

# Global Journal of Health Science (GJHS)

**FACTORS INFLUENCING HEALTH WORKERS' PERFORMANCE IN PUBLIC  
HEALTH FACILITIES IN THE DEVOLVED SYSTEM OF GOVERNMENT: A  
CASE OF EMBAKASI EAST SUB-COUNTY, NAIROBI COUNTY**

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**Abstract**

**Purpose** The main objective of carrying out this research was to evaluate the factors that affect the performance of health workers in public health facilities within the County system in Kenya.

**Methodology:** A descriptive study approach was used. The sample size was all the six public health facilities in Embakasi East Sub-County. The study further purposively sampled ten (10) key informants from each of the public health care facilities and collected data from this sample using self-administered questionnaires as the main data collection tool. Statistical data analysis was carried out using SPSS version 17.0 and data was presented in graphs, tables and discussions.

**Results:** The study found that training, staff recognition and staff participation are important aspects for improving the capacity and motivation of health care workers. The study also identified commendable efforts in training of health workers as a way to improve competence.

**Unique contribution to theory, practice and policy:** In achieving improvement of these components the County Government system can be able to improve the performance of the health workers and assist in strengthening the health care service provision in the country. Public health officials should also continuously conduct organizational systems studies in order to identify weaknesses and loopholes as well as put measures in place to seal those loopholes and subsequently enhance performance, especially in reference to resource allocation. Public health facilities must also strive to build a strong ethical culture through proper selection systems, leadership by example and effective performance management systems to ensure and enhance performance.

**Keywords:** *Health Workers Performance, Factors, Devolved system*

## 1.0 INTRODUCTION

Success in delivery of better health services from public and private institutions has been seen as a worldwide and global challenge. Health-related goals such as improving the quality of services delivered are highly regarded globally, nationally and locally. According to WHO (2006) human resources are the foundation of a health system and a key prerequisite to improving health outcomes. They are the lifeblood of health care systems and therefore need a living wage, good support and on-going training especially those in isolated and under-resourced areas. In recent years, the situation of human resources for health (HRH) in many sub-Saharan African countries has been commonly described as "the crisis in human resources for health" (Liese & Dussault, 2004; Chen, 2004; Smith & Henderson-Amrdrade, 2006).

In Kenya, as in other countries in sub-Saharan Africa, the HRH crisis has become a major challenge for health service delivery and for achieving the health-related Millennium Development Goals (RoK, 2004; GoK, 2005). Health services are made available through a network of both public and private institutions with over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health sector consists of the national referral hospitals, provincial general hospitals, district hospitals, health centers, and dispensaries (Republic of Kenya, 2011).

The level of experience of doctors and the density of their distribution have been shown to correlate with positive outcomes in chronic ailments (Chen, 2004). According to Chen (2004) workers best initiate cutting-edge quality improvements of health care because they are in unique positions of identifying opportunities for innovation. Workers are very important within the health systems since they can either assist in the effective use of resources or be wasteful (WHO, 2006).

Health workers in this way are recognized as an essential component for overcoming diseases and ensuring effective delivery of global health. This is in the backdrop of non-functioning health systems that are present in many countries especially those that have the fewest health workers per population, increasing the global disease burden and. Human resource functions and departments in the health systems in developing countries have been under funded for decades due to harsh economic policies like structural adjustment programmes. The result of this has been an increase in chronic diseases such as the HIV pandemic, weak institutional capacity and the failure of donors to invest in recurrent expenditures like staff salaries. This chronic under-investment has led to collapsing health systems, appalling and unsafe working conditions for health professionals and unfair distribution of health professionals between rich and poor countries (Gbari and Sambo, 2006).

According to Hegar (2011) the process by which management of any organization brings the employees into contact with the organization in such a way that the objectives of both groups are achieved is human relations. First, human relations imply a concern for the people/employees. However, some managers are so interested in pleasing their people that they never get the work done while others are overly concerned with the work and spend very little time trying to understand the psychological and sociological aspects of the job. An effective manager balances concerns for people and work. Second, the effective manager realizes that human relations are important at all levels of the organization, but the way the ideas are applied is not always the same. The situation dictates the right way to use human relations ideas.

Shuit (2003) notes that one way in which highly successful organizations especially service oriented are developing their human resources is by helping employees cope with both their work demands and family responsibilities. In turn, the firms are finding that these efforts are leading to greater employee commitment in both small and large organizations.

Kenya's centralized approach to health care systems decision making, had long been blamed for, among others, regional disparities in the distribution of health services, inequities in resource allocations, and unequal access to quality health services, with resultant regional differentials in the indicators of health and economic transformation (Ndavi, Ogola, Kizito & Johnson, 2008). The Kenya Ministry of Health's commitment to address the inherent constraints in the health sector have included deliberate decentralization efforts aimed at strengthening the effective implementation of activities at the local levels, while fostering closer coordination and collaboration amongst the line ministries, donors, organizations and other stakeholders (Republic of Kenya, 2011).

KPMG (2013) explains that guidance for the health sector in the devolved government is provided through the Kenya Health Policy 2012 – 2030. The Kenya Health Policy 2012 – 2030 provides that at the national level, health leadership is provided by the Ministry of Health (MOH) with the key mandates being development of national policy, provision of technical support, monitoring quality and standards in health services provision, provision of guidelines on tariffs for health services and conducting studies required for administrative or management purposes. According to the KPMG (2013) the Kenya Health Policy 2012 – 2030 proposes the formation of County health departments at the County Government Level. The role of the departments is to create and provide an enabling institutional and management structure responsible for coordinating and managing the delivery of healthcare mandates and services at the County level.

In the Kenyan health sector, the government through the MOH controls and runs about 52% while the private sector, the mission organizations and the Local County

Governments run the remaining 48%. The public sector controls about 79% of the health centers, 92% of the sub-health centers, and 60% of the dispensaries. The NGO sector is dominant in health clinics, maternity and nursing homes controlling 94% of the total while also controlling 86% of the medical centers in the country (Republic of Kenya, 2011).

The under-financing of the health sector from the Kenyan government has resulted in dependency on finances from multilateral and bilateral donors. This has further resulted in a loss of localized ability to ensure an adequate level of healthcare for the population. In 2002, more than 16% of the total expenditure on healthcare originated from donors. Other factors that reduce the ability of the health care system to effectively deliver include: inefficient utilization of resources, the increasing burden of diseases and the rapid population growth (Luoma, 2010). According to WHO (2000) the health care system in a given country can also affect health outcomes necessitating that governments to intervene extensively in the health care sector through financing and providing health services to try to address market failures, deal with information asymmetries, capture positive spillovers in health service provision and promote equity. The poor quality health care delivery especially in Kenya has also been attributed to gaps in knowledge and skills compounded by broader system failure and low staff numbers. The need to tackle the gaps in Human Resources for Health (HRH), as an essential part of strengthening health system was also emphasized in the 2006 World Health Report (WHO, 2006).

The main objective of carrying out this research is to evaluate the factors that affect the performance of health workers in public health facilities within the County system in Kenya.

### **Specific objectives;**

The specific objectives were:

- i. To investigate the effect of resource allocation on the performance of health workers in Embakasi East Sub-County.
- ii. To determine the effect of staff training on the performance of health workers in Embakasi East Sub-County.
- iii. To identify the effects of recognition programs on health worker performance in Embakasi East Sub-County.
- iv. To identify the effects of employee participation on health worker performance in Embakasi East Sub-County.



## **2.0 THEOROTICAL FRAMEWORK AND LITERATURE REVIEW**

### **Herzberg's Theory of Motivation**

Herzberg's theory postulated that factors in the workplace causing positive attitudes towards one's job were different than the factors that generated negative attitudes. According to Herzberg (1987) there are 16 factors related to either job satisfaction or job dissatisfaction whereby five of these are strong determinates of job satisfaction. The identified factors tend to be intrinsic in nature and are labeled as motivators while the remaining eleven factors are associated with job dissatisfaction.

According to Herzberg (1959, 1987) the factors that are associated with job dissatisfaction are those which, if present, serve to motivate the individual to superior effort and performance. These factors are related to the job content of work. They are 'motivators' or growth factors. Motivation factors include: achievement, increased responsibility, challenging work, recognition for achievements, growth and development.

### **Vroom's Theory of Motivation**

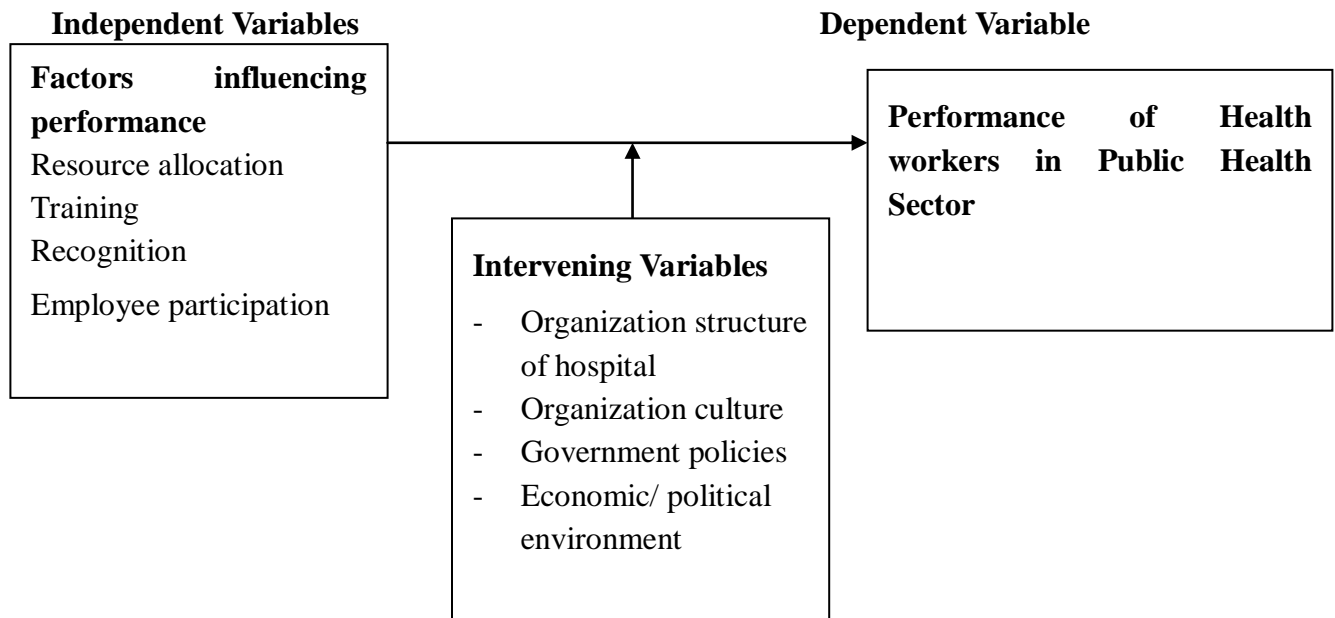
Vroom's (1964) work into motivation argues that crucial to motivation at work is the perception of a link between effort and reward. Perceiving this link could be thought of as a process in which individuals calculated first whether there was a connection between effort and reward and then the probability (valences) would follow from high performance (instrumentality.) The motivational force of a job can therefore be calculated if the expectancy, instrumentality and valence values are known. The individual's abilities, traits, role perceptions and opportunities attenuate the motivational force.

### **Conceptual Framework**

This study will use the logic model which is commonly used to clarify and depict a program within an organization (Innovative network, 2012). The logic model is a valuable tool for program planning and development. The logic model structure helps managers to think through program strategy and since it connects the dots between resources, activities, and outcomes, it therefore forms the basis for developing a more detailed program management plan. Using data collection and an evaluation plan, the logic model helps program leads track and monitor operations to better manage results. It can also serve as the foundation for creating budgets and work plans (Kellogg, 2001). In this study, as indicated in Table 2.1, the researcher tried to link the inputs necessary to operationalize outreaches with the outputs. Inputs will include mobilization, health education, financing, vaccines, logistic and human resources. Immediate results will include but not limited to percentage increase in immunization rates but eventual results will be reduction in morbidity due to vaccine preventable diseases in children and

improvement on maternal health services.

Miles and Huberman (1994) explain the conceptual framework as either a graphical or narrative presentation that explains the key factors of the study and the presumed relationship among the variables. The relationship between these variables assists the researcher to understand the form that the study will take in reference to the methodology.



**Figure 1:** Conceptual Framework

### 3.0 MATERIALS AND METHODS

A descriptive study approach was used. The sample size was all the six public health facilities in Embakasi East Sub-County. The study further purposively sampled ten (10) key informants from each of the public health care facilities and collected data from this sample using self-administered questionnaires as the main data collection tool. Statistical data analysis was carried out using SPSS version 17.0 and data was presented in graphs, tables and discussions.

Ethical clearance for the study was obtained from the Research Committee of the University while the legal permission was also sought and acquired from the County and sub-County health office. Consent was obtained from each respondent through verbal consent after which they signed the Informed Consent Form before the interview.

### 4.0 RESULTS AND DISCUSSION

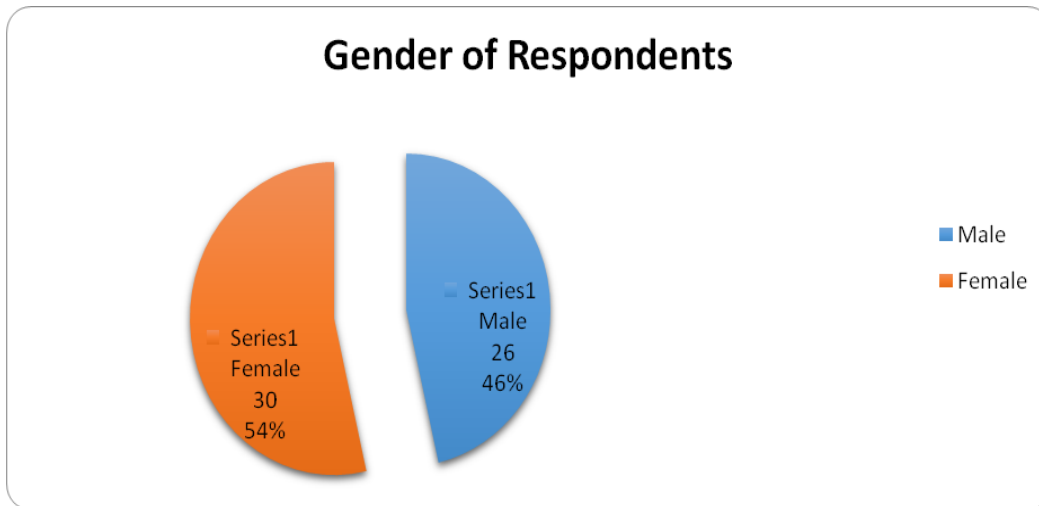
#### 4.1 Response Rate

**Table 1: Analysis of the response rate**

	Frequency	Percentage
Returned	56	90%
Not returned	6	10%
<b>Total</b>	<b>62</b>	<b>100</b>

A total of 62 questionnaires were administered to health workers from public hospitals in Embakasi East. The numbers of questionnaires returned, correctly filled and accepted by the researcher were 56 in number (90% of the administered questionnaires). According to Babbie (2008) a response rate of above 50 % is allowed for analysis, hence a rate of 90% is allowed for analysis.

#### 4.2 Demographic Characteristics



**Figure 2: Gender of the respondents**

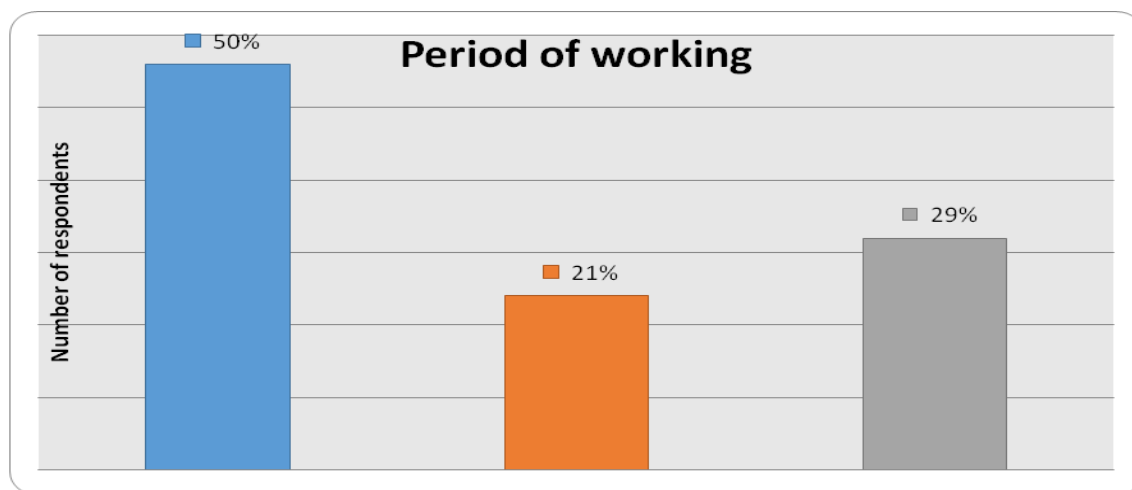
From the findings 54% of the respondents were females while 46% were male an indication that the disparity of the gender of the employees at the public hospital s is not big.



**Table2: Cadre of the respondents**

<b>Cadre</b>	<b>Frequency</b>	<b>Percent</b>
Not Indicated	5	8.9
Nutritionist	3	5.4
Psychologist	3	5.4
Nurse	16	28.6
KRCHN	5	8.9
Technologist	6	10.7
MOH	1	1.8
Pharmacist	3	5.4
CHEWs	1	1.8
PHO	5	8.9
HTC	1	1.8
RCO	5	8.9
Support staff	1	1.8
SNO	1	1.8
<b>Total</b>	<b>56</b>	<b>100</b>

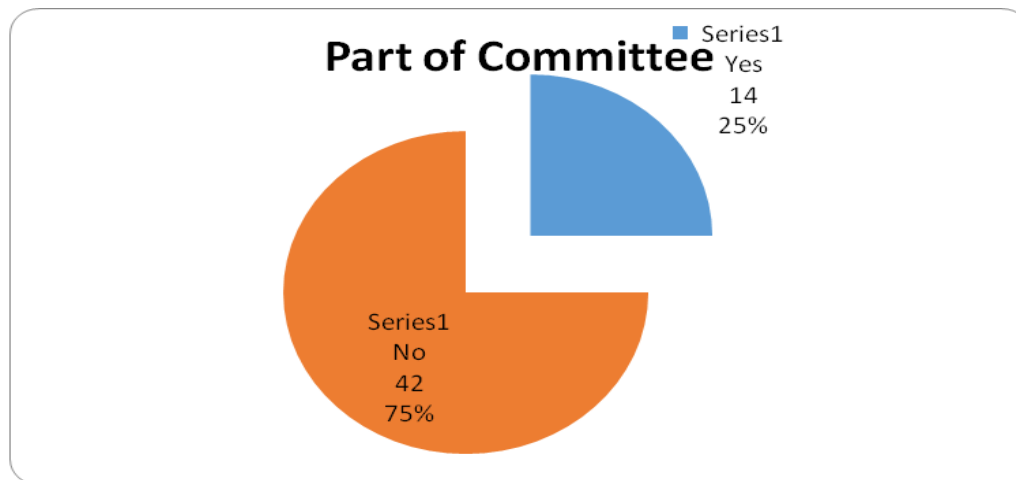
The data collected shows that the research was able to receive information from the majority of cadres within the hospital as indicated in table 4.2. Nurses were the largest group at 29% which is in tandem with the fact that nurses make up the majority of health workers in most hospitals.



**Figure 3: Period worked in Health Facilities**

From the findings presented in Figure 3, 50% of the respondents had been working in their respective health facilities for less than 5 years while 29% had worked for more than

10 years and 21% between 5 and 10 years.



**Figure 4: Respondent part of the management committee**

From the findings, the respondents were mostly made of non-committee members (75%) while 25% of the sampled respondents were in the management committee. This indicates that there is a good representation of individuals who have the knowledge of medical operations as well as administrative operations of the health facilities.

#### 4.3 Resource allocation and performance of health workers

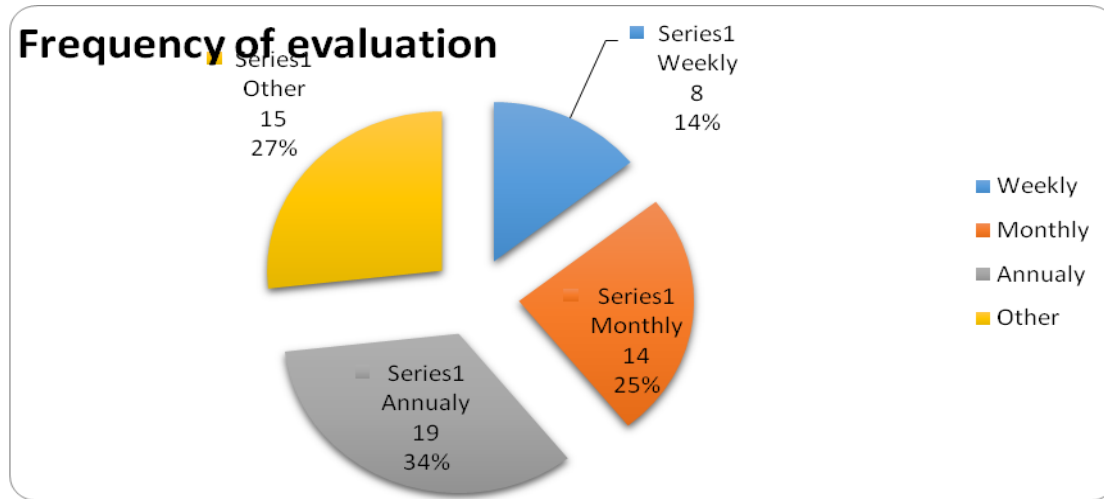
This study sought to understand the influence the health facility's resource allocation strategies affected the performance of the health workers.

**Table 3: Perception of health facility ability to effectively allocate resources**

Response	Frequency	Percent
Yes	30	53.6
No	26	46.4
<b>Total</b>	<b>56</b>	<b>100.0</b>

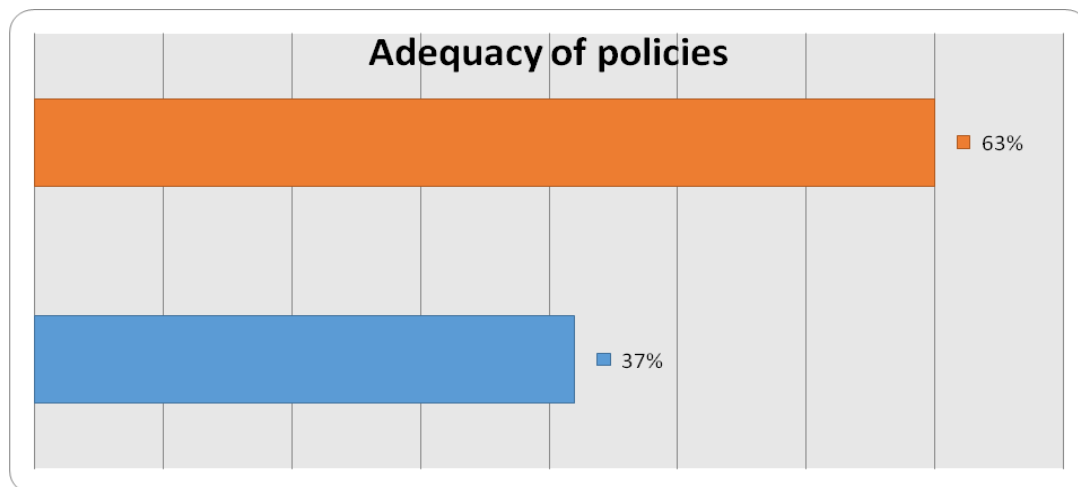
When asked whether they believed that the health facilities within the Embakasi East Sub-County are able to effectively allocate the available resources to improve the performance of health workers, 54% said yes while 46% said no. The respondents in agreement further explained that the management was capable to handle such issues, staff had received training, and that the management committees were able to understand the needs of the health facilities. The respondents that said the facilities do not have the ability to allocate resources well explained that so far some of the commodities were not available due to the lack of management inability, there are delays in releasing money from the national to county government hence delays in allocation and that there was too

much bureaucracy.



**Figure 5: Frequency of evaluation of allocation**

The data collected indicated that majority of the health facilities as indicated by 34% of the respondents reviewed their allocation of resources annually meaning that budgetary allocations for commodities was fixed for an year before changes would be made. The data also shows that 27% of the respondents said that their facility evaluated the allocation quarterly while some were not aware, 25% said it was done monthly while 14% indicated a weekly evaluation.



**Figure 6: Adequacy of policies in resource allocation**

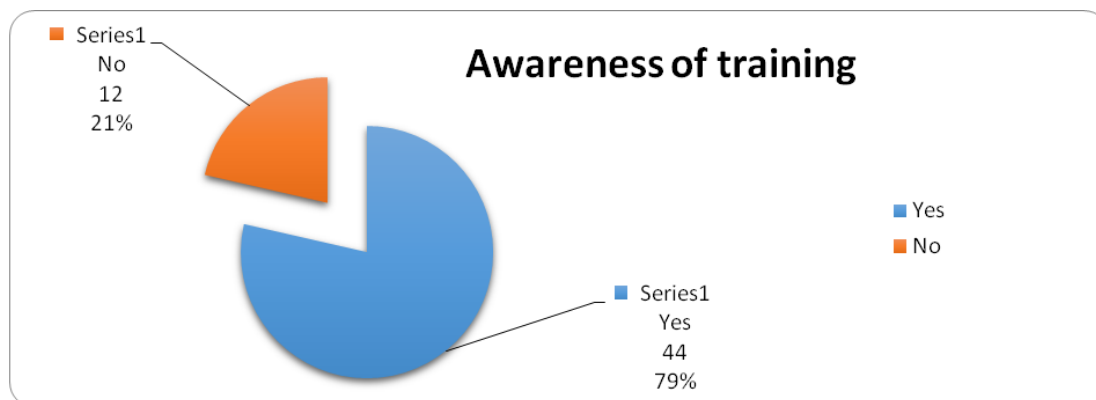
The data collected also focused on the adequacy of the institutions' policies in resource allocation and found that in regards to enhancing the performance of health workers,

majority of the respondents (63%) indicated that the set policies were not adequate. This was caused by lack of accountability, lack of willingness to follow procedures and lack of focus on the health workers progress in education and carrier development. The 37% of respondents who indicated that it was adequate supported their response by indicating that allocation was always done and that they were focused on the facilities' capabilities. Having adequate policies for resource allocation is paramount to improving health services delivery as indicated by Mwaniki and Dulo (2008) and hence majority of the facilities are not able to enhance their delivery of health services.

When asked how the County Government would ensure that the available resources in the health facilities were effectively allocated and utilized, the respondents indicated that it should ensure the continuity of education sponsorships for medical staff, ensure timely promotion of staff based on merit, undertake an evaluation of facility needs since the different facilities have different needs and ensure that they follow a bottom-up approach in implementation.

#### 4. 4 Staff training and health worker performance

This study wanted to gather information on the extent to which staff training was undertaken and its impact on the performance of health workers.



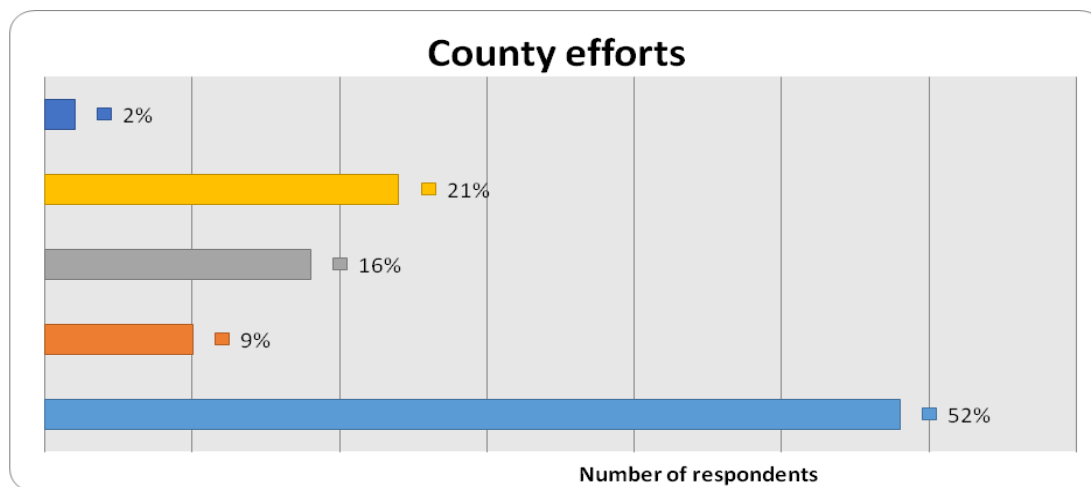
**Figure 7: Awareness of staff training**

When asked whether they were aware of any staff training taking part in their health facilities previously, majority of the respondents (79%) indicated yes while 21% said they were not aware. This indicates that majority of health facilities are in the process of enhancing the delivery of health services as explained by Mullins (1996) who find that training is essential for improving knowledge, skills and changing staff attitudes which can lead to many potential benefits for both individuals and the organization.

**Table 3: Major aspect focused in training**

Focus of training	Frequency	Percent
Providing health information	26	46.4
Providing medicines	17	30.4
Referring patients to health facilities	7	12.5
Reacting to distress calls	6	10.7
<b>Total</b>	<b>56</b>	<b>100.0</b>

From the findings presented in Table 4.4, 46% of the respondents indicated that the trainings that they have received have mainly focused on the aspect of health workers providing health information. A significant portion also indicated providing medicines (30%) while 13% indicated trainings were focused on referring patients to health facilities and 11% reacting to distress calls. This illustrates that different cadres within the health facilities have been trained.



**Figure 8: County Government efforts in enhancing staff training**

When asked what the county government had done so far to ensure that staff from the health facilities in Embakasi East are trained, majority of the respondents (52%) indicated the increase in the number of trainings. This illustrates that the County government is working to strengthen health care services since training has been identified as an important component for increasing individual and organization competence (Mullins, 1996). However, a significant portion of the respondents (21%) share the opinion that the County government has done nothing indicating that there still exists gaps in ensuring adequate training. The data also shows that 16% indicated that the county government has improved resources while 9% said it has increased the number of training institutions.

**Table 4: Health workers adequately trained in Embakasi East Sub-County**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Strongly agree	7	12.5
Agree	32	57.1
Disagree	15	26.8
Strongly disagree	2	3.6
<b>Total</b>	<b>56</b>	<b>100.0</b>

When asked whether they felt the health workers in Embakasi East Sub-County were adequately trained to cater for the growing needs of the population, the majority of the respondents were in agreement, 57% indicating they agree and 13% indicating they strongly agree. This coincides with the report by MoH (2007b) that the government has put up strategies to meet the human resource requirements for a rapidly changing and more diverse environment.

#### **4.5 Recognition on performance of health workers**

The study sought to understand whether there existed recognition programs in the health facilities in Embakasi East and the effect they had on performance of health workers.

**Table 5: Extent to which health facilities have recognition activities**

<b>Response on extent</b>	<b>Frequency</b>	<b>Percent</b>
Great extent	3	5.4
Moderate extent	24	42.9
Little extent	15	26.8
No extent	14	25.0
<b>Total</b>	<b>56</b>	<b>100.0</b>

On whether there were activities focused on recognizing the staff within the health facilities, 43% said that they existed at a moderate extent, 5% said to a great extent while 27% indicated a little extent and 25% said not extent. This illustrates that the health facilities in Embakasi East have little activities that are focused on recognizing health workers illustrating a gap in strategies aimed at enhancing motivation. A report by IDS (2002) indicates that the act of recognition itself and the esteem it gives to employees is at the heart of the motivation.



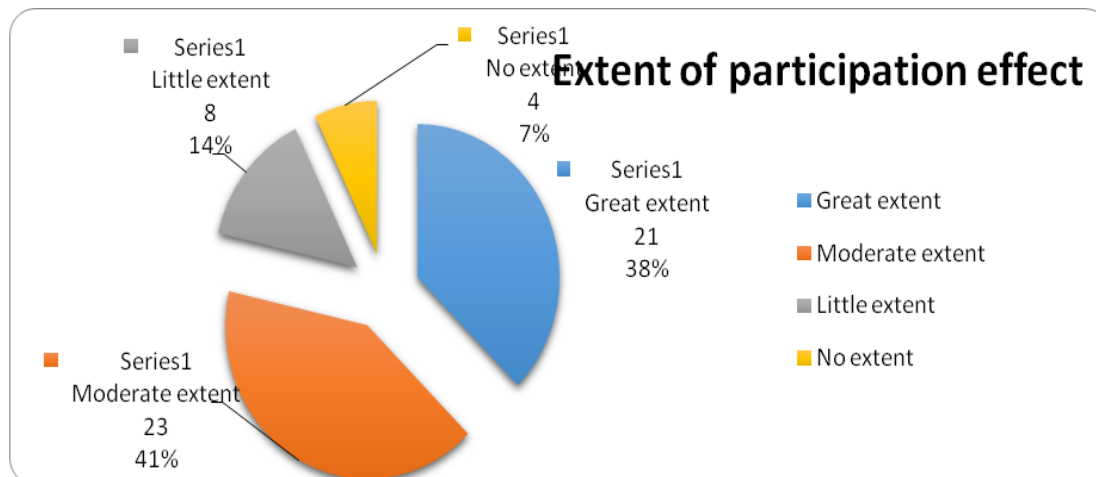
**Table 6: Role of Recognition in Health Systems**

Response	Frequency	Percent
Helps in motivating the staff	21	37.5
Helps in assessment of operations	9	16.1
Helps in improving effectiveness	12	21.4
For promotions	6	10.7
Has no role	8	13.3
<b>Total</b>	<b>56</b>	<b>100.0</b>

The data presented in table 4.7 indicates that majority of the respondents (38%) share the opinion that recognition helps in motivating staff, 21% indicated that it helps in improving effectiveness, 16% said it helps in assessment of operations and 11% for promotions. Only 13% of the respondents indicated that it had no role which illustrates that majority of the respondents were aware of the effect of staff recognition.

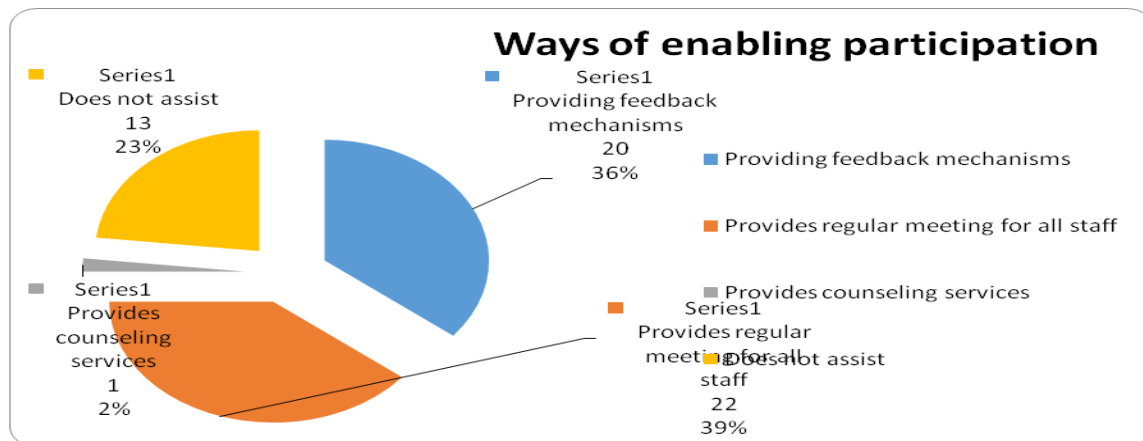
#### 4.6 Employee participation and performance Organizational ethics

The researcher sought to understand how participation was enabled in public health facilities in Embakasi East Sub-County and the effects of employee participation on health worker performance.



**Figure 9: Extent of effect of staff participation in decisions**

The data collected in regard to the extent to which the level of staff participation in decision and operations of the health facilities affects their performance indicates that majority of the respondents (41%) were of the opinion that it was to a moderate extent, 38% said to a great extent while 14% said a little extent of effect and 7% indicated no extent of effect.



**Figure 10: Ways health facilities enable staff participation**

When asked the ways that the health facilities they worked in had ensured that staff are able to participate at all levels of operations the majority of the respondents (39%) through the provision of regular meetings, 36% said through providing feedback mechanisms while 23% indicated they did not assist. Samal *et al* (2011) indicate that participation is utilized to improve work practices, productivity and organizational performance. This means that majority of the health facilities have applied the required strategies to ensure that they strengthen health care services.

**Table 7: Aspects to be changed to improve participation**

Aspects	Frequency	Percent
Improved relations with authority	11	19.6
Flexibility of reporting structure	13	23.2
Assessment Process	15	26.8
Performance Standards	17	30.4
<b>Total</b>	<b>56</b>	<b>100.0</b>

When asked what they thought should be changed in the Sub-County health system so as to improve employee participation, the respondents indicated performance standards (30%), assessment process (27%). Flexibility of reporting structure (23%) and improving relations with authority (20%). This indicates that health workers are aware of the gaps that are in the health system in regards to staff participation.

## 5.0 CONCLUSION AND RECOMMENDATIONS

### Conclusion

The study sought to evaluate the factors that affect the performance of health workers in public health facilities within the County system in Kenya, specifically focusing on the

Embakasi East Sub-County within Nairobi County. The study has found that training, staff recognition and staff participation are important aspects of improving the capacity and motivation of health workers. In achieving an improvement of these components the county government system can be able to improve the performance of the health workers and assist in strengthening the health care service provision in the country. The gaps that need to fill through the Ministry of Health include the recognition of staff and resource allocation.

### **Recommendations**

The following recommendations are founded upon the findings of this study.

Public health officials should continuously conduct organizational systems studies in order to identify weaknesses and loopholes and put measures in place to seal those loopholes and subsequently enhance performance especially in reference to resource allocation. Conflict of interest situations are rampant and it is important for each employee to recognize, minimize and avoid it as it negatively impacts on organizational performance. At board level organizations must avoid appointing family and friends and base promotions on merit and performance of employees. Not doing so takes away the oversight protections that the board should provide company shareholders.

Formal standard setting documents namely; codes of conduct and ethics policies should not only be formulated but also rigorously disseminated to ensure that they are internalized by employees and the management. Public health facilities must build a strong ethical culture through proper selection systems, leadership by example and effective performance management systems to ensure and enhance performance.

### **Dedication and Acknowledgements**

This work is dedicated to my lovely family for their unwavering support throughout the study. I wish to particularly single out my dear husband Geoffrey Owino Ochieng' and my daughter Georgina Gift. My sincere appreciation goes to my Supervisor Ms. Isabella Sile, resource persons Ben Onyango-Osuga and Daniel Esimit Echakan for their guidance and support.

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