



ISSN 2278 – 0211 (Online)

An Assessment of the Role of Working Environment on Performance of Nurses in Devolved Health Services in Baringo County, Kenya

Evans Cherogony

Public Health Officer, Baringo County Government, Kenya

Moses Mamati Wapangana

Accountant, Kisii University, Kenya

Abstract:

This study sought to assess the role of working environment on performance of nurses in devolved health services in Baringo County, Kenya. The study was motivated by the fact that majority of devolved units have faced a number of challenges in the health sector especially the nurses' strikes. To achieve this objective, the study adopted descriptive survey design. The population of study comprised of all the nurses working in different health facilities in Baringo County. The health facilities were stratified on the basis of their size; level 1-community health unit, Level 2 - dispensaries, level 3- health centres, level 4- sub-county referral hospital and level 5 – county referral hospital. Owing to the large number of nurses in the region, a sample equivalent to 30% was selected. A Pilot study was conducted in two hospitals in Elgeyo/ Marakwet County. Structured questionnaires were used to collect data from these nurses. The data collected were coded and entered into SPSS worksheet to facilitate analysis. Descriptively, data was presented using tables and figures. The regression model applied revealed a significant relationship between the independent variables and performance of nurses. The regression coefficients indicated that recognition, Career development, Management practices and Workload significantly affect performance of nurses. The results also show that lack of recognition will lead to poor performance of nurses under devolved health service. Further, it was evident that the nurses are not rewarded when they do well, but other health workers recognize the important role that nurses play in the hospital. The study findings therefore, imply that the hospital management in devolved health service in Baringo County should; devise reward procedure for employees who have performed well in their duties in order to motivate them to continue performing well. The management should also come up with a policy document spelling out promotion criteria and procedures for filling internal vacancies that ensure fairness for all employees. Further, hospital management should undertake team building programs regularly among their staff in order to enhance good working relationship among all the employees, put in place measures to reduce nurses' workload by improving the working environment of the existing workforce to reduce seeking other better opportunities and recruiting more nurses regularly to reduce the deficit.

1. Introduction

1.1. Background of the Study

Devolution of health services particularly the management of workers which nurses form its bulk, approximately 45% of the workforce led to resistance. This research study therefore seeks to establish determinants of good working environment among nurses in devolved health services in Baringo County, Kenya. Devolution of health services including personnel management was not received well by health care workers. This agitation was occasioned perhaps by perceived job insecurity or work interference. This was marked by demonstrations, go slow and even actual strike, thereby disrupting health service provision.

The working environment of nurses contributes to the overall work output and by extension health services provision. This research study will therefore focus on quality of working life such as adequate, fair compensation, safe, healthy working environment and social relevance of work. In addition, the research focused on professional development of nurses as a factor to improving working environment such as provision of essential facilities and equipment such as drugs, hand gloves, bandages and linen will be researched as a determinant of working environment among nurses in a bid to improving health care provision. This research study will therefore work into the dimensions of quality of professional life, management, working conditions, rewards, skills, relations at work and work organization as key determinant of nurses working environments with regard to health care provision in Baringo County.

There are an estimated 12 million nurses worldwide (Buchan & Calman, 2005) a number which is deemed to be far less than sufficient to meet labour-turnover requirements (International Council of Nurses, 2006). Developing countries are those most severely affected. Most developed countries; including the United States of America (USA), Canada, and those throughout Europe is experiencing less critical, but still serious, nursing shortfalls (Auerbach, Buerhaus, & Staiger, 2007). Auerbach *et al.* (2007) indicated that by 2020 there would be a deficit of 340,000 nurses in the USA and the Canadian Nurses' Association (2008) predicted that Canada would

experience a deficit of 78,000 nurses by 2011, rising to 113,000 by 2016. The Australian Health Workforce Advisory Committee (AHWAC) (2004a, 2004b) predicted a nursing workforce shortfall of 60,799 nurses over a ten-year period, with the gap estimated at 5,504 in the year 2006 and 8,329 in the year 2012.

1.2. Statement of the Problem

Kenya's health system currently faces a variety of human resource problems, primarily an overall lack of personnel in critical areas such as nurses. Baringo County being one of the 47 devolved units – Counties has not been spared in human resource problems. There has been low nurses' morale, suspected go slow including actual peaceful strike demonstrations which became more pronounced upon devolution of the health service. In addition, there has been a rise in qualified staff moving overseas thereby worsening an already dire situation. Further, the remaining personnel are inequitably distributed between urban and rural areas (Dambisya, 2007). In response to the crisis in health services, the government has attempted to develop new standards in a bid to improve working conditions in the health sector and retain staff by offering salary increases, providing them with opportunities to engage in private practice and giving them subsidized training (Ndetie *et al.*, 2007).

The devolution of health services was characterized by resistance by health workers and since then the nurses have registered their dissatisfaction through which disrupt provisions of health services and watering down the gains that the Kenyan Government has made in achieving universal health care provision.

The effects of working environment such as nursing morale, quality care, patients care, environment largely contributes to quality of work output and by extension health provision. Lake (2002) found out that those hospitals with excellent patient outcomes are characterized by organizational cultures which promote healthy relationship between doctors and nurses and by extension giving a sense of liberty and control of their work by nurses being core caregivers. Issues such as adequate staffing, training and relationship as a key component of the determinant of nurses working environment have been found to be significantly associated with decreased morality (Aiken, Clarke, and Sloane, 2009).

Nurses in Kenya form the bulk of the entire health workforce as their services are spread throughout all the sectors. To revamp the health sector in the County government there is a need to improve the working environment of nurses. The research study is aimed at coming up with determinant of good working environment among nurses in Baringo County, Kenya.

1.3. Objectives of the Study

The main objective of the research was to assess role of working environment and nurses' performance in devolved services in Baringo County, Kenya.

The following specific objectives were formulated in order to assess the role of working environment on performance of nurses in devolved health service in Baringo County;

- i. To determine the effects of recognition on performance of nurses in devolved health service.
- ii. To establish effects of career development opportunities on performance of nurses in devolved health service.
- iii. To assess the effects of management practices on performance of nurses in devolved health service.
- iv. To evaluate the effects of workload on performance of nurses in devolved health service.

1.4. Hypothesis of the Study

- Ho₁: Recognition does not significantly affect performance of nurses in devolved health service
- Ho₂: Availability of career development opportunities does not significantly affect performance of nurses in devolved health service
- Ho₃: Management practices do not significantly affect performance of nurses in devolved health services.
- Ho₄: Workload does not significantly affect performance of nurses in devolved health service.

1.5. Significance of the Study

The results of this investigation can be helpful in certifying theory -based and evidence informed strategies to enhance nursing workplaces with the potential to supporting the delivery of quality patient care. Professional associations, unions and government agencies can use the research results to improve work output. The study can also contribute to the growing body of knowledge regarding effective work environments in hospital settings.

1.6. Scope of the Study

The study sought to assess the role of working environment and nurses' performance in devolved services in Baringo County. Specifically, the study looked into the effects of recognitions, availability of career development opportunities, management practices and workload. The respondents for the study were 195 nurses working in public hospitals in Baringo County. The study was undertaken in the month of August, 2016.

1.7. Limitations of the Study

The researcher encountered a number of challenges in the course of this study. The nurses who were the respondents in this study had busy schedule attending to the clients, to overcome this challenge, the researcher left the questionnaire with the respondents for them to respond to in their convenient time within the specified research time plan. Another challenge was the work schedule of some nurses, especially those in the night shift, the researcher checked on the time table on the day in which they were available during the

day, this kind of arrangement required more time for data collection exercise and going to the same facility several time to meet all the target respondents.

1.8. Assumptions of the Study

The researcher made the following assumption during the study;

- i. The respondents gave reliable information to the best of their knowledge
- ii. The respondents selected is a true reflection of the entire population

1.9. Operational Definition of Terms

- Working environment: Working environment was considered as the composite of the two components; physical and behavioral. The physical environment consists of elements that relate to the nurses' ability to physically connect with their office environment. The behavioral environment consists of components that relate to how well the nurses connect with each other and the management.
- Career development: This refers to the opportunities provided to the nurses to advance their careers through training and given responsibilities.
- Workload: This refers to the number of patients that are attended by one nurse (Nurse: Patient)
- Recognition: This refers to the acknowledgement of nurses' status or merits in the work place by the management.
- Management practices: This refers to the chain of command in the work place as well as the autonomy in which the nurses enjoy in discharging their duties.
- Nurses: They are medical employees who acquire technical skills as well as clinical expertise in providing nursing care to patients.
- Performance: Performance for nurses is considered as the Composite of the four elements namely availability, productivity, competences and responsiveness of health provider. Improvement of these four elements indicate improved performance

2. Literature Review

2.1. Theoretical Literature Review

This section contains the theories that anchor the study variable that is quality of working environment on the performance of health workers.

2.1.1. Quality of Working Life (QWL)

The earlier works on Quality of Working Life was a paper presented by Richard Walton at one of the earliest annual International Quality of working Life conferences held in the USA. Walton (1975) outlined eight conceptual categories: sufficient, good remuneration; safe, healthy working conditions; progression; job security; social integration; constitutionalism; work life; and the social relevance of work. Since then, several researchers have been instrumental in adding to and refining the conceptual categories used to measure employees' quality of working life (Denvir, et al., 2008). Hsu & Kernohan, 2006 reviewed the conceptual categories (dimensions) applied in research into quality of working and identified seven that were used consistently. These were security; economic rewards; autonomy; organization and interpersonal relations; worker involvement and commitment; working conditions and worked complexity; personal growth opportunities and quality of professional life feelings.

Denvir et al. (2008), on behalf of the Institute for Employment Studies in the UK, which has an extensive history in the development of survey tools to measure employees' quality of working life, designed and piloted a new study. The study identified eight dimensions on the quality of professional life; management; working conditions; rewards; skills and prospects; relations at work; the nature of work; and the organization of work.

2.1.2. Magnet Recognition Model

In the U.S, the idea of Magnet status hospitals was introduced to curb nurse attrition. The framework outlines the dimensions of building an agile and dynamic workforce (Cook & Hyrkas, 2010). Kramer and Schmalenberg (2008) formulated eight essentials of magnetism. They included working with other clinically competent nurses, collaborative nurse-physician, and interdisciplinary relationships, autonomy in the clinical decision-making process, supportive nurse management; control of nursing practice, Support for education, perception that staffing is adequate and culture in which concern for patients is paramount. Identification of these essential Magnet attributes allows organizations that may not have the resources to pursue formal Magnet recognition to make improvements in areas of most importance to nurses (Ulrich, Buerhaus, Donelan, Norman and Dittus 2007).

2.1.3. Structural Empowerment Theory

Structural empowerment concept is built on the notion that removing conditions that foster dependence and powerlessness within an organization will result in positive employee behavior and improved performance. According to Kanter's theory of structural empowerment, power sources for employees arise from both formal and informal sources (Kanter, 1998). Formal power is obtained from the characteristics of the particular role one fills while informal power is achieved through personal alliances and connections within the work setting. These forms of power increase the employee's access to conditions that enable them to accomplish their job more effectively. Empowering conditions involve access to information, opportunities, support, and resources. Access to opportunities

involves work activities that provide a challenge, learning, growth, and autonomy. Access to technical knowledge and organizational goals facilitates the individual to function more effectively in their duties.

The application of an empowerment framework to guide workplace improvements has been tested in over 75 studies involving staff nurses, advanced practice nurses and nursing leaders within diverse health care settings and across many countries (Laschinger, 2006).

2.2. Empirical Literature Review

The literature was reviewed under determinants of work environment; recognition, opportunities of career development, management practices and workload.

2.2.1. Determinants of Working Environment among Nurses

Work environment is one of the factors that affect employees' decision whether to stay with the organization or not. Productivity and efficiency are directly affected by how people work, and this is equally affected by their work environment. This may include issues such as office space, equipment, air conditioning, comfortable chairs just to mention but a few. Working environment that is comfortable, relatively low in physical psychological stress, facilities and attainment of work goals will tend to produce high levels of satisfaction among employees. In contrast, stressful working environment result to low level of satisfaction. Daly *et al.*, (2006), observes that heavy workloads may generate hostility towards the organization and diminish levels of employee commitment.

Early research into performance at work identified the importance of the social aspects and the influence of workplace colleagues (Trevino and Brown, 2005). If a high level of motivation is to be achieved, managers need to focus on relations between peers. Although managers may not have the enough financial strength to take staff on outings, good relationships can be achieved through strategies such as effective staff meetings that allow opportunities for discussion and interaction. Rosser (2004) observes that few organizations provide adequate support for its members to integrate technology into their work. Organizations should focus on how to provide better working environment that enhances the motivation levels of employees and helps them increase job satisfaction.

Small-scale attributes such as workstation lighting, size of individual work surfaces, office privacy, and noise account for incremental variance in employees' performance with their work environment above and beyond office design alone (Becker, 2002). This could mean that providing employees with attributes that counter the overall effect of an open plan office space, such as privacy and an adequate workspace, could serve to increase performance levels in spite of the overarching feelings of dissatisfaction towards the open plan office space as a whole. Ergonomic facilities that reduce strain and stress from the employees should and must be in use since they tend to work for long hours on the same station and comfort is paramount for optimum performance (Gutnick, 2007). Employees who have appropriate work space and the correct, updated and well-working equipment needed to get the job done will have a much more positive attitude about work than those who are dealing with frustrating and broken equipment and furniture (McGuire, 2009).

Employee should be allocated a central position to work from. A workspace enables the employee to be easily located and reached whenever possible. Having your own dedicated personal space gives you a sense of belongingness hence being part of the company. Extremely open working spaces may affect our ability to focus and get work done whilst spaces that are too compartmented isolate co-workers (Gutnick, 2007). The opportunity to personalize your working space with a few family pictures or personal items creates a sense of safety and can be a positive anchor.

Ventilation systems in such buildings have to meet some requirements. The indoor air must be pure, temperature, humidity and air velocity must be at the appropriate level (Doman, 2008). Temperature has an influence on office work. Low temperatures decrease the work performance, as do the high temperatures. The optimal temperature for office workers is 22°C (Seppanen, 2006). Employees' are also satisfied in a range from 20 to 24°C. High indoor temperature has a great influence on the human's body (Seppanen, 2006). It can cause such illness, as sick building syndrome. High indoor temperature also increases the level of dryness. Low indoor temperature may increase risk of the draught. Also, people are very sensitive to moving of the air when it is cold. Deming (2000), physical workplace environment can cause stress which hinders employees from performing at the desired level. Noise is a pervasive problem in working environments and besides the obvious risk of hearing damage and masking of warning signals and speech, the effects on concentration, performance, behaviour and overall well-being are serious effects of irritating noise in the working environment. Added to that, are other effects such as headache, stress, fatigue, etc. Material that reduce or counter noise and vibration into banking halls should be incorporated to reduce distractions from the employees (Deming, 2000).

An attractive and supportive work environment can be described as an environment that appeals persons into the health professions, inspires them to remain in the health workforce and allows them to perform meritoriously. The purpose of providing attractive work environments is to generate incentives for joining the health professions (recruitment) and for remaining in the health workforce (retention). In addition, supportive work environments provide conditions that enable health workers to accomplish successfully, utilizing their knowledge, abilities and competences and the available assets in order to provide high-quality health services (Leshabari *et al.*, 2008).

Working environment can be divided into two components namely physical and behavioral components (Stallworth and Kleiner, 2006). The external environment consists of essentials that relate to the office occupiers' capability to physically connect with their office environment. The social environment entails components that relate to how well the office occupiers relate with each other, and the effect the office environment can impact on the behavior of the individual. According to Haynes (2008), the external environment with the output of its occupants falls into two main classes; office layout (open-plan verses cellular offices) and office comfort (matching the office environment to the work processes), and the social environment represents the two main components specifically interaction and interruption (Tarime District Council, 2011). It is generally understood that the physical design of offices and the

environmental settings at work places are important aspects in organizational output. The empirical research by (Stallworth and Kleiner, 2006) also showed that when human needs are reflected in office design, employees perform more efficiently.

A survey steered by (Brill, 2000) recommended that improvements in the physical design of office buildings may result in a 5-10 percent increase in productivity and eventually increase performance. Scott, (2000) reported that working conditions associates with employees' job involvement and job satisfaction (Barry and Hayness, 2008). Strong et al (1999) observed that social, organizational and physical context serve as the impetus for tasks and activities, and considerably influence workers' performance. The influence of working environment, which is mostly composed of physical, social and psychological factors, has been extensively examined in past two decades. In a number of researches, employees' incentives, job contentment, job participation, job performance, and health have been found to be markedly influenced by psycho-social environment of work organization (Franco et al., 2000).

Research conducted by Hall (2007) and Ritter (2010) indicates that a healthy work environment can help increase job satisfaction and nursing retention. According to the AACN (2005a), six evidence-based standards are required to establish and sustain a healthy work environment. These standards include true collaboration, appropriate staffing, skilled communication, effective decision making, meaningful recognition, and authentic leadership. Hrabe and Stevens (2010) noted that a healthy work environment is strongly correlated with increased retention and high-quality patient care, thus, the first finding from the analysis suggested that creative processes for improving work conditions are critically needed.

Ritter (2010) studied the relationship between healthy work environment (HWE) and unhealthy work environment to nurse retention by defining both. According to Ritter (2010), HWE involves collaborative practice, accountability, credible leadership, positive communication, adequate staffing, shared decision-making, recognition, and allowance for professional growth. (MacKusick & Minick, 2010) Carried out a qualitative study that explored the reasons why registered nurses leave the profession. The study revealed three common themes amongst the nurses who were interviewed for the study: unfavorable workplace, emotional suffering related to patient attention, and fatigue and exhaustion.

Good Nurse- Physician relationship creates a conducive environment for both personnel and the patients, making the work interesting and the patient receive quality care.

Peter, *et al.*, (2010) found out that four groups of factors were identified, with those relating to job content and work environment viewed as essential characteristics of the ideal job, and rated higher than a good income. Job features that have highest importance rating overall were: excellent working relationships with co-workers, training opportunities, physical conditions, challenging work, and tools to use skills on the job, all of which are included in the job content and work environment component. Based on a systematic review of 22 empirical papers, Cummings, and Estabrooks (2003) found that impact of restructuring on nurses included decreased job satisfaction, increased turnover and that these changes affected their ability to provide quality patient care. With advancement in medical diagnosis and treatment, patients within hospitals are notably acuter and their care more complex. Taken together, the work environments for nurses are more challenging and less satisfying.

In response to concerns about attrition and the nursing shortage, research has focused on nurses' working conditions in a range of areas. These include the impact on the nursing practice of ward design/characteristics (Gurses, et al., 2009) and organizational factors within the hospital work environment (NHS Institute for Innovation and Improvement, 2010). The importance of the workplace surroundings on staff morale and lower patient mortality is well documented through research on the Magnet hospitals (Aiken, Clarke, Sloane, Lake & Cheney, 2008). The reports of this research highlighted the importance of Strategies to improve the work environment of professional nurses working at a private hospital in Bloemfontein: decentralized decision-making; effective and visible leadership, recognition of professional nurses' autonomy, having enough staff on the establishment and utilizing a flexible scheduling system (Lake, 2002).

Professional practice environments help nurses to function at the highest range of clinical practice, to mobilize resources quickly, and to serve efficiently with an interdisciplinary team of caregivers. By applying these mechanisms, professional practice environments will contribute to better quality of care, which subsequently leads to superior health care outcomes. Research conducted by Hall (2007) and Ritter (2010) indicates that a healthy work environment can help increase job satisfaction and nursing retention. According to the AACN (2005a), six evidence-based standards are required to establish and sustain a healthy work environment. These standards include true collaboration, appropriate staffing, skilled communication, effective decision making, meaningful recognition, and authentic leadership. Hrabe and Stevens (2010) noted that a healthy work environment is strongly correlated with increased retention and high-quality patient care, thus, the first finding from the analysis suggested that creative processes for improving work conditions are critically needed.

Ritter (2010) studied the relationship between healthy work environment (HWE) and unhealthy work environment to nurse retention by defining both. According to Ritter (2010), HWE involves collaborative practice, accountability, credible leadership, positive communication, adequate staffing, shared decision-making, recognition, and allowance for professional growth. (MacKusick&Minick, 2010) Carried out a qualitative study that explored the reasons why registered nurses leave the profession. The study revealed three common themes amongst the nurses who were interviewed for the study: unfavorable workplace, emotional suffering related to patient attention, and fatigue and exhaustion.

Good Nurse- Physician relationship creates a conducive environment for both personnel and the patients, making the work interesting and the patient receive quality care.

Peter, *et al.*, (2010) found out that four groups of factors were identified, with those relating to job content and work environment viewed as essential characteristics of the ideal job, and rated higher than a good income. Job features that have highest importance rating overall were: excellent working relationships with co-workers, training opportunities, physical conditions, challenging work, and tools to use skills on the job, all of which are included in the job content and work environment component. Based on a systematic

review of 22 empirical papers, Cummings, and Estabrooks (2003) found that impact of restructuring on nurses included decreased job satisfaction, increased turnover and that these changes affected their ability to provide quality patient care. With advancement in medical diagnosis and treatment, patients within hospitals are notably acuter and their care more complex. Taken together, the work environments for nurses are more challenging and less satisfying.

In response to concerns about attrition and the nursing shortage, research has focused on nurses' working conditions in a range of areas. These include the impact on the nursing practice of ward design/characteristics (Gurses, *et al.*, 2009) and organizational factors within the hospital work environment (NHS Institute for Innovation and Improvement, 2010). The importance of the workplace surroundings on staff morale and lower patient mortality is well documented through research on the Magnet hospitals (Aiken, Clarke, Sloane, Lake & Cheney, 2008). The reports of this research highlighted the importance of Strategies to enhance the work setting of professional nurses working in Bloemfontein - a private hospital: decentralized decision-making; effective and visible leadership, recognition of professional nurses' autonomy, having enough staff on the establishment and utilizing a flexible scheduling system (Lake, 2002).

Professional practice environments help nurses to function at the highest range of clinical practice, to mobilize resources quickly, and to serve efficiently with an interdisciplinary team of caregivers. By applying these mechanisms, professional practice environments will contribute to better quality of care, which subsequently leads to superior health care outcomes.

2.2.2. Effect of Recognition on Employees' Performance

According to Namusonge *et al.*, (2012), employee recognition is the timely, informal or formal acknowledgement of a persons or team's behavior, effort or business result that supports the organizations goals and values, and which have clearly been beyond normal expectations. Appreciation is a fundamental need and employees respond to appreciation expressed through recognition of their work because it confirms that their work is valued. Employees tend to stay in organizations where they feel their capabilities, efforts, performance and contributions are recognized and appreciated by others. Frequent recognition may be given in less formal ways. For example, the completion of a task could be rewarded by a "thank you" or a "well done", a confirming smile, a sense of appreciation.

The purpose of reward strategy is to develop policies and practices which attract, retain and motivate high quality people. Organizations should clearly tie rewards and recognition to achievement of the desired performance. This helps the employees to know that they are valued and their efforts and contributions are appreciated (Jenkins, 2009). Employees' morale can be boosted by acts of recognition that draw attention to the value of their work or it can be deflated by lack of recognition (Harvat, 2004). Rewards can be in form of cash, bonuses, and recognition among others. Derek *et al.*, (2005), argues that there is thus a need to understand what makes people tick and to manage them as individuals.

Reward is something that an organization provides to the employee in order to become motivated for future positive behaviour (Ongori, 2008). In a corporate environment, rewards can take several forms. It may be inform of recognition awards, cash bonuses, free trips and free merchandise. It is necessary to note that the rewards have a permanent impression on the employee and it will continue to substantiate the employee's perception that they are valued (Johnson, 2004). Recognition and reward programs are an important component of an employee retention plan. The significance of these types of program is entrenched in theories of constructive reinforcement. Just by saying "thank you" to employees for a job well done or a pat on a shoulder to show appreciation, an organization is strengthening perfect behavior and reassuring more of the actions that will make it prosperous (Johnson, 2004). People who feel appreciated are more positive about themselves and their ability to contribute; employees who understand how their efforts contribute to the success of the organization overall are the most engaged, and therefore the least likely to leave.

A valued employee is more likely to stay in employment than unvalued employee is. Sutherland (2004), argues that reward systems ought to be a significant sphere of innovation for employers. She says, the accumulative diversity of the workforce, suggests the requirement for more creative approaches to tailoring the right rewards to the right people. She concluded that recognition and reward are components of a more inclusive effort at retaining workers or implementing good office practices which can contribute to increased retention. Recognition is one of the most important methods of rewarding people. Employees need to know not only how well they have achieved their objectives or carried out their work, but also that their achievements are appreciated. Recognition needs are linked to the esteem needs of Maslow's hierarchy of needs. Recognition can be provided by positive and immediate feedback and praises where it is well observed (Armstrong & Murlis, 2008). Rewards are very important for job satisfaction since it satisfies the elementary needs as well as helps to accomplish the higher level of goals. Earnings is the way by which employee get to know how much they are gaining by dedicating their time, effort and skill in a job (Armstrong, 2010). Attractive remuneration packages are one of the very important factors of retention because it fulfills the financial and material desires as well as provide the means of being social by employee's status and position of power in the organization (Pfeffer, 1998). Many researchers show that there is an abundant deal of inter-individual inconsistency in appreciating the significant of financial rewards for employee retention (Woodruffe, 1999). An organization's reward scheme can affect the output of the employees and their aspiration to remain employed (Robinson & Pillemer, 2007).

Employee recognition strategy will help to hold quality employees and inspire low performers to improve with the changing situation. Effective implementation of the employee recognition function will play a key role in enhancing motivation within the organization. Kim (2008), sturdily advocates that employee recognition based on his performance beside with role and value admirations persuades and supports a satisfying personal life and inspire worker loyalty and commitment. He further stressed that exceptional employee performance should be recognize and particularly to link pay and incentive to performance. A study carried out by Waweru (2010), on the effect of internal and external environment on employee's retention highlighted that there many variables that affect the

performance of employees at work place. The study also found out that the recognition of both environments contributed to an enhanced employee performance and recommended that inclusion of both systems be integrated for optimal performance.

2.2.3. Effects of Professional Development Opportunities on Improving Working Environment of Nurses

Medicine is a dynamic field, and therefore, nurses keep on upgrading themselves to meet the dynamic demands of their profession. Batista, et al (2005) found out that among the five motivational factors on the current work of the nurses surveyed, listed in order of priority, are: to love what you do, good relationship multidisciplinary, the possibility of professional growth, the power of problem solving linked to commitment population, working conditions, remuneration standing in seventh place. The materialization of career advancement and promotional opportunities are effective in reducing occupational stress among professionals Senguin, (2003). Career development and Professional progression opportunities will assist employees to improve new skills, enlarge their knowledge, and increase their visibility within the organization, internal promotion opportunities as a long plan and shift work flexibility (Ketolnikov, 2009).

According to Tetey (2006), training refers to the process of changing in thought, behavior and action as a result of changes in knowledge, skills and competence. It is believed that engaging in training and development widens ones compatibility with opportunities for advancement and equips one with the ability to competently tackle new levels of responsibility and challenges. Training is considered as a form of human capital investment whether that investment is initiated by individual or by the organization. Training offers employees with specific expertise or assist correct shortages in their performances, while development is an effort to provide employees with abilities that the organization will need in future (Chew, 2004). The purpose of training in the work framework is to develop the capabilities of the individual and to mollify the current and future manpower needs of the organization.

Opportunities for training and development are among the reasons why employees stay for long with an organization. According to Dockel (2003), investment in training is one way to show employees how important they are to the organization. Tetey (2006) observes that professional development is the engine that keeps universities true to their mandate as centers of ideas and innovation. Without efforts in this direction, intellectual capital can stagnate and lose their relevance to the society. Samuel (2008), states that employees consider training, education and development as crucial to their overall career development and target attainment and will be inspired to remain and shape a career path in an organization that offers such opportunity.

Nay and Pearson (2001) emphasized that to provide high-quality care; contemporary nurses need to keep abreast of scientific advances, including new technologies, drugs, procedures and equipment. They further suggested that nurses need to be prepared to undertake many responsibilities formerly undertaken by medical staff. Similar opinions are shared by Jasmine (2009) that nursing involves multiple diverse functions, many being tasks that are performed while applying scientific concepts. These include assessment of patients, implementation, and evaluation of care and the education of patients to address their health-related knowledge deficits. Jasmine stated that concurrently with applying scientific concepts, nurses also need to practice the art of caring which she describes as establishing harmonious connections with patients by skillfully applying the more intangible communication skills such as empathy, kindness, and compassion in a way that is culturally sensitive.

The materialization of career advancement and promotional opportunities are effective in reducing occupational stress among professionals Senguin, (2003). Medicine is dynamic, so nurses keep on upgrading themselves to meet the dynamic demands of their profession. Batista, et al (2005) found out that among the five motivational factors on the current work of the nurses surveyed, listed in order of priority, are: to love what you do, good relationship multidisciplinary, the possibility of professional growth, the power of problem solving linked to commitment population, working conditions, remuneration standing in seventh place. During the upgrading, nurses increase their autonomy, salaries, and recognition.

The revised scheme of service for Nursing Personnel (R.O. K, 2014) it stipulates that in administering the scheme, the Principal Secretary/Chief Officer will ensure that appropriate induction, mentoring, coaching, training opportunities, and facilities are provided to help employees attain the necessary additional qualifications / specialization and experience required for both efficient performance of their duties and advancement within the Scheme of Service. Officers should also be encouraged to undertake relevant training privately for self-development. In all matters of training, however, the Principal Secretary/ Chief Officer managing the scheme will work with the Public Service Commission/County Public Service Board.

2.2.4. Effects of Nursing Management Practices on Improving Working Environment of Nurses

Supervision is the act being in charge and making sure that everything is done correctly and safely (Silsil, 2008). Successful strategy implementers are good at inspiring employees to do their best. They are skilled at getting employees to buy into the strategy and commit to making it work. They work at devising strategy supportive motivational approaches and using them effectively. Part of a strategy implementations job is to devise motivational techniques that build wholehearted commitment and winning attitudes among employees (William, *et al.*, 1999). According to Malik *et al.*, (2010), supervisor's attitude to employees plays an important role to promote self-confidence and probably productivity. Supervision is an important component in payment and reward systems and effective supervision ensures improved workers performance and job satisfaction.

Some other studies indicate that support from managers is essential to nurses' wellbeing at work. Wade *et al.*, (2008) found that nurse manager ability, leadership, and support of nurses were a statistically significant predictor of nurses' job enjoyment. Sellgren *et al.* (2007) reported that Swedish nurses who had managers with strong leadership skills perceived a more creative work climate and experienced higher job satisfaction than did nurses whose managers had an 'invisible' leadership profile. Gunnarsdóttiret *et al.*, (2009) found that Icelandic nurses felt supported by their unit-level managers and that managerial support was both a predictor of job satisfaction and quality of patient care.

Analysis of research (1982-2002) related to nursing management practices, identified correlations between transformational leadership and participative management styles and nurse satisfaction and retention. She identified a range of positive management practices that were shown to have fostered a healthy, staff-focused work environment and to have enhanced nurses' job satisfaction. These included expanded career development opportunities, reward schemes, staff health and well-being programs, and strategies to promote nurse autonomy and empowerment (Tomey, 2009). Similarly, (Cummings et al., 2010) analysis of quantitative research which focused on nurse management (1985-2009) identified 24 studies that evidenced how leadership styles focused on people and relationships were associated with higher nurse job satisfaction. They located ten studies reporting that leadership styles focused mainly on tasks were associated with negative outcomes and lower nurse job satisfaction.

Nursing care within South Africa leaves a lot to be desired, which could be attributed to a high degree of centralization of the decision-making and control as well as inadequate planning within nursing (Booyens, 2008). However, poor decision making, lack of control and inadequate planning are not the only difficulties: staff management is not done with the necessary planning and interdepartmental collaboration between nursing and Human Resource departments, thus leading to an unnecessarily high level of staff turnover and loss of potential (Booyens, 2008). A high level of staff turnover and loss of nursing potential lead to a negative and unproductive work environment causing more negative effects such as a staff that feel hopeless and unhappy and patients receiving nursing care of an inferior standard (Ehlers & Oosthuizen, 2011).

Some other studies indicate that support from managers is important to nurses' wellbeing at work. Wade et al. (2008) found that nurse manager ability, leadership, and support of nurses were a statistically significant predictor of nurses' job enjoyment. Sellgren et al., (2007) reported that Swedish nurses who had managers with strong leadership skills perceived a more creative work climate and experienced higher job satisfaction than did nurses whose managers had an invisible leadership profile. Gunnarsdóttir et al., (2009) found that. In a study conducted by Stewart, et al., (2004), nurses described autonomy as their ability to accomplish their patient care goals in good time by using all accumulated knowledge, skills, experience and expertise to understand the condition and needs of a patient and to make a vital contribution to the overall plan for patient care. This contribution would include the assessment of patient needs and conditions, the effective communication of concerns and priorities during patient care, and evaluation and coordination of the resources of the multidisciplinary team. A sense of autonomy contributes both to the meaning of fulfillment and satisfaction that nurses derives from their jobs.

Health workers need to be supplied with essential facilities and equipment so that their work is to be made easier and help minimize error rates and patients' dissatisfaction. These can include equipment, models, prototypes, medicines and guidelines. A research done in Nigeria shows that working environment aspects such as interpersonal associations, accessibility of tools and equipment to work with, administrative fairness and provision for staff welfare seem to play an important role in affecting health worker performance and this agree with findings done in Ghana and Mali. (Diemet, 2011). For an employee to be efficient and productive in today's job environment means equipping employees with the right gear. Health facilities, which ignore the necessity for tools like drugs, equipment's, will run the risk of diminished employee productivity (Mohamed, 2005). Furthermore, a study done in Armenia show that Human Resources Management (HRM) mediations like enhanced working condition and accessibility of medical supplies can contribute positively to health workers' performance and the most important results established were that joint interventions of involvement, job aids, interactive training and strengthening health systems can be successful in improving health workers' performance (Dielemaet et al., 2009).

Study done by Sonstadet et al., (2011) in Mbulu district in Tanzania indicated that all cadres of health workers were dissatisfied with the working conditions, Salary grade, promotion, appreciation of work experience, allowances and advancement opportunities, as well as human resource management and as a result their performance was suboptimal. The experience of not seeing the understanding of the projected working conditions clearly creates strong insights of unfairness which perpetuates low performance, the author argued that the dialogue of unfairness pertaining to working conditions that was revealed in the study must be understood in a specific historical and political context so as to develop measures to improve health workers performance.

Gurseset et al., (2009) reported that nurses working in Intensive Care Units faced performance obstacles that frustrated efforts to get their work done, increased their workloads and negatively affected their quality of working life and perceived the quality of patient care. These obstacles included poor workspace design, disorganized patient rooms and supply areas, delays in getting essential supplies and the unavailability and poor condition of equipment.

Johnson, (2004) conducted a study that examined why people leave their jobs. The results indicated that most people leave for progressive career opportunities and development and not necessarily for monetary factors such as compensation. Career development is important for both the organization and individual. It is a reciprocated benefit process since career development offers the important outcomes for both parties (Wright et al., 2005). It is an effective way to enhance employee retention. Career development comprises a visible venture that the company creates in the worker, providing him or her with new skills, and greater competencies and confidence. It often leads to work that is more intrinsically rewarding. Ongori & Agolla (2009), contend that lack of personal growth in organizations results in career plateau which in tend leads to increased employees' intentions to quit. Many employees find themselves in jobs that offer them limited mobility opportunities in terms of upward movement in the organization. Career plateau is thus viewed as a main contributing aspect to employees to quit in organizations. Human Resource professionals thus have a greater responsibility of managing career plateau and hence minimize employee turnover. As per Lee (2003), plateau employees are expected to have higher labour turnover since they want to progress their careers elsewhere in the environment. Studies have shown that employee who have attained plateau have a high degree of intention to quit due to reduced opportunity in the present organization (Yamamoto, 2006).

Career opportunities encourage workers to make longer-term commitments to their workplace; it permits them to see a future with the company. Organizations need talented employees for maintaining the sustainable competitive advantage (Prince, 2005). Employee

training and development should be looked upon as an investment, rather than a cost, with planning and budgeting requirements similar to those dedicated to capital improvements. An organization's human capital is one of its key sources of differentiation, and employees are more likely to remain satisfied if they obtain an operational orientation and steady access to technical and non-technical training. Competency-based training and development increases employee productivity, reduces turnover, improves job satisfaction, aids in the recruiting process, rewards long-time employees, and reduces the need for employee supervision (Steel *et al.*, 2002). Griffeth *et al.* (2000), asserted that training and development are key factors to good retention. Meyer *et al.* (2003), also suggest that employee learning which encompasses training and development contribute to retention by building employee commitment through a show of support, providing employees with the means to deal with stress related to job demands and change, serving as an incentive to stay, and creating a culture of caring. Thus, training and professional development are seen as ways of building employee commitment in that they allow employees to "see a future" where they work, and offer them the backing necessary to tackle the on-going challenges associated to their work. Kyndt *et al.* (2009), implemented a study in which they wanted to analyze the reasons why employees are retained in a company or what leads them to quit for other job-opportunities. In their research, they put special focus on workers " learning because they assume that learning plays a very crucial role concerning retention. Learning opportunities have generally referred to three dimensions of learning on the job: opportunities to learn new things on the job, having a job that necessitates one to be innovative, and being able to influence what transpires on the job. Another study found challenging and extensive learning opportunities to be associated with better psychological functioning, subjective health, and coping styles (Taylor, 2004).

Taylor (2004), concluded that the theatrical difference in greater rates of job satisfaction for employees in small companies in comparison to large companies could be attributed to the extent of workplace learning opportunities available in small companies. Way, (2002) claims that if employees feel they are not learning and growing, they feel they are not remaining competitive with their industry peers for promotion opportunities and career advancement. Once employees feel they are no longer growing, they begin to look externally for new job opportunities. Lee-Kelley *et al.* (2009), also focused on organizational and personal factors which might affect retention. The investigations showed that the perception of the importance of learning to employees and the quality of work climate is a strong predictor of employee intentions to remain with their current employer. The researchers suggest that human resource management should formulate policies that put more emphasis on employee development and training in order to retain the needed talent for effective performance. One of the ways they recommend organizations achieve this is by ensuring that opportunities for personal advancement and growth are consistently available (Hay Group, 2007). However, the conundrum is that the more employable organizations makes their employees through training and development opportunities the more their mobility capital increases (Cappelli, 2000). Studies have shown that if employers do not attend to employees training needs they leave (Hay Group, 2007). If employers do develop them, some will leave anyway but the organization will benefit from their competence for the duration of their tenure. Martin (2003), however contends that if the training given to employees is off- the -job, then they will go out to explore their skills acquired. Consequently, researchers suggest that training and development given to employees should be based on- the- job to development their skills and competencies on their current jobs.

Shahzad *et al.* (2010), give the antecedents of commitment as procedural justice, expected utility of internal roles, employment security, job investments and training. Harpur (2002), contends that organizational commitment is an environment created by a company, a set of values it subscribes to, and the ability of employees to identify with and be loyal to the company. He asserts that by instilling a sense of organizational commitment, trust and loyalty increase, and in turn increase job satisfaction and motivation. Wright *et al.* (2000), found that individuals with low organizational commitment are just waiting for a good opportunity to leave their jobs. Thatcher *et al.* (2003), argue that organizational commitment has a distinct link to turnover and that it mediates the effects of job satisfaction, job characteristics, and perceived pay competitiveness. Many studies have reported a significant association between organizational commitment and turnover intentions and have confirmed the link between commitment and actual turnover. Griffeth *et al.* (2001), analysis showed that organizational commitment was a better predictor of retention. Researchers have established that there are different types of organizational commitment. Meyer & Smith (2003), examined the nature of the relationship between gross revenue and the three constituents of attitudinal commitment. Affective commitment denotes to employees "emotional attachment to, identification with and involvement in the organization, continuance commitment denotes to commitment base on costs that employees relate to leaving the organization, and normative commitment refers to employees" feelings of obligation to remain with the organization.

Nurses are the major group of healthcare professionals in the health labor force, and the provision of 24-hour care is an essential element of acute care nursing. The progression of medical technology, the growth in the acuity of patients, and the emergent nursing shortage makes the retention of nurses, especially experienced nurses, of greatest importance (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). The nursing literature consistently evidences that nurses are working under pressure. The results of an International Council of Nurses' (2009) survey suggest that work pressure is a multi-national problem: nurses from eleven countries rated workload as the most unfavorable aspect of their work. Compatibly, Buerhauset *et al.*, (2009) study indicated that nurses employed in hospitals in the USA were working on lots of pressure, nearly nine out of ten (89%) of the 468 study participants perceived that the supply of nurses was less than required for getting daily work completed. Because hospitalized patients need continual attention, nursing is characterized by 24-hour work schedules and, therefore, must incorporate various combinations of morning, evening and night shifts, as well as weekend work.

Supervisors are the first level of management who are given the major duties and responsibilities to form and lead work groups in organizations (Noe, 2008). Supervisor' interpersonal role is important since it encourages positive relations and increases self-confidence of the employees and in return improves performance (Arnold, 2007). Immediate supervisors act as advocate for

employees, facilitates the allocation resources required by the employees for them to be able to do a good job and providing positive encouragement for a job well done. In order to gain the employees performance, both parties needs to play their part which is to commit with the relationship hence sustain performance (Bauer & Green, 1996).

A job description is a written statement that explains the purpose, scope, duties and responsibilities of a specified job. It is organized based on job analysis for in-house use within the company and external use to gain the attention of people outside the company. Job descriptions can be used as a roadmap for recruitment, selection and orientation. They are also the building blocks used in performance assessment, succession planning, coaching, training and compensation. A job description helps to ensure effective performance and provides a clear guide to all that are involved about the position, its requirements and expected outcomes (Gomes, 2010). Job descriptions are subject to continuous change and alteration due to the nature of the environment in organizations and businesses. Organizational changes such as restructuring, growth, cutbacks and reassignments have a direct impact on job descriptions (Arnold, 2007). It is important to know how changes affect relationships between positions and help identify possible overlaps or gaps between jobs.

Job design is the process of organizing tasks that are required to perform a job (Gomes, 2010). In a stable workplace environment, work simplification can be an effective way to organize labour and improve performance. In a service environment where employees perform simplified and highly specified jobs, job enlargement and job rotation can be good ways to create variation in the duties. Job enlargement increases duties and responsibilities and job rotation transfers workers in diverse duties without disrupting the flow of work. Job enrichment attempts to improve employee performance by putting specified parts of the work back together so that one person produces a satisfactory service.

Job analysis is the process of collecting information about the content of a specific job. The aim of job analysis is to ascertain the dissimilarities and similarities between different jobs and attain knowledge and requirements on jobs in the organization (Gomes, 2010). Job analysis is a precondition for formulating a job description and job evaluation. This includes information about the nature and purpose of the job; tasks included, expected outcomes and position in the organizational hierarchy. The job holder's characteristics should also be seen on the job analysis. Job analysis consists of collecting data and applying it by preparing job descriptions, job specification and job standards (Arnold, 2007).

Every job needs creativity, passionate environment and challenging aims to accomplish. If the job content is challenging and innovative then the employees are willing to provide positive performance. If the job tasks are creative and attainment of goal is necessary, then the employees give tend to perform better. For this job enrichment and job rotation is important. Employees get bored of doing the same routine task all the time. Innovation and creativeness enhance the employees' performance. This study therefore seeks to investigate the role of role congruity in the workplace environment on the performance of bank employees'.

Leadership style is crucial since it determines the quality of employee's performance in today's banking operations. It is an interaction between leaders and employees where the leaders control and direct them in attempts to influence their behaviour to spur performance (Northouse, 2010). According to Kavanaugh and Ninemeier (2001), there are three aspects that define the type of leadership style: leaders' physiognomies, subordinates' physiognomies and the organization environment. More specifically, the individual background of leaders such as persona, knowledge, morals, and experiences shapes their feelings about appropriate leadership that determine their specific leadership style. Employees also have different personalities, backgrounds, expectations and experiences, for instance, employees who are more well-informed and experienced may perform well with a democratic leadership style, while employees with diverse experiences and prospects need an autocratic leadership style. Some factors in the organization environment such as organizational climate, organization morals, structure of work group and nature of work can also affect leadership style (Chen and Silverthorne, 2005).

A study carried out by Leblebici (2012) on the effects of organizational climate and performance concluded that there is a consistent association between the two and that companies that performed above average showed higher values on climate dimensions than those performing below average. He did however caution that it would be premature to conclude that this connection is causal. He acknowledged that organizational climate differs from organizational culture and state that organizational climate refers to the perceptions that organizational employee's share of the fundamental elements of the organization.

Temessek (2009) in his study on analyzed the extent to which the individuals see the workplace environment as satisfying their intrinsic, extrinsic and social needs and their purpose of staying with the organization. He analyzed the impact of perception of environments on employee commitment and turnover in the organization and concluded that if the employees are provided with enabling environmental support, they will be highly satisfied and show the high level of commitment towards their organization and hence low turnover rate.

Shabir (2013) in his study provided an innovative attempt at investigating an obvious yet neglected link between the manager's attitude and employees' performance in the Banking sector. The firms with congenial manager's attitude have more positive impact on employees' performance. The results also suggest that there is an affirmative relationship amongst the Organization's culture and employees' performance in the Banking division. Hammed (2009), in his study highlighted that increased personal control and comfort needs of employees triggered the concern among banks to provide them with a workplace environment, which not only fulfills the employees' needs but also helps to enhance their productivity.

A supervisor support could leads to the employees' performance but there is in a situation that the supervisor was unsuccessful in supporting their employees. For instance, the poor communication between the employees and the supervisor in relation to delivering the information or procedure on the job to the employees (Harris et. al., 2000). As a result to this miscommunication, it will leads to the employees' job performance (Chiaburu&Takleab, 2005). Nowadays, a different approach is being debated as to create the commitments between the employees and supervisors which will explicate on the employees' performance. Therefore, Meyer et al.

(2004) had stated that the supervisor commitment approach might be the intermediaries between the employees' commitment and performance. Research study had been done by Landry and Vandenberghe (2012). The research study is mainly about how the supervisor commitment can influence the commitment of employees towards the job performance. Research had found that the willingness of the mentoring the employees could result to employees' performance

Wilson, Polzer-Debruyne, Chen & Fernandes (2007) indicated that shift regime can result in dynamic discontinuities between workers and the rest of their lives. This has been shown to occur in shift workers employed in a variety of occupations. Wilson et al. (2007) found this was the case among factory employees while Day and Chamberlain (2006) found it was a problem for police officers. Problems in balancing shift work with other life activities have also been revealed as a difficulty for firefighters (Halbesleben, 2009), flight attendants (Chung & Chung, 2009) and doctors (Bamford & Bamford, 2008).

Yildirim and Aycan's (2008) study of nurses in Turkey found that work overload and irregular work schedules had the strongest relationship with, and were, therefore, the strongest predictors of, nurses' work-to-family conflict and that this conflict was associated with the lower job and life satisfaction. Boughton and Byrnes (2009) revealed that nurses between 45 and 60 years of age, who had shifted work experience of greater than 15 years, had juggled work and family needs at a high personal cost. In efforts to manage shift work around the needs of the family, they had prioritized the needs of others to the "almost total sublimation" of their needs. Similarly, Brooks and Anderson (2004) in their study of acute care hospital nurses in America found that 67% (n = 227) of participants felt their workload was too heavy, 59% (n=199) indicated there were not enough nurses employed in their work units, and less than half (47%, n=181) felt they had enough time to do their job well. Considine and Jakubauskas (2008) found that nurses and doctors employed in public hospitals in NSW, Australia, were working extremely long hours, and reporting levels of exhaustion that were extremely high compared to the general population.

According to International Council of Nurses (2006), high work demand and poor working conditions are factors hindering recruitment and according to several other studies they are factors influencing nurses' decisions to leave the profession (Lavoie-Tremblay *et al.*, 2008). Based on survey data from 530 nurses in Australia, Pisarski *et al.* (2008) identified a range of interventions likely to improve work-life conflict and subjective health among shift-workers.

They suggest a combination of actions is needed: increasing support from supervisors and colleagues; strengthening team identity; creating a positive team environment; and increasing individuals' control over the work environment.

2.2.5. Effects of Workload on Employees' Performance

Work-life balance is a combination of interactions among different areas of one's employed life, the pro and cons associated with the balance or imbalance can affect various levels of employees required roles. Work-life balance is defined as "people taking adequate time at their jobs likewise spending sufficient time on other issues, such as family, friends, and hobbies" (Smith, 2010). Work-life balance has also been defined by one scholar as fulfillment and good operatives at work and at home with a minimum of role conflict (Clark, 2001), and by another as the degree to which a person is able to concurrently put to equilibrium the temporal, emotional, and behavioural demands of both paid and family responsibilities (Hill, Hawkins, Ferris, & Weitzman, 2001). The two quantifiable features of balance between work and domestic roles in this study are work life conflict and extracurricular conflicts.

The incapability of employees to attain balance between the work and domestic domains can have adverse concerns for both the individual and the organization (Allan, Loudoun, & Peetz, 2007). Tausig and Fenwick (2001) measured alleged work-life balance by two items: the degree to which workers feel contented in balancing work and personal life, and the quantity of conflict they get in balancing work and personal life. In response to this concern, an increasing number of banks now offer extensive work-life benefit programs for their employees. Work-life programs most commonly include factors such as flexible hours and part-time work.

Research by Eagly, (2005) on a comparative analysis of work life balance in service industry confirms that employees often find a conflict in harmonizing their job and other life duties, such as family (work-family conflict) and outside undertakings. Deming (2000), found that 32% of employees report work-family balance as their leading job concern. They cite the inter-role conflict as the major impediment to sustained performance

2.2.6. Performance of Health Workers

According to WHO, Performing health service providers are defined in the World Health Report of (2006) as a workforce that works in methods that are reactive, fair and effective to realize the best health results possible, given the obtainable resources and circumstances (WHO, 2006). Performance can be defined as a combination of equipment and staffs being available, competence, productive and responsiveness (Franco *et al.*, 2002). Health care is a labour intensive making human resources one of the most important inputs in health care delivery (WHO, 2000). The 2006 World Health Report and a series of other reports discover that the performance of health workers in many low-income countries Kenya included is below par, Therefore, African countries are trying to develop the functioning of healthcare delivery system to warrant that the populaces they serve obtain timely excellent care using experienced and enough human resources. In health care, the problem of increasing performance and creating the work environment more satisfying has been approached by the introduction of changes in working environment (Diemaet *et al.*, 2009).

The most significant dependent variable is the employees' output (Borman, 2004). According to Sinha (2001), that employees' performance is depending on the willingness and also the openness of the employees itself on undertaking their work. Additionally he indicated that by possessing this willingness and openness of the employees in doing their job, it could escalate the employees' productivity which also leads to the performance.

An employees' performance can also be mean a person's capability to achieve also together with the opportunity and willingness to perform as well. The meaning of willingness to perform means that the desire of the employees in putting as much effort towards their

job (Eysenck, 2008). However, Howell and Hall-Merenda (1999) has a different point of view regarding this employees' performance. Howell indicated that employees' performance relates to the social standing which also related to the point of view that being stated by Greenberg and Baron (2000). Greenberg and Baron had indicated that it gives an affirmative influence on the relationship in between of the job performance and also the calling. There are numerous issues that are being defined by Stup (2003) towards the attainment of the employees' performance. The issues are such as physical work environment, attitudes, tools, meaningful work, and performance anticipation, response on performance, standard operating measures, knowledge, skills and incentive for good or bad system. Stup (2003) also explained that to have a standard performance, employers have to ensure that the employees task to be completed on track as to attain the organization goal or target. By having the work or job completed on track, employers could be able to check their employees and assist them to increase their performance. Additionally, a reward system should be applied founded on the performance of the employees.

Improved performance is assessed by looking at the availability of staff, in terms of presence at work. Absenteeism by health providers is a frequently occurring phenomenon in many health facilities, especially in resource-poor areas. When staff cannot concentrate and remain on their work due to unfavorable working condition, it can be advantageous for a health facility to offer support. A study done by WHO reports that one of the way to improve retention is by increasing job satisfaction at facility level and by addressing the living and working conditions of health workers. It further suggests that opportunities to improve retention include addressing the needs of specific groups of health workers (Diemaet *et al.*, 2009).

2.2.6.1. Competence

Competence incorporates knowledge, talents, abilities, and characters. It is attained in the healthcare professions through pre-service education, in-service training, and work experience. Competence is a key factor of provider performance as represented by conformance with various clinical, non-clinical, and interpersonal standards. Measuring competence is essential for determining the ability and readiness of health workers to provide quality services (Alfredo and Rotero, 2002). Although competence is a precursor to doing the job right, measuring performance periodically is also critical to define whether providers are utilizing their capability on the job. A service provider can have the knowledge and skill, but use it poorly because of individual causes (abilities, qualities, goals, morals) or external factors (unavailability of drugs, equipment, organizational support).

The study conducted in Somalia on competence of health worker in detecting malnutrition, demonstrates that Maternal and Child Health (MCH) clinic workers displayed deficiency in their competence to discover malnourished children.(Kark, Burkhalter and Coopers, 2001). They misclassified 10 percent of the children, which remained worse within the malnourished, due to incorrect plotting of the child's current weight on the growth chart. This was owing to deficiency of training skills on how to plot weight on growing chart so this study links performance of these worker with their talents to perform the job (competence) and determine that the performance was below average and hence there is a necessity to have in-service training to improve performance of these workers (Kark, Burkhalter and Coopers, 2001).

2.2.6.2. Responsiveness

Responsiveness is considered as how well the health system meets the authentic probability of both patients and health service providers for the non-health improving aspects of the health system. It includes seven essentials which are self-worth, privacy, autonomy, and quick attention, social support, basic amenities, and choice of provider. Another way of looking at responsiveness as a measure of health system performance is to relate it to health measures. Upon evaluating health one considers the health outcomes or evaluates the clinical procedures of care or health systems –disease prevention and health promotion programs. With the present technology in measuring responsiveness, one asks consumers within the health system to report on their know-how with essentials of care and added health system services that are as much measures of system performance, as are health measures. Within the WHO framework for assessing health system performance, the measurement of responsiveness is restricted to those elements that relate to the individuals' well-being and do not account for any health enhancing aspect. This is done so as to scale the accomplishment of the receptiveness goal apart from its influence on achieving the health goals (Nowier, 2006).

2.2.6.3. Productivity

Productivity is defined in terms of the relationship between health results realized (health rank safety or development for individuals or populaces) and the health human resource involvements (skills, time, effort and knowledge) required. The present healthcare division makes up approximately one-tenth of the commercial activity of modern economies, and labour inputs make up a relatively large share of its costs, relative to other industries. It is therefore logical that the measurement, tracking and enhancement of labour output in this industry, or if one prefers, Health Human Resources Productivity should be of strategy concern (Charles *et al.*, 1999). An employee's workplace environment is a key determinant of their level of productivity. How well the workplace engages an employee impacts their level of motivation to perform (Mohamed, 2005).

2.3. Summary and Research Gaps

Empirical studies conducted in developed countries indicate that work environment affect employees' performance. Peter, *et al.*, (2010) found out that four groups of factors were identified, with those relating to job content and work environment viewed as essential characteristics of the ideal job, and rated higher than a good income. Job features that have highest importance rating overall were: excellent working relationships with co-workers, training opportunities, physical conditions, challenging work, and tools to use skills on the job, all of which are included in the job content and work environment component. Study done in Armenia show that

Human Resources Management (HRM) involvements like enhanced working environment and accessibility of medical supplies can contribute positively to health workers' performance and the most important outcomes showed that joint interventions of participatory, interactive training, job aids and reinforcing health systems can be fruitful in improving health workers' performance (Dielemaet *al.*, 2009). Career opportunities encourage workers to make longer-term commitments to their workplace; it permits them to see a future with the company. Organizations need talented employees for maintaining the sustainable competitive advantage (Prince, 2005).

A study done in Nigeria shows that working environment factors such as interpersonal relationships, accessibility of tools and equipment to use, administrative impartiality and support for staff well-being seem to play a substantial role in affecting health worker performance and this tally with findings done in Ghana and Mali. (Diemet, 2011). Study done by Sonstadet *al.*, (2011) in Mbulu district in Tanzania indicated that all cadres of health workers were dissatisfied with the working conditions, Salary scale, elevation, acknowledgment of work experience, stipends and improvement opportunities, as well as human resource management and as a result their performance was suboptimal.

Ongori & Agolla (2009), argues that in Kenya, absence of personal development in organizations leads to career plateau which in tend leads to increased employees' plans to quit. A study carried out by Waweru (2010), on the effect of internal and external environment on employee's retention highlighted that there many variables that affect the performance of employees at work place. The literature reviewed indicates that few studies have been done in Kenya on effect of work environment on performance of nurses. The current study therefore seeks to fill the gap.

2.4. Conceptual Framework

The research study sought to assess the role of working environment among nurses working in devolved health service in Baringo County. The working environment is the independent variables, in which for the case of this research study are; recognition, career development, management practices and work load. The dependent variable was performance of nurses. The researcher conceptualizes that when the employees find the above conditions to be favourable, they will consider the work environment to be motivating and hence performance in the organization will improve.

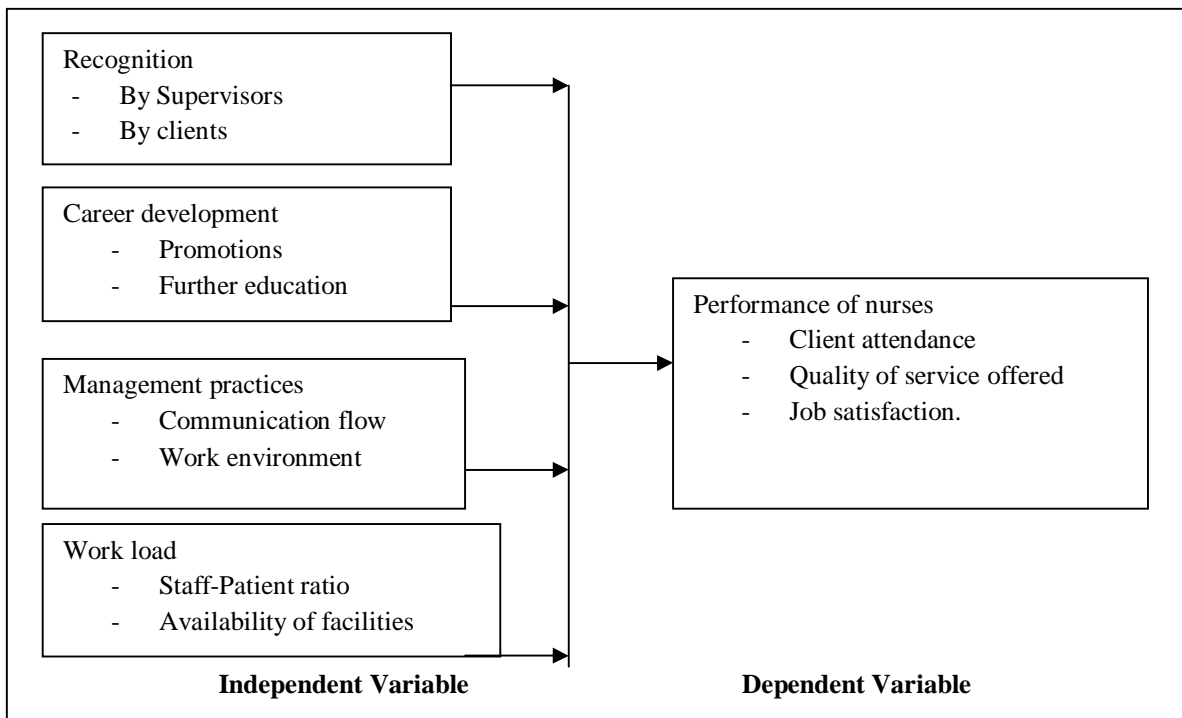


Figure 1: Conceptual framework

Working environment consists of two components that are physical environment and behavior component. Physical environment comprises the comfort level; presence of office building and working tools. The behavior component of environment (how workers interact with each other and the management; under this study only the behavioral component was considered in terms of recognition, opportunities for career development, management practices and the work load. The performance of nurses was measured based on availability and competence.

3. Research Methodology

3.1. Research Design

The study adopted descriptive survey design. A descriptive survey study seeks to describe a unit in detail in context and holistically (Kombo & Tromp 2006). Similarly, Cooper *et al.*, (2000) argue that descriptive study is concerned with finding out what, where and how of a phenomenon. Coyle and Williams (2000) point out; qualitative methods can complement quantitative methods because they help to ensure that broad quantitative findings are contextualized appropriately within the relevant social context. The research design was appropriate for this study as it brought deeper insights and a better understanding of working environment for nurses in Baringo County.

3.2. Study Area

The study was conducted in Baringo County, which is among the Counties that were carved out of the former Rift Valley Province. It borders Turkana and West Pokot Counties to the North, Samburu County, and Laikipia County to the East, Nakuru and Kericho County to the South, Elgeyo-Marakwet County to the West, and Uasin-Gishu County to the South West. It lies between Latitudes 00 degrees 13" South, 1 degree 40" North and Longitudes 35 degrees 36" and 36" degrees 30" East. Baringo County covers an area of 8,655 square km. The County hosts some Public hospitals of different levels. Baringo County Referral Hospital is the largest and most preferred public hospital in the County.

3.3. Target Population

The population in a research study concerns the subjects that are of interest to the researcher. It could be people meeting the inclusion criteria, research books in a library or any other object that the researcher deems to be of interest (Botma, et al., 2010). The target population for this study was all the 647 nurses working in public health facilities in Baringo County under the devolved health service.

3.4. Sampling Design

Sampling refers to the process of selecting some individuals or objects from a population such that the selected group contains elements representative of the Characteristics found in the entire group (Kombo and Tromp 2006). Kotler *et al.* (2001) argues that if well chosen, samples of about 30% of a population can often give good reliability findings. Other studies have shown that sample size selection to a great extent is judgmentally decided. In addition, Mugenda and Mugenda (2003) states that in stratified sampling where population within each strata is known, a sample of 10-30% is adequate representation for data collection and for statistical reporting. Given the vast geographic region covered by the study and a large number of public hospitals in the County, the researcher will select 30% of hospitals for each level (Level 5, level 4, level 3, level 2 and level 1) in the County. A similar proportion of nurses was chosen in the selected hospitals. According to Kothari and Kothari (2003), a sample size of 30% of the population is a representative of the study population i.e 195 respondents.

3.5. Data Collection

Questionnaires were used to collect the data from the nurses, the questionnaires used composed of structured questions. The structured questions allowed the response to be subjected to statistical analysis.

3.5.1. Validity of the Research Study Instruments

According to Parsian and Dunning (2009), content validity involves determining whether the content of a survey is appropriate and relevant to the study purpose while face validity deals with assessment of clarity of wording and meaning in all survey items; ascertaining the appropriateness of the content to the target audience; and assessing the layout and style of the instruments. They point out that research experts usually undertake the process. Both content and face validity was achieved by presenting the research instruments to the research experts of Kisii University and their opinion used to amend the research instruments.

3.5.2. Reliability of the Instruments

Reliability is the extent in which the research instrument produces similar results in repeated study and it is a measure of internal consistency. (De Von, *et al.*, 2007) Tests for examining internal consistency provide an estimate of how well a set of survey items fit together conceptually (De Von, *et al.*, 2007). Pilot study was conducted randomly in two hospitals in Elgeyo- Marakwet County. The internal consistency of the research instruments was determined by Cronbach's Alpha. Alpha reliability coefficient of 0.79 was found which indicated that the instrument is reliable. Pallant (2005) proposed that generally in the social sciences, a Cronbach's Alpha reliability coefficient of 0.70 or higher is considered to indicate internal consistency of the instruments.

3.6. Data Analysis

Data analysis is the organized, systematic synthesis of research data to be able to compare, reduce and give meaning to data (Polit & Beck, 2008). The responses from structured questionnaire were analyzed using descriptive statistics with the aid of Statistical Package for Social Sciences (SPSS V 20), while the response from unstructured questionnaire were summarized based on the themes and presented as statements. Regression analysis was used to establish the relationship between working environment and performance of nurses

The regression model will be given as:

$$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

➤ Where,

Y_i = Performance of nurses

X_1 = Provision of essential facilities

X_2 = professional development opportunities

X_3 = Management policies

X_4 = Work load

β_0 = Constant term

$\beta_1, \beta_2, \beta_3, \beta_4$ = Coefficients of the Regression

ϵ = Error term

3.7 .Ethical Consideration

Ethical considerations are a system of moral values that guides the researcher and protects the participants (Polit& Beck, 2008). Potential risks of interaction might develop due to the nature of qualitative research like misunderstandings, embarrassment, conflict of opinion and value. Therefore, the researcher considered issues like respect for persons, beneficence and justice which are expressed in the Belmont report (Burns & Grove, 2009). The researcher explained the purpose and extent of the study to possible participants. The participants therefore had sufficient time to decide whether they want to participate or not.

4. Research Findings

4.1. Demographic Characteristics of the Respondents

The researcher considered the following demographic characteristics; gender, education and experience of the respondents.

4.1.1. Gender of the Respondents

The respondents were asked to indicate their gender. Figure 2 represents the findings.

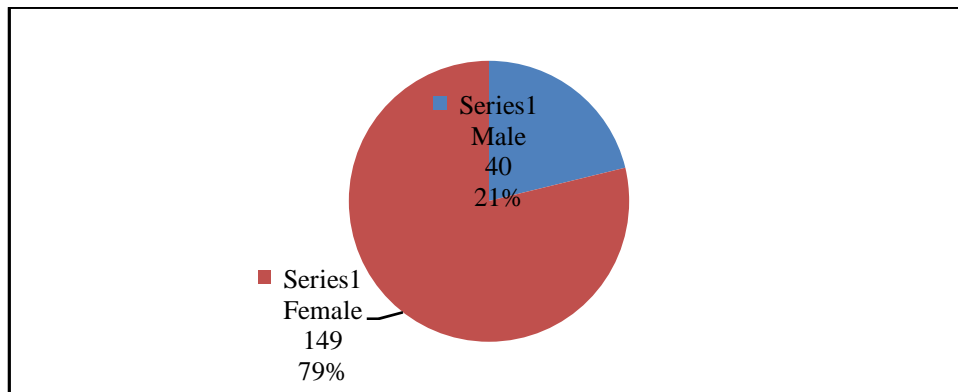


Figure 2: Gender of the respondents

4.1.2. Age Distribution of the Respondents

Further, the respondents age was also tabulated and a histogram drawn as in Figure 3.

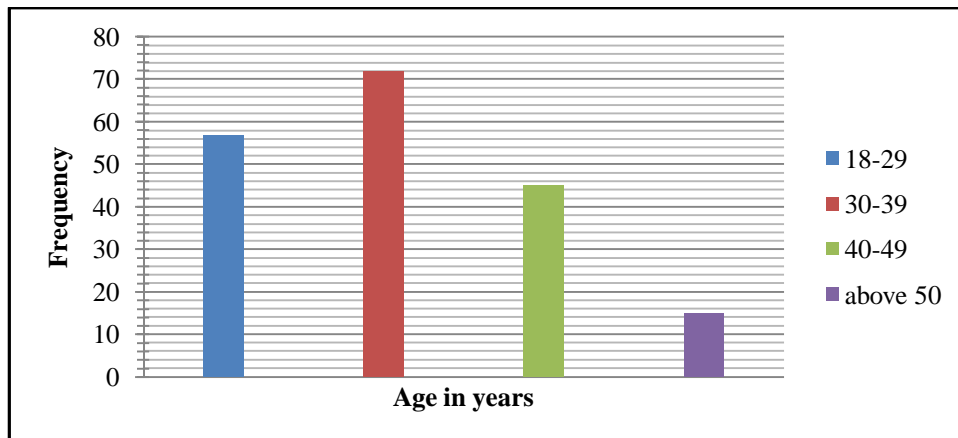


Figure 3: Age of the respondents

Figure 3 indicates that majority of the respondents 72(38.1%) aged between 30-39 years, 57(30.2%) aged 18-29, 45(23.8%) aged 40-49 years and 15(7.9%) aged above 50 years.

4.1.3. Respondents Education Level

On the Education levels, 144 respondents were found to possess Diplomas, 42 had certificates and only 3 had degree qualifications. This is shown in Figure 4.

The study established that most of the respondents 144(76.0%) had diploma, 42(22.2%) had certificate while a minority 3(2.0%) had bachelors' degree, as indicated in Figure 4

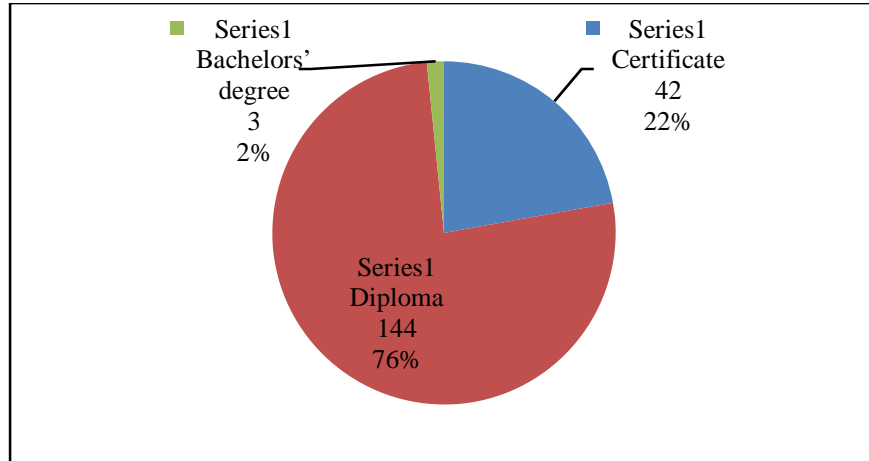


Figure 4: Education level of the respondents

The study therefore, revealed that majority of respondents (54.0%) were diploma holders, followed by certificate holders (31.2%) and then Degree holders (2.0%) as in Figure 4.

4.1.4. Working Experience of the Respondents

On working experience, many of the respondents had worked for a significant period of time. Figure 5 summarises the findings.

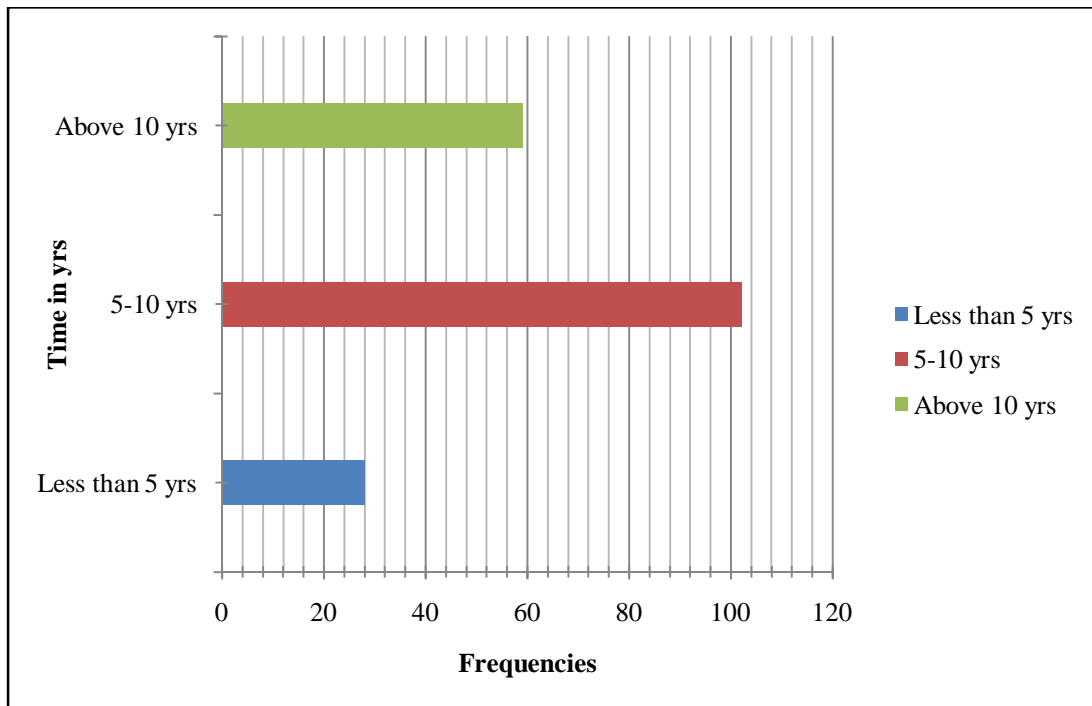


Figure 5: Work experience

Figure 5 indicated that majority of the respondents 102 (54.0%) have worked for between 5 – 10 years, 59 (31.2%) have worked for more than 10 years, while 28(14.8%) have worked for less than 5 years.

4.2 .Effect of Recognition on Nurses' Performance in Devolved Health Service

The first objective was to determine the effects of recognition on performance of nurses in devolved health service. The respondents were presented with question related to recognition in which there were to rate the extent in which they agree or disagree. Majority of the respondents 130(68.8%) strongly disagreed with the statement that when I do good work, I am confident of being rewarded, 37(19.6%) disagreed while 19(10.1%) agreed. Despite the not being rewarded for good work, most of the respondents, 111(58.7%) strongly agreed that the other health workers recognize the important role that nurses play in the hospital, 9(4.8%) agreed while 12(6.3%) disagreed and 57(30.2%) strongly disagreed. The response are presented in Table 1

	Strongly agree		Agree		Undecided		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
When I do good work, I am confident of being rewarded	0	0.0	19	10.1	3	1.6	37	19.6	130	68.8
The other health workers recognize the important role that nurses play in the hospital	111	58.7	9	4.8	0	0.0	12	6.3	57	30.2
The nurses take control of their practice without unnecessary interference	74	39.2	30	15.9	0	0.0	37	19.6	48	25.4
My seniors appreciate me on job well done	33	17.5	24	12.7	6	3.2	33	17.5	93	49.2
The clients appreciate my service and are cooperative	0	0.0	40	21.2	0	0.0	56	29.6	93	49.2

Table 1: Response on recognition of nurses

The study established that the nurses take control of their practice without unnecessary interference, as indicated by 74(39.2%) of the respondents who strongly agreed, 30(15.9%) who agreed while 37(19.6%) disagreed and 48(25.4%) strongly disagreed. On statement that my seniors appreciate me on job well done, 93(49.2%) of the respondents strongly agreed, 33(37.5%) disagreed while 33(17.5%) strongly agreed and 24(12.7%) agreed. Similarly, most of the respondents disagreed with the statement that the client appreciate my service and are cooperative, as indicated by 56(29.6%) of the respondents who disagreed with the statement, 93(49.2%) strongly disagreed while 40(21.2%) agreed.

4.3. Effects of Career Development on Nurses' Performance

The second objective was to establish effects of professional development opportunities on nurses' performance in devolve health service. Majority of the respondents 137(72.5%) strongly disagreed with the statement that I am satisfied with the current promotion practices, 9(4.8%) disagreed, and 30(15.9%) agreed. Most of the respondents 109(57.7%) agreed that the hospital provides adequate induction and orientation to nurses, while 50(26.5%) disagreed and 30(15.9%) strongly disagreed. On statement that provision of continuous medical education is adequate, 93 (49.2%) agreed, while 62(32.8%) and 34(18.0%) disagreed and strongly disagreed respectively.

	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
I am satisfied with the current promotion practices	13	6.9	30	15.9	0	0.0	9	4.8	137	72.5
The hospital provides adequate induction and orientation to nurses	109	57.7	0	0.0	0	0.0	50	26.5	30	15.9
Provision of continuous medical education is adequate	0	0.0	93	49.2	0	0.0	62	32.8	34	18.0
There is fair chance of success when applying for internal vacancies	3	1.6	6	3.2	0	0.0	18	9.5	162	85.7
Men and women have equal chance of career development	4	2.1	98	51.9	6	3.2	66	34.9	15	7.9

Table 2: Response on career development

The study established that majority of the respondents 162(85.7%) do not feel that there is fair chance of success when applying for internal vacancies, but they believe that Men and women have equal chance of career development, as indicated by 98(51.9%) of the respondents who agreed and 66(34.9%) who disagreed, the response are presented in Table 2

4.4. Effect of Management Practices on Nurses' Performance

The third objective was to assess the effects of management practices on performance of nurses in devolved health service. On the statement that nurses are formally informed when changes occur in this hospital, 59(31.2%) of the respondents agreed, 48(25.4%) disagreed, and 76(40.2%) strongly disagreed. Most of the respondents 129(68.3%) agreed that the information I need to do my job is readily available, while 47(24.9%) disagreed, 12(6.3%) strongly disagreed.

	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
Nurses are formally informed when changes occur in this hospital	6	3.2	59	31.2	0	0.0	48	25.4	76	40.2
The information I need to do my job is readily available	1	0.5	129	68.3	0	0.0	47	24.9	12	6.3
The informal communication network is the most used channels in this hospital	70	37.0	56	29.6	0	0.0	23	12.2	40	21.2
My supervisor is supportive to my work	9	4.8	42	22.2	0	0.0	37	19.6	101	53.4
I have good working relationship with my supervisors	8	4.2	30	15.9	1	0.5	34	18.0	116	61.4
My supervisor work to prevent attitude of blame	92	48.7	44	23.3	4	2.1	20	10.6	33	17.5
Nurses are respected by members of health care teams	76	40.2	35	18.5	3	1.6	41	21.7	34	18.0
I am treated with respect by doctors I work with	11	5.8	21	11.1			78	41.3	79	41.8

Table 3: Response on management practices

Majority of the respondents 70(37.0%) strongly agreed that informal communication network is the most used channels in this hospital, 56(29.6%) agreed, while 23(12.2%) disagreed and 40(21.2%) strongly disagreed. The study established are not supportive to nurses, as indicated by 101(53.4%) of the respondents who strongly disagreed, 37(19.6%) who disagreed and 42(22.2%) who agreed, likewise, most of the respondents 116(61.4%) strongly disagreed with the statement that my supervisor is supportive to my work, 34(18.0%) disagreed while 30(15.9%) agreed. Despite the respondents indicating that their supervisors are not supportive of their work, most of them agreed that their supervisor work to prevent attitude of blame in the hospital, as indicated by 92(48.7%) of the respondents who strongly agreed, 44 (23.3%) who agreed, while 20(10.6%) disagreed and 33(17.5%) strongly disagreed. The respondents agreed that nurses are respected by members of health care teams, as indicated by 76(40.2%) of respondents who strongly agreed, 35(18.5%) agreed, while 41(21.7%) disagreed and 34(18.0%) strongly disagreed. But, it was found that nurses are not treated with respect by doctors they work with, as indicated by 78(41.3%) of the respondents who disagreed and 79(41.8%) who strongly disagreed, as indicated in Table 3

4.5. Effects of Workload on Performance of Nurses

The fourth objective of the study was to evaluate the effects of workload on performance of nurses in Baringo County. The study established that staffing of nurses in devolved health system in Baringo County is not adequate as evidenced by 134(70.9%) of the respondents who strongly disagreed and 24(12.7%) who disagreed. Despite of the inadequacy of nurses in the hospital facilities, majority of the respondents 93(49.2%) strongly agreed and 39(20.6%) agreed that there is congestion of patients in the hospital, while 22(11.6%) disagreed and 35(18.5%) of the respondents strongly disagreed.

	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
Staffing for nursing professions are adequate in this hospital	5	2.6	26	13.8	0	0.0	24	12.7	134	70.9
There is congestion of patients in the hospital	93	49.2	39	20.6	0	0.0	22	11.6	35	18.5
The restructuring for working shift is done in fair and transparent manner	10	5.3	145	76.7	0	0.0	20	10.6	14	7.4
The nurse patient ratio is fair	84	44.4	6	3.2	0	0.0	95	50.2	4	2.1
The nurses have sufficient time to attend to patients needs	1	.5	17	9.0	0	0.0	6	3.2	165	87.3
There are enough facilities to allow nurses discharge their duties	0	0.0	23	12.2	0	0.0	4	2.1	162	85.7

Table 4: Response of effects of Workload on Nurses performance

Majority of the respondents 145(76.7%) agreed with the statement that the restructuring for working shift is done in fair and transparent manner, while 20(10.6%) disagreed and 14(7.4%) strongly disagreed. On statement that the nurse patient ratio is significant, 84(44.4%) of the respondents strongly agreed, while 95(50.2%) of the respondents disagreed, because of high nurse patient ratio, the study established that the nurses have no adequate time to attend to patients' needs, as shown by 165(87.3%) of the respondents who disagreed. The situation is worsening by insufficient facilities to allow nurses discharge their duties, since 162(85.7%) of the respondents disagreed.

4.6. Nurses' Performance

The study sought to establish effect of work environment on performance of nurses in devolved health service. Performance of nurses were measured by rating the response on some statements relating to performance indicators such as, promptness, punctuality, competent, availability and clients' satisfactions. On statement that the nurses provide prompt attentions to the clients' needs, 76(40.2%) of the respondents strongly agreed, while 103(54.5%) agreed while 10(5.3%) disagreed. The study established that the

nurses possess the requisites skills and competent to attend to health needs of the patients, as indicated by 68(36.0%) of the respondents who strongly agreed, 83(43.9%) agreed, while 34(18.0%) disagreed.

	SA		A		U		D		SD	
	F	%	F	%	F	%	F	%	F	%
The nurses provide prompt attentions to the clients' needs	76	40.2	103	54.5	0	0.0	10	5.3	0	0.0
The nurses possess the requisites skills and competent to attend to health needs of the patients	68	36.0	83	43.9	0	0.0	34	18.0	4	2.1
The nurses report to work station on time	89	47.1	75	39.7	0	0.0	25	13.2	0	0.0
The nurses are available at the work station whenever they are on duty	66	34.9	109	57.7	0	0.0	14	7.4	0	0.0
The clients are satisfied with the service provided by nurses	87	46.0	82	43.4	0	0.0	10	5.3	10	5.3

Table 5: Performance of nurses

Majority of the respondents 89(47.1%) strongly agreed that the nurses report to work station on time, 75(39.7%) agreed while 25(13.2%) disagreed. Similarly, 66(34.9%) strongly agreed and 109(57.7%) of the respondents agreed that nurses are available at the work station whenever they are on duty. On the statement that clients are satisfied with the service provided by nurses, 87(46.0%) strongly agreed, 82(43.4%) agreed while 10(5.3%) disagreed and similar proportion strongly disagreed. The information is summarized in Table 5.

4.7. Correlation Analysis

Pearson correlation was performed to investigate whether there is a significant relationship between independent and dependent variables. The study established that there is a significant relationship ($r = 0.99$, $p = 0.006$) between recognition and performance of nurses. There was also a significant relationship ($r = 0.208$, $p = 0.004$) between career development and performance of nurses.

		Performance	Recognition	Career development
Performance	Pearson Correlation	1	.199**	.208**
	Sig. (2-tailed)		.006	.004
Recognition	Pearson Correlation	.199**	1	.043
	Sig. (2-tailed)	.006		.554
Career development	Pearson Correlation	.208**	.043	1
	Sig. (2-tailed)	.004	.554	
Management Practices	Pearson Correlation	.474**	.113	.130
	Sig. (2-tailed)	.000	.123	.074
Workload	Pearson Correlation	.259**	-.172*	.496**
	Sig. (2-tailed)	.000	.018	.000
	N	189	189	189

Table 6: Correlations results

There was a significant relationship ($r = 0.474$, $p = 0.000$) between management practices and performance of nurses. There was also a significant relationship ($r = 2.59$, $p = 0.000$) between work load performance of nurses. The correlation results are presented in Table 6

4.8. Regression Analysis

Multiple linear regression analysis was performed to establish the strength of the relationship between the independent variables and dependent variables.

4.8.1. Model Summary

The R square indicates the extent in which the independent variables contribute to the change on the dependent variables.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.535 ^a	.286	.271	.33918

Table 7: model summary

a. Predictors: (Constant), Workload, Recognition, Management, Career development

The results indicate that the combined effects of recognition, career development, management practices and workload contribute 28.6% change on performance of nurses. The results therefore indicate that there are other factors apart from work environment that influence performance of nurses.

4.8.2. Analysis of Variance

The ANOVA results indicate the extent in which the data fit into the regression model. The results indicate that the results fit into the regression model, since $p < 0.05$. ($F = 18.433$, $p = 0.000$), as indicated in Table 8

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.482	4	2.121	18.433	.000 ^b
	Residual	21.167	184	.115		
	Total	29.650	188			

Table 8: ANOVA^a

a. Dependent Variable: Performance

b. Predictors: (Constant), Workload, Recognition, Management, Career development

4.8.3. Co-efficient of the Regression

The coefficients indicate the effects of each independent variable on the dependent variable. The study established that recognition significantly affect performance of nurses ($\beta = 0.178$, $p = 0.000$). Career development significantly affect performance of nurses ($\beta = 0.065$, $p = 0.006$). Management practices was found to significantly affect performance of nurses ($\beta = 0.409$, $p = 0.000$). Workload was also found to significantly affects performance of nurses (0.167 , $p = 0.028$). The results indicate that management practices are a strong predictor of nurses' performance ($t = 6.320$), followed by recognition ($t = 2.757$), workload ($t = 2.213$) and the least was career development ($t = 0.065$).

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.705	.216		12.547	.000
	Recognition	.111	.040	.178	2.757	.006
	Career development	.048	.054	.065	.890	.004
	Management	.193	.031	.409	6.320	.000
	Workload	.150	.068	.167	2.213	.028

Table 9: Co-efficients^a

a. Dependent Variable: Performance

The regression model for the study was found to be;

$$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

$$Y_i = 2.705 + 0.178 X_1 + 0.065 X_2 + 0.409 X_3 + 0.167 X_4 + \varepsilon$$

4.9. Hypothesis Testing

The first hypothesis was that; recognition does not significantly affect performance of nurses in devolved health service. The study established that recognition significantly affect performance of nurses ($\beta = 0.178$, $p = 0.000$), therefore the null hypothesis was rejected.

The second hypothesis was that, availability of career development opportunities does not significantly affect performance of nurses in devolved health service. The regression results ($\beta = 0.065$, $p = 0.006$), indicate that career development significantly affect performance of nurses, and hence the null hypothesis was rejected.

The third hypothesis was that, management practices do not significantly affect performance of nurses in devolved health services. From the results, it was established that management practices was found to significantly affect performance of nurses ($\beta = 0.409$, $p = 0.000$), and for this reasons, the null hypothesis was rejected.

The last hypothesis was that, workload does not significantly affect performance of nurses in devolved health service. From the regression results, the p values was significant (0.167 , $p = 0.028$), hence the null hypothesis was rejected.

5. Summary of the Findings, Conclusion and Recommendations

5.1 Summary of the Findings

This section covers the areas such as effect of Recognition on nurses' performance in devolved health service, Effects of career development on nurses' performance, effect of Management practices on nurses' performance and effects of workload on performance of Nurses.

5.1.1. Effect of Recognition on Nurses' Performance in Devolved Health Service

Majority of the respondents disagreed with the statement that when I do good work, I am confident of being rewarded. Despite them not being rewarded for good work, most of the respondents agreed that the other health workers recognize the important role that nurses play in the hospital. The study established that the nurses take control of their practice without unnecessary interference and also seniors appreciate them on job well done, this therefore create conducive environment for nurses to discharge their duties.

According to Wade *et al.* (2008) nurse manager ability, leadership, and support of nurses were a statistically significant predictor of nurses' job enjoyment. Similarly, Stewart, *et al.*, (2004), nurses should be allowed to apply their ability to accomplish their patient care goals in good time by using all accumulated knowledge, skills, experience and expertise to understand the condition and needs of a patient and to make a vital contribution to the overall plan for patient care. This contribution would include the assessment of patient needs and conditions, the effective communication of concerns and priorities during patient care, and evaluation and coordination of the resources of the multidisciplinary team. A sense of autonomy contributes both to the meaning of fulfillment and satisfaction that nurses derive from their jobs. Most of the respondents disagreed with the statement that the client appreciate their service and are cooperative. Correlation results established that there is a significant relationship ($r = 0.99$, $p = 0.006$) between recognition and performance of nurses.

5.1.2. Effects of Career Development on Nurses' Performance

Majority of the respondents were not satisfied with the current promotion practices. The findings are contrary to a study done by Sonstadet *et al.*, (2011) in Mbulu district in Tanzania indicated that all cadres of health workers were dissatisfied with the working conditions, Salary level, promotion, recognition of work experience, allowances and upgrading opportunities, as well as human resource management and as a result their performance was suboptimal. Most of the respondents agreed that the hospital provides adequate induction and orientation to nurses and that provision of continuous medical education is adequate, this is in line with the revised scheme of service for Nursing Personnel (R.O. K, 2014) which stipulates that in administering the scheme, the Principal Secretary/Chief Officer will ensure that appropriate induction, mentoring, coaching, training opportunities, and facilities are provided to assist serving officers acquire the necessary additional qualifications/specialization and experience required for both efficient performance of their duties and advancement within the Scheme of Service. Most respondents do not feel that there is fair chance of success when applying for internal vacancies, but they believe that men and women have equal chance of career development. There was a significant positive relationship ($r = 0.208$, $p = 0.004$) between career development and performance of nurses.

5.1.3. Effect of Management Practices on Nurses' Performance

The study established that nurses are formally informed when changes occur in the hospital. Also, the information that the nurses need to do their job is readily available. But majority of the respondents agreed that informal communication network is the most used channels in this hospital. The study established that the supervisors are not supportive to nurses. This may create a negative work environment that may negatively affect performance of nurses, according to Ritter (2010), health work environment involves collaborative practice, accountability, credible leadership, positive communication, adequate staffing, shared decision-making, recognition, and allowance for professional growth. Despite the respondents indicating that their supervisors are not supportive of their work, most of them agreed that their supervisor work to prevent attitude of blame in the hospital, as indicated by majority of the respondents who agreed. The respondents agreed that nurses are respected by members of health care teams, this create a positive work environment for nurses. The study by Peter, *et al.*, (2010) found out that four groups of factors were identified, with those relating to job content and work environment viewed as essential characteristics of the ideal job, and rated higher than a good income. Job features that have highest importance rating overall were: excellent working relationships with co-workers, training opportunities, physical conditions, challenging work, and tools to use skills on the job, all of which are included in the job content and work environment component. The study found that nurses are not treated with respect by doctors they work with. There was a significant relationship ($r = 0.474$, $p = 0.000$) between management practices and performance of nurses.

5.1.4. Effects of Workload on Performance of Nurses

The study established that staffing of nurses in devolved health system in Baringo County is not adequate. Despite of the inadequacy of nurses in the hospital facilities, majority of the respondents agreed that there is congestion of patients in the hospital, indicating that the nurses in the County are overworked. The findings concur with Buerhauset *et al.*, (2009) study indicated that nurses employed in hospitals in the USA were working on lots of pressure, nearly nine out of ten (89%) of the 468 study participants perceived that the supply of nurses was less than required for getting daily work completed. Because hospitalized patients need continual attention, nursing is characterized by 24-hour work schedules and, therefore, must incorporate various combinations of morning, evening and night shifts, as well as weekend work. Similar findings were also established by Yildirim and Aycan's (2008) in a study of nurses in Turkey found that work overload and irregular work schedules had the strongest relationship with, and were, therefore, the strongest predictors of, nurses' work-to-family conflict and that this conflict was associated with the lower job and life satisfaction, therefore overworking the nurses in devolved health service may lead to low performance. The hospital management has ensured that restructuring for working shift is done in fair and transparent manner. Most respondents agreed that the nurse patient ratio is fair. Because of inadequate staffing, the study established that the nurses have no sufficient time to attend to patients' needs. The situation is aggravated by insufficient facilities to allow nurses discharge their duties efficiently. The above work environment negatively affects performance of nurses, since the findings by Gurseset *et al.*, (2009) reported that nurses face performance obstacles that frustrated efforts to get their work done, increased their workloads and negatively affected their quality of working life and perceived the quality of patient care. These obstacles included poor workspace design, disorganized patient rooms and supply areas, delays in getting essential supplies and the unavailability and poor condition of equipment. There was a significant relationship ($r = 2.59$, $p = 0.000$) between work load and performance of nurses.

5.2. Conclusions

The study established a significant relationship between recognition and performance of nurses. Therefore, lack of recognition will lead to poor performance of nurses under devolved health service. The nurses are not rewarded when they do well, but other health workers recognize the important role that nurses play in the hospital. It was encouraging that the nurses take control of their practice without unnecessary interference and also seniors appreciate them on job well done, this therefore create conducive environment for nurses to discharge their duties.

Majority of the respondents were not satisfied with the current promotion practices, but were satisfied that the hospital provides adequate induction and orientation to nurses and that provision of continuous medical education is adequate. Most respondents do not feel that there is fair chance of success when applying for internal vacancies, but they believe that men and women have equal chance of career development. There was a significant positive relationship between career development and performance of nurses.

The study established that nurses are formally informed when changes occur in the hospital, the information that the nurses need to do their job is readily available, and they are respected by members of health care teams. But informal communication network is the most used channels in this hospital and the supervisors are not supportive to nurses. The study found that nurses are not treated with respect by doctors they work with. There was a significant relationship between management practices and performance of nurses.

The study established that staffing of nurses in devolved health system in Baringo County is not adequate and that there is congestion of patients in the hospital, indicating that the nurses in the County are overworked. The hospital management has ensured that restructuring for working shift is done in fair and transparent manner, due to inadequate staffing; nurses have no sufficient time to attend to patients' needs. There was a significant relationship between work load and performance of nurses.

5.3. Recommendations

5.3.1. Managerial Implications

- i. The study established that the nurses are not rewarded when they perform well in their duties. The study recommends that the hospital management in devolved health service in Baringo County should devise reward procedure for employees who have performed well in their duties in order to motivate them to continue performing well, and hence improve service delivery to the members of the public.
- ii. The study established that nurses are not satisfied with the promotion criteria that are currently in place, they are also not confident with the criteria for filling internal vacancies. The hospital management should come up with a policy document spelling out promotion criteria and procedures for filling internal vacancies that ensure fairness for all employees. The management should also ensure that the implement the policy to the letter.
- iii. The study indicated that the nurses are not appreciated by their supervisors and are not treated with respect by the doctors. This may results in de-motivating the nurses, the study recommend to hospital management to undertake team building programs regularly among their staff in order to enhance good working relationship among all the employees.
- iv. The study established that the workload for nurses working in devolved health service in Baringo County is higher than the recommended standards. The study therefore recommends that the County government of Baringo should put in place measures to reduce nurses' workload by improving the working environment of the existing workforce to reduce seeking other better opportunities and recruiting more nurses regularly to reduce the deficit.

5.3.2. Areas for Further Studies

- i. Similar study should be conducted covering more counties to allow for generalization of the results.
- ii. A study should be conducted on job satisfaction of nurses under devolved health service in Kenya.

6. Acknowledgment

I would like to express my gratitude to all those, whose contributions facilitated the completion of this project.

First and foremost, I thank the Almighty God for the gift of life and for giving me the skills, knowledge and energy to be able to complete this paper and the postgraduate degree of Master of Business Administration.

Second, I give special thanks to my supervisor, Dr. Solomon Letangule and Dr. Yusuf Kibet for providing unlimited, invaluable and guidance throughout the study. Their command and knowledge of the subject matter enabled me to shape this research project to the product work.

Finally, I owe my gratitude all who in one way or another contributed towards the completion of this project. I am forever indebted to you.

7. References

- i. Allan, C., Loudoun, R., &Peetz, D. (2007). Influences on work/non-work conflict. *Journal of Sociology*, 43, 219–239.
- ii. American Association of Critical-Care Nurses (AACN). (2005a). AACN standards for establishing and sustaining healthy work environments: A journey to excellence
- iii. Armstrong, F. (2005). Magnet hospitals: What is the attraction? *Australian Nursing Journal*, 12(8), 14-17.
- iv. Arnold & Freidman (2007) Supervision and Employee Perception. *Journal on Comparative Financial and Banking Studies*.
- v. Auerbach, D. I., Buerhaus, P. I., &Staiger, D. O. (2007). Better late than never: Workforce supply implications of later entry into nursing. *Health Affairs*, 26(1), 178-185.

- vi. Australian Health Workforce Advisory Committee (2004a). The Australian nursing workforce: An overview of workforce planning 2001-2004. (AHWAC Report 2004.2). Sydney: AHWAC.
- vii. Australian Health Workforce Institute (2008). Executive Summary: Australian Nursing Workforce Research: October 2008. Canberra: AHWI.
- viii. Barry, P. Haynes (2008) An Evaluation of the Impact of the Office Environment on Productivity. *Journal of Facilities*.26 (5/6), pp. 178-19.
- ix. Batista, A.A.V., Jesia M.V., Santos N.C. and Oak G.R.M., (2005). Factors of Motivation and Dissatisfaction in Nursing work. *Rev. esc. Nurse.USP* vol. 39 No. 1; ISSN 0080-6234.
- x. Becker, F. (2002). Improving organizational performance by exploiting workplace flexibility. *Journal of Faculty Management*, 1(2), 154-162.
- xi. Borman, W. C. (2004). The concept of organizational citizenship. *Current Directions in Psychological Science*, 13(6), 238-241.
- xii. Brill, M.: Workspace design and productivity. *Journal of Healthcare Forum* 2000, 35 (5), pp. 51-3
- xiii. Brooks, B., & Anderson, M. (2004). Nursing work life in acute care. *Journal of Nursing Care Quality*, 19(3), 269-275.
- xiv. Buchan, J., & Calman, L. (2005). The global shortage of nurses: An overview of the issues and actions. Geneva: Switzerland: The International Council of Nurses.
- xv. Buerhaus, P. I., DesRoches, C., Donelan, K., & Hess, R. (2009). Still making progress to improve the hospital work environment? Results from the 2008 National Survey of Registered Nurses *Nursing Economics*, 27(5), 289-301.
- xvi. Cappelli, P. (2008). *Talent on Demand: Managing Talent in an Age of Uncertainty*. Boston, MA Harvard Business School Press.
- xvii. Charles, D. et al (1999) Strategy on measuring responsiveness, WHO GPE discussion paper series No. 23.
- xviii. Chew, J. C. (2004). The Influence of Human Resource Management Practices of
- xix. Chen, J. & Silverthorne, C. (2005). Leadership effectiveness, leadership style and employee readiness. *Leadership & Organization Development Journal*, 26(4): 280-288.
- xx. Chiaburu, D. S., & Tekleab, A. G. (2005). Individual and contextual influences on multiple dimension of training effectiveness. *Journal of European Industrial Training*, 29(8), 604-626.
- xxi. Clark, S.C. (2001) Work cultures & work/family balance. *Journal of Vocational Behaviour*, 58, 348-365.
- xxii. Considine, G., & Jakubauskas, M. (2008). Working conditions of doctors and nurses in NSW public hospitals. Sydney: Workplace Research Centre, University of Sydney
- xxiii. Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., et al. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 47(3), 363-385.
- xxiv. Daly, J (2006). *Human Resource Management In The Public Sector: Policies And Practices*, New York: M.E Sharpe.
- xxv. Dambisya, M. Y (2007). A review of non-financial incentives for health worker retention in east and southern Africa,' EQUINET Discussion Paper 44. EQUINET: Harare.
- xxvi. Deming, W.E. (2000). *Out of the crisis*. Cambridge: MIT Press.
- xxvii. Denvir, A., Hillage, J., Cox, A., Sinclair, A., & Pearmain, D. (2008). *Quality of working life in the UK (No. 452)*. Brighton, Sussex: Institute of Employment Studies.
- xxviii. Dieleman, M. (2009). Human resource management Interventions to improve health workers' performance in low and middle income countries, *Health Research policy and system*. 7:7
- xxix. Derrek, T. (2005). *Fundamentals of Human Resource Management: Managing People at Work*. London: Prentice Hall.
- xxx. Dockel, A. (2003). *The Effect of Retention of Organizational Commitment: An Investigation of High Technology Employees*. Pretoria
- xxxi. Doman, U. (2008). The impact of the indoor environment on the performance of employee. *Journal on Finance and Banking* 33(1) 22-33.
- xxxii. Franco LM, Bennett S, & Kanfer R (2002) Health Sector Reform and Public Sector health worker motivation a conceptual framework, *Social science medicine*, 54:255-1266.
- xxxiii. Franco LM, Bennett S, Kanfer R, & Stubblebine P, (2000). *Health Worker Motivation in Jordan and Georgia: A Synthesis of the Results*. Major Applied Research 5, Technical Paper 3 Bethesda, Maryland: Partnership for Health Reform Project;
- xxxiv. Eysenck, M. (2008). *Psychology: An integrated approach*. New York: Addison - Wesley Longman Ltd.
- xxxv. Gomes-Mejia, L.R., Balkin, D.B., Cardy, R.L. (2010). *Managing Human Resources*. Upper Saddle River: Pearson Education Inc.
- xxxvi. Greenberg, J., & Baron (2000). *Behavior in organization*, New York: Prentice Hall.
- xxxvii. Griffeth, R., Shore L., & Allen, G. (2000). The role of perceived organizational support and supportive Human Resource Practices in the Turnover Process. *Journal of Management*, Vol. 29 (99).
- xxxviii. Gunnarsdottir, S., Clarke, S. P., Rafferty, A. M., & Nutbeam, D. (2009). Front-line management, staffing and nurse-doctor relationships as predictors of nurse and patient outcomes: A survey of Icelandic hospital nurses. *International Journal of Nursing Studies*, 46(7), 875-1034
- xxxix. Gurses, A. P., Carayon, P., & Wall, M. (2009). Impact of performance obstacles on intensive care nurses' workload, perceived quality and safety of care and quality of working life. *Health Services Research*, 44(2 Pt. 1), 422-443.

- xl. Gutnick, L. (2007). A workplace design that reduces employee stress and increases employee productivity using environmentally responsible materials. An unpublished Thesis Eastern Michigan University.
- xli. Hall, D. S. (2007). The relationship between supervisor support and registered nurse outcomes in nursing care units. *Nursing Administration Quarterly*, 31(1), 68-80.
- xlii. Hsu, M.-Y., & Kernohan, G. (2006). Dimensions of hospital nurses' quality of working life. *Journal of Advanced Nursing*, 54(1), 120-131.
- xliii. Harvat, Hildebrand, S. D. (2007), "Retention and Job Satisfaction Compensation, Opportunity, Recognition, Environment" Retrieved from <http://www.suit101.com>.
- xliv. Harris, R., Simon, M., & Bone, J. (2000). More than meets the eye? Rethinking the role of workplace trainer, NCVER, Adelaide. Retrieved from <http://www.ncver.edu.au/publications/471.html>
- xlv. Hameed, A. (2009). Impact of Office Design on Employees' Productivity: a case study of Banking Organizations of Abbottabad, Abbottabad, Unpublished Thesis Pakistan.
- xlvi. Hill, E.J., Hawkins, A.J., Ferris, M., & Weitzman, M. (2001). The positive influence of Perceived job flexibility on work & family life balance. *Family Relations*, 50(1), 49-58.
- xlvii. Howell, J. M., & Hall-Merenda, K. E. (1999). The ties that bind: The impact of leader-member exchange, transformational and transactional leadership, and distance on predicting follower performance. *Journal of Applied Psychology*, 84(5), 680-694.
- xlviii. International Council of Nurses (2006). The global nursing shortage: Priority areas for intervention. Geneva: International Council of Nurses & the Florence Nightingale International Foundation
- xlix. Jasmine, T. (2009). Art, science, or both? Keeping the care in nursing. *Nursing Clinics of North America*, 44(4), 415-421.
- I. Johnson, J, Griffeth, W., & Griffin, M. (2000). Factors discrimination functional and dysfunctional sales force turnover. *Journal of Business & Industrial Marketing*, Vol. 15 (6) pp. 399-415.
 - ii. Kavanaugh, R.R. and Ninemeier J.D. (2001). Supervision in the Hospitality Industry. (3rd ed.). Michigan: The Educational Institute of the American Hotel & Lodging Association.
 - iii. Kramer, M., Schmalenberg, C., Brewer, B., Verran, J. & Keller-Unger, J. 2008. Accurate Assessment of Clinical Nurses' Work Environments: Response Rate Needed. *Research in Nursing & Health*. 229-240.
 - iiii. Lake, E. (2002). Development of the practice environment scale of the nursing work index. *Research in Nursing & Health*, 25(3), 176-188.
 - liv. Landry, G., & Vandenberghe, C. (2012). Relational commitments in employee-supervisor dyads and employee job performance. *The Leadership Quarterly*, 16, 293-308
 - lv. Laschinger, H. K. S., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*, 27(6), 377-383.
 - lvi. Lee, H. (2003). An empirical study of organizational justice as a mediator of the relationship among leader-member exchange and job satisfaction, organizational commitment and turnover intentions in the lodging industries.
 - lvii. Lee-Kelley, L., Blackman, A., & Hurst, P. (2009). An Exploration of the Relationship Between Learning Organisations and the Retention of Knowledge Workers." *The Learning Organization*, Volume 14: 3: 204-221.
 - lviii. Leblebici, D. (2012). Impact of Workplace Quality on Employee's Productivity: *Journal of Business, Economics and Finance*, Vol. 1, Iss. 1 pp.38-40.
 - lix. Leshabari M, Muhondwa E, Mwangi M, Mbembati N (2008). Motivation of Health care workers in Tanzania: case study of Muhimbili National Hospital. *East African journal of Public Health*: 5(1):30-36.
 - lx. MacKusick, C. I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *Medsurg Nursing*, 19(6), 335-340.
 - lxi. Malik, E. M., Nawab, S., Naeem, B., & Danish Q., R. (2010). Job Satisfaction and Organisational Commitment of University Teachers in Public Sector of Pakistan. *International Journal of Business and Management*. Vol. 5. No.6 pp.124-133
 - lxii. Meyer, J. & C. Smith, (2003). HRM practices and organizational commitment: Test of a mediation model. *Canadian Journal of Administrative Sciences*, 17: pp 319-331.
 - lxiii. Mayer, J. P., Becker, T. E., & Vandenberghe, C. (2004). Employee commitment and motivation: A Conceptual analysis and integrative model. *Journal of Applied Psychology*, 89, 991-1007.
 - lxiv. Mohamed G (2005) Competence of maternal and child health clinic workers in detecting malnutrition in Somali. *African Health Sciences*. 5(4): 319 - 321
 - lxv. Ndeti DM, Ongecha FA, Mutiso V, Kuria M, Khasakhala LI and Kokonya DA (2007) The challenges of human resources in mental health in Kenya, *South Africa Psychiatry Review* 10:33-36
 - lxvi. NHS Institute for Innovation and Improvement (2010). The productive ward: Releasing time to care. Executive summary. London: National Nursing Research Unit (NNRU) King's College London.
 - lxvii. Noe, R.A. (2008). Employee training and development, New York: McGraw Hill
 - lxviii. Northouse, P.G. (2010). Leadership: Theory and Practice. (3rd Ed). California: Sage Publications, Inc.
 - lxix. Nowier M. (2008) Workplace environment and its impact on employees' performance, open university of Malaysia, vol I pp 1-95.
 - lxx. Ongori, H. & Agolla J. (2009). Paradigm shift in managing career plateau in organization: The best strategy to minimize employee intention to quit. *African Journal of Business Management*, Vol.3 (6), pp. 268-271.

- lxxi. Peter, E., Macfarlane, A. V., & O'Brien-Pallas, L. L. (2010). Analysis of the moral habitability of the nursing work environment. *Journal of Advanced Nursing*, 47(4), 356-367.
- lxxii. Prince, J. (2005). Career-focused employee transfer processes. *Career Development International*, 10(4), 293-309.
- lxxiii. Peters D.H., Chakroborty S., Mahapatra P. and Steinhardt L. (2010). Job Satisfaction and Motivation of Health Workers in public sectors; cross sectional analysis from two Indian states; *Human Resource for Health* 8: 27.
- lxxiv. Ritter, D. (2011). The relationship between healthy work environments and retention of nurses in a hospital setting. *Journal of Nursing Management*, 19(1), 27-32.
- lxxv. Ritter-Teitel, J. (2002). The impact of restructuring on professional nursing practice. *Journal of Nursing Administration*, 32(1), 31-41.
- lxxvi. Scott, K. D., Jusanne, M., & Steven, M. E. (2000). Factors influencing employee benefits beliefs that, pay is tied to performance. *Journal of Business and Psychology*. 14, 553-562.
- lxxvii. Silsil, P. (2008). "The Kenya Handbook for Teachers". Limited. Nairobi. Shrend Publishers.
- lxxviii. Sinha, E. S. (2001). The skills and career path of an effective project manager. *International Journal of Project Management*, 19, 1-7.
- lxxix. Shahzad, K., Rehman, K. & Abbas, M. (2010). HR Practices and Leadership Styles as Predictors of Employee Attitude and Behaviour. *European Journal of Social Sciences*, Vol. 14 November 2010.
- lxxx. Smith, J., & Osborn, M. (2003). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. London: Sage.
- lxxxii. Smith, K. T. (2010). Work-life balance perspectives of marketing professionals in generation Y. *Services Marketing Quarterly*, 31(4), 434-447.
- lxxxiii. Songstadet al (2011). Perceived unfairness in working conditions: The case of public health services in Tanzania. *BMC Health Services Research* 11:34.
- lxxxiiii. Stallworth, J., Kleiner, B. (2006) recent developments in office design. *Journal of Facilities*, 14 (1/2), pp. 34-42.
- lxxxv. Steel, R. & Griffeth, W. (2002). The elusive relationship between perceived employment opportunity and turnover behavior: A methodological or conceptual artifact. *Journal of Applied Psychology*, 74(6): pp 846-854.
- lxxxvi. Stewart J, Stansfield K & Tapp D. 2004. Clinical nurses' understanding of autonomy: accomplishing patient goals through interdependent practice. *Journal of Nursing Administration*, 34(10):443-50.
- lxxxvii. Strong, M. H., Jeanneret, P. R., McPhail, S. M., & Bleckley, B (1999) Work context, taxonomy and measurement of the work environment. *American Psychological Association (Houston TX)*, 1999. 86: 12767
- lxxxviii. Tarime District Council Report (2011): Council comprehensive health plan 2011-2012. Tarime: Tarime District Council.
- lxxxix. Tausig, M., & Fenwick, R. (2001) Unbinding time: Alternate work schedules and Work life Balance. *Journal of Family and Economic Issues*, 22(2), 101-119.
- lxxxix. Taylor, R. (2004). The Race for Talent: Retaining and Engaging Workers in the 21st Century. *Human Resource Planning Journal*, Vol. 27 (3) pp 12-46.
- xc. Temessek, (2009) Expanding the Psychosocial Work Environment: Workplace Norms and Work-Family Conflict as Correlates of Stress and Health 3(1) 71 -88.
- xc. The Australian Health Workers Institute (2008). Executive summary Australian nursing workforce research. Canberra: AHWI.
- xcii. Trevino, L.K., Brown, M.E. (2005), "The Role of Leaders in Influencing Unethical Behavior in the Workplace, In Kidwell", Sage Publishing, London, pp.69-96.
- xciii. Ulrich, B. T., Buerhaus, P. I., Donelan, K., Norman, L., & Dittus, R. (2007). Magnet status and registered nurse views of the work environment and nursing as a career. *Journal of Nursing Administration*, 37(5), 212-220.
- xciv. Wade, G., H., Osgood, B., Avino, K., Bucher, G., Bucher, L., Foraker, T., et al. (2008). Influence of organizational characteristics and caring attributes of managers on nurses' job enjoyment. *Journal of Advanced Nursing*, 64(4), 344-353.
- xcv. Walton, R. (1975). Criteria of quality of working life. In L. Davis & A. Cherns (Eds.), *The quality of work life (Vol.1)*. New York: Free Press.
- xcvi. WHO (2006). World health report. Working together for health, Geneva, World Health Organization (<http://www.who.int/whr/2006/en/>, accessed 28 May 2011).
- xcvii. Wilson, M. G., Polzer-Debruyne, A., Chen, S., & Fernandes, S. (2007). Shift work interventions for reduced work-family conflict. *Employee Relations*, 29(2), 162-177.
- xcviii. Williams, A. E., Lankford, S. V., & DeGraaf, D. G. (1999). How Managers Perceive Factors That Impact Employee Motivation: An Application of Pathfinder Analysis. *Journal of Park and Recreation Administration*, 17(2), 84-106.
- xcix. Wright, M., Gardner, M., Moynihan, M. & Allen R. (2005). The relationship between HR practices and firm performance: examining causal order, *Personnel Psychology*, 58, (2) pp 409-46.
- c. World Health Organization (2006). Human resources in health: Report by the secretariat. Executive Board, EB 114/17, 114th Session, 29th April. Geneva: WHO.
- ci. World Health Organization (2000) World Health Report, Health System: Improving performance. Geneva Switzerland.
- cii. Yamamoto, H. (2006). The relationship between employees' inter-organizational career orientation and their career strategies. *Career Development Journal*. 11 (3): pp 243-264.
- ciii. Yildirim, D., & Aycan, Z. (2008). Nurses' work demands and work-family conflict: A questionnaire survey. *International Journal of Nursing Studies*, 45(9), 1366-1378.

Appendix I: Questionnaire for Nurses

Introduction

I am a student in Kisii University. I am currently undertaking a study on Assessment of the determinants of working environment amongst employees: Cases of nurses in Baringo County. You are requested to respond to the questions below to the best of your knowledge. The information given will be held confidential, and will be used strictly for this study.

➤ Section A: Demographic information

1. What is your gender?
Male [] Female []
2. What is your age?
18- 30 [] 30 – 40 [] 40 – 50 [] Above 50 []
3. What is your highest level of education
Masters []
Bachelor’s degree []
Diploma []
Certificate []
Others (specify).....
4. What is your work experience

Less than 5 yrs [] 5-10 yrs [] above 10 yrs []

➤ Section B: Recognition

Respond to the questions below by selecting the option that best suits your opinion (Key SA- strongly agree, A-Agree, U – undecided – D- disagree, SD- Strongly disagree).

	SA	A	U	D	SD
When I do good work, I am confident of being rewarded					
The other health workers recognize the important role that nurses play in the hospital					
The nurses take control of their practice without unnecessary interference					
My seniors appreciate me on job well done					
The client appreciate my service and are cooperative					

➤ Section C: career development

Respond to the questions below by selecting the option that best suits your opinion (Key SA- strongly agree, A-Agree, U – undecided – D- disagree, SD- Strongly disagree).

	SA	A	U	D	SD
I am satisfied with the current promotion practices					
The hospital provides adequate induction and orientation to nurses					
Provision of continuous medical education is adequate					
There is fair chance of success when applying for internal vacancies					
Men and women have equal chance of career development					

➤ Section D: Management practices

Respond to the questions below by selecting the option that best suits your opinion (Key SA- strongly agree, A-Agree, U – undecided – D- disagree, SD- Strongly disagree).

	SA	A	U	D	SD
Nurses are informed when changes occur in this hospital					
The information I need to do my job is readily available					
The informal communication network is the most used channels in this hospital					
My supervisor is supportive to my work					
I have good working relationship with my supervisors					
My supervisor work to prevent attitude of blame					
Nurses are respected by members of health care teams					
I am treated with respect by doctors I work with					

➤ Section E: Work load

Respond to the questions below by selecting the option that best suits your opinion (Key SA- strongly agree, A-Agree, U – undecided – D- disagree, SD- Strongly disagree).


	SA	A	U	D	SD
Staffing for nursing professions are adequate in this hospital					
There is congestion of patients in the hospital					
The restructuring for working shift is done in fair and transparent manner					
The nurse patient ratio is fair					
The nurses have sufficient time to attend to patients needs					
There are enough facilities to allow nurses discharge their duties					

Thank you

Appendix II: Research Permit

THIS IS TO CERTIFY THAT:
MR. EVANS KIPKEMBOI CHEROGONY
of KISII UNIVERSITY, 573-30400
KABARNET, has been permitted to
conduct research in Baringo County
on the topic: ASSESSMENT OF EFFECTS
OF WORKING ENVIRONMENT ON
NURSES PERFORMANCE IN DEVOLVED
HEALTH SERVICES IN BARINGO COUNTY,
KENYA:
for the period ending:
29th August,2017


Permit No : NACOSTI/P/16/23368/13145
Date Of Issue : 31st, August,2016
Fee Received :Ksh 1000




[Signature]
for Director General
National Commission for Science,
Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEACH CLEARANCE
PERMIT

10755
Serial No.A

CONDITIONS: see back page

Appendix III: Plagiarism Declaration



**KISII UNIVERSITY
SCHOOL OF POST GRADUATE STUDIES**

PLAGIARISM DECLARATION

Definition of plagiarism

Is academic dishonesty which involves; taking and using the thoughts, writings, and inventions of another person as one's own.

DECLARATION BY STUDENT

- i. I declare I have read and understood Kisii University Postgraduate Examination Rules and Regulations, and other documents concerning academic dishonesty.
- ii. I do understand that ignorance of these rules and regulations is not an excuse for a violation of the said rules.
- iii. If I have any questions or doubts, I realize that it is my responsibility to keep seeking an answer until I understand.
- iv. I understand I must do my own work.
- v. I also understand that if I commit any act of academic dishonesty like plagiarism, my thesis/project can be assigned a fail grade ("F")
- vi. I further understand I may be suspended or expelled from the university for academic dishonesty.

Name Evans K.C. Cherogony Signature [Signature]
 Reg. No CRM 12/10741/14 Date Jan 2017

DECLARATION BY SUPERVISOR (S)

- i. I/we declare that this thesis/project has been submitted to plagiarism detection service.
- ii. The thesis/project contains less than 20% of plagiarized work.
- iii. I/we hereby give consent for marking.

1. Name Dr. S. Letungu Signature [Signature]
 Affiliation Supervisor Date 27/01/17
 2. Name Dr. Lucy Kibet Signature [Signature]
 Affiliation Supervisor Date 27/1/17
 3. Name _____ Signature _____
 Affiliation _____ Date _____

REPEAT NAME(S) OF SUPERVISORS AS MAY BE NECESSARY

*Our vision: A world class University and advancement of education, excellence research & social welfare.
UNIVERSITY IS ISO 9001:2008 CERTIFIED*



Appendix IV: Declaration of Number of Words

KSU/SPUS/DNW/04



KISII UNIVERSITY

SCHOOL OF POSTGRADUATE STUDIES

DECLARATION OF NUMBER OF WORDS FOR MASTERS/PROJECT/PHD THESES

DECLARATION OF NUMBER OF WORDS FOR MASTERS/PROJECT/ PHD THESES

This form should be signed by the candidate and the candidate's supervisor (s) and returned to the Director of Postgraduate Studies at the same time as you submit copies of your thesis/project

Please note that a Kisii University Masters and PhD thesis shall comprise a piece of scholarly writing not more than 20,000 words for the Masters degree and 50,000 words for the PhD degree. In both cases this length includes references, but excludes the bibliography and any appendices.

If a candidate wishes to exceed or reduce the word limit for a thesis specified in the regulations, the candidate must enquire with the Director of Postgraduate about the procedures to be followed. Any such enquiries must be made at least 2 months before the submission of the thesis.

Please note in cases where students exceed/reduce the prescribed word limit set out, Director of Postgraduate may refer the thesis for resubmission requiring it to be shortened or lengthened.

Name of Candidate: Evans H.C. Chesogony ADM NO CBM 12/10741/14

Faculty: Commerce Department: Business & Economics

Thesis Title: AN ASSESSMENT OF THE ROLE OF WORKING ENVIRONMENT ON PERFORMANCE OF NURSES IN DEVELOPED HEALTH SERVICES IN BARINGO COUNTY, KENYA.

1) the word length of the thesis, including footnotes, is 21,098 2) the bibliography is
d. if applicable, 3) the appendices are

I also declare the electronic version is identical to the final, hard bound copy of the thesis and responds with those on which the examiners based their recommendation for the award of the degree.

Signed: [Signature] Date: 29/1/17
(Candidate)

I confirm that the thesis submitted by the above-named candidate complies with the relevant word length specified in the School of Postgraduate and Commission of University Education regulations for the Masters and PhD Degrees.

Signed: [Signature] Email: Tel: 0722856912 Date: 27/1/17
(Supervisor 1)

Signed: [Signature] Email: y.kibet@yahuim Tel: 0721719824 Date: 27/1/17
(Supervisor 2)

REPEAT NAME(S) OF SUPERVISORS AS MAY BE NECESSARY

Our Vision - An efficient school committed to academic excellence in postgraduate studies
KISII UNIVERSITY IS ISO CERTIFIED 9001:2008



Appendix V: Certificate of Correction

mobile 0710 886467
mail:spgs@kisiiversity.ac.ke



P.O Box 408-40200
KISII, Kenya
www:kisiiversity.ac.ke

**KISII UNIVERSITY
SCHOOL OF POSTGRADUATE STUDIES
CERTIFICATE OF CORRECTION**

This is to certify that all the corrections proposed at the oral Thesis Board of Examiners meeting held on _____ 20__ in respect of Masters/PhD thesis

of Kisii University Reg. No. CBM 12/1074/14

Name of Student: Evans K.C. Cherogony

Entitled ASSESSMENT OF EFFECTS OF WORKING ENVIRONMENT ON NURSES PERFORMANCE IN DEVOLVED HEALTH SERVICES IN BARINGO COUNTY, KENYA.

have been carried out to our satisfaction. The thesis can be prepared for binding

Name of Examiner (Where applicable)*: _____ Signature _____ Date _____

Supervisor(s):

Name: Dr. S. Letangule Sign: [Signature] Date: 27/01/17

Name: Dr. Lucy Kibet Sign: [Signature] Date: 27/1/17

Name: _____ Sign: _____ Date: 14/17

Postgraduate Coordinator

Name: Dr. Bernard Chemwa Sign: [Signature] Date: 27/1/17

Director Postgraduate Studies

Name: _____ Sign: _____ Date: _____

The examiner fills this part ONLY if it was recommended that an examiner needed to re-examine the thesis after corrections.

Our Vision: An efficient School committed to academic excellence in postgraduate studies.

