accordingly Even the appraisal process itself, there is a big gap as the new staff have never been fully oriented on the same

c) Chances for promotion	Staff promotion are reactionary, undertaken after pressure as opposed to a continuous and automatic procedure Staffs are promoted without arrears ***"Promotion process should be continuous. and not after interventions by outside forces like unions, including arrears "*** Committee for promotion should be strengthened Human resource management process should be strengthened

THEME	**RESPONSES**
WORK ENVIRONMENT Sub themes **a) State of infrastructure, buildings and equipment s**	Buildings and infrastructure are inadequate and in a sorry state Some departments are forced to share offices, thus no privacy and impacting on job satisfaction Equipment are insufficient , and those available are worn out due to poor maintenance of the same .Transport is grounded, no utility vehicles for activities, no functioning ambulances ***"at times we are forced to conduct official office business under a tree due to inadequate working space"*** Missing of basic services like x-ray services , thus compromising patient care and also there is a feeling of underutilization of skill due to unavailability of needed equipment Sio port feels they are discriminated against due to peripheral location. Poor fence, no utility vehicle, transfers with no replacement
b). Constant availability of supplies	Comparatively, the issue of supplies, especially drugs and non -pharms , have been improving over the last 4 years ***"most of the key supplies were courtesy of FIF, including maintenance of equipment, therefore the state of equipment have deteriorated"*** ***"supplies are erratic, including very basic like patient food ratio"*** Supplies (foodstuff, cleansing material, stationery, drug supply) are not adequate & consistent, thus affecting job satisfaction. The interpersonal r/s between staff is strong and well established

c). constant maintenance of equipment's	There is also no adequate maintenance of equipment. Some key machines are down eg X-rays ***"You cannot offer quality healthcare when even the very basic equipment needed to facilitate your work are broken down"***

The subjects discussed during this FGD were viewed as important and covered issues important to staff views on the mentioned themes vis a vis their job satisfaction.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study's outcomes expound on the findings, the discussions and conclusions as revealed from the research findings.

5.2 Summary of findings

From the research findings it was evident that health approaches influences health worker job satisfaction. On Career advancement, a significant percentage of the interviewees posited that they are able to apply their acquired skills and abilities well at their places of work. A slight majority responded that there are adequate training and education opportunities relevant to their fields that are available at their respective workplace and they feel they have job security, which motivated them to appreciate and love their job. However, a significant majority of the respondents agreed that they are not promoted when due, and this being a key component in career progression, has greatly affected their job satisfaction. On health Finance Autonomy, most of the respondents acknowledged they are aware of the different sources of funds for their respective facilities. However, they stated that as much as they are aware of these funds, the facility is not able to comprehensively access these funds. 92% of the respondents said that they are not in control of the funds that are generated at the hospitals, known as the user fees. A further 71% of the respondents also stated that they are not able to access funds to meet their obligations in times of emergencies. Also, a slight majority responded that for even the funds that are at times allocated to the hospitals, they felt there was no system for tracking and auditing of the same funds.

On whether motivation influences health worker job satisfaction, a majority of the respondents stated that they are never recognized for a job well done, neither are they provided any feedback on progress and performance of their work. They further they said that they do not feel motivated at all after recognition for work done by their supervisor. However, there was a unanimous view that the respondents are accorded respect by their supervisors (52% of the total respondents) .

Another key finding was that 39% of the respondents alluded to the fact that they have been promoted over the past 4 years, while 61% were of the contrary view. Out of the respondents who acknowledged to have been promoted, 85% of them agreed that it had positively impacted on their morale for work, implying that promotion is a key factor in motivating health workers in public hospitals. On work environment, 71.6 % of the respondents stated that they are not satisfied with the state of infrastructure within their facilities, and neither do they have a constant supply of pharmaceuticals and non-pharmaceuticals. A majority also acknowledged they do not have adequate equipment to enable them carry out their workplace tasks. However, from the FGDs conducted, there was a general observation that staff interpersonal relationship at place of work was perfect. On which of the health approaches greatly influenced their job satisfaction, majority of the respondents alluded to motivation (rewards and recognition) as having the greatest impact. On socio-demographic attributes the amount of job satisfaction, the research revealed that only years in public service was significantly associated with levels of job satisfaction, as there was no significance established with health worker cadre, age, gender and facility where based.

5.3 Discussion of findings

From the research findings, it is evident that indeed career advancement influences job satisfaction of healthcare workers in tier 3 facilities. From the responses in the study, more than half, ie 58.6% said there was adequate training in relation to their job description which enhances their career advancement. The study noted that 88.7% of the respondents said they were able to use their abilities well, with a further 61.3 % approving there was indeed opportunity for career advancement. These responses are quite in line with the findings of Ojakaa, Olango & Jarvis (2014) who posits that opportunities to accord persons the hope of developing themselves and a general development in the organizational ranks influence morale. Most healthcare workers gave cognizance to the fact that indeed opportunities for career advancement are available, which has the potential of boosting their workplace morale. From the FGD of this study , it also emerged that the county health department needs to further strengthen its human resource system in holistic, aside from staff striving to train for career advancement. Suggestions included feedback and appreciation on performance, carrying out a comprehensive staff training needs assessment to identify critical gaps as per needs and strengthening the Performance management system, in

line with the observations from a Human resource management Study conducted in Malawi in 2011.

On health finance Autonomy, a significant number of the interviewees pointed out that they were not in control of resources attributed to them. For example, 92% of the respondents admitted to not being able to control user fees generated at the facility, and a significant 71% of them said their institutions are not able to access emergency funds to meet their obligations in instances of occurring emergencies. There was also apathy observed on the side of the new dispensation as 89.5 % has not created enough resources for delivery of essential health services. From the FGD analysis, respondents called for a hasty implementation of the county law that allows the hospitals to retain and control the User fees. This corroborates the observation made by a research carried out by KEMRI and published in the *Standard Newspaper* of 13th August 2017 which noted that health services in the counties have deteriorated, and one of the reasons cited was the lack of control of user fees by the public health facilities in charges to spend , procure supplies independently and freely employ support staff. These observations are also consistent with the observations of Musau, SN et al (1996) who stated that introduction of the cost sharing fee created as treatment fee was a noble initiative because, apart from public hospitals receiving additional share of revenue, it supplemented government allocation and also gave some degree of decision making to the facility managers.

On the influence of motivation on Job satisfaction, the interviewees were required to include their level of agreement with regard to statements linked to recognition. From the responses, 67.1 % of the respondents said that they were not recognized for a job well done. However, when they were asked as to whether they will feel motivated after recognition by their supervisor, 66.5 % agreed with the statement while a paltry 18.8% disagreed with the statement. Significant majority of 56% stated that they are not constantly provided feedback on the progress of their work. According to Armstrong (1996) one of the critical factors that human resource managers must put into practice in any organization, apart from remuneration and benefits, is the issue of recognition and periodic monitoring and feedback on performance. Most of the staff indicated these was not fully embraced by the managers thus affecting their job satisfaction at workplace.78.6 % of the respondents also indicated that that there was no link between

performance and pay. This was because most of them felt they are being over worked and doubling up roles due to the biting staff shortage, and most of them are not compensated for the extra duties. This contradicts a study by Latham and Locke (1996) in their study of timber workers in North America which observed that workers can be motivated merely by setting of goals and feedback on performance, without necessarily financial rewards. 68.1 % of the respondents admitted that they are respected by their supervisors, 22% somehow agreeing with 9.9% disagreeing. The tool also sought to establish whether the healthcare workers had ever been promoted in the last 4 years. Only 39% of the respondents agreed they had been promoted over the period. This is a significant proportion considering promotion is a dynamic, continuous and long process and all persons cannot be promoted at one instance. However, of interest is the fact that out of those who admitted having been promoted, 85% said that it had positively impacted on their performance at work. This is in conformity with Arnold and Boshoff (2001) observation of by providing promotion opportunities at work place, it will impact positively on employee job satisfaction.

On the influence of work environment on job satisfaction, 35.1% & 36.1 % strongly disagree and Disagree respectively with the statement that they are comfortable with the status of infrastructure at workplace. A combined 43.4% of the respondents also disagree that they do have sufficient supplies to carry out their duties. 20.4% and 39.8 % of the respondents strongly disagree and disagree to the statement that they do have the equipment to do their job efficiently. This responses to the statements could be attributed to the fact that the county health department has in the recent past not adequately invested in replenishing basic equipment in hospitals, including stretchers, wheelchairs, nebulizers, and servicing of diagnostic equipment, including lab and radiology equipment. These observations are in agreement with the observations of Fox, (2007) and Griffin, (2012) who noted that provision of insufficient equipment, as well as the unfavourable working atmosphere is revealed to influence employee commitment and the will to continue working for the organization. A combined 52.6% of the respondents also felt that they were not provided with refreshments during breaks at their workplace. However, there were some indicators that a staff responded comparatively positively and agreed with the statements. This included availability of electricity (38.2%) and facilities having neat surrounding (landscaping).

On health approach preference to health worker job satisfaction, 38.2% of the respondents indicated that motivation would greatly affect their levels of job satisfaction. This was followed with work environment at 26.2%, then health finance autonomy at 25.1 % and finally career advancement at 10.5%. this finding is in line with one of the aspects of the Hertzberg two factor theory which states that individuals are not contented with satisfaction of lower end needs like work condition and minimum salary, but looks for gratification in higher level psychological needs like achievement, recognition and responsibility which were the main components in the motivation approach discussed above. This is in line with the observation of Griffin &Kegnel (2012) who stated that when employees are being rewarded , the element of effort recognition is of paramount importance.

On the overall level of job satisfaction, the health workers were required to record their current levels of job satisfaction on five – point likert scale, from completely dissatisfied, not satisfied, moderately satisfied, highly satisfied and lastly completely satisfied. This was later used to interpret the results. 40.3% of the respondents indicated they were moderately satisfied at their workplace currently. Meaning majority of the health workers are moderately satisfied. 23% were highly satisfied,22% were not satisfied,11% were completely dissatisfied and only 3.7% were satisfied. The study revealed that our of the five socio-demographic attributes subjected to bi-variate analysis, only years in service was found to be significant in relation to level of job satisfaction, ie $P<0.05$. Health worker cadre, age, facility where based and gender were not statistically significant. On subjecting years in service in relation to overall job satisfaction to multivariate analysis to establish the ultimate independent factors that were related to dependent factors, it revealed that those health workers who had worked for less than five years were was significantly associated with overall job satisfaction as compared to those who had worked for more than 5 years. The study revealed that those who have worked for less than five years were 11 times more likely to be satisfied than those who had not. The study noted that those new in service were satisfied with their work as compared to the other health workers who had served more years, probably because they appreciated the current system as having offered them an opportunity for employment other than not having a job, which contradicted the findings in a research conducted in Kuwait in 2001 by the State Health department on job satisfaction levels

among healthcare professionals, which revealed that staff with longer working experience tended to be more satisfied with those that had few years of experience.

5.4 Conclusions

The study concludes that career advancement, health finance autonomy, motivation through rewards and recognition, and work environment influences job satisfaction of health workers in tier 3 public facilities in Busia County. The workers strongly expressed their desire to have the control of user fees, which they directly generate from services offered to them , to be urgently reverted back to the their control to enable them respond to emergencies timely. They also appreciated the relevance of having sufficient infrastructure and equipment in enhancing their job satisfaction, and the need for the department to fully embrace performance appraisal as a basis for rewarding performance.

1. The study concludes that career advancement enhances job satisfaction. Much as the opportunities for their advancement were available which impacted on their love for their work, and them having the ability to utilize the skills they currently possess to undertake their duties, the human resource management at the county health department was not offering them the full support, advice and communication in order a majority of them to advance and further build their careers.
2. On health finance autonomy, the study concludes that access to finance , participation in budgeting and execution of the funds, both generated and allocated at the hospital level, enhances health worker job satisfaction. They observed that the cost sharing fund was not currently under the control of the hospitals, and this compromised on their ability to promptly respond to arising emergencies and other obligations arising at the hospital level, in effect lowering their job satisfaction.
3. The study concludes that health worker motivation influences job satisfaction. The study noted that much as majority the health workers agreed that they do receive support from their immediate supervisors, they do not receive adequate recognition for executing their duties appropriately ,neither are they constantly provided with feedback on the progress of their work, and would wish for the strengthening of the performance appraisal process for tracking of their performance.

4. The study draws conclusion that the work environment plays an important role in health worker job satisfaction. Inadequate infrastructure, malfunctioning and lack of equipment and inconsistent supplies were cited as the greatest hindrance to optimal performance by the health workers. However, the staff recognized that the sanitation standards of the surrounding and provision of utilities ,specifically electricity was commendable.
5. Lastly, the socio demographic attributes of staff was noted as having some influence on health worker job satisfaction. The level of satisfaction varied among the different groups of health workers who have served in the department, with those who have served for between 5 to 10 years feeling disenfranchised. The department of Health and Sanitation must thus create a balance in resource distribution and application of human resource practices to the different groups to enhance job satisfaction across the health worker spectrum.

5.5 Recommendations

1. The study thus recommends that the human resource unit at the Department of Health and sanitation should focus on availing opportunities for staff training and promotions. The County Health Department's leadership should provide the health workers in tier 3 facilities the goodwill to exercise their acquired skills in delivery of health services to the clients. The study revealed that career advancement influences health worker job satisfaction. This is because career advancement instills in them the feeling of progression in their work apart from equipping them with skills to enhance their performance
2. The study recommends that the Department of Health and Sanitation should move with haste to implement the Health Services Funding Act of 2016, to pave way for management of the user fees at the hospitals' level. This is because from the study, it was established that failure by the tier 3 public facilities to access cost sharing fund has negatively impacted on the health workers ability to deliver quality services, more so in instances of emergencies. This had partially eroded the passion they have for their work

3. The study highly recommends the strengthening of the performance appraisal and it be implemented in its totality as a basis for rewarding and recognizing staff effort. This is because the study established that motivation through rewards and recognition played a significant role in enhancing health worker job satisfaction. The study noted that majority of the health workers in Busia tier 3 facilities feel they are not recognized not are they rewarded for their deliverables.
4. The study recommends that the County Health Department Busia sets an elaborate plan, with a timeframe , on how to complete initiated buildings and renovations at the the 3 facilities across the county , and secondly develop a procurement schedule over phases on replacing worn out equipment and service contracts for the existing machines, to ensure staff are motivated to work and at the same time enhance patient diagnosis.

   This is after the study established that lack of adequate infrastructure , dilapidated equipment and inconsistent supply of non pharmaceuticals as being the key variables in their work environment , affected their excitement for work at their respective work stations.

Recommendations for further studies

1. The study focused on influence of health approaches on job satisfaction of health workers in tier 3 public hospitals in Busia County. In future, a study should be done in all the tier 3 public hospitals in the country to generalize the study
2. This study also focused only on selected specific aspects of the health approaches which may affect health workers job satisfaction. In future, there is need for a study to be conducted featuring other health approaches aspects like organization commitment, quality of work and compensation and their relationship to health worker job satisfaction.

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APPENDICES

Appendix I Consent form

Informed Consent Agreement

Title of the study: *Health practices effect on job satisfaction of professional health workers in tier 3 facilities in Busia County*

Institution: The University of Nairobi

Location: Busia County

Investigator: Eric Wamalwa

Supervisors

1. Mr Elias Owino

Inclusion Criteria: All consenting healthcare workers at Busia County tier three hospitals

Exclusion Criteria: Unwillingness to give consent for the research to be conducted.

INTRODUCTION:

You are asked to participate in a research study conducted by Eric Wamalwa, a Master student at the University of Nairobi in partial fulfilment of Master of Science degree in Project planning and management. This form tells you about the study. You can ask any questions you have at any time. Being in the study is your choice: This consent form will give you information about the study and the risks. These will be explained to you. Once you understand the study, and if you agree to take part, you will be asked to sign your name on this form or thumb print. Before you learn about the study, it is important that you know the following:

- Your participation in this study is entirely voluntary
- You may decide not to answer questions or withdraw from the study at any time.

PURPOSE OF THE STUDY

The major purpose of this study is to analyze the health practices on job satisfaction among health workers in tier 3 institutions in Busia County.

STUDY GROUPS:

The study groups will comprise of healthcare workers in the tier 3 health facilities in Busia County

QUESTIONAIRE

If you participate, I will ask you some questions. These include questions about your career advancement, financial autonomy of the hospital, rewards, recognition and physical facilities and supplies

PONTENTIAL RISKS AND DISCOMFORTS

There are no foreseen risks, harm or discomforts associated with your participation in this study. In the unlikely event that you sustain injury you will be compensated for the injury sustained

BENEFITS OF THE STUDY

It will generate information which will be useful to the government in formulating necessary policies to put in place in order to improve job satisfaction of health care workers.

COSTS TO YOU

There will be no cost for participating in this study.

DATA SECURITY AND CONFIDENTIALITY

All the information gathered by the researcher will be used in confidence for the sole purpose of this research only. No names of individuals will be written down at any time. Data will be in folders, which will be locked in cabinets for storage throughout the study period. Computer documents will have passwords only accessible to the researcher. The strict data management procedures are intended to ensure confidentiality of the study subjects. Consent will be sought from participants.

NEW FINDINGS

Results will be disseminated to the Busia County government and Government of Kenya.

YOUR RIGHTS AS A STUDY PARTICIPANT

If you have any questions about the study, your rights as a research volunteer, or a research-related injury, you should contact;

Eric Wamalwa

Busia District Hospital

P.O. Box 87

Busia, Kenya

Cell phone Number: +254 722970694

Your statement of consent and signature:

If you have read the informed consent, or had it read and explained to you, and you understand the information and voluntarily agree to join this study, please carefully read the statements below and think about your choice before signing your name or making your mark below. No matter what you decide, it will not affect anything:

- I have been given the chance to ask any questions I may have and I am content with the answers to all of my questions.
- I know that my records will be kept confidential and that I may leave his study at any time.
- I have been told the name, phone number and address of the person to contact in case of an emergency, and this information has also been given to me in writing.
- I agree to take part in this study as a volunteer, and will be given a copy of this informed consent form to keep.

_____

_____

Participant name Participant signature and date

_____

_____

Name of Researcher Signature and date

_____

_____

Name of witness as appropriate Witness's signature and date

NOTE: You are not giving up any legal rights by signing this informed consent document.

□ Participant received a copy.

Appendix II Study questionnaire ''Influence of Health approaches on job satisfaction among healthcare workers, a case of tier 3 public hospitals in Busia County, Kenya'

Respondents Number……

(Tick where applicable in provided spaces)

Section A: Social demographic characteristics

1. Gender
    1. Male ( )
    2. Female ( )
2. Age
    1. <25 ( )
    2. 26-35 ( )
    3. 36- 45 ( )
    4. 46-55 ( )
    5. >55 ( )
3. Profession/Cadre
    1. Clinician (Doctors, dentist and Clinical Officers) ( )
    2. Pharmacist ( )
    3. Nurse ( )
    4. Laboratory Technologist ( )
    5. Radiographer ( )
    6. Nutritionist ( )
    7. Others.....
4. Years in Public service
    1. <5 years ( )
    2. 5-10 years ( )
    3. 11-15 years ( )
    4. 16-20 years ( )
    5. >20 years ( )
5. Position of management (facility in charge or facility departmental in charge)
    1. Yes ( )
    2. No ( )

6. Name of facility where stationed

Facility	Tick where applicable
Busia County referral hospital	
Teso District Hospital ,Kocholia	
Port Victoria Sub county Hospital	
Alupe Sub County hospital	
Khunyangu Sub County hospital	
Nambale Sub County Hospital	
Sio port Sub County Hospital	

Section B: Career Advancement

1. Is there an adequate training in your job activity? Yes ( ) No ( )
2. Are there growth opportunities in your health facility? Yes ( ) No ( )
3. Is there a career path in your health facility Yes ( ) No ( )
4. Are there chances of learning new things? Yes ( ) No ( )
5. Do you use abilities? Yes ( ) No ( )
6. Do you have opportunity for advancement in your career? Yes ( ) No ( )
7. Are there opportunities for training/education? Yes ( ) No ( )
8. Do you have a job security? Yes ( ) No ( )
9. Are you promoted when due? Yes ( ) No ( )
10. Do you get support from supervisors? Yes ( ) No ( )
11. Have you undergone any training relevant to your career advancement over the 4 years Yes ( ) No ( )

Section C: Health financial autonomy

12. What are the main sources of funds for the hospital

    User fees collected at the facility Yes ( ) No ( )

    Funding from the central government Yes ( ) No ( )

    Funding from the county government Yes ( ) No ( )

    Reimbursement from health insurance Yes ( ) No ( )

13. Are there policies guiding receiving and implementation of funds from national government and other stakeholders? Yes ( ) No ( )
14. Is there diversity in means of generating of financial resources to meet health needs Yes ( ) No ( )
15. Is there mobilization of funds from stakeholders e.g. donor funds, Public-Private partnerships Yes ( ) No ( )
16. Does this facility able to control and use user fees (FIF) Yes ( ) No ( )
17. Is this facility accessible to emergency funds Yes ( ) No ( )
18. What is the turnaround time for this fund? 1hr ( ) 12hrs ( ) 24hrs ( ) 48hrs ( )
19. Is there a system for tracking and auditing the funds Yes ( ) No ( )
20. Do you think devolution of health has created enough resources for delivery of essential health services Yes ( ) No ( )
21. In your opinion what are the main challenges facing delivery of health services under the devolved system

    ……..

    ……..

    ……..

    ……..
22. Are you aware of any plans by the county to address the challenges mentioned above Yes ( ) No ( )

Section D: Work Environment

To what extent do you agree with the following statements	**1 Strongly disagree**	**2 Disagree**	**3 Somehow agree**	**4 Agree**	**5 Strongly agree**
1. I am comfortable with the state of infrastructure (buildings and installations)					
2. I have the supplies to do my job well and safely (needles, bandages, gauze....)					
3. There is constant supply of non-pharms					
4. I have the equipment to do my job well and efficiently (ultrasound, blood pressure cuffs, diagnostic equipment's					
5. The facility has good access to drugs and medication					
6. At work place , i have access to safe, clean water					
7. At work place, i have good access to electricity					
8. I am provided with refreshments during breaks at place of work (eg staff tea,etc)					
9. I am provided with ample space for parking space for my vehicle/ motorbike/bicycle					
10. There is constant maintenance of equipment's and machines					
11. Safe means of disposal					
12. Availability of personal protective devices (gloves, face mask, boots, lab coats)					
13.The physical surrounding (neatness, flowers, land scapping, paint).					

Section E: Motivation - Rewards and Recognition

To what extent do you agree with the following statements	**1 Strongly disagree**	**2 Disagree**	**3 Somehow agree**	**4 Agree**	**5 Strongly agree**
1. I receive recognition for a job well done					
2. I Participate in the supervisory decisions that affect my job					
3. I am constantly provided feedback on progress of my work					
4. There is link between performance and pay					
5. I am at liberty to make decisions on my daily work and to act on them					
6. Fringe benefits received					
7. Additional remuneration for work					
8. Provision of a work environment free of intimidation and interference					
9. My opinion seems to matter at work , i am respected					
10. Good conflict resolution at work					
11. I am fairly evaluated on my work					
12. Respect received from the supervisor					
13. Respect received from junior					
14. Chances of promotion					

15. Have you ever been promoted over the last four years Yes ( ) No ( )

16. If yes, has it impacted on your performance at work Yes ( ) No ( )

Section F: Levels of Job satisfaction

a) From the stated approaches below, kindly indicate by circling **(1)** that you believe if addressed will MOST affect your level of satisfaction:

1. Career Advancement [ ]
2. User fees autonomy [ ]
3. Motivation [ ]
4. Work Environment [ ]

b) On the overall, how currently are satisfied are you with your Job?

1) completely Satisfied [ ]
2) highly satisfied [ ]
3) Moderately Satisfied [ ]
4) Not satisfied [ ]
5) Completely Dissatisfied [ ]

Appendix III FOCUS GROUP DISCUSSION AND GUIDE FOR HEALTH CARE WORKERS

Name of Facilitator ……Name of Note taker ……...……

Date……..Place of discussion …….

Time discussion started…… ……Time ended…….……..…

Number of Participant ……..

Profession of participants, Clinicians……..Pharmacists……Nurses……..

Laboratory technologists ……Radiographers……Nutritionists……Others……

Age of participants, <25 yrs.……26-35 yrs…..36-45 yrs. …….46-55yrs…… >55……

Male…… Female……

Introduction of moderators, note takers, participants and introduction of the objective of the discussion and topics

My name is Eric Wamalwa and I am a student of UON. Before we start I would like to welcome you to this meeting and thank you all for coming. This is a participation and discussion group for all of you and everybody has an equal opportunity to contribute to the discussion. Let me encourage you to speak your minds freely and that there are no right or wrong answers in this discussion. However due privacy and confidentiality issues, we shall not use your names for this meeting. At the end of the discussion, the contributions will be treated as having come from the group and not an individual.

I have with me an assistant who will help me record the points that you will be sharing as I may not be able to talk listen and write at the same time. We have also brought with us a tape recorder to record this discussion because sometimes we talk faster than he can write and we would not want to miss anything. Let me assure you that the recording will only be for my own use when I'm writing out the full report. You are free to choose either to participate or not to participate

I am interested to know about the work environment, health manager's practices, health governance policies and possible interventions.

I expect our discussion to last about 30 minutes.

Thank you

1. Career advancement
    a) Are there growth opportunities in your health facility?

b) Is there a career path in your health facility?
c) Are there opportunities for training/education?

2. Health financial autonomy
    a) What are main source of funding for this facility?
    b) Does the facility able to control and use user fees?
    c) Do you think devolution of health has created enough resources for delivery of essential health services?
3. Rewards and recognition
    a) Do you receive recognition for a job well done
    b) Is there a link between performance and pay
    c) Are there chances of promotion
4. Physical facilities and supplies

What is state of infrastructure, buildings, equipment and supplies

Is there constant availability supplies, drugs, needles, bandages, gloves face mask etc.?

Is there constant maintenance of equipment's?

Do you have any questions for me? If anyone would like to speak with me in private, I will stay here after we have completed the discussion.

Thank you all for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion will be to know about the situation of non-monetary motivation and the problems you are facing. I hope this study will help to fully address the problems and improve the working conditions.

Thank you for your participation