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## Job Satisfaction among Health-Care Professionals in Selected Public Hospitals in Trans-Nzoia County, Kenya

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### **Abstract:**

*Background: The major challenge facing healthcare organizations worldwide is the satisfaction and retention of competent Health-care Professionals. Health systems cannot function optimally in an environment rife with unskilled and unmotivated healthcare professionals. In most instances, the effect of weak Health-care Professionals-employer relations manifests in the increase in the spate of industrial actions. Therefore, this research sought to explore the determinants of job satisfaction among Health-care professionals in selected public hospitals in Trans Nzoia County, Kenya. Methods: Facility-based cross-sectional study was conducted among 263 randomly selected healthcare professionals from a public hospital in Trans-Nzoia County, Kenya. Quantitative data were collected using self-administered questionnaires and entered into epidata and analyzed using Excel and SPSS software. Qualitative data was collected through key informant interviews, summarized into most occurring categories and integrated into the findings. Multivariate logistic regression with 95% confidence interval at  $p \leq 0.05$  was used to identify associated factors to job satisfaction. Results: A total of 263 human resources for health participated in the study representing a 100.00% response rate. The result showed that 69 (26.2%) of human resources for health were dissatisfied with their job. The majority of respondents were females (56.7%). The correlation between different aspects of job satisfaction was established to be significant. In a logistic regression model, the variables that independently predicted overall job satisfaction in Trans-Nzoia County Kenya are, time off, recognition, appreciation, promotion, training opportunities, employee evaluation and supervision. Conclusion: The study established a significant relationship between socio-demographic characteristics, human resource management practices and job satisfaction. The predictors of job satisfaction in Trans-Nzoia county Kenya were found to include, time off, recognition, appreciation, promotion, training opportunities, employee evaluation and supervision. Recommendations: To improve productivity, human resource policies need to be aligned with the institutional strategy as such the county should focus not only on the needs of the organization but also those of the employees. More specific policy responses include training of employees in relevant skills, hiring the right persons, enhancement of the performance-based compensation, providing security and nurturing effective and self-managed teams. A comparative study on the determinants of job satisfaction among Health-care professionals in private and public facilities can be done to understand the dynamics and variations.*

**Keywords:** Job satisfaction, healthcare, public hospitals, professionals, and human resources management practices

## 1. Introduction

### 1.1. Background of the Study

Job satisfaction is a measure of employee's contentedness with the job or discrete facets of a task such as supervision and nature of work (Nagesh et al., 2019). Job satisfaction depicts an employee's reactions and feelings towards the job. Similar to other professions, job satisfaction of human resources for health significantly influences performance, productivity and healthcare outcomes. Satisfaction with one's work relies on numerous factors including environmental, demographic and human resource management factors (Wynen et al., 2019). Hence, improving employee overall job satisfaction requires deliberate identification of job satisfaction predictors which mainly emanates from the work environment. Over the years, one of the significant challenges in the healthcare industry has been to ensure that employees are motivated to work (Qureshi et al., 2017). Employee job satisfaction has emerged as a critical driver of productivity today due to its significant impact on retention. It affects not only employee's morale and productivity but also the relationship with co-workers and client (Murante, 2017). A highly satisfied and motivated employee has a higher chance of consistently outperforming others and setting new standards for the industry. Satisfied employees contribute to

the foundation lines of any entity, and their productivity is echoed in their service to clients and patients. Thus, such employees generate more patronage and customer loyalty leading to organizational competitiveness, sustainability and profitability.

### 1.2. *Need for Research*

Healthcare professionals are critical to a healthy population mainly due to the curative and primitive services they offer to the populations. In several countries across the globe, human resource management practices have forced healthcare professionals to engage in industrial actions and go-slows that have adversely hampered the delivery of services such as immunization leading to poor health outcome and non-realization of development goals such as Sustainable Development Goal number three as set by the UN general assembly in 2015. Public hospitals are the hardest hit with dissatisfied employees, yet they offer critical services to the majority of the population. When healthcare professionals become dissatisfied, they may give less attention to the quality of their services. Some of them migrate to other countries or to private hospitals leading to brain drain. Some studies done in Africa have reported job satisfaction levels of below 50% among healthcare professionals (Bello et al., 2018; Jason, 2017). Nonetheless, little is known about the work human resource management practices factors that influence job satisfaction among healthcare professionals in sub-Saharan Africa (Bello et al., 2018).

### 1.3. *Objectives of the Study*

- To determine the association between Socio-demographic characteristics and job satisfaction among health-care professionals in public hospitals in Trans Nzoia County, Kenya.
- To explore the association between work human resource management practices and job satisfaction among health-care professionals in public hospitals in Trans Nzoia County, Kenya.

## 2. **Literature Review**

### 2.1. *Job Satisfaction*

Job satisfaction is closely linked to organizational performance, moral conflict, leadership and motivation (Kemunto et al., 2018). Spector (1997) describes job satisfaction as the overall feeling that people express about their work. According to Schill (2017), job satisfaction is the degree to which employees like or dislike their work. Even though dissatisfaction and satisfaction are not opposite factors, they are contingent on the nature of employment and employees expectations (Chordiya, 2017). Job satisfaction is influenced by aspects such as autonomy, communication, pay and organizational commitment (Eckardt et al., 2017; Hee (2019). According to Karen (2017), management and friendly relationship contribute to higher job satisfaction possibly because employees feel appreciated and their efforts recognized. Hence, job satisfaction is mostly influenced by how an employee reacts to environmental factors.

### 2.2. *Human Resource Management*

Human resource management is a process of using employees to optimize their productivity and satisfaction (Sukdeo, 2017). Therefore, HRM deals with the people dimensions in an entity particularly recruitment, performance appraisal, compensation, training, development, labour relation and orientation (Karim et al., 2019). According to Keyton (2017), HRM recognizes employees as assets and help establish and maintain committed and skilled workforces for the attainment of organizational goals. Murante, (2017) makes the case that, compensation is a valuable tool for appealing and retaining Health-care Professionals because they want to be paid well for the job they perform both for their self-esteem and as useful means for a living. Therefore, poorly compensated Health-care Professionals tend to feel neglected (WHO, 2016). However, if external equity exists, Hee (2019) argues that Health-care Professionals tend to choose organizations which provide better compensation. Therefore, organizations can use base wages and salaries given on hourly, weekly or monthly basis to motivate Health-care Professionals.

### 2.3. *HRM Practices and Job Satisfaction*

The relationship between job satisfaction and HRH practices has been widely studied in different countries across the globe, and it is assumed that the two factors are closely related. Scholars such as Karen (2017), Hee (2019), Mabaso et al., (2017) have established a positive relationship between job satisfaction and job performance. Hence it may be argued that human resources management practices are closely linked to job satisfaction and, consequently, sound HRM practices potentially leads to better job satisfaction which in turn heightens organizational performance.

Eirehail et al (2019) study titled "Employee satisfaction, human resource management practices and competitive advantage; the case of Northern Cyprus" revealed how HRM practices offer an edge to enhance employee motivation and commitment towards achieving organizational goal in a highly competitive market. The study concluded that HRM practices such as contingent reward, recognition, time-off, training, appreciation, pay and supervision have a significant impact on organizational commitment, performance and retention of competent employees. Another study by Islam et al (2018) titled "Influence of HRM Practices on Employee Job Satisfaction" established that HRM practices such as job rotation, supervision, recruitment and selection, job security, management style, motivation re significant predictors of job satisfaction. The study found out that most employees are dissatisfied by with HRM management practices in the following order; compensation, reward and motivation, training, development, management approach, and job design. According to

Islam et al (2018), there is a significant relationship between perception of recruitment, compensation, training, benefits and development and intention to quit employment.

The challenge of HRM, especially in the rapid change in technology, is to identify Training and Development practices, which would advance the commitment of workers (Boon, Hartog & Lepa 2019). Such methods may include training, skill development, equitable promotions, scholarships, and networking. Studies by Guo (2016), Karen, H., (2017) and Alejandro (2015) shows that mentoring, promotion, job rotation, supervision, training, and skills development assist Health-care Professionals in appreciating multiple facets of how life and work interconnect, develop new skills set, increase resilience and employability. Hence, there is a significant association between employee satisfaction and HRM management practices.

### 3. Methodology

#### 3.1. Study Design and Setting

The research employed a Hospital-based quantitative cross-sectional study design. A total of 263 healthcare professionals were randomly selected from public hospitals in Trans-Nzoia County Kenya. The County is amongst the 47 counties in Kenya. Its headquarters are in Kitale town. The county borders, Kakamega and Uasin Gishu to the South, Bungoma to the west, Elgeyo Marakwet to the east, Uganda to the Northwest and West Pokot to the north. Trans Nzoia County has an area of 2495.5 squarekilometres which is 0.41% of the entire land of Kenya. The county lies approximately between latitude 00° 37' and 350° 22' east of the Greenwich Meridian. Trans Nzoia County has five sub-counties: Cherangany, Endebes, Kwanza, Kiminini and Saboti and one referral hospital; Kitale County Referral Hospital. It has an approximate population of 956,559 persons as of 2017. The number of nurses, doctors and clinical officers per 100, 000 people was 52, 4, and 24 respectively as of 2014. There are approximately 74 health facilities in the County. There is one county referral hospital (Kitale County Referral hospital) and a total of five sub-county hospital, namely, Cherangany Sub-county hospital, Endebes Sub-county hospital, Kiminini Sub-county hospital and Saboti sub-county hospital. Also, there are four private, ten mission/NGO dispensaries. As of 2019, the total number of Health-care professionals in public health facilities was 959, out of which 103 were clinical officers, 45 were medical officers, and 490 were nurses. The doctor-patientratio is 1: 18,257 while the nurse-patientratio is 1:2,153. The rationale behind the selection of public hospitals for the current study is because they provide health services to the majority of the population and also offer critical services including surgery and referrals in the County. The study was conducted among healthcare professionals from 7<sup>th</sup> February to 06 March 2019

#### 3.2. Study Participants

Randomly selected healthcare professionals at public hospitals in Trans-Nzoia County Kenya were involved in the research. This study included all cadres of government-employed healthcare professionals who had worked for more than six months in the hospital facilities at the time of data collection.

#### 3.3. Sampling Techniques

The quantitative sample size was determined using Fisher et al. (1988) formulae,  $n = \frac{Z^2 p (1-p)}{d^2}$ . 95% confidence level with a 5% margin error was used. Hence the sample size was computed as  $n = \frac{[1.962 \times 0.5 \times 0.5]}{0.05^2} = 384$ . Since the study was less than 10,000, the finite population correction was calculated using the formulae  $n_f = \frac{n}{1 + \frac{n}{N}}$  (Fetters, 2019). Therefore,  $n_f = \frac{384}{1 + \frac{384}{824}}$ ;  $N_f = \frac{384}{1.466} = 263$ . The final sample size came to 289 after considering a 10% non-response rate. The target population in each of the hospitals; Cherengani Sub County Hospital, Endebes Sub-County Hospital, Kiminini Sub County hospital, Kwanza Sub-County Hospital, Kitale County Referral hospital and Saboti Sub County hospital, was stratified, and then a computer-aided simple random sampling done in each of the strata to identify the respondents (UWEC, 2017).

#### 3.4. Data Collection

The researcher used pre-tested questionnaires that were self-administered to the respondents. The questionnaire collected information on social demographic characteristics and work environment management factors that influence job satisfaction. The questionnaires were pretested on a 5% sample size among healthcare professionals outside the study area. The validity and reliability of the tool were computed using Cronbach's alpha test and found to be reliable (0.780). The final data collection tools were modified after pretesting. The researcher selected and trained research assistants who are conversant with the research area, the topic under study and comprehend the local topography and language to ensured reliability. Data were collected during the day, and questionnaires checked every day, for completeness, by the principal investigator.

#### 3.5. Construction of Research Instruments

The study questionnaires were typed in English. For purposes of operationalization of the study, the Job satisfaction scale designed by Paul E. Spector in 1994 was adopted to help in measuring job satisfaction (Spector, 1994). Job satisfaction was gauged using a five-point Likert scale with 1-very dissatisfied, 2-dissatisfied, 3-undecided, 4-satisfied, 5-very satisfied). Satisfaction with the specific factors of work was examined from the eleven work domains from Spector's Job Satisfaction Survey Instrument (Contingent reward, Time off, recognition, Appreciation, Pay, Fringe benefits,

Promotion, training opportunities, Health-care Professionals Evaluation, Job rotation, supervision). While some research items were positively worded, others were negatively worded.

### 3.6. Data Analysis

Data were subjected to descriptive, bivariate and multivariate analysis using SPSS version 26 after coding. Bivariate analysis used a chi-square test for association at 95%CI while multivariate analysis used regression analysis to control confounders between variables. Qualitative data from key informant's interviews were organized into various themes and integrated into the findings. Scores greater than or equal to the mean showed dissatisfaction and scores higher than the mean showed satisfaction.

### 3.7. Ethical Consideration

Ethical approval and clearance was sort from Kenyatta University School of Public health and research permit from the National Commission for Science and Technology. Further authorization was also sought from Trans-Nzoia County and the respective hospitals. The objective of the study was clarified to the respondent and anticipated risks and benefit attached to the questionnaires. The informed consent was sought and confidentiality upheld.

## 4. Results

### 4.1. Level of Job Satisfaction among Health Workers toward Factors Affecting Job Satisfaction (Human Resources Management Practices)

Majority of the study participants 194(73.8%) were not satisfied with human resources management practices. With regard to contingent reward, only 19(7.2.0%) stated that they were very satisfied while 87(33.1%) and 63 (24.0%) were dissatisfied and very dissatisfied respectively. Level of satisfaction with appreciation indicated that 18(6.8%) were very satisfied while 37(14.1%) and 65(31.9%) were very dissatisfied and dissatisfied respectively (see table 1 below).

Respondent Response to Satisfaction Questions					
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Contingent Reward	63 (24.0%)	87(33.1%)	18(6.8%)	71(27.0%)	24(9.1%)
Time off	66(25.1%)	112(42.6%)	14(5.3%)	52(19.8%)	19(7.2%)
Recognition	66(25.1%)	112(42.6%)	14(5.3%)	52(19.8%)	
Appreciation	37(14.1%)	65(31.9%)	84(31.9%)	59(22.4%)	18(6.8%)
Pay	21(8.0%)	87(33.9%)	84(31.9%)	51(19.4%)	20(7.6%)
Fringe benefits	58(21.1%)	112(42.6%)	9(3.4%)	68(25.9%)	16(6.1%)
Promotion	58(21.1%)	112(42.6%)	9(3.4%)	68(25.9%)	16(6.1%)
Training opportunities	58(22.1%)	53(20.2%)	8(3.0%)	106(40.3%)	38(14.4%)
Employee Evaluation	45(17.1%)	88(33.5%)	17(6.5%)	86(32.7%)	27(10.3%)
Job rotation	27(10.3%)	61(23.2%)	47(17.9%)	91(34.6%)	37(14.1%)
Supervision	24(9.1%)	72(27.4%)	80(30.4%)	65(24.7%)	22(8.4%)

Table 1: Level of Job Satisfaction among Health Professionals toward Factors Affecting Job Satisfaction

### 4.2. Socio-Demographic Characteristics of Study Participants

The social-demographic characteristics of the sampled healthcare professionals are presented in table 2 below. A total of 278 questionnaires were disseminated, and 263 (88.25%) were returned. Among the respondents, 157 (59.7%) were females. The age distribution showed that 60 (22.7%) were between ages 21years and 30 years, 114(43.3%) between ages 31 years and 40 years, 51(19.4%) between ages 41 years and 50 years and 38(14.4%) between ages 51 years and 60 years. Majority of the respondents 156 (59.1%) were diploma holders. Certificate holders were 16 (6.1%), higher diploma holders 30(11.4%), and degree holders and above accounted for 60(23.2%). A bulk of the respondents, 201(76.4%) were married. Most of the respondent, 132 (50.2%), had worked for the current hospital for more than five years. Fifteen respondents (5.7%) had worked for the existing hospital for less than a year, 57(21.7%) for between one and two years and 59(22.4%) respondents for between three and five years. Likewise, majority of the interviewees had worked in the current county for more than five years, 130(49.4%) for between three and five years, 72(27.4%) between one and two years and 18(6.8) for less than a year. The nursing personnel's 140 (53.2%) formed more than half of the total respondents followed by clinical officers 30(11.4%), Occupational Therapist Orthopedic Technicians and Physiotherapists20 (7.6%), Radiologists and Medical Lab Technicians (20(7.6%) and Nutrition and Dietetics, Public Health Officer and Medical Social Worker 19(7.2%).

Variable	Categories	Frequency	Per cent
Age	21-30	60	22.8
	31-40	114	43.3
	41-50	51	19.4
	51-60	38	14.4
Gender	Male	106	40.3
	Female	157	59.7
Level of Education	Certificate	16	6.1
	Diploma	156	59.3
	Higher Diploma	30	11.4
	Degree and Above	61	23.2
Marital Status	Single	51	19.4
	Married	201	76.4
	Divorced	4	1.5
	Widowed	7	2.7
Service Year in the Hospital	Less than One Year	15	5.7
	1-2 years	57	21.7
	3-5 years	59	22.4
	More than 5 years	132	50.2
Service Year in the County	Less than One Year	18	6.8
	1-2 years	72	27.4
	3-5 years	43	16.3
	More than 5 years	130	49.4
Designation	Medical and Dental	32	12.2
	Nursing Personnel	126	47.9
	Clinical officers	28	10.6
	Pharmacists	9	3.4
	Public health officers	5	1.9
	Others**	22	8.4

Table 2: Socio-Demographic Characteristics of Study Participants

\*\*-Others Include (Radiologists, Orthopedic Technicians, Nutrition and Dietetics, Physiotherapists, Medical Social Workers, Medical Lab Technicians, Occupational Therapists, and Pharmaceutical Technologists)

#### 4.3. Respondents Response to Satisfaction Questions (Human Resources Management Practices)

The overall response for each of the health care professionals to the eleven factors influencing the level of job satisfaction was computed (see table 3 below). Respondents who had an average score below or equal the mean value were categorized as dissatisfied while those who had scores above the mean value classified as satisfied. Consequently, 69(26.2%) of health care professionals were satisfied and 194(73.8%) not satisfied. Satisfaction level was highest among the public health officers (44.4%) followed by pharmacists (30.8%) and clinical officers (28.2%).

Designation	Overall satisfaction	
	Dissatisfied	Satisfied
Medical & Dental Officers	24 (75.0%)	8 (25.0%)
Nursing Personnel	97(77.0%)	29(23.0%)
Clinical Officers	28(71.8%)	11(28.2%)
Pharmacists	9(69.2%)	4(30.8%)
Public Health Officers	5(55.6%)	4(44.4%)
Others	22(78.6%)	6(21.4%)
<b>Total</b>	<b>194(73.8%)</b>	<b>69(26.2%)</b>

Table 1: Distribution of Job Satisfaction among Health Care Professionals

\*\*-Others Include (Radiologists, Orthopedic Technicians, Nutrition and Dietetics, Physiotherapists, Medical Social Workers, Medical Lab Technicians, Occupational Therapists, and Pharmaceutical Technologists)

#### 4.4. Socio-Demographic Characteristics and Satisfaction

As shown in Table 4 below, respondents aged between 51-60 years old were more likely to have higher overall satisfaction 21(55.3%) followed by those aged between 41-50 years 26(51.0%) and lastly those aged between 31-40 years 49(43.0%). Hence job satisfaction steadily increased with age. There was no significant association between gender and overall job satisfaction ( $p=0.103$ ). Nonetheless, females, 57(53.8%) seemed to have a higher job satisfaction compared to males 68(43.3%). There was an insignificant association between level of education ( $p=0.012$ ), service year in the hospital ( $p=0.07$ ) and designation ( $p=0.011$ ) with overall job satisfaction. The level of satisfaction increased as one attained more education from certificate holders 4(25.0%), diploma holders 68(43.6%), higher diploma holders (14(46.7%) and 63.9%

and degree holders 39(63.9%). There was no significant relationship between marital status and overall job satisfaction ( $p=0.686$ ). However single respondents 28(54.9%) followed by the divorced 2(50.0%), followed by those who are married 92(45.8%), and lastly, those who were widowed 3(42.9%). Therefore, single respondents were more probable to have overall job satisfaction than respondents who were married, divorced, or widowed. There was a significant association between service year in hospital and overall job satisfaction ( $p=0.007$ ). Higher satisfaction was experienced those who had stayed below one year 10(66.7%), followed by those who had stayed for between 3-5 years 34(57.6%), then those who had stayed for more than five years 64(48.5%) and lastly those who had worked in the hospital for between 1-2 years 17(29.8%). Service year in the county did not significantly influence the overall job satisfaction ( $p=0.590$ ). Higher satisfaction was experienced by those who had stayed below one year 11(61.1%), followed by those who had stayed for between 3-5 years 21(48.8%), then those who had stayed for more than five years 62(47.7%) and lastly those who had worked in the hospital for between 1-2 years 31(43.1%).

	Overall Satisfaction		Total (N=263)	Bivariate Analysis
	Satisfied (n=138)	Dissatisfied (n=125)		$\chi^2$ (p-value)
<b>Age</b>				2.116(0.557)
21-30	31(51.7%)	29(48.3%)	60 (22.8%)	
31-40	65(57.0%)	49(43.0%)	114 (43.3)	
41-50	25(49.0%)	26(51.0%)	51 (19.4%)	
51-60	17(44.7%)	21(55.3%)	38 (14.4%)	
<b>Gender</b>				2.777(0.103)
Male	49(46.2%)	57(53.8%)	106(40.3%)	
Female	89(56.7%)	68(43.3%)	157 (59.7%)	
<b>Level of Education</b>				10.819(0.012)
Certificate	12(75.0%)	4(25.0%)	16 (6.1%)	
Diploma	88(56.4%)	68(43.6%)	156 (59.1%)	
Higher Diploma	16(53.3%)	14(46.7%)	30 (11.4%)	
Degree and Above	22(36.1%)	39(63.9%)	61 (23.2%)	
<b>Marital Status</b>				1.611(0.686) Fisher's Exact Test
Single	23(45.1%)	28(54.9%)	51 (19.4%)	
Married	109(54.2%)	92(45.8%)	201 (76.4%)	
Divorced	2(50.0%)	2(50.0%)	4 (1.5%)	
Widowed	4 (57.1%)	3(42.9%)	7 (2.7%)	
<b>Service year in the Hospital</b>				11.828(0.007)
Less than one year	5(33.3%)	10(66.7%)	15 (5.7%)	
1-2 years	40(70.2%)	17(29.8%)	57 (21.7%)	
3-5 years	25(42.4%)	34(57.6%)	59 (22.4%)	
More than 5 years	68(51.5%)	64(48.5%)	132 (50.2%)	
<b>Service year in the County</b>				1.940(0.590)
Less than one year	7(38.9%)	11(61.1%)	18(6.8%)	
1-2 years	41(56.9%)	31(43.1%)	72(27.4%)	
3-5 years	22(51.2%)	21(48.8%)	43(16.3%)	
More than 5 years	68(52.3%)	62(47.7%)	130(49.4%)	

Table 2: Socio-Demographic Characteristics and Job Satisfaction

#### 4.5. Human Resources Management Practices and Health Care Professionals Job Satisfaction

Done bivariate analysis between Environment management practices and job satisfaction. The results showed a significant association with all variables of environmental management practices and Health-care Professionals job satisfaction ( $p= <0.001$ ). A health professional who was satisfied with equipment and resources, lighting and ventilation, communication, relationship with co-workers, cleanliness, staff competence, operating procedures and nature of work was more likely to have overall job satisfaction. Forty-seven point five per cent (47.5%) of the respondents agreed that they were satisfied with environment management practices for their current job.

#### 4.6. Influence of Human Resources for Health Management Practices on the Satisfaction of Health-Care Professionals in Public Hospitals in Trans Nzoia County, Kenya

Table 5 below shows bivariate analysis between human resources for health management practices and overall job satisfaction. All the other reward and compensation domains had a significant association with overall job satisfaction ( $p < 0.001$ ). More than half of the respondents, 138 (52.47%) expressed overall dissatisfaction with the reward and compensation factors.

Variables		Effects of HRH management practices on Health Care Professionals Job Satisfaction		$\chi^2$ (p-value)
		Dissatisfied (n=138)	Satisfied (n=125)	
Contingent Reward	Dissatisfied	113(67.3%)	55(37.2%)	40.797(<0.001)
	Satisfied	25(26.3%)	70(73.7%)	
Time off	Dissatisfied	99(70.2%)	42(29.8%)	38.363(<0.001)
	Satisfied	39(32.0%)	83(68.0%)	
Recognition	Dissatisfied	132(68.8%)	60(31.2%)	75.570(<0.001)
	Satisfied	6(8.5%)	65(91.5%)	
Appreciation	Dissatisfied	130(69.9%)	56(30.1%)	77.312(<0.001)
	Satisfied	8(10.4%)	69(89.6%)	
Pay	Dissatisfied	129(67.2%)	63(32.8%)	61.759(<0.001)
	Satisfied	9(12.7%)	62(87.3%)	
Fringe benefits	Dissatisfied	123(68.7%)	56(31.3%)	59.295(<0.001)
	Satisfied	15(17.9%)	69(82.1%)	
Promotion	Dissatisfied	134 (53.0%)	119 (47.0%)	0.648 (0.525)
	Satisfied	4 (40.0%)	6 (60.0%)	
Training opportunities	Dissatisfied	88 (73.9%)	31 (26.1 %)	40.203 (<0.001)
	Satisfied	50(34.7%)	94 (65.3%)	
Employee job evaluation	Dissatisfied	110 (73.3%)	40(26.7%)	60.925 (<0.001)
	Satisfied	28 (24.8%)	85 (75.2%)	
Job Rotation	Dissatisfied	89(71.8%)	35(28.2%)	35.053 (<0.001)
	Satisfied	49(35.3%)	90(64.7%)	
Supervision	Dissatisfied	127(72.2%)	49(27.8%)	82.691 (<0.001)
	Satisfied	11(12.6%)	76(87.4%)	

Table 3: Influence of HRH Management Practices on Health Care Professionals Job Satisfaction

All the five key informant interviews who participated in the study reported that pay was a significant factor in overall Health-care Professionals Job Satisfaction. One of the Key Informants state that;

"The main issue with the county, in general, is the harmonization of salaries. Currently, we have nurses who are on strike because of pay. Although we cannot satisfy every Health-care Professionals we have in terms of pay, the county in collaboration with the national government is looking into the issue seriously. Our contingent and fringe benefits are not that competitive in the country. Off-course we need to do more."

Another Key informant stated that:

"The national government is delaying in disbursing Health-care Professionals pay. Consequently, delaying salary for the county Health-care Professionals is really hurting us. It is leading to low morale, particularly for the nurses who are currently on strike. Although doctors are also disgruntled, their pay is relatively higher than that of other cadres. We are doing whatever we can ensure that the Health-care Professionals feel recognized, appreciated and motivated.

#### 4.7. Multivariate Regression

The variables in the regression equation explained 53.1% variation in job satisfaction score (See table 6 below).

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.729 <sup>a</sup>	.531	.510	.350
a. Predictors: (Constant), Supervision, promotion, time off, training opportunities, job rotation, fringe benefit, Contingent Reward, Recognition, Employee evaluation, Pay, Appreciation				

Table 4: Regression Model Summary: HRH Management Practices

The independent variables (Time Off, Recognition, Appreciation, promotion, training opportunities, employee evaluation and supervision) statistically significantly predicted Job Satisfaction,  $F(95) = 34.818$ ,  $p < .000$ ,  $R^2 = .531$  (See table 7 below).

ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	34.818	11	3.165	25.819	.000 <sup>b</sup>
Residual	30.771	251	.123		
Total	65.589	262			
a. Dependent Variable: Overall Satisfaction					
b. Predictors: (Constant), Supervision, promotion, time off, training opportunities, job rotation, fringe benefit, Contingent Reward, Recognition, Employee evaluation, Pay, Appreciation					

Table 5: Analysis of Variance: HRH Management Practices

Seven variables out of eleven (time off, recognition, appreciation, promotion, training opportunities, employee evaluation and supervision) added statistical significance to the prediction of the outcome of regression coefficients since their p values were less than 0.000 (See table 8 below). The study observed that job satisfaction score increased by 0.116, 0.317, 0.198 units, respectively, with a unit increase in factor score of Time Off, Recognition, and Appreciation. The regression equation that can be formulated based on the information obtained is as follows:

Score for effects of HRH management practices on Health Care Professionals Job Satisfaction = 0.048 + 0.105(time off) + 0.177(recognition) + 0.195(appreciation) - 0.255(promotion) + 0.156(training opportunities) + 0.169(supervision)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.048	.042		1.124	.262
Contingent Reward	-.008	.059	-.008	-.134	.893
Time Off	.105	.051	.105	2.062	.040
Recognition	.177	.067	.157	2.635	.009
Appreciation	.195	.079	.178	2.472	.014
Pay	.077	.074	.069	1.047	.296
Fringe benefit	.095	.071	.089	1.336	.183
Promotion	-.255	.117	-.098	-2.172	.031
Training Opportunities	.156	.049	.156	3.204	.002
Employee Evaluation	.153	.061	.152	2.503	.013
Job Rotation	.054	.051	.054	1.063	.289
Supervision	.169	.071	.159	2.395	.017

Table 6: Regression Coefficients: HRH Management Practices

## 5. Discussion

### 5.1. Socio-Demographic Characteristics of Study Participants

The study established that out that most of the respondents were of middle-aged category suggesting that the Health-care Professionals in the public health sector in Kenya were youthful. The age distribution of Health-care professionals in the current study was similar to that done by Ngure (2016), titled "Factors influencing retention of health workers in the public health sector in Kenya," which found out that most of the study participants were aged between 25 and 40 years old. According to KIPPR, the Kenyan working population is mainly made up of youths (KIPPR, 2016). With the government focusing on promoting youth employment, the number of youths in the public health sector is expected to increase. In the current study, a majority of respondents were diploma holders. The high number of diplomas was attributed to the fact that most respondents were nurses who held diploma certificates. The findings compare favourably with the Ministry of Health (2017) and the study which places nurses as the majority of healthcare professionals and diploma holders. The majority of the study participants were married, followed by singles then widowed and lastly divorced. Such a demographic profile is evident since most of the respondents were above middle age; hence, likely to be married. The finding relates favourably with Kenya demographic and health survey data that show that most of the Health-care professionals in Trans-Nzoia County are married (KIPPR, 2016). Coincidentally, most Health-care Professionals were aged between 25 and 40 years which is an age bracket that most persons marry in Kenya. According to the World Bank collection of development indicators, Kenya means the age at first marriage was recorded to be above 26 years old (Trading Economics, 2019).

Majority of the respondents in the current study were females. Such preponderance is due to the substantial weight of the nursing category, which is mostly female-oriented occupation both locally and globally (Jimenez et al., 2017). For the other carders such as public health, physicians, dentist physiotherapists, laboratory technologists, and physiotherapists, men made up the majority category. The findings are in line with Kenya's Ministry of Health (2016) outcomes that showed that women are disproportionately represented in the most medical fields that are considered "technical" or "upper-cadre jobs." All the respondents had post-secondary education owing to the strict requirement by the ministry of health to weed



out quacks from the industry. Also, the majority of Kenyans are seeking knowledge due to increased awareness of its importance and increased competition in the professional job sector. The research outcomes on the level of education compared favourably with Obura et al. (2016) study conducted in Nairobi Kenya titled, "Contextual Analysis and Perceptions of Health Workers on Migration" which revealed that majority of Health-care professionals had post-secondary education. Similar to the study conducted by Bello et al. (2018) in Nigeria, focusing on "job satisfaction among physicians in public hospitals," and Guo (2016) in China, the current study found out that majority of the respondents was married.

### 5.2. Socio-Demographic Characteristics and Job Satisfaction

The current study indicated that that level of education was significantly associated with overall job satisfaction. According to Mengistu & Bal (2015), job satisfaction may decrease with an increase in education, mainly when the education level is not adequately recognized in both pay and responsibility. The finding was similar to study titled "Impact of training and development practices on employees job satisfaction at Pakistan international airline," (Khan, 2015) conducted by Khan, Arif and Rehman (2015) in Pakistan that concluded that employees, who have relatively higher education and minimal chances of promotion were more dissatisfied compared to those with relatively lower educational attainments. Such preponderance can be attributed to inadequacies in modifying job skill requirements with an increase in attainment of educational levels. Such a trend is likely to be evident among better-educated professionals. Highly educated professionals who feel their skills are not well utilized or recognized will more likely leave their current jobs aggravating the existing high rate of personnel turnover.

In the present study, the length of service in the hospital was found to independently predicted overall Health-care Professionals job satisfaction. Persons who had stayed in the hospital for less than two years had the highest satisfaction rate compared to those who had stayed for between one to five years. Generally, new Health-care Professionals in organisations are initially excited with their role and mostly made up of young persons with relatively less financial responsibilities thus explaining their higher job satisfaction compared to those who have stayed in the hospital for more than three years. The findings are similar to the study conducted by Butaki (2015) titled "Factors Affecting Retention of Human Resources for Health in Trans-Nzoia County, Kenya." Satisfaction levels were also high among Health-care Professionals who have stayed in the hospital for more than five years. Such a trend could be explained by the fact that as people age, there are high chances of gaining better pay and benefits leading to an increase in overall job satisfaction (Ajusa & Atambo, 2016).

Similar to the current research, studies by Dobrow et al., (2016) and Abuhashesh et al., 2019 looking at the relationship between service year and Health-care Professionals job satisfaction found out persons aged between 30 and 40 years old have the lowest job satisfaction. The reason for such a trend may be due to the accompanying risk-taking behaviour and the quest to seek for better opportunities among the middle-aged employees. As one ages, the person tends to stick more in one place of work due to reduced risk-taking ability (Jimenez et al., 2017; Kemunto, 2018). The current research did not establish a statistically significant association between marital status and job satisfaction. However, single Health-care Professionals was more satisfied as compared to the married, divorced and widowed. Similarly, Single Health-care Professionals had higher job satisfaction in Bulgaria, Portugal, Romania, and Australia Dobrow et al., (2016). A possible explanation for such a trend is that a single Health-care Professionals has relatively less financial responsibilities compared to the other marital categories.

### 5.3. Overall Satisfaction

The current study indicated less than 26.2% satisfaction level among healthcare professionals. The findings were lower than the study by conducted in Makueni District in Kenya Mathulu & Mbithi (2016) titled "job satisfaction among the nurses of Makueni district" which established a 36% satisfaction rate. Also, satisfaction rate in Trans-Nzoia County were lower than the findings by Gedif (2018) titled "Level of job satisfaction and associated factors among health care professionals working at University of Gondar Referral Hospital, Northwest Ethiopia," and Bello, (2018) study titled "Determinants of Job Satisfaction among Physicians in Public Hospitals in Calabar, Nigeria" which established satisfaction levels of less than 50% among health care professionals in the study area. The possible explanation for the difference could be due to variation in organizational setup and socio-economic characteristics of healthcare professionals. On the other hand, the findings were similar to the studies conducted by SCGaH (2018) in Sri Lanka titled "Employee satisfaction and related factors among public healthcare workers in Sri Lanka: a case study on Regional Directorate of Hambanthota" which established a 23.7% satisfaction rate. The possible explanation for the difference could be due to dynamics brought about by variations in setting, time and population. Another explanation could be due to differences in the data collection tools for measuring the outcome variables.

### 5.4. Human Resource Management Practices and Job Satisfaction

The study finding revealed that Human Resources Management Practices domains were significantly associated with Health-care professionals job satisfaction. Therefore, the null hypothesis was rejected. Time off, one of the compensation factors explored in the current study, not only improve Health-care Professionals morale and increase levels of productivity but also improve overall job satisfaction. The finding in the present research paradoxically leads to the conclusion that the less time you spend at work, the more one becomes productive. However, care should be taken not to waste organization time on unnecessary time-offs. Since working in busy healthcare facilities can lead to fatigue, providing time off whenever necessary may lead to a happy and motivated workforce which is a vital component in sustaining a

positive organizational culture. The findings of the current study resonate with the research by Jaiswal et al. (2015) titled "Job satisfaction among hospital staff working in a Government teaching hospital of Indian" which found out that those Health-care Professionals who regularly took time off showed increased morale and heightened job satisfaction (Jaiswal, 2015).

Moreover, according to the current study, recognition, and appreciation significantly influenced the overall satisfaction of the healthcare professionals in Trans-Nzoia county. Majority of the respondents were not satisfied with the recognition aspects at their workplace. The findings resonate with the research conclusion by Bello et al. (2018) conducted in Calabar Nigeria titled "Determinants of Job Satisfaction among Physicians in Public Hospitals." Bello et al. found out that Health-care Professionals receiving recognition for performing well at their tasks are more likely to be motivated to work better and exhibited more sense of worthwhile accomplishment from their roles and responsibilities. On the contrary, a study by Danish Rizwan (2010) conducted in Pakistan titled "Impact of Reward and Recognition on Job Satisfaction and Motivation" established an insignificant relationship between recognition and job satisfaction. Rizwan found out that recognition is only significantly related to the relationship with coworkers. Such contradictory findings may be explained by the social dynamics between the Pakistan and Kenyan Population which varies in terms of diversity, preferences and satisfaction triggers. Moreover, the study by Rizwan employed convenience sampling approach which might have influenced the overall outcome. While recognition in Pakistan firms prove to be relatively meaningless mainly when matters of bread and butter are vital, the findings in the current study show the importance placed on recognition by the Health-care professionals in trans-nzoia county, Kenya.

Availability of training opportunities is also an aspect that significantly influenced overall job satisfaction. The study revealed that most of the study participants were dissatisfied with the lack of opportunities for training and professional development. The findings were consistent with the one conducted by Mengistu and Bali (2015) in Ethiopia titled "Factors associated to job satisfaction among workers at public hospitals..." which concluded that majority of the public health respondents were dissatisfied with training opportunities availed during their professional life. Training has the ability to increase self-esteem and self-confidence of Health-care professionals and heightens the quality of care that would elevate the morale of the Health-care professionals in an organization. Career development is crucial for not only the Health-care Professionals but also the organization. The training was part of the Collective Bargaining Agreement (CBA) for the nurses and doctors that resulted in numerous industrial actions that have faced the Kenya Health Sector (KIPRA, 2016). Hence by effectively providing training opportunities, Trans Nzoia county can get long term benefits through Health-care Professionals retaining and productivity.

The main aim of job evaluation is to ensure that staff is placed according to their skills, their strengths and weaknesses are determined and appropriate measures taken to improve their performance. Hence, the high quality of performance appraisal help increases the level of job satisfaction of Health-care Professionals. In the current study, Health-care Professionals performance evaluation was an important factor that significantly determined health professional job satisfaction. Majority of the respondents were dissatisfied with Employee job evaluation. The findings were similar to the study conducted by (Wahjono, 2016) which found a significant relationship between fairness during performance appraisal and overall Health-care Professionals Job Satisfaction. Similarly, Mengistu and Bali (2015) concluded that healthcare workers in a public hospital in Oromia, Ethiopia identified fair and quality performance evaluation as a critical determinant of their overall job satisfaction.

Majority of respondents in the current study were not satisfied with the supervision aspects of Health-care Professionals development practices. The significant and positive correlation between supervision and overall job satisfaction indicates its importance in improving overall organizational productivity. The findings are corroborated with the study by Qureshi & Hamid (2017) in Malaysia which concluded that providing supervisory support in the form of emotional, instrumental, training, feedback and Health-care Professionals development is vital in promoting overall Health-care Professionals Job Satisfaction with work. Similarly, Goetz et al. (2015) study titled "Working Atmosphere and Job Satisfaction of Health Care Staff in Kenya" magnified the importance of supervision in promoting Health-care Professionals job satisfaction. Since supervision is a delicate function, it can either improve results or can detract others from attaining efficiency. Thus, using appropriate and well informed supervisory intervention in the workplace can consistently improve teams job satisfaction.

## 6. Conclusion

The current study documented that most of the staff working in public hospitals in trans-Nzoia County were not satisfied with their job; however, there is scope for further enhancement within a realistic range. Monitoring of job satisfaction can be undertaken regularly to establish factors needing improvement. By enhancing job satisfaction, the managers and administrators can help reduce turnovers, improve productivity and financial health of the organization. The study established a significant relationship between socio-demographic characteristics and job satisfaction. Therefore, the null hypothesis was rejected. The study documented that level of education, service year in the hospital and designation were significantly associated with overall job satisfaction. Also, job satisfaction increased with age but reduced with service year. The predictors of job satisfaction in trans-nzoia county Kenya were time off, recognition, appreciation, promotion, training opportunities, employee evaluation and supervision.

## 7. Recommendations

The healthcare professionals at Trans-Nzoia hospitals value recognition and appreciation on matters affecting their work. To improve productivity, human resource policies need to be aligned with the institutional strategy as such

the county should focus not only on the needs of the organization but also those of the employees. More specific policy responses include training of employees in relevant skills, hiring the right persons, enhancement of the performance-based compensation, providing security and nurturing effective and self-managed teams. Developing fair evaluation systems that effectively link individual performance and corporate goals and priorities is vital in ensuring a fair process that is based on achievements. Applying a cross-functional feedback approach can substantially add fairness in the evaluation system. A comparative study on determinants of job satisfaction among Health-care professionals in private and public facilities

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