JOB SATISFACTION AMONG WORKERS IN CHURCH SPONSORED HOSPITALS IN KENYA. THE CASE OF SELECTED HOSPITALS IN EASTERN PROVINCE

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A MANAGEMENT RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION (MBA), UNIVERSITY OF NAIROBI
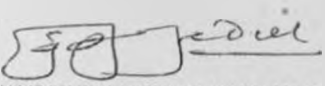
September 2009

DECLARATION

STUDENT'S DECLARATION

I, the undersigned do hereby declare that this is my original work and has never been presented to any university or college for academic credit.
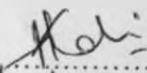
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SUPERVISOR'S DECLARATION

This project has been submitted with my approval as the University supervisor.

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i

DEDICATION

To my dear wife Veronica, my children Vicky, Max and Moses and my mother Magdalene for their understanding and support.

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I am greatly indebted to the many people who made this research possible. I salute my wife and children for being there for me and bearing with me during the long hours of absence from their midst; my brother and his family for hosting me during the whole period of study and my classmates at the University of Nairobi for their moral support.

I also acknowledge the guidance of my supervisor, Ms. Florence Muindi. May God grant you enough grace to support others.

Above all, I thank God for granting me the energy and will to persevere through the long process of the study.

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

CHAPTER TWO: LITERATURE REVIEW

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

CHAPTER FIVE: SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS.

LIST OF TABLES AND FIGURES

ABBREVIATIONS:

FBHS   – Faith Based Health Services

CBHC   – Community Based Health Care

GoK   – Government of Kenya

CHAK   – Christian Health Association of Kenya

KEC-CS   – Kenya Episcopal Conference – Catholic Secretariat

MCH   – Maternal Child Health

HIV   – Human Immuno-deficiency Virus

AIDS   – Acquired Immune Deficiency Syndrome

NGOs   – Non-Governmental Organizations

MSQ   – Minnesota Satisfaction Questionnaire

JDI   – Job Descriptive Index

SACCO   – Savings and Credit Co-operative

ABSTRACT

The objectives of this study were to find out whether employees in Church sponsored Hospitals in Kenya are satisfied in their jobs or not and also to identify factors that influence job satisfaction among these employees.

Forty questionnaires were administered to employees of the sampled hospitals selected from all departments and across ranks. The sampled employees formed 15.4% of the total number of employees in the sampled hospitals. Thirty eight questionnaires were filled and returned giving a response rate of 95%. Two questionnaires representing 5% of the respondents did not return their questionnaires.

The study found out that majority of the workers in Church sponsored hospitals in Kenya are satisfied (49%) while the dissatisfied lot represents a minority of around 18%. The employees were also satisfied with most of the aspects that characterize their jobs. They were especially very satisfied with the chance their jobs gave them to be recognized in the community and also the opportunity given to them to make use of their abilities. It was found that only a few aspects of their jobs dissatisfy them namely; the amount of pay received compared to the work they do, the way they are handled by their supervisors and the lack of freedom to use their own judgment as they execute their duties.

The study also identified the factors affecting job satisfaction among these employees. The factors affecting job satisfaction most were responsibility, supervision and leadership, stress and promotion opportunities. A factor analysis conducted on the data revealed that the factors affecting job satisfaction among church sponsored hospitals could be grouped into four main-categories namely; interpersonal relations, employee rewards, the work itself and social factors. It was also found that the size of the hospital, age of the employees and the work content did not affect employee job satisfaction.

CHAPTER ONE: INTRODUCTION

1.1 Background

Job satisfaction is a pre-requisite for employee performance in any organization. It is important for both the employee and the employer. For the employee, job satisfaction gives them a sense of security and fulfillment. In return, it leads to employee commitment, decreased absenteeism and reduced employee turnover. For the employer, employee job satisfaction ensures committed staff and stable workforce which reduce cost of recruitment and training. According to Stogdill (1962), successful organizations consider worker morale and job satisfaction an output just as important as productivity.

Wikipedia, the free encyclopedia, asserts that one of the biggest preludes to the study of job satisfaction was the Hawthorne studies. These studies (1924-1933), primarily credited to Elton Mayo of the Harvard Business School, sought to find the effects of various conditions (most notably illumination) on workers' productivity. These studies ultimately showed that novel changes in work conditions temporarily increase productivity (called the Hawthorne Effect). It was later found that this increase resulted, not from the new conditions, but from the knowledge of being observed. This finding provided strong evidence that people work for purposes other than pay, which paved the way for researchers to investigate other factors in job satisfaction.

Scientific management (also known as Taylorism) also had a significant impact on the study of job satisfaction. Frederick Winslow Taylor's 1911 book, Principles of Scientific Management, argued that there was a single best way to perform any given work task. This book contributed to a change in industrial production philosophies, causing a shift from skilled labor and piecework towards the more modern approach of assembly lines and hourly wages. The initial use of scientific management by industries greatly increased productivity because workers were forced to work at a faster pace. However, workers became exhausted and dissatisfied, thus leaving researchers with new questions to answer regarding job satisfaction.

Some argue that Maslow's hierarchy of needs theory, a motivation theory, laid the foundation for job satisfaction theory. This theory explains that people seek to satisfy five specific needs in life – physiological needs, safety needs, social needs, self-esteem needs, and self-actualization. This model served as a good basis from which early researchers could develop

job satisfaction theories. (From Wikipedia, the free encyclopedia. Retrieved on 10th February 2009).

With the current competition within the health sector, church sponsored hospitals cannot afford to have dissatisfied staff. The improvement of healthcare in public health facilities has presented the mission hospitals with a very stiff competition which can only be countered by satisfied staff.

1.1.1 Job Satisfaction

According to Spector (1997), Job satisfaction can be defined as the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. Broom (1972) defines job satisfaction as "a positive orientation of an individual towards the work role, which he is presently occupying". He further states that other related variables include achievement, advancement, job enhancement, job enrichment and teamwork.

Job satisfaction is a potential determinant of absenteeism, turnover, in-role job performance and extra-role behaviors. (Locke, 1976). According to Cranny, et al (1992), job satisfaction is an effective reaction to a job that results from the employee's comparison of actual outcomes with those that are desired. Locke (1976) equates job satisfaction to morale of workers.

Argyris, (1976) considered the relationship between job satisfaction and opportunities for workers to provide feedback to supervisors and found that job satisfaction increased as opportunities to provide feedback increased. When supervisors' basic values are similar to those of their subordinates, job satisfaction can increase (Locke, 1976). Personality similarities between supervisors and subordinates have also been linked to job satisfaction (Rhodes & Hammer, 2000).

Factors that influence job satisfaction include pay, promotion, recognition, working conditions, supervision and leadership, skills and abilities, organizational policies and procedures. Bavendam (2000) identified six factors that cause job satisfaction; opportunity, stress, leadership, increases in relative strength, work standards, fair reward and adequate authority.

1.1.2 Church Sponsored Hospitals in Kenya

Most of the health infrastructure in Kenya was put into place by the independence government from 1963 like in most parts of the post-colonial Africa as part of the popular nation building efforts. Prior to this, the organization and provision of health care and other welfare services during the colonial era in Africa had been dominated by voluntary organizations typically, Church Missions and Societies particularly in the rural areas (Mburu1989; Vogel and Stephens, 1989). In most rural areas Church Institutions were the first providers of health services and have remained in some cases the main or sole provider ((Mburu1989; Vogel and Stephens, 1989). This was also the case with education and other social welfare and economic training and development. On the eve of independence in 1963, for example, 90 percent of the schools were connected to one or the other of the churches. The same was true of health services, vocational training and most of the welfare services, which were executed through thousands of local and special church organizations throughout the country. The 1980s marked a radical turning in planning the organization of health care in the developing world as the neo-liberalization of health and social policies took hold. (Helen and Jauho, 2002). To a great extent, liberalization through structural adjustment programmes (SAPS) in sub Saharan Africa in the 1980s and 1990s defined public sector development in the continent (Mwabu, 1998).

The motivation for the Church's investment and involvement in health care for the poor, vulnerable, disadvantaged and otherwise under-served communities in Kenya is in response to the example and commissioning of Christ to go out to preach, teach and heal the sick. Although the Church has been a dependable partner of the Government in health service delivery and shares in the vision of the Government to reach all Kenyans with quality and affordable services, faith based facilities experience numerous challenges in their endeavor to provide care and healing to the sick. (CHAK, 2007). According to the report, one of the key challenges facing Church based health facilities is Human Resource retention, development and motivation. Brain drain and movement of health workers from sector to sector has made it difficult for church health facilities to retain staff. The peak of human resource crisis in mission health facilities in Kenya was in 2006 when the Ministry of Health conducted several recruitments, which contributed to depleting of the work force in even the largest church hospitals. Over 75 per cent of nurses in some major hospitals were short-listed for the MOH jobs. Faith-based health service providers raised the alarm with the Permanent Secretary in the Ministry of Health who noted the potential threat and initiated consultation for action.

3

Most churches running health services inherited the facilities from missionaries together with their vision and mission. They continue to operate on the basis of Christian values and principles in the provision of health services. Their governance and administrative systems largely draws from both the clergy and the persons working within their healthcare structures and programmes. Appendix III shows a list of Churches that have sponsored hospitals in Kenya

As at 2006, FBHS were operating a total of 836 health facilities in the country comprising large (secondary) and medium (primary) referral hospitals, health centers and dispensaries. In addition, there were also 104 community based health care (CBHC) programs. (refer to table 1 below).

Table 1. Health care institutions by ownership (Government, Christian Health Association of Kenya and Kenya Episcopal Conference- Catholic Secretariat)

Institution type	GoK	CHAK	KEC-CS	CHAK/KEC
Hospital	147	24	45	69
Health centers	460	48	92	140
Dispensaries	1630	324	282	593
Community based health care programs		58	46	98
Total	2237	454	465	900

Source: *Distribution of Heath Facilities in Kenya, 2006*

The number of health services belonging to the Faith Based Organizations makes a sizeable component of the country's health system. The proportion is much higher particularly in remote areas where government institutions may be few.

1.2 Statement of the problem

A meeting of African Christian Health Associations held in Bagamoyo, Tanzania in January 2007 identified shortage of Human resources as one of the major challenges facing faith

based health services in the continent today (CHAK, 2007). This Human Resource challenge has manifested in various ways including: High turnover as skilled workers migrate from faith based health services to the Ministry of Health, NGOs and the private sector; imbalance in terms and conditions of service between faith based organizations and the Government; inequitable distribution of resources between rural and urban areas which has led health workers to migrate to or remain in urban areas which are perceived to have more opportunities; workers in mission health facilities feel they are overworked, a fact that can be attributed to human resource shortage and demands that they multi-task; lack of or inadequate Human Resource policies; lack of career development opportunities and lack of amenities for families in the rural areas.

Several researches have been conducted on employee job satisfaction. Maluva (1993) worked on probable causes of job dissatisfaction among the University of Nairobi Library workers, Okoth (2003) surveyed on the factors that determine the level of job satisfaction among teachers in the top ranking private secondary schools in Nairobi, Mukandara (2006) explored on job satisfaction of Grades A-F employees of the University of Nairobi while Khainga (2006) surveyed on job satisfaction and organization commitment among customer care representatives at Safaricom Ltd.

Although these and other researches on job satisfaction have been done targeting many sectors, none to the best of my knowledge has been done targeting church sponsored hospitals. This study was therefore aimed at establishing the level of job satisfaction among employees of church sponsored hospitals in Kenya.

1.3 Objectives of the Study

i.   To explore the level of job satisfaction among employees of Church sponsored Hospitals.
ii.   To identify factors that influence job satisfaction among employees of Church sponsored hospitals.

1.4   Importance of the Study

i.   The respective Management teams of church sponsored hospitals will use the findings to appreciate their good practices in order to strengthen them and also identify areas where improvement is required.

ii.   Managers in other hospitals and other sectors will use the findings as a benchmark to compare with their current practice and borrow a leaf with a view to improving job satisfaction in their respective organizations.

iii.   Academicians will use the findings to broaden the concept of job satisfaction and also as a basis for further research on the topic.

CHAPTER TWO: LITERATURE REVIEW

2.1 Job Satisfaction

Okoth L.A. (2003) defines Job satisfaction as a positive state, resulting from the appraisal of one's job experiences. Herzberg's two-factor theory of motivation is based on the assumption that individuals have needs that can be grouped into two: one contains factors that lead to extreme satisfaction/motivators: achievements, recognition, work itself, responsibility, advancement and possibility of growth and the second contains factors that lead to extreme dissatisfaction/hygiene factors: company policy and administration, supervision, peer relations, working conditions, status, job security and salary.

According to Gumato (2003), job satisfaction is the extent to which employees favorably perceive their work. High job satisfaction indicates a strong correlation between an employee's expectations of the rewards accruing from a job and what the job actually provides. Workers who are satisfied in their jobs will be co-operative and well motivated while those who are dissatisfied will be more inclined than others to produce low quality output, go on strike, be absent from work, invoke grievance procedures or even leave the organization.

Bavendum (2000), argues that increasing job satisfaction is important for its humanitarian value and for its financial benefit due to its effect on employee behavior. He notes that employees with higher job satisfaction: believe that the organization will be satisfying in the Long run; care about the quality of their work; are more committed to the organization; have higher retention rates and are more productive

Gareth (1998), portends that job satisfaction can be defined as a collection of feelings and beliefs that managers have about their jobs. She further argues that managers, who are high in job satisfaction generally like their jobs, feel that they are being fairly treated and believe that their jobs have many desirable features such as interesting work, good pay and job security.

According to Bulitia (2006), managing human capital in an environment characterized by downsizing, right sizing, re-engineering, technological innovation and global competition is increasingly challenging for organizations. He further argues that in ensuring that employees participate and contribute towards the implementation of organizational goal(s) and achieve

competitive edge in the industry, the manager's supervision styles need to be well thought and directed towards employee job satisfaction.

Rhodes & Hammer, (2000) notes that among the most important values or conditions conducive to job satisfaction are: mentally challenging work with which the individual can cope successfully; personal interest in the work itself; work which is not too physically tiring; rewards for performance which are just, informative and in line with the individual's personal aspirations; working conditions which are compatible with the individual's physical needs and facilitate the accomplishment of his work goals; high self esteem on the part of the employee; agents in the workplace who help the employee to attain values such as interesting work, pay and promotions, whose basic values are similar to his own, and who minimize role conflict and ambiguity".

Job satisfaction can also be defined as the favorableness or unfavorableness with which employees view their work (Lawler III 1971). Job satisfaction mainly looks at the extent to which employees have positive or negative attitude towards their work. An attitude is an individual employee's feeling (satisfaction, indifference or dissatisfaction) towards a specific situation, object or person. Job satisfaction is the net result of the good or poor attitude held by an individual employee at a given period of time. It is subject to swings from one extreme to the other but usually reverts to a fairly stable level that can be good or poor. (Mwaura, 1993)

According to Luthans (1992), job satisfaction is a result of employees' perception of how well their job provides those things which are viewed as important. Syptak, Marsland and Ulmer (1999) states that few organizations placed job satisfaction as a top priority because they failed to understand that satisfied employees tended to be more productive, creative and committed.

Wikipedia, the free encyclopedia defines job satisfaction as a pleasurable emotional state resulting from the appraisal of one's job; an affective reaction to one's job; and an attitude towards one's job. Weiss (2002) has argued that job satisfaction is an attitude but points out that researchers should clearly distinguish the objects of cognitive evaluation which are affect (emotion), beliefs and behaviors. This definition suggests that we form attitudes towards our jobs by taking into account our feelings, our beliefs, and our behaviors.

Herzberg (1959) emphasized that he was researching on the overall satisfaction of the worker. He concluded that workers derived satisfaction (and hence motivation) from achievements that are centered on job content such as: Responsibility, autonomy, self esteem or self actualization, leadership, and a challenging job.

It should however be noted that "a worker may be extremely satisfied with a job but still perform badly (Beneth 1998). The fact is that sometimes satisfied employees perform better and sometimes they do not (Bruce W. & Blackburn J. 1992)

Graham and Bennet (1998) notes that though common sense might lead us to expect that a worker who finds a job satisfying would produce more than the one who is not satisfied, investigations have shown that productivity and satisfaction are not related. From the employee's point of view, work brings many kinds of rewards; money, friendship, status and achievement among others. In some circumstances, working harder may increase these rewards; in others it may reduce them. Status and achievement that might be expected to favor higher productivity are needs which have little appeal to some employees, or are needs which they do not expect to satisfy at work. It is possible for employees to work hard in jobs they dislike because they fear dismissal or are attracted by a high level of pay, or simply find hard work the best way of making the time go quickly. On the other hand, many employees in particular professional and skilled workers and those who have a moral involvement in their jobs, combine job satisfaction with high productivity, perhaps because they are motivated by loyalty towards a profession, craft or ideal rather than towards an employer.

2.2 Dimensions of Job Satisfaction

Job satisfaction is divided into two aspects; first internal-role working condition with a focus in job specific attitudes such as resources available, equity consideration, training, existence of grievance and discipline system, pay, safety and benefits. Second , external-role interpersonal relations such as employee communication, supervisory communication, managerial concern for employee, career goals and performance appraisal which are all top organizational systems or environmental issues. This is test of after Herzbergian two factor maintenance and Motivational-approach. (American Political Science Association, 2008)

Early scholars identified two main sources of motivation to work. One being the job as an end in itself and the other was the end towards which the job provides the means. The two

were classified as intrinsic satisfaction and extrinsic satisfaction. Intrinsic satisfaction means deriving the satisfaction of one's needs and therefore one's motivation from the work itself. This concept was advanced by scholars such as Abraham Maslow in his "Hierarchy of needs Theory" in 1945, Fredrick Herzberg in his "Two-factor Theory" in 1959 and Clayton Alderfer in his ERG (Existence, relatedness and growth) theory in 1972. Extrinsic satisfaction means deriving satisfaction of needs using work as a means to an end; it is also sometimes termed an instrumental approach. Work provides individuals with money, which enables them to obtain satisfaction, so money, not the satisfaction of the job is the main motivator according to the proponents of this view. The proponents include F.W. Taylor, sometimes referred to as the father of scientific management and the Luton Studies carried out among can workers in Luton in the late 1960s.

Herzberg (1959) theorized that employee satisfaction depends on two sets of issues: "hygiene" issues and motivators. Once the hygiene issues have been addressed, he said, the motivators create satisfaction among employees. Hygiene issues (dissatisfiers) such as; Company and administrative policies, supervision, salary, interpersonal relations and working conditions decrease employees' dissatisfaction with the work environment. On the other hand, Motivators (satisfiers) such as; work itself, achievement, recognition, responsibility and advancement make workers more productive, creative and committed. Luthans, (1992) argues that there are three important dimensions to job satisfaction. First, job satisfaction is an emotional response to a job situation. As such it cannot be seen; it can only be inferred. Second, job satisfaction is often determined by how well outcomes meet or exceed expectations. Third, job satisfaction represents several related attitudes.

Smith, Kendall and Hulin have suggested that there are five job dimensions that represent the most important characteristics of a job about which people have affective responses. These are: The work itself, referring to the extent to which the job provides the individual with interesting tasks, opportunities for learning and the chance to accept responsibility; Pay or the amount of financial remuneration that is received and the degree to which this is viewed as equitable vis-à-vis others in the organization; Promotion opportunities, meaning the chances for advancement in the hierarchy; Supervision referring to the abilities of the superior to provide technical assistance and behavioral support and finally Co-workers meaning the degree to which fellow workers are technically proficient and socially supportive.

2.3 Factors that influence Job Satisfaction

The most common determinants of job satisfaction includes race, age, working conditions, control of work, establishment size, financial rewards, public image of the work place, promotion opportunities, work content and attitudes of the co-workers. (Futrell, 1979). Bowen, Radhakrishna, and Keyser (1994) found significant relationships between job satisfaction and commitment to cooperative extension, concluding that one does not exist without the other. To ensure high levels of job satisfaction, administrator's need to know and understand what their employees want from work to develop better in-service training programs designed to enhance job satisfaction and reduce job dissatisfaction.

In his research, Bavendam (2000) identified six factors that influence job satisfaction: the first of which is opportunity. Employees are more satisfied when they have challenging opportunities at work. This includes chances to participate in interesting projects, jobs with a satisfying degree of challenge and opportunities for increased responsibility. Second is stress. When negative stress is continuously high, job satisfaction is low. Jobs are more stressful if they interfere with employees' personal lives or are a continuing source of worry or concern. Leadership is the third factor. Employees are more satisfied when their managers are good leaders. This includes motivating employees to do a good job, striving for excellence or just taking action. The fourth is work standards. Employees are more satisfied when their entire work group takes pride in the quality of their work. The fifth factor is fair rewards. Employees are more satisfied when they feel they are rewarded fairly for the work they do. Consider employee responsibilities, the effort they have put forth, the work they have done well and the demands of their jobs. The sixth factor is adequate authority. Employees are more satisfied when they have adequate freedom and authority to do their jobs.

According to Tom Terez, [http://BetterWorkplaceNow.com] speaker, workshop leader, workplace consultant, and author of 22 Keys to Creating a Meaningful Workplace, the following criteria are most important in determining job satisfaction: acknowledgment, balance, challenge, dialogue, direction, equality, fit, flexibility, informality, invention, oneness, ownership, personal development, purpose, relationship building, relevance, respect, self-identity, service, support, validation and worth. Terez stated, "Each of us has a set of factors that, for us, is what we need to have a meaningful work experience. It's much like the

set of keys we carry with us at all times. For one person, the top three keys might be a deep sense of purpose, an open field to be inventive, and opportunities to build relationships. Another person's top three keys might include ownership, abundant challenges, and a good fit in the organization."

In her study, Blegen (1993) sought to describe the magnitude of the relationships between nurses' job satisfaction and the variables most frequently associated with it. A meta-analysis of data from 48 studies with a total of 15,048 subjects revealed that job satisfaction was most strongly associated with stress (-.609) and organizational commitment (.526). Seven variables had correlations between .20 and .50: communication with supervisor, autonomy, recognition, routinization, communication with peers, fairness, and locus of control. Four other variables frequently included in these studies had low correlations (less than .20): age, education, tenure, and professionalization.

The Conference Board (2003) states that U.S. job satisfaction levels hit an all time low in 2003 and had been on a steady decline since 1995. This report stated that as technology transformed the workplace and accelerated the pace of activities, workers were steadily growing unhappier with their jobs. A follow-up report (The Conference Board, 2005) concluded that this downward slide was continuing. This survey found that job satisfaction had declined across all income brackets over the last nine years and only 17% of lower income workers (workers earning less than $15000) expressed a strong level of satisfaction.

According to Luthans (1992), the major factors influencing job satisfaction can be summarized by recalling the dimensions; pay, the work itself, promotion, supervision, the work group and working conditions. Regarding pay, he argues that wages are a significant factor in job satisfaction. Money not only helps people attain their basic needs but is instrumental in providing upper-level need satisfaction. Employees often see pay as a reflection of how management views their contribution to the organization. In regard to the work itself, he states that the content of the work itself is a major source of satisfaction. Some of the most important ingredients of a satisfying job uncovered by surveys include interesting and challenging work, work that is not boring and a job that provides status. Concerning promotions, he argues that promotional opportunities seem to have a varying effect on job satisfaction. This is because promotions take a number of different forms and have a variety of accompanying rewards. For example, individuals who are promoted on the basis of seniority often experience job satisfaction but not as much as those who are promoted on the

basis of performance. With regard to Supervision, he maintains that there seem to be two dimensions of supervisory style that affect job satisfaction. One is employee- centeredness. This is measured by the degree to which a supervisor takes a personal interest in the employee's welfare. The other dimension is participation or influence as illustrated by managers who allow their people to participate in decisions that affect their own jobs. In explaining work group as a factor affecting job satisfaction, he argues that friendly, co-operative co-workers are a modest source of job satisfaction to individual employees. The work group serves as a source of support, comfort, advice and assistance to the individual worker. With regard to working conditions, if they are good (clean, attractive surroundings for instance), the personnel will find it easier to carry out their jobs. If the working conditions are poor (hot, noisy surroundings for example), personnel, will find it more difficult to get things done.

In response to the Human Resource challenge in faith based health facilities, Maua Methodist Hospital asserts that a credit union plays a key role in enhancing employee job satisfaction. In an article titled "Staff Motivation and Retention through Credit Union" the Hospital Administrator who is also the chairman of Maua Methodist Hospital SACCO argues that the SACCO has contributed to staff motivation and retention through: economic empowerment, education for staff children through school and college fees loans, social support through welfare, team building through sporting activities and social events, banking services within the hospital compound, loans and salary advances, sharing of profits in the form of dividends, acquisition of assets through loans, mortgage for house ownership, investment opportunities, micro-finance to spouses who are unemployed, educational tours for staff children, Christmas holiday savings among other benefits. (CHAK, 2007)

2.4 Measures of Employee satisfaction/dissatisfaction

Herzberg, Mausner and Synderman (1967) claimed that one of the major reasons for measuring job satisfaction is to answer the question, "what does the worker want from his/her job?" and that the answer to this question will assist management in discovering new methods of motivating employees. Employees that have a high job satisfaction care more about the quality of their work and, therefore are more committed to their organization (Scott, 2004). Wikipedia, the free encyclopedia, asserts that job satisfaction is a very important attribute

which is frequently measured by organizations. The most common way of measurement is the use of rating scales where employees report their reactions to their jobs. Questions relate to rate of pay, work responsibilities, variety of tasks, promotional opportunities the work itself and co-workers. Some questioners ask yes or no questions while others ask to rate satisfaction on a 1-5 scale (where 1 represents "not at all satisfied" and 5 represents "extremely satisfied"

Albuquerque (1999) notes that employee retention and turnover are the most objective measures of employee satisfaction/dissatisfaction in organizations. Okoth (2003) argues that creating an environment in the work place that results in employee feeling better about themselves when they are at it, than they are not, results in similar love of their work. She further states that work environment that constantly raises an employee's self esteem above that she/he experiences anywhere else in life will be where she/he most desires to spend their time and yields very high employee satisfaction with their job and costs next to nothing. According to Blunt (1990), once one has been selected to a job, the major yardstick of whether or not he actually "fits" the job in question are his subsequent performance and the degree to which he reports being satisfied with his work.

Luthans (1992), argues that since job satisfaction is an attitude, it cannot be directly observed and therefore must rely on the employees' self reports. According to him, some of the most common ways of measuring job satisfaction are rating scales{ for example the Minnesota Satisfaction Questionnaire (MSQ) and the Job Descriptive Index (JDI)}, critical incidents, interviews.and action tendencies. He offers the following explanation on each of the method:

2.4.1 Rating scales.
One of the most popular is the Minnesota Satisfaction Questionnaire (MSQ). This instrument provides a detailed picture of the specific satisfactions and dissatisfactions of employees.

Another popular rating scale is the Job Descriptive Index (JDI). It measures the dimensions identified by Smith, Kendall and Hulin in the five points. It has been widely by organizational behavior researchers over the years and provides a broad picture of employee attitudes toward the major components of jobs.

Still another popular instrument is the Porter Need Satisfaction Questionnaire (NSQ). It is typically used for management personnel only. The questions focus on particular problems and challenges faced by managers.

Rating scales offer a number of important advantages in measuring job satisfaction. One is that they are usually short and can be filled out quickly and easily. Another is that they tend to be worded in general language so that they can be used with employees in many different types of organizations. A third is that because they have been so widely used in research, there is usually normative data available so that the responses can be compared with those of employees in other organizations who have taken the test in previous years.

2.4.2 Critical Incidents:
This technique was popularized by Fredrick Herzberg. He and his colleagues used it in their research on the two factor theory of motivation. Employees were asked to describe incidents on their job when they were particularly satisfied and dissatisfied. These incidents were then content analyzed in determining which aspects were most closely related to positive and negative attitudes.

2.4.3 Interviews:
This approach allows for an in-depth exploration of job attitudes. If the respondents says something that the interviewer does not understand or would like to learn more about, the interviewer can follow up with additional questions.

2.4.4 Action tendencies:
Action tendencies are the inclinations people have to approach or to avoid certain things. By gathering information about how they feel like acting with respect to their jobs, the job satisfaction can be measured.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Research Design

The research was a descriptive case study. Kothari (2004) notes that descriptive research includes surveys and fact-finding enquiries of different kinds. He further argues that the major purpose of descriptive research is description of the state of affairs as it exists at present. The main characteristic of this method is that the researcher has no control over the variables; he can only report what has happened or what is happening.

3.2 Population and Sample frame

Due to time, red tape and financial constraints, the researcher selected a sample from the entire population of church sponsored hospitals in Eastern province (Appendix IV). Simple random sampling was employed and three hospitals (Maua Methodist Hospital, Consolata Hospital – Nkubu and Consolata Hospital – Kyeni) selected. Data was collected from two of the sampled hospitals but it proved very difficult to collect data from the third hospital (Maua Methodist Hospital). The researcher however believes that the sample selected and the responses received were sufficient to represent the population. The sampled respondents were drawn from the payrolls of the selected hospitals. Proportionate stratified simple random sampling was employed. The staff were divided into three strata namely; supervisory staff, technical non-supervisory staff and non-technical staff. A total of forty questionnaires were administered. The questionnaires were divided proportionately between the three strata as per the staff numbers in each stratum. There was a 95% response rate.

3.3 Data Collection

A questionnaire was used to solicit responses from respondents (see appendix II). The researcher administered the questionnaires with the help of research assistants. The questionnaire was divided into two parts and contained both open ended and closed ended questions. Part A covered personal information from which the respondent got the respondent's gender, age, current position, education level and number of organizations worked in previously. Part B covered job satisfaction and a likert scale was used to solicit the information. A likert scale is used when one wants to know a respondent's attitudes or feelings about something.

3.4 Data analysis

Data was first edited for errors and omissions, accuracy, uniformity, completeness and consistency and then arranged to enable coding and tabulation before statistical analysis was carried out. Statistical procedures were then used to analyze the data including descriptive statistics such as means, frequencies, and percentages and presented in tables and figures. Statistical procedures are any of a very large number of tests and comparisons that can be made with data to determine the likelihood that outcomes from various treatments or conditions did not happen by chance alone. The degree to which one can be confident that his results differ from chance is the degree to which one can be confident that the applied treatment is responsible for the results.

4.1 Respondents' position

Most of the respondents (47%) were technical non-supervisory staff, fifteen of the respondents representing 40% were support staff, while only 5 respondents, representing 13% were supervisory staff. Figure 1 shows the distribution of the respondents in their various positions.

Figure 1. Distribution of employees by positions
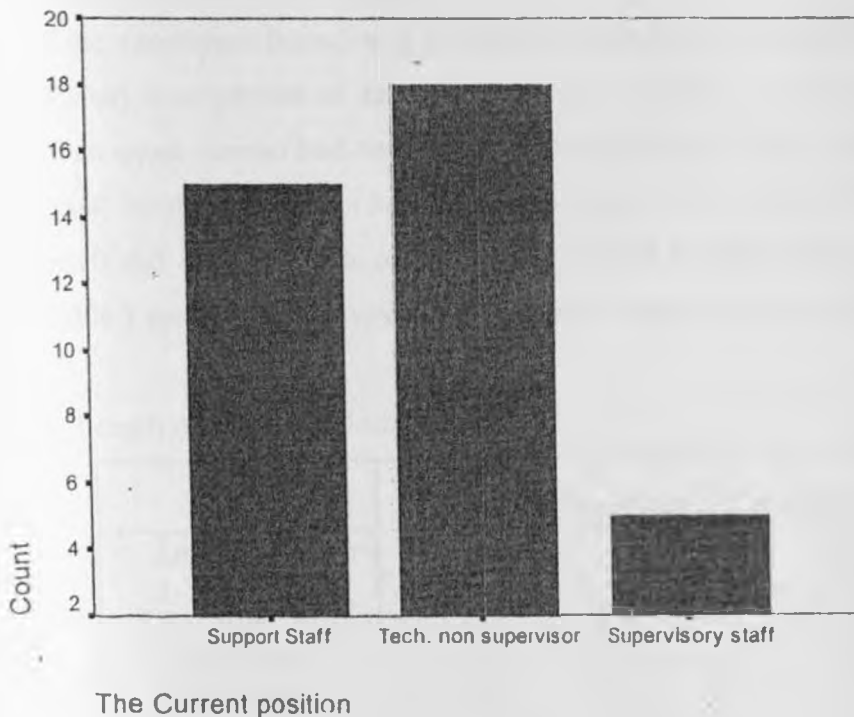
4.2 Respondents' Age, Gender and educational level

From the responses received, the lowest number of respondents (5%) were below 25 years, while the highest number (53%) were between 26 and 35 years. Twenty six percent were between 36 and 45 years, 16% were between 46 and 55 years while there was no respondent above 55 years. Regarding their gender, majority of the respondents (57%) were females while the minority (43%) were male. The largest number of respondents 32% were Diploma holders, while only 3% had degree qualifications. Sixteen percent had attained the primary level of education, 24% had the secondary school level while 26% held a certificate. Table 2 shows employees' age distribution.

Table 2. Employees age distribution

	Frequency	Percentage	Cumulative Percent
Less than 25 years	2	5	5
26-35 years	20	53	58
36-45 years	10	26	84
46-55 years	6	16	100
Total	38	100	

4.3 Length of service in the hospital

Most of the employees interviewed (26%) had worked for the hospital for between 1 and 3 years. Twenty four percent of the respondents had worked in the hospital for less than one year and an equal number had worked for the hospital for 20 years and above. Eight percent had worked for the hospital for between 4 and 9 years, 13% had worked for the hospital for between 10 and 15 years while only 5 % had worked for the hospital for between 16 to 19 years. Table 3 presents a summary of respondents' length of service in the hospital.

Table 3. Length of service in the hospital

	Frequency	Percentage	Cumulative Percent
Less than 1 year	9	24	24
1-3 years	10	26	50
4-9 years	3	8	58
10-15 years	5	13	71
16-19 years	2	5	76
20 years and above	9	24	100
Total	38	100	

4.4 Service with previous employers

Most of the respondents (53%) had never worked with any other organization while the minority (47%) of the respondents attested to having worked with other organizations before joining the hospital. Out of those who had worked with other organizations, the majority (55%) had worked with only one other organization, 33% had worked with 2 – 3 organizations, 6% had worked with 4 – 5 organizations while 6% had worked with more than 5 organizations. Figure 2 shows employees' service with previous employers

Figure 2. Employee Service with previous employers

- No previous employment
- Had previous employment
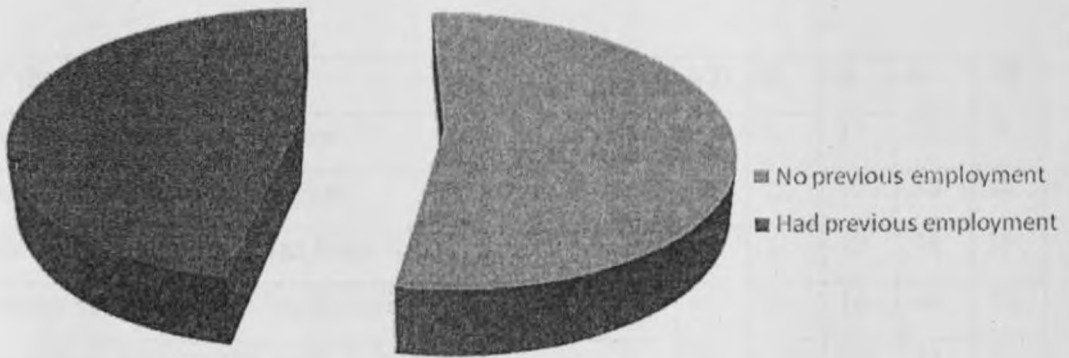
4.5 Longest service period with any one employer

For thirteen percent of the respondents, the longest period they had served with any one employer was less than one year. Thirty two percent had served for between 1 and 3 years as their longest service period with any one supervisor, 11% had served for between 4 and 6 years, 5% had served for between 7 and 9 years 26% had served for over 10 years with one employer while 13% of the respondents decided not to respond on this.

4.6 Level of satisfaction

4.6.1 Level of satisfaction on the basis of individual aspect

Table 4 presents in percentage, a summary of the level of satisfaction on individual aspects that were studied under the headings; Very dissatisfied (VD), Dissatisfied (D), Neutral (N), Satisfied (S), Very satisfied (VS).

Table 4. Level of satisfaction on the basis of individual aspect

Aspect of the job	VD	D	N	S	VS
Being able to keep busy all the time	-	8	37	37	18
The chance to work alone on the job	8	22	19	38	14
The chance to do different things from time to time	3	11	30	40	16
The chance to be "somebody" in the community	-	8	14	46	32
The way my boss handles the staff	21	18	13	42	5
The competence of my supervisor in making decisions	3	13	18	50	16
Being able to do things that don't go against my conscience	8	8	22	44	17
The way my job provides for steady employment	5	19	22	40	14
The chance to do things for other people	8	8	30	35	19
The chance to tell people what to do	3	8	29	50	10
The chance to do something that makes use of my abilities	-	8	22	53	17
The working conditions	18	13	16	45	8
The way my co-workers get along with each other	3	13	32	39	13
The praise I get for doing a good job	11	16	24	35	14
The feeling of accomplishment I get from the job	8	16	18	42	16
The chances for advancement on this job	14	19	30	32	5
The way company policies are put into practice	11	19	43	27	-
The chance to try my own methods of doing the job	10	13	42	29	5
My pay and the amount of work I do	26	21	18	32	3
The freedom to use my own judgment	16	21	29	24	10

From the above summary it can be observed that the respondents were satisfied with the majority of the aspects characterizing their jobs namely; being able to keep busy all the time, the chance to work alone on the job, the chance to do different things from time to time, the chance to be somebody in the community, the way the boss handles the staff, the competence of the supervisor in making decisions, being able to do things that do not go against their conscience, the way the job provides for steady employment, the chance to do things for other people, the chance to tell people what to do, the chance to do something that makes use of their abilities, the chances for advancement on the job, the working conditions, the way co-

workers got along with each other, the praise they get for doing a good job and the feeling of accomplishment one gets from the job. Majority of the respondents were neutral in regard to the way company policies are put into practice and the chance to try one's own method of doing the job. A few aspects were however dissatisfying namely; the pay in relation to the amount of work done and the freedom to use one's own judgment,

4.6.2 The overall satisfaction

A composite satisfaction index was computed to assess the overall satisfaction level amongst the respondents. The computation was based on the following variables; being able to keep busy all the time, the chance to work alone on the job, the chance to do different things from time to time, the chance to be "somebody" in the community, the way the boss handles the staff, the competence of the supervisor in making decisions, being able to do things that don't go against one's conscience, the way the job provides for steady employment, the chance to do things for other people, the chance to tell people what to do, the chance to do something that makes use of one's abilities, the way company policies are put into practice, the pay and the amount of work done, the chances for advancement on the job, the freedom to use one's own judgment, the chance to try one's own methods of doing the job, the working conditions, the way co-workers get along with each other, the praise one gets for doing a good job and the feeling of accomplishment one gets from the job. The index was computed by calculating the mean score for the above variables. A frequency table was used to describe the various levels of satisfaction. Table 5 presents the results.

Table 5. Overall satisfaction level

	Frequency	Percentage
Dissatisfied	6	18
Neutral	11	33
Satisfied	16	49
Total	33	100

The frequency table above shows that the majority of the workers in Church sponsored hospitals in Kenya are satisfied (49%) while the dissatisfied lot represents a minority of around 18%.

4.7 Factors affecting job satisfaction

4.7.1 Overview

Table 6 shows a summary of the extent to which the respondents agreed on the factors affecting their job satisfaction given as; Strongly Disagree(SD), Disagree(D), Agree(A), Strongly Agree(SA) and Very Strongly Agree (VSA). The rating is the percentage of respondents.

Table 6. Factors affecting Job satisfaction

Statement	SD	D	A	SA	VSA
Pay	16	24	32	10	18
Stress	6	31	36	19	8
Flexibility and variety in your job	15	18	56	9	3
Working environment	13	27	38	14	8
Control of work	10	29	53	5	3
Financial rewards	19	24	35	5	16
Public image and reputation of the hospital	24	24	37	10	5
Promotion opportunities	13	26	29	13	18
Supervision and Leadership	16	21	47	11	5
Authority to execute your duties	24	18	32	13	13
Feedback to and from your supervisor	18	29	24	13	16
Responsibility	10	21	50	8	11
Size of the hospital	42	24	16	10	8
Work content/the work itself	27	32	27	8	5
Age	34	16	37	-	13
Attitudes of co-workers	29	21	42	5	3
Work standards	10	40	37	5	8
Membership with the hospital SACCO	31	19	37	13	-

From the above table, it can be seen that most of the respondents agreed that pay, stress, flexibility and variety in one's job, the working environment, control of work, financial rewards, supervision and leadership, authority to execute duties, feedback to and from the

supervisor and responsibility are the factors that affect their job satisfaction. It can also be observed that many of the respondents did not agree that the size of the hospital and the work content/work itself affects job satisfaction. Age, attitudes of co-workers, work standards and membership with the hospital SACCO received equal responses with half agreeing that the factors affect job satisfaction while the other half disagreeing.

4.7.2 Factor analysis

A scree plot was first developed to help determine the number of factors that were to be extracted. Figure 3 shows the scree plot.

Figure 3. Scree plot
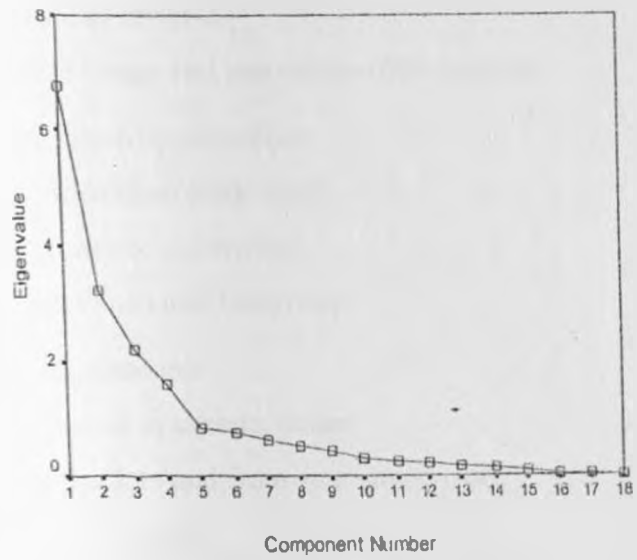
The scree plot reveals that only four factors are extracted because the components on the shallow end of the slope contributes little to the solution. The principal component was used as the extraction method. The communalities are all high showing that the extracted components represent the variables well. Table 7 represents the communalities.

Table 7. Communalities

Variable	Extraction
Age	.546
Pay	.779
Stress	.825
Flexibility and variety in your job	.825
Working environment	.874
Control of work	.877
Size of the hospital	.695
Financial rewards	.857
Public image and reputation of the hospital	.619
Promotion opportunities	.676
Work content/work itself	.720
Attitudes of co-workers	.830
Supervision and leadership	.845
Work standards	.795
Authority to execute duties	.794
Feedback to and from your supervisor	.759
Responsibility	.805
Membership with the hospital SACCO	.653

Extraction Method: Principal Component Analysis.

Next, the rotated component matrix was developed. This matrix helped the researcher to identify the components and what they generally represented. Table 8 represents the rotated component matrix.

Table 8. Rotated Component Matrix

Factor	Component			
	1	2	3	4
Age	.084	-.088	.450	.573
Pay	.222	.726	.072	-.444
Stress	-.349	.797	.022	.259
Flexibility and variety in your job	.070	.606	.656	.152
Working environment	.379	.274	.794	-.156
Control of work	.503	.146	.747	.212
Size of the hospital	.273	.163	.438	.634
Financial rewards	.109	.915	-.083	-.007
Public image and reputation of the hospital	-.046	.053	.053	.782
Promotion opportunities	.145	.796	.143	-.020
Work content/work itself	.095	-.126	.827	.102
Attitudes of co-workers	.817	.059	.183	.355
Supervision and leadership	.675	.046	.607	.139
Work standards	.774	-.154	.404	.098
Authority to execute duties	.874	.022	.172	-.004
Feedback to and from your supervisor	.741	.393	.086	.219
Responsibility	.526	.138	.016	.713
Membership with the hospital SACCO	.244	-.150	-.071	.752

From the rotated component matrix, the components were extracted using the Varimax procedure in SPSS. Table 9 presents the extracted components.

Table 9. Extracted components

COMPONENT 1	COMPONENT 2	COMPONENT 3	COMPONENT 4
Attitudes of co-workers	Pay	Work environment	Public image and reputation of the hospital
Supervision and leadership	Stress	Control of work	Responsibility
Work standards	Financial rewards	Work content/work itself	Membership with the Hospital SACCO
Authority to execute duties	Promotion opportunities		
Feedback to and from your supervisor			

Each component consisted of a group of variables that had the highest loadings within the Component matrix. From the extraction, component 1 basically grouped factors relating to Interpersonal relations. These were; attitudes of co-workers, supervision and leadership, authority to execute duties and feedback to and from the supervisor. component 2 grouped factors relating to employee rewards namely; pay, stress, financial rewards and promotion opportunities. Component 3 gives a collection of factors relating to the work itself such as work environment, control of work and work content while component 4 basically grouped social factors such as public image and reputation of the hospital, responsibility and membership with the hospital SACCO.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 Summary

The main objective of the study was to find out whether employees in Church sponsored Hospitals in Kenya are satisfied in their jobs or not. From the detailed research carried out by the researcher, it was evident that employees in church sponsored hospitals in Kenya are generally satisfied with many of the aspects that characterize their jobs. Notably, these employees are very satisfied with the chance their jobs gave them to be recognized in the community and also the opportunity given to them to make use of their abilities. It was also found that a few aspects of their jobs dissatisfy them namely; the amount of pay received compared to the work they do, the way they are handled by their supervisors and the freedom to use their own judgment as they execute their duties. -

The second objective of this study was to identify factors that influence job satisfaction among employees of Church sponsored hospitals in Kenya. The findings from the study showed that the factors affecting job satisfaction most were responsibility, supervision and leadership, stress and promotion opportunities. According to the responses received, the size of the hospital, age of the employees and the work content did not affect employee job satisfaction.

5.2 Conclusion

From the research findings, it can be concluded that employees in Church sponsored hospitals in Kenya are generally satisfied as evidenced by the satisfaction levels on the various aspects that characterize their jobs. It can also be concluded that the factors affecting job satisfaction among employees in Church sponsored hospitals are broadly categorized into four main groups namely; interpersonal relations, employee rewards, the work itself and social factors.

5.3 Recommendations

From the responses received, it is evident that a lot of effort has been made to ensure job satisfaction among employees in church sponsored hospitals. However, there is need to re-consider the pay levels in these hospitals. The various Management teams in these hospitals may need to conduct market surveys to compare their pay levels and those

prevailing in the market. It may also be necessary to review the way supervisors handle their staff and give employees more freedom to use their own judgment as they execute their duties by encouraging staff to be innovative. It is apparent that once these aspects are addressed, employees in these hospitals will be more satisfied.

It is also recommended that scholars could conduct further research to determine whether size of the organization, age of the employees and the work content could affect employee job satisfaction under different settings.

5.4 Limitations of the study

One of the biggest handicaps encountered during this study was the time factor. Besides being a student, the researcher was also a full time employee and hence the demands from his job also weighed on him. Time notwithstanding, there was also some element of red tape that delayed the collection of data and made it completely impossible to collect data in one of the sampled hospitals.

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Appendices:

Appendix I: Letter to Respondents

<div align="right">

Jediel N. Sendeyo

C/O Box 358-60401

Chogoria

</div>

Dear Sir/Madam

RE : <u>JOB SATISFACTION AMONG WORKERS IN CHURCH SPONSORED HOSPITALS IN KENYA</u>:

I am a student at the University of Nairobi pursuing a Master of Business Administration degree. I am undertaking the above research as part of the academic requirements for the course. I should be very grateful if you could spare some time and complete the attached questionnaire to enable me carry out the research. Please answer all the questions as honestly as possible.

The information you provide will be used purely for academic purposes and will be treated in strict confidence. However, the findings of this research can be availed to you on request upon completion of the research.

Thank you for your co-operation.

Yours Sincerely,

Jediel N. Sendeyo

MBA Student

University of Nairobi

Appendix II: Questionnaire

PART A: PERSONAL DETAILS

1. What is your current position ....

2. How long have you worked for this Hospital? (please tick one)

   Less than 1 year   [ ]

   1 – 3 Years   [ ]

   4 – 9 Years   [ ]

   10 – 15 Years   [ ]

   16 – 19 Years   [ ]

   20 years and above   [ ]

3. Your gender. Male [ ]   Female [ ]

4. What is the highest education level you have attained? (please tick one)

5. What is your age?

   Less than 25 years   [ ]

   26 – 35 Years   [ ]

   36 – 45 Years   [ ]

   46 – 55 Years   [ ]

   Above 55 Years   [ ]

6. Did you work in any other organization before joining the Hospital?

   Yes [ ]   No   [ ]

7. If Yes, how many   1 [ ]   2 – 3   [ ]   4 – 5   [ ]   More than 5   [ ]

8. What is the longest period you have worked in any one organization continuously?

   Less than 1 Year   [ ]

   1 – 3 Years   [ ]

   4 – 6 Years   [ ]

   7 – 9 Years   [ ]

   10 Years and above   [ ]

PART B: JOB SATISFACTION

1. Kindly rate the level of satisfaction on the following aspects of your job.

Very dissatisfied (VD), Dissatisfied (D), Neutral (N), Satisfied (S), Very satisfied (VS). On my present job, this is how I feel about:

Aspect of the job	VD	D	N	S	VS
1. Being able to keep busy all the time	[ ]	[ ]	[ ]	[ ]	[ ]
2. The chance to work alone on the job	[ ]	[ ]	[ ]	[ ]	[ ]
3. The chance to do different things from time to time	[ ]	[ ]	[ ]	[ ]	[ ]
4. The chance to be "somebody" in the community	[ ]	[ ]	[ ]	[ ]	[ ]
5. The way my boss handles the staff	[ ]	[ ]	[ ]	[ ]	[ ]
6. The competence of my supervisor in making decisions	[ ]	[ ]	[ ]	[ ]	[ ]
7. Being able to do things that don't go against my conscience	[ ]	[ ]	[ ]	[ ]	[ ]
8. The way my job provides for steady employment	[ ]	[ ]	[ ]	[ ]	[ ]
9. The chance to do things for other people	[ ]	[ ]	[ ]	[ ]	[ ]
10. The chance to tell people what to do	[ ]	[ ]	[ ]	[ ]	[ ]
11. The chance to do something that makes use of my abilities	[ ]	[ ]	[ ]	[ ]	[ ]
12. The way company policies are put into practice	[ ]	[ ]	[ ]	[ ]	[ ]
13. My pay and the amount of work I do	[ ]	[ ]	[ ]	[ ]	[ ]
14. The chances for advancement on this job	[ ]	[ ]	[ ]	[ ]	.[ ]
15. The freedom to use my own judgment	[ ]	[ ]	[ ]	[ ]	[ ]
16. The chance to try my own methods of doing the job	[ ]	[ ]	[ ]	[.]	[ ]
17. The working conditions	[ ]	[ ]	[ ]	[ ]	[ ]
18. The way my co-workers get along with each other	[ ]	[ ]	[ ]	[ ]	[ ]
19. The praise I get for doing a good job	[ ]	[ ]	_[ ]	[ ]	[ ]
20. The feeling of accomplishment I get from the job	[ ]	[ ]	[ ]	[ ]	[ ]

(Adapted from. D.J. Weiss, R.V. Davis, G.W. England and L.H. Lofquist, *Manual for the Minnesota Satisfaction Questionnaire*. Minnesota Studies in vocational Rehabilitation, vol. 22, University of Minnesota Industrial Relations Center, Minneapolis, 1967).

2. To what extent do you agree with the following as factors that affect your job satisfaction?

Key: SD – Strongly Disagree, D – Disagree, A – Agree, SA – Strongly Agree, VSA – Very Strongly Agree

Statement	SD	D	A	SA	VSA
Age					
Pay					
Stress					
Flexibility and variety in your job					
Working environment					
Control of work					
Size of the hospital					
Financial rewards					
Public image and reputation of the hospital					
Promotion opportunities					
Work content/the work itself					
Attitudes of co-workers					
Supervision and Leadership					
Work standards					
Authority to execute your duties					
Feedback to and from your supervisor					
Responsibility					
Membership with the hospital SACCO					

I wish to sincerely thank you for taking your time to complete this questionnaire.

Appendix III. Churches that have sponsored hospitals in Kenya

Sponsoring Church	Number
Kenya Episcopal Conference- Catholic Secretariat (KEC-CS)	45
ACK: Anglican Church of Kenya	3
AGC: African Gospel Church	1
AIC: Africa Inland Church	5
COG: Church of God	1
COPTIC ORTHODOX	1
FGCK: Full Gospel Churches of Kenya	1
Friends: Yearly Meeting of Friends (Quakers)	3
Holy Mission	1
MCK: Methodist Church in Kenya	2
PCEA: Presbyterian Church of East Africa	3
RCEA: Reformed Churches of Kenya	1
SDA: Seventh Day Adventist	2
Total	**69**

Appendix IV. Church Sponsored Hospitals in Eastern Province

1. Maua Methodist Hospital
2. Tigania Mission Hospital
3. Consolata Hospital – Nkubu
4. PCEA Chogoria Hospital
5. Consolata Hospital – Kyeni
6. St. Orsola Hospital – Matiri
7. Muthale Mission Hospital
8. Mutomo Mission Hospital