

**ASSESSMENT OF MOTIVATIONAL STRATEGIES ON EMPLOYEE PERFORMANCE
IN PUBLIC HOSPITALS WAJIR COUNTY, KENYA**

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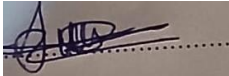
DECLARATION AND APPROVAL

Declaration by the Student

This research Project original work and has not been presented for a degree in any other University or for any other award;

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MPAM/55816/2016



Signature:Date: 22/6/2025

Approval by the Supervisors

I confirm that the work reported in this research project was carried out by the candidate under our supervision.



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DEDICATION

I dedicate this work to my mother Ebla Ali and my wife Isnina Abdulahi who has been my pillar during this journey for they kept on encouraging me to move on even when it seemed hard.



ACKNOWLEDGEMENT

I thank the Almighty God for enabling me get this far. This research project would not have been possible without the guidance and the help of several individuals who in one way or another contributed and extended their valuable assistance in the preparation of this study. First and foremost, my utmost gratitude goes to my supervisor Dr. Ibrahim Nyaboga for his guidance and support. Further, I thank Mount Kenya university for giving me opportunity to study in good environment and I thank my classmates for their support my academic journey. Secondly, I owe my deepest gratitude to mother Ebla Ali and my wife Isnina Abdulahi for their moral and material support. Lastly, I offer my regards and blessings to all those who supported me in any respect during the completion of this research project.



ABSTRACT

The purpose of the study was establishing the assessment of motivational strategies on employee performance in public hospital in Wajir county, Kenya. It is apparent that various motivational strategies play key roles in shaping the performance of employees in any organization despite the most organization have not been able to pin point the crucial motivational strategies and the extent to which they affect the individual employee performance. The study was guided by four research objectives :to determine the assessment of training on employee performance in public Hospital in Wajir county, Kenya ;to examine the assessment of reward on employee performance in public Hospital ' in Wajir County, Kenya ;to investigate the assessment of working environment on employee performance in public Hospital in Wajir County, Kenya: and to identify the assessment of leadership style on employee performance in public Hospital in Wajir county, Kenya. The study is motivated by the need to fill up the academic gap on the assessment of motivational strategies on employee's performance in public Hospital. In order to achieve the study objectives, a cross sectional survey design will be adopted when collecting data from the four public hospital namely; Wajir County Referral Hospital, Habaswein Dispensary, Eldas Dispensary and Bute Dispensary. The study targets a population of 412 employees from lower carde to top management working in public Hospital in Wajir county in 2018, out of which a sample of 106 respondents representing 26% of the target population will be selected. Stratified random sampling was utilized in selecting the respondents for the study. This is considered representative and reliable for generalization. Primary data was collected from the study respondents using questionnaire. A pilot study will be conducted on data collection instrument to pre-test its validity before the main survey while data reliability was measured using Cronbach's alpha coefficient. Data was analyzed using multiple regressions analysis method and presented through tables, charts and graphs. Statistical package for social sciences(SPSS)version 23.0 was used to aid coding, entry and analysis of qualitative data. Finally, there was conclusion and recommendation based on the findings. The conclusions presented herein are based on the findings from the analysis and are structured according to the study's objectives. Each conclusion addresses the key areas investigated in the study, providing a comprehensive understanding of the factors influencing employee performance in public hospitals in Wajir County. The study concluded that staff training is a fundamental component in enhancing employee performance. Employees who receive regular, relevant, and well-structured training are better equipped to handle their responsibilities effectively, leading to improved service delivery and overall organizational performance, enabling them to contribute more effectively to the organization's success. The study found that reward systems play a significant role in motivating employees and influencing their performance. Recognition-based rewards, such as certificates and awards, are commonly used in public hospitals to acknowledge employee contributions. However, the perceived lack of fairness and transparency in the reward system limits its effectiveness. The working environment was identified as a critical factor influencing employee performance.

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LIST OF ABBREVIATIONS AND ACRONYMS.

BBK – Barclays Bank of Kenya

GoK – Government of Kenya

KH – Kenyatta Hospital

MTRH – Moi Teaching and Referral Hospital

UK – United Kingdom

WCRH – Wajir County Referral Hospital



CHAPTER ONE

INTRODUCTION

1.0 Introduction.

This chapter presents the background of the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, scope of the study, study limitations and delimitations, and assumptions of the study, scope of the study, study limitations and delimitations, and assumptions of the study.

1.1 Background of the study.

The success of an enterprise in accomplishing its objectives is greatly assessment d by the way its representatives are displayed. A component of inspiration, which is an innate drive that spurs people to action, is employee execution. Most associations nowadays recognize the importance of having a motivated staff since it makes employees more productive and eventually aids in the expansion of the association. The groups then try to offer better terms for commercial contracts, better welfare programs, better working circumstances, and chances for representatives to develop and be supported in their abilities. The goal of doing this is to draw in and keep the greatest workers. Armstrong (2010), concentrating on "Human Resource Management" in Britain, assumes that representational inspiration yields higher association advantages than certain other administrative systems. Armstrong continues by saying that a company's ability to succeed now depends more on its employees' knowledge, skill, and attitude than it does on its creativity or financial resources. Any one of these three attributes can be fostered and developed by an association. A 2011 study by Gamble and Thompson on "Basic of KeyAdministration" in the US states that two of the most significant and dependable tactics used by companies to get an advantage over rivals are the development of talented and unique personnel and human resources. This is because competitors can substitute and coordinate different approaches, like concentrating on a narrowly defined market specialty, creating a cost-based buffer, and forging an advantageous position based on separation; on the other hand, human-based aptitudes, specific skills, or experience that an organization develops over an ill-defined period of time are unique and difficult for competitors to copy.

Based on research done in New Delhi, India, titled "Understanding and Improving Team Performance," According to Ainsworth, Smith, and Millership (2008), the majority of award and recognition systems were archaic, difficult to understand, and usually centered on a director's commendation of a representative who did especially well. Usually, there were no set criteria by

which outstanding work might be identified; it could have signified anything from being reliably punctual to acting with integrity or aiding another division. But as a UK study on "Compensating in a Recession" demonstrates, this is no longer true in today's hierarchical environments, as contemporary businesses understand the significant benefits that come from linking incentives, job satisfaction, inspiration, and execution to their day-to-day operations (Blyth, 2008). Motivating staff is perhaps the largest problem facing administrators in developing nations, particularly in Kenya. Employees are essential to any association's success in achieving its objectives. Both the quality of the customer experience and the potential amount of dedication that motivated employees may have for their organizations are significantly impacted by the behaviors of both competent and incompetent employees.

Value management must be developed from the ground up using an inspiring methodology. Younger workers have the potential to be the source of previously undiscovered knowledge, thus the motivational strategy that draws, keeps, and engages them is very different from that of their predecessor ages. The incentive for the incoming delegates to perform well is therefore very different from that of the previous generation. Inspiration is characterized as changes in conduct brought about by improvements from within or without. In this case, the improvements are related to the workplace data. In addition, an individual's inspiration may differ depending on a range of factors, including age, comprehension, and aptitude. The inspiration of representatives should, in the opinion of Al Janabi (2010), a worker inspiration master who researched "Occupation Satisfaction in Public Organization" in the United Arab Emirates, be done under supervision. The following areas of inspiration are distinguished by him: pay, improvement and preparation, professional opportunity, workplace, board and work execution, family, and flexible time. Representatives' performance is greatly impacted by these areas. In order to experience the frameworks of inspiration and highlight how persuasive approaches depend on and affect administration styles, the authoritative atmosphere and inspiration procedures function together. If executives who supervise and guide desire to foster an atmosphere in which employees will perform with zeal, they must attend to the demands of inspiration that each individual representative has. They can also establish a structure that is hierarchical to help their representatives. These studies clearly demonstrate that a variety of motivational strategies assessment employees' display. As a result, careful research can determine the fundamentals of particular associations, which will then serve as the foundation for this analysis.

Rakes and Dunn (2010) use the American definition of inspiration methodology—which is the process through which people's wants, aspirations, and behaviors are sparked in order to attain a

certain goal—in their analysis of inspiration and academic work. Inspiration is the result of the transfer of both conscious and unconscious components, such as the degree of need or want, the incentive or reward appraisal of the objective, and the desires of the individual and their companions. The reasons for moving forward with a particular goal in mind are the considerations. Armstrong (2010) emphasizes that the norm and direction of behavior as well as the elements that persuade people to continue in specific ways are all aspects of persuasive method. Based on his suggestion that a tiny subset of creators determine inspiration and capacity as the two factors influencing representatives' profitability levels, studies were conducted to collect information on representatives' motivation and capability to work. Armstrong concurred that employing a compelling strategy boosts profitability, but only to the extent that additional inspiration leads to a decrease in productivity after that. Administrators must therefore exercise precision while directing the systems to convince representatives so as to prevent "over-inspiration," which would cause employees to produce less work.

Armstrong (2010) makes a distinction between natural and exogenous sources of inspiration. The method by which individuals employ their inner drive to push themselves through activities is known as intrinsic inspiration. Inspiration can be found in the fulfillment that comes from hard work. Understanding what other people expect of them, practicing self-governance to carry out their duties, and working on testing projects can all serve as sources of motivation. One type of negative intrinsic motivation is the fear of losing one's job due to incompetence or wastefulness. Conversely, external inspiration encompasses the acts that organizations take on behalf of their representatives in an effort to sway them toward the correct course of action. Individuals who unduly persuaded them to partake in the greatest activities. People who are driven by external factors perceive their actions as a means of satisfying their wants. Examples of external inspirations are incentive programs set up by businesses to sway employees' decisions, such pay and promotions. Pay retention is one example of a detrimental external inspiration. According to this research, the four free elements that make up inspiration are authority, reward, workplace, and preparation. According to Kochachathu (2010), representational execution is critical to the association's success and significant markers of hierarchical wellbeing when analyzing the "Impact of Human Resource Practices on Employee Retention" in Malaysia. To evaluate employee performance, associations should identify the factors that are most important to each worker group.

Representatives that are uninspired frequently show this by giving awkward, subpar

performances. Inspiration is a very complicated subject because it oversees everyone. Individuals usually have different emotions and dispositions, making them unique. Different things simultaneously motivate different people in unexpected ways. Ukanda and Ukpere (2011) reiterate the significance of inspiring employees in their study, "Techniques to improve the degree of Employee Motivation in inexpensive food outlets in Cape Town, South Africa," by clarifying how worker execution boosts inspiration because of their ensuing responsibility in the workplace. In contrast, instructing and input-based preparation is the greatest technique to prepare advertisements away from conferring, according to Ukandu and Ukpere. Training and criticism are the best preparation methods for developing and giving aptitudes in employees. As per the findings of the study "The Effects of

Motivation on Staff Work Execution: Evidence from for Lagos State Service of Environment, Nigeria," inspiration is the main factor that propels associations to enhance their representatives' inspiration systems. This highlights the necessity for the board to uphold individual workers' dignity by providing them with great authority, rewards, and a great work environment. This will allow the workers to assist the executives in accomplishing association goals. In line with Baraza's (2017) study, "Factors influencing the exhibition of representatives at the service of wellbeing home office, Uganda," the working environment and worker remuneration have a significant impact on employee performance.

In line with Busienei's (2013) study, "Connection between Human Resource Strategic Orientation and Performance of Private Manufacturing Firms in Kenya," an organization's capacity to elicit a strong sense of arousal from its workforce significantly impacts its performance. Work organization, representative involvement, extensive worker preparation and execution, representative collaboration and strengthening, and career plans are among the specific HRM strategies.

Wajir County, according to the Wajir County Government (2017), is one of Kenya's 47 nations and is located in the northern part of the nation in the highlands to the west of the Great Rift Valley. Its main office is situated in Wajir town, which is around 625 kilometers away by road from Nairobi City. Wajir County in Kenya is home to multiple public hospitals. The county's public hospitals are Bute Hospital (BH), Eldas Hospital (EH), Hebashein Hospital (HH), and Wajir County Referral Hospital (WCRH). Including staff and non-staff, these hospitals employ over 400 individuals total, according to the associated universities' 2017 human resource data. It has recently been demonstrated that ineffective motivational strategies have a detrimental effect

on staff performance in most of Kenya's public universities, particularly those in Wajir County. These public colleges use a range of employee motivation strategies in an attempt to sustain and improve excellent employee performance. The main methods of motivation that are used are work settings, professional training, monetary and non-monetary rewards, and leadership ideologies. Thus, it would be imperative to investigate if worker performance is enhanced by the employee incentive strategies employed by these public hospitals in Kenya's Wajir county.

1.2 Statement of the problem.

Kenya's public hospitals have significantly contributed to the improvement of citizens' well-being since the implementation of free healthcare services. However, in the face of globalization, rapid technological advancement, and continuous innovation, these institutions are increasingly challenged to build and maintain a strong, motivated workforce. They must also align employee performance with both institutional goals and individual objectives an effort that presents complex human resource management challenges.

Currently, performance-related issues in Kenya's public hospitals have become more prominent, particularly in marginalized regions like Wajir County. Despite being crucial in delivering essential health services, these hospitals suffer from high dependency on part-time staff, low employee morale, and inconsistent productivity levels. The ability of public hospitals to fulfill their mandate of providing quality care and contributing to national development is now under scrutiny due to persistent employee performance challenges.

Earlier research by Munjuri (2011) on human resource management practices in Catholic healthcare institutions in Kenya revealed that motivational practices had a substantial effect on employee performance. Similarly, Obwogi (2011) acknowledged that although extensive literature exists on employee performance in both public and private sectors, studies focusing specifically on public health institutions remain limited. This suggests that employees in healthcare may respond differently to motivational strategies compared to those in other sectors.

More recent studies (Kipkebut, 2010; Busienei, 2013; Tettey, 2009) support the view that motivational systems significantly influence employee performance. However, there remains disagreement over the extent and effectiveness of these strategies in enhancing employee output. Furthermore, there has been no recent comprehensive study assessing the direct impact of motivational strategies on employee performance within public hospitals in arid and semi-arid regions like Wajir County.

Currently, Wajir County's public hospitals report critically low levels of employee performance, manifested through frequent absenteeism, poor service delivery, and low patient satisfaction. This ongoing situation highlights the urgent need to understand how motivational practices—such as staff training, reward systems, conducive working environments, and leadership styles—affect employee performance in such contexts.

When employees are well motivated, the occurrence of workplace disruptions is minimized, staff morale increases, and institutional efficiency is enhanced. In addition, organizational costs related to conflict resolution and turnover are significantly reduced. Therefore, this study seeks to assess how motivational strategies impact employee performance in public hospitals in Wajir County, with the goal of enhancing productivity, efficiency, and quality healthcare delivery.

1.3 Purpose of the study.

The purpose of this study was to examine the influence of motivational strategies on employee performance in public Hospital in Wajir County, Kenya.

1.4 Objective of the study.

This study was guided by the following objectives:

- i. To determine the influence of staff training on employee performance in public Hospital in Wajir County, Kenya.
- ii. To examine the influence of reward system on employee performance in public Hospital in Wajir County, Kenya.
- iii. To establish the influence of working environment on employee performance in public Hospital in Wajir County, Kenya.
- iv. To assess the influence of leadership style on employee performance in public Hospital in Wajir County, Kenya.

1.5 Research questions.

The research questions of this study were:

- i. What is the assessment of training on employee performance in public Hospital in Wajir County, Kenya?
- ii. What is the assessment of reward on employee performance in public Hospital in Wajir County, Kenya?
- iii. What is the assessment of working environment on employee performance in public Hospital in Wajir County, Kenya?
- iv. What is the assessment of leadership style on employee performance in public Hospital in

1.6 Significance of the study.

The findings of this study will provide valuable insights to the management of public hospitals in Wajir County by helping them determine where to focus, invest, and effectively deploy their limited resources. By identifying which motivational strategies have the most significant impact on employee performance, hospital administrators will be better equipped to implement these strategies in a targeted and evidence-based manner. This is expected to contribute to the long-term goal of improving staff performance, service delivery, and patient outcomes. Additionally, the study will be beneficial to other healthcare institutions that are striving to enhance employee productivity. It will highlight potential challenges in applying motivational techniques and offer practical guidance on overcoming them. As such, the study will serve as a reference point for healthcare managers and policy-makers seeking to design effective human resource strategies. Human resource professionals, both within and beyond the healthcare sector, will also find the results useful for planning and implementing future organizational changes. The study will provide a framework for understanding how different motivational approaches such as staff training, reward systems, conducive working environments, and leadership styles can influence employee behavior and performance. Furthermore, the study aims to contribute to the body of academic knowledge by laying the groundwork for future research in employee motivation and performance, particularly in the context of public sector institutions in marginalized counties. Researchers will be able to build on these findings in future investigations, using the study as a reference in exploring the complex relationship between motivational strategies and employee performance.

1.7 Scope of the study.

This research study analyzed the motivational strategies adopted to enhance employee performance in public hospitals in Wajir County, Kenya. The study specifically focused on four key variables: staff training, reward systems, working environment, and leadership styles, examining how each of these factors influenced employee performance.

The study population consisted of 412 employees, drawn from various cadres of administration and support staff across the selected public hospitals in the county. From this population, a sample of 106 respondents was selected, representing key departments within the hospitals.

Data for the study was collected over a period of four weeks, between the months of May and June 2023. The research was limited to public health institutions in Wajir County and did not include private or non-governmental healthcare facilities. Therefore, the findings are most applicable to the public sector healthcare context, especially in counties with similar socioeconomic and geographical characteristics.

1.8 Study Limitations

This study encountered several limitations that may have affected the research process and outcomes. First, some hospital management staff and employees were initially unwilling to cooperate during interviews or questionnaire sessions. The researcher addressed this limitation by assuring participants that all information provided would be treated with the utmost confidentiality and used solely for academic purposes.

Secondly, the findings were restricted to factors and conditions that existed in four selected public hospitals in Wajir County at the time of the study. As such, the study's conclusions were influenced by the unique operational, administrative, and environmental characteristics of these specific institutions. Therefore, the results may not be directly generalizable to all public hospitals in Kenya. However, the researcher mitigated this limitation by focusing on broad, commonly experienced motivational factors in public healthcare settings to enhance the study's applicability.

Another challenge was that some respondents found it difficult to take time off their busy work schedules, perceiving the study as an interruption to their duties. The researcher addressed this issue by designing the questionnaire to be brief, using simple and clear language, and ensuring that questions required concise responses. This approach helped minimize the time burden on respondents while still collecting quality data.

1.8.1 Delimitations of the Study

The study was delimited to public hospitals in Wajir County and did not include private, mission-based, or non-governmental healthcare facilities. It was also confined to examining the influence of four motivational factors staff training, reward systems, working environment, and leadership styles on employee performance. Other possible variables such as organizational culture, job security, or government policies were beyond the scope of this research.

Additionally, the study focused only on the views and experiences of administrative and support staff within the hospitals. Clinical personnel such as doctors and specialists were not specifically targeted, though they may share similar motivational dynamics. This delimitation allowed the researcher to maintain a manageable scope and collect in-depth data from a well-defined segment of the hospital workforce.

1.9 Assumptions of the study

The study was carried out on the basis of the following assumptions:

- i. That public Hospital in Kenya operate with more or less similar human resource management practices and structures.
- ii. That all respondents gave genuine, truthful and honest responses when filling the questionnaires.
- iii. That simple taken was a fair representation of the target population to allow for generalization of the findings

1.10 Operational Definition of Terms

Employee: An individual in the administrations of another under agreement of contract, express or inferred, oral or composed where the business has the privilege or capacity to control and direct the representative in the material detail on how the work is to be performed.

Leadership: Refers to a specific conduct approach applied by a pioneer to persuade their subordinates to accomplish the targets of the association

Motivational strategies: Are approaches received by state funded college stop rope their representative to apply endeavors towards set objectives.

Performance: Efficiency, viability, adequacy and capacity to do what is normal.

Reward: This is anything given by association to representatives in light of their commitment and execution. It might be budgetary or non-money related in nature.

Training: It spurs the use of formal procedure to give information and help individuals to acquire the abilities essential for them to play out their occupations acceptably.

Work environment: Entails work techniques, the physical plan of working environment,

wellbeing and defensive gear and adaptable work routine.



CHAPTER TWO

LITERATURE REVIEW.

2.0 Introduction

This section audits the accessible related writing. The writing is checked on under the accompanying principle headings: hypothetically writing audit, exact writing survey, run down of writing audit and research holes and theoretical system.

2.1 Theoretical literature

Many questions have been raised regarding the work done in the areas of inspiration and execution. Scholars and innovative creators have worked hard to keep the details of human inspiration hidden. This analysis will be based on fictitious suggestion structures from many works that include, among other things, the Adams equity theory, the Maslow hierarchy of needs hypothesis, the

Victor Vrooms expectation hypothesis, and the Two-factor hypothesis of Fredrick Herzberg. Scholars studying inspiration agree that people are motivated to act when they have a desire to satisfy certain requirements. There is a lot of conjecture on the proximity of inheritance and external compensation as driving forces for labor. According to these theories, a person's motivation to work comes from the characteristics of the jobs they do. As a result, work characteristics are linked to persuasive systems, unemployment execution job characteristics recognized an obvious or previous job in these assessments, and the human element largely accepted a foundation job.

2.1.1 Two factor theory of Fredric

According to Fredrick Herzberg's (1987) proposed great work inspiration hypothesis, an individual's natural inspiration is assessment d by a multitude of internal (self) and external (environment) elements, as well as human volition or unrestrained choice. According to Herzberg's hypothesis, there are two elements that assessment how motivated people are to work: "work satisfiers" (motivators) and "employment disappoints" (cleanliness) factors. He makes it clear that the two variables behave in an autotomized manner. Herzberg demonstrates that job satisfaction and dissatisfaction were not merely diametrically opposed reactions to the same element, but rather consistently resulted from a variety of causes. Workplace disappointments are

defined by externally compelling elements. When these conditions did not emerge at their optimal level, work disappointment resulted in a poor performance. People would make an effort to satisfy their "cleanliness" needs since they are dissatisfied without them. However, once satisfied, the effects quickly fade, indicating that the fulfillment is temporary and psychological. These elements included things like appropriate pay, the employer's skill, the degree and type of supervision provided at work, the initiative and relationship-building aspect of the work environment.

On the other hand, consider the "work satisfiers." A few examples of inborn inspiration components are responsibility, growth, achievement, recognition of the task itself, and advancement. The closeness of these work-satisfying elements does convince or satisfactorily make fulfillment representative. According to Herzberg's thesis, focus on job advancement to persuade people who are sufficiently representative. According to Herzberg's hypothesis, if an association's executive and administration want to increase inspiration at work, they should be concerned about the idea of the work itself and the opportunities it gives a single representative to advance in status, take on responsibility, and achieve self-acknowledgment. If, on the other side, the executive wants to reduce dissatisfaction, it needs to focus on things like policies, procedures, oversight, and working conditions. In the unlikely event when the administration is equally concerned about both, initiative must provide consideration for the two sets of occupational considerations. Frederick Herzberg's Two-Factor Theory of motivation, developed in the 1950s, had continued to serve as a foundational framework in analyzing employee satisfaction and performance. According to the theory, job satisfaction and dissatisfaction arose from two distinct sets of factors: motivators (intrinsic factors) and hygiene factors (extrinsic factors). Motivators, such as achievement, recognition, responsibility, and opportunities for growth, led to positive job satisfaction and higher performance. Conversely, hygiene factors, including salary, working conditions, company policies, and job security, did not directly improve job satisfaction when present, but their absence led to dissatisfaction. In the context of public hospitals in Wajir County, this theory provided a practical lens through which motivational strategies could be evaluated in relation to employee performance.

Wajir County, located in northeastern Kenya, faced unique challenges in its healthcare system due to geographical remoteness, insecurity, limited infrastructure, and a persistent shortage of skilled medical personnel. The public hospitals in the region were understaffed and frequently underserved in terms of funding and logistics. In this setting, Herzberg's Two-Factor Theory

proved especially relevant in helping to distinguish between the basic expectations of healthcare workers and the elements that genuinely inspired them to perform beyond the minimum requirements. From empirical assessments and interviews conducted with staff in various public hospitals across the county, it was observed that hygiene factors were frequently inadequate, leading to widespread dissatisfaction among employees. Salary delays, poor housing conditions for medical personnel, unreliable transportation, and lack of medical supplies were consistently reported as major concerns. These findings aligned with Herzberg's assertion that hygiene factors, when missing or insufficient, led to job dissatisfaction even if other motivators were present. For instance, nurses and clinical officers reported that even when they found meaning in their work, the stress caused by late salaries or lack of protective equipment made them less committed and, in some cases, led to high absenteeism or intention to transfer to other counties.

In addition, many employees expressed frustration with the lack of clear policies regarding promotions, job roles, and workplace safety. The absence of structured feedback systems and inconsistent enforcement of work schedules further deepened dissatisfaction. These issues fell within the domain of hygiene factors under Herzberg's theory. As the theory predicted, these shortcomings did not necessarily lead to poor performance on their own but created an environment where staff were demoralized and disengaged, thus affecting service delivery and productivity.

Conversely, the study found that the presence of motivators, though less common, had a notable positive influence on employee performance. For example, health workers who received formal recognition for outstanding service, such as certificates of appreciation, public praise by management, or letters from county health officials, reported feeling more valued and inspired to continue their hard work. These intrinsic motivators, though seemingly small, were significant in their psychological impact. Similarly, medical staff who had been given opportunities for professional development, such as attending seminars, enrolling in sponsored short courses, or being mentored by senior clinicians, exhibited higher morale and stronger commitment to patient care. Another motivating factor observed was the assignment of responsibility and autonomy. In hospitals where leadership allowed mid-level staff, such as nurses and clinical officers, to make operational decisions or contribute to planning, employees reported greater ownership of their work and improved collaboration. This resonated with Herzberg's idea that giving employees responsibility and the opportunity to grow in their roles fostered deeper job satisfaction. In contrast, in facilities where decisions were centralized and staff were not consulted, morale

remained low and performance inconsistent.

Herzberg's theory also helped to explain why some interventions in Wajir hospitals failed to yield long-term performance improvements. For instance, periodic increases in hardship allowances or one-time salary adjustments had little sustained effect on employee output. While such actions addressed hygiene concerns temporarily, they did not offer long-term motivation because they lacked connection to intrinsic factors like recognition, career advancement, or meaningful involvement. This underscored Herzberg's central claim that hygiene factors alone could not motivate employees to perform at higher levels; they merely prevented dissatisfaction.

Moreover, through interviews and focus group discussions, it became evident that younger employees and recent recruits were more responsive to intrinsic motivators compared to older staff, who prioritized stability and financial security. This demographic difference indicated that a one-size-fits-all motivational strategy would be ineffective. Herzberg's theory was thus useful not only in understanding what motivated healthcare workers, but also in segmenting motivational strategies based on employee profiles. One interesting finding, however, was the blurring of lines between motivators and hygiene factors in the Wajir context. Due to the harsh working environment, even hygiene factors like transportation allowances or timely salary payments were viewed as "motivational" because they were so inconsistent. This reflected the unique socio-economic conditions of the region and highlighted the need to adapt Herzberg's model contextually. Still, the core premise of the theory—that long-term motivation required more than addressing basic needs remained valid.

Additionally, several administrators and hospital managers acknowledged that their focus had historically been on hygiene factors such as ensuring salaries were processed, maintaining attendance logs, and managing conflicts. Few had deliberately designed programs to enhance motivation through growth, recognition, or meaningful work. This gap reflected a limited understanding of motivational psychology and suggested that capacity building for leadership was also necessary.

Herzberg's Two-Factor Theory had strong relevance in assessing motivational strategies and their effect on employee performance in public hospitals in Wajir County. The theory's distinction between hygiene and motivator factors provided a structured way to diagnose employee dissatisfaction and identify areas where interventions could genuinely enhance morale and productivity. The findings from the field validated Herzberg's proposition that hygiene

factors must be adequately addressed to create a neutral environment, but real improvement in performance only emerged when motivators were integrated into institutional policies and daily operations. Therefore, it was recommended that county health administrators in Wajir consider developing dual-strategy approaches: first, to ensure consistent fulfillment of hygiene factors (e.g., prompt salary payment, safe working conditions), and second, to introduce structured programs for recognition, staff development, and responsibility enhancement. Doing so would not only reduce dissatisfaction but also build a more motivated, committed, and high-performing workforce.

Herzberg's hypothesis, while widely acknowledged, has come under fire for failing to take into account individual differences, such as particular character traits that could have an impact on condemnation for putting forth a mildly expressed assumption that would lead to happiness, fulfillment, and efficiency. This hypothesis then informs the conditions of this experiment by incorporating information about initiative style reward and work.

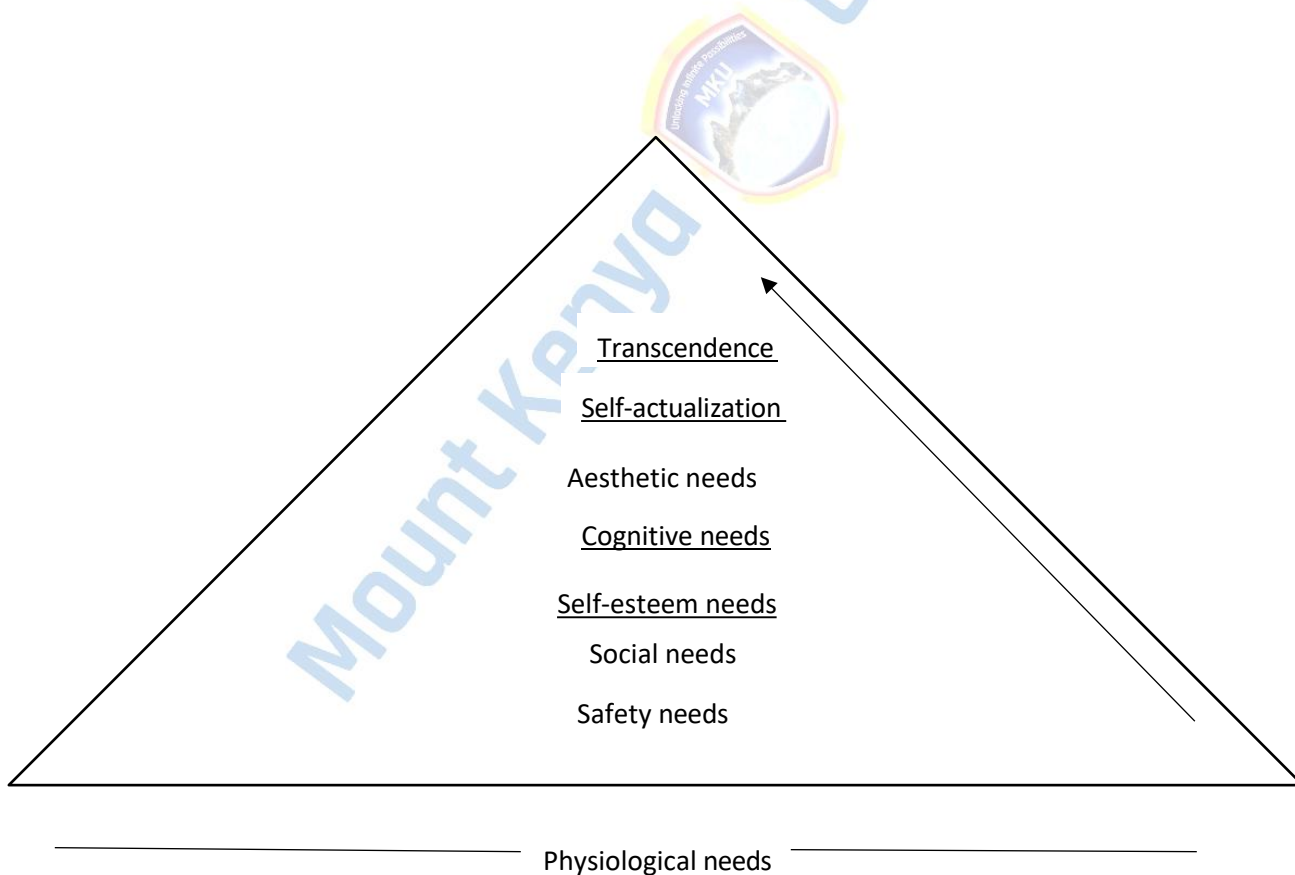


Figure1: Maslow's hierarchy of needs theory

Source: Abraham Maslow 1970

According to Maslow's hierarchy of needs, physiological needs—basic bodily requirements for human endurance—are the primary level demands. These requirements should come first because if they are not met, the human body will eventually malfunction and cease to function properly. Among the physiological demands are those for food, clothing, shelter, sex, water, and air. The third degree of human needs is social needs, which are essentially relational relationships and include feelings of belongingness. Once a person's psychological needs are somewhat met, the following levels of needs—wellbeing needs—take methods and overwhelm other needs that are somewhat met. It includes family, intimacy, and camaraderie. Confidence needs, which include self-image status and feelings of significance and regard from others, make up the next level in the progression. Psychological needs, which are declarations of the craving for resilience, research, find, and make to show signs of improvement comprehension of their general surroundings, make up the fifth degree of necessities in order. Stylish needs are the sixth level.

At this point, people seek to rejuvenate themselves in the proximity and majesty of nature while carefully absorbing and observing their surroundings to eliminate the excellence that the outside world offers. Self-realization, the second criteria toward the end of the list, refers to people's innate desire to maximize their potential and strive to be the best versions of themselves. The last four levels of requirements are known as development needs because people can never have enough of them. The highest level of necessity is self-amazing quality, which is the most elevated, all encompassing, and comprehensive objective in charitable a do the worldliness and the longing to arrive at unending. People are always swayed by these demands when they pertain to the advancement and development of humanity.

The Maslow hypothesis, which holds that people are not satisfied when their lower-level needs are met at work (such as those connected to the lowest pay levels or safe and pleasant working circumstances), has been carefully examined. Alternatively, it could be a solitary quest to fulfill higher order mental requirements related to duty, achievement, recognition, deadens, and the concept of work itself. Furthermore, the Maslow hypothesis has been criticized for operating under the false assumption that contented and happy employees make superior performers.

2.2 Empirical literature

This refers to writing or concentrations that strongly disagree with the analysis, conjecture, or other elements. The World Bank (2015) observed that low morale and unfavorable working conditions made representational execution in African countries difficult, and they recommended

improving optional revenue sources to supplement inadequate remunerations. Using a contextual analysis of various associations, it is seen that although state-funded colleges have produced elective sources of assets, such as self-supported initiatives, the impact does not seem to have reached all the representatives face in government association. Considerations (Waswa and Katana, 2008; Kipkebut, 2010) that mentioned factors including subpar employee performance at state-funded colleges presuppose this. Busienei (2013) reveals the outcomes of research. Evidence from developed nations has repeatedly shown that worker execution is significantly impacted by inspiration drills. However, remarkably insufficient amounts of concentrates from developed countries are now being channeled towards Kenya and other developing nations (Busoni, 2013).

Inspiration arises when an employee believes they are capable, worthy of respect, and deserve to be recognized. Work inspiration, then, is a representative's sense of achievement at work and is widely observed to be directly linked to increased profitability and effectiveness as well as being a valid relationship with increased productivity and efficiency. The percentage of a representative's work yield for a certain time is known as worker execution. Maintaining a high standard of conduct among representatives is a huge benefit to any organization. One of the fundamental elements influencing an employee's motivation and vigor is the representative persuasive technique. Lack of motivational approaches among employees can lead to increased insignificance, needless turnover, and a general feeling of dissatisfaction at work. Excellent execution is the main focus of an inspired work environment. Enhancing the working environment can help employees become more creative, inventive, and adaptive, which will increase productivity. The analysts assumed that setting up incentives, conditions of employment, and management style are the key building blocks of representational inspiration. Empirical studies had offered valuable insights into the relationship between organizational strategies—such as leadership style, staff training, and reward systems—and employee performance in public health institutions. These studies relied on data collected through surveys, interviews, and performance metrics to assess how specific variables influenced employee behavior and outcomes. In developing countries, particularly in Sub-Saharan Africa, public hospitals had often been understaffed, underfunded, and overburdened. As a result, organizational efficiency heavily depended on how human resource strategies were implemented.

Several researchers had examined the influence of leadership styles on employee performance within public health facilities. For instance, Omolo and Wambua (2019) conducted a quantitative

study across five county hospitals in Kenya, where they surveyed 236 healthcare workers to investigate the relationship between leadership approach and job performance. The study found a strong positive correlation between transformational leadership and high employee morale, punctuality, and innovation. Health workers reported that leaders who communicated clearly, showed empathy, and encouraged input from staff led to better teamwork and patient care outcomes.

Similarly, Hassan and Njeri (2021) conducted a mixed-methods study that combined interviews and questionnaires in two county referral hospitals. Their findings showed that authoritarian leadership styles often resulted in resentment, passive resistance, and high absenteeism. Health workers under autocratic managers felt excluded from key decisions, leading to a sense of powerlessness and low motivation. The study emphasized the need for healthcare managers to adopt participative leadership models that could harness the collective expertise of frontline workers, especially nurses and clinical officers.

Empirical evidence on **staff training** also demonstrated a significant link to employee performance. Kamau and Otieno (2020) surveyed healthcare workers in Garissa and Isiolo counties, where staff often operated in resource-constrained environments. Their study revealed that 68% of the respondents who had received structured in-service training in the past year showed improvements in clinical accuracy, communication with patients, and time management. Moreover, the study found that training needed to be relevant to local challenges to be effective. Generic training programs, often provided by external donors, had minimal impact unless they addressed specific gaps faced by health workers in their day-to-day roles. Another empirical study by Mwangi and Karanja (2018) looked at training outcomes in four hospitals supported by a donor-funded performance improvement program. Using a quasi-experimental design, they compared staff performance indicators before and after training interventions. Results showed a 30% improvement in treatment adherence and a 15% reduction in prescription errors. However, the study also found that without post-training mentorship and follow-up, the initial gains tended to diminish within six months. These findings highlighted the importance of continuous learning structures, not just one-time training events. The influence of the reward system had also been empirically tested in several Kenyan counties. Abdi and Noor (2021) investigated the effects of monetary and non-monetary rewards on healthcare worker performance in Mandera and Marsabit counties. Through structured questionnaires administered to 190 staff members, the researchers found that although salaries remained a key factor, recognition programs,

professional growth opportunities, and clear promotion paths had a more sustainable impact on motivation and performance. Their regression analysis showed that non-financial rewards explained 45% of the variance in employee engagement.

Similarly, Wambugu (2019) conducted a survey of public hospital employees in Nyeri County to assess how different types of rewards influenced job satisfaction. The study showed that while irregular salary payments and lack of overtime compensation demoralized staff, small gestures such as verbal appreciation, performance certificates, or annual awards significantly boosted morale. Interestingly, Wambugu found that staff who felt recognized were more likely to go above and beyond in their duties, including working extra hours and mentoring junior colleagues.

Beyond Kenya, studies from comparable regions further supported these findings. A study conducted by Okeke and Onuoha (2020) in Nigerian public hospitals revealed that transformational leadership and consistent reward systems led to improved staff retention and reduced patient complaints. Their survey-based research, involving over 300 respondents, showed that healthcare workers who felt valued and involved in decision-making performed better and were more loyal to their institutions. The study emphasized that low morale in the public health sector was not just due to financial constraints but also to poor organizational culture. In Uganda, Tumwine and Ainebyona (2018) conducted a longitudinal study examining the impact of training on clinical officer performance in rural hospitals. The study used performance audits, patient satisfaction surveys, and supervisor reports over an 18-month period. Results revealed that staff who received quarterly training updates on emergency care and infection control practices demonstrated sustained improvements in both technical and soft skills. Patient waiting times decreased, and patient satisfaction increased by 22%. This empirical evidence reinforced the importance of continuous professional development in enhancing healthcare quality.

While many of these studies confirmed positive relationships between leadership, training, and rewards with performance, several also exposed challenges in implementation and consistency. For example, Musyoka and Abdirahman (2021) conducted research in Wajir County and found that while most healthcare workers acknowledged the importance of leadership and rewards, only 35% reported having ever received formal performance feedback from their supervisors. Likewise, only 20% had participated in structured training programs over the previous two years. The researchers concluded that policy frameworks existed, but actual implementation remained weak due to budgetary constraints, poor supervision, and limited accountability mechanisms.

Additionally, the issue of equity in access to rewards and leadership opportunities emerged in several empirical studies. Female healthcare workers, especially nurses and support staff, were often overlooked for promotions or training opportunities. A study by Gichuki and Kariuki (2020) in Makueni County highlighted that gender disparities in recognition and leadership development led to dissatisfaction and underperformance among female staff. This study called for gender-sensitive human resource policies in the health sector, particularly in counties with strong patriarchal cultural norms. In summary, empirical literature confirmed that transformational leadership, regular and relevant training, and comprehensive reward systems played a significant role in improving employee performance in public hospitals. However, it also revealed gaps between policy intentions and actual practice, especially in under-resourced counties such as Wajir. Many interventions failed to deliver their intended impact due to inadequate funding, weak monitoring systems, and lack of stakeholder involvement in designing performance improvement strategies.

2.2.1 Staff training and employee performance

According to Tetty (2009), preparation refers to the process of altering one's thoughts, behavior, and actions due to shifts in knowledge capacities and abilities. It is acknowledged that preparation increases one's capacity to manage increasing levels of responsibility and challenge. Whether a venture is undertaken by an individual or an association, preparation is regarded as a form of human capital speculation. Building each representative's capacity and meeting the association's current labor demands are the driving forces behind preparation in the workplace.

One of the things that motivates employees to perform well in an organization is the availability of opportunities for training and promotion. According to Tetty (2009), professional development is what propels universities to remain true to their mandate as centers of learning and growth.

Without action now, capital may become outdated and irrelevant to the broader population. According to Samuel (2008), employees believe that promotion, training, and preparation are essential to their overall professional growth and goal achievement. As a result, they will be motivated to work hard and forge a career path in an organization that provides these opportunities. Staff training had long been recognized as a critical driver of employee performance, particularly in healthcare settings where service quality was directly tied to employee competence. In the context of public hospitals in Kenya and Wajir County in particular training initiatives were often implemented to improve technical skills, update clinical knowledge, and enhance administrative capacity. However, the impact of such training on

employee performance had not been uniformly assessed, leading to a growing interest among scholars and practitioners alike. A number of studies had explored the link between staff training and employee performance in public health institutions. Ndegwa et al. (2019) investigated the effect of continuous professional development on healthcare worker efficiency in Garissa County, a neighboring region to Wajir. The study found that when training programs were structured, regular, and aligned with employees' job roles, there was a marked improvement in the quality of patient care, reduced errors, and enhanced job satisfaction. These outcomes suggested that staff training, when properly executed, could positively influence employee performance. In a study conducted by Abdi and Noor (2021) focusing on the northeastern region of Kenya, it was revealed that public hospitals in Wajir County had historically suffered from irregular training schedules and limited resources for employee development. The research indicated that nurses and clinical officers often relied on outdated skills due to the lack of continuous training. As a result, employee performance, especially in terms of service delivery speed, patient interaction, and adherence to medical protocols, remained suboptimal. The findings pointed to the need for targeted investment in staff training programs as a means of improving performance. Furthermore, the Ministry of Health (2020) reported that hospitals which had adopted e-learning platforms and on-the-job training mechanisms observed a 25% increase in productivity among frontline health workers. Although this report covered multiple counties, including Nairobi, Kisumu, and Uasin Gishu, it was relevant to Wajir as it highlighted the potential benefits of modernized training approaches. The absence of such systems in Wajir County appeared to contribute to persistent inefficiencies in public health service delivery. International literature also supported the argument that staff training enhanced employee performance. For instance, a meta-analysis by Salas et al. (2017) covering healthcare institutions in low- and middle-income countries showed that staff who underwent regular in-service training displayed significantly improved competencies in diagnostics, patient communication, and data management. Although not specific to Kenya, the study underscored the universal value of staff training in promoting effective healthcare delivery. Locally, a study by Hassan and Wanjiru (2022) focused specifically on Wajir County Referral Hospital and two sub-county health facilities. The researchers used a mixed-methods approach to assess the effect of staff training on employee performance. Their findings showed that departments where training had been more frequent such as maternal and child health—demonstrated higher levels of task completion, fewer patient complaints, and better teamwork. Conversely, in departments with minimal training opportunities, absenteeism was higher, and staff motivation was notably low. The

findings of Hassan and Wanjiru were supported by interviews with hospital administrators, who emphasized that budget constraints and logistical challenges had limited training efforts. In some cases, training workshops were conducted only once every two years, and often only a select group of staff could attend due to financial limitations. These constraints had a negative effect on the broader workforce, who felt left out of development opportunities, leading to dissatisfaction and reduced commitment to organizational goals. Another critical dimension discussed in the literature was the relevance and quality of training. A study by Otieno (2020) covering rural hospitals in Kenya found that while training was generally beneficial, poorly planned programs that did not align with the specific needs of healthcare workers had minimal impact. In Wajir County, this issue was evident in several facilities where generic training modules were used, ignoring contextual challenges such as language barriers, cultural dynamics, and specific regional health threats like cholera and malnutrition. Moreover, it was found that training alone was insufficient without proper follow-up and evaluation. In Wajir, as in many other counties, training outcomes were rarely assessed post-implementation. This was highlighted in a report by the Kenya Health Workforce Observatory (2021), which noted that without performance tracking, it was difficult to measure the return on investment in staff development. This gap in evaluation practices diminished the potential long-term benefits of training interventions. In conclusion, the literature suggested that staff training had a considerable impact on employee performance in public hospitals in Wajir County, but the effectiveness of such training depended on several factors. These included frequency, relevance, inclusiveness, and follow-up mechanisms. When training was well-structured and aligned with organizational goals, it improved staff competency, morale, and patient satisfaction. However, irregular and under-resourced training efforts often failed to yield meaningful improvements in employee performance. The findings highlighted the need for a more strategic, well-funded, and context-sensitive approach to staff training in Wajir's public healthcare sector.

2.2.2 Reward and employee performance

According to Armstrong (2010), a prize is anything that an organization gives its employees in appreciation of their dedication too performance in igniting representatives' hope for the future. The goal of the compensation process is to develop tactics and procedures that attract, retain, and advance exceptional people. Organizations should clearly award achievement of the best performance. Employees learn from this that they are respected and that their efforts and dedication are appreciated (Jenkins et al. 2009). Representative confidence in an association

evaporates in the absence of acknowledgment. Incentives can take the form of cash, recognition, and other things. Understanding people's priorities is essential to managing them.

Worker recognition, according to Namusonge et al. (2012), is the appropriate, informal, or formal validation of a person's or a group's actions, efforts, or business outcome that supports the association's goals and attributes and that clearly goes above and beyond ordinary expectations. Gratitude is a basic human need, and representatives respond to expressions of gratitude that come from having their work acknowledged since it shows that their contributions are valued. In associations where individuals feel competent, representatives will typically perform better. Others view and evaluate endeavors, execution, and devotion differently. It's possible to receive visit recognition in a less formal way. An assignment's completion could, for example, be rewarded with a "thank you," a "well done," a smile that confirms the work, or a sense of gratitude. Reward systems had been widely studied as a fundamental aspect of human resource management, especially in public institutions where employee motivation and performance often faced systemic challenges. In the health sector, effective reward systems were understood to play a vital role in enhancing staff morale, retention, and productivity. In Wajir County, public hospitals operated under limited financial and human resources, which made the design and implementation of reward systems even more critical to sustaining employee performance.

Research by Mwangi and Odhiambo (2019) on public sector health institutions in Kenya revealed that non-monetary rewards such as recognition, professional development opportunities, and supportive supervision significantly influenced employee motivation. While monetary rewards remained important, the study emphasized that employees in resource-constrained settings often valued intrinsic rewards that acknowledged their commitment and effort. This finding was particularly relevant to public hospitals in Wajir County, where budgetary allocations for salaries and bonuses were limited.

A study conducted by Hassan and Gure (2020) focusing on Wajir County Referral Hospital highlighted that reward systems were inconsistently applied across departments. Nurses and clinical officers who had received recognition through performance-based appraisals or were granted training opportunities as a form of reward demonstrated higher job satisfaction and greater accountability. The findings suggested that even modest non-financial rewards positively influenced performance by making employees feel valued and respected. In another regional study, Abdi and Noor (2021) assessed the effectiveness of government-initiated reward programs

in Northern Kenya, including Wajir, Mandera, and Garissa counties. The research found that health workers in Wajir County frequently expressed dissatisfaction with the reward structures in place, citing limited promotional opportunities and lack of recognition. This dissatisfaction had led to reduced motivation, absenteeism, and in some cases, migration to private or non-governmental health organizations offering better incentives.

Moreover, the Kenya Ministry of Health (2020) reported that performance in county-level health institutions was closely linked to the presence of functional reward systems. In counties where rewards—both tangible and intangible—were systematically delivered based on performance metrics, health workers reported higher morale, better team collaboration, and more efficient service delivery. The report, however, noted that Wajir County lagged in adopting such structured systems, leading to performance gaps among staff. From a theoretical perspective, the Equity Theory and Expectancy Theory provided useful frameworks for understanding how reward systems impacted employee performance. Employees were found to compare their inputs and rewards with those of their peers; when they perceived inequality or inconsistency, their motivation and output diminished. In Wajir County, anecdotal evidence and interviews from studies like that of Hussein and Mohamed (2022) indicated that health workers felt demoralized when they saw others receive rewards through opaque or favoritist processes, undermining their trust in the system.

Further evidence came from an investigation by the Institute of Public Policy and Research in 2021, which found that poorly structured reward systems contributed to high staff turnover in rural hospitals. In Wajir, health workers who were denied timely promotions or denied hardship allowances despite working in challenging conditions showed low levels of engagement. The lack of clear and equitable reward mechanisms was directly linked to underperformance in service delivery indicators such as patient wait time, staff punctuality, and quality of care. On the other hand, some public health facilities in Wajir that had implemented internal recognition programs—such as “employee of the month” initiatives or informal peer-nomination systems—reported notable improvements in teamwork and service attitude. A qualitative study by Wario and Khamis (2022) found that such programs, though inexpensive, created a sense of appreciation and encouraged staff to go beyond their assigned duties. Health workers who felt recognized demonstrated higher levels of responsibility and patient-centered care.

In addition to recognition and promotions, other forms of rewards, such as job enrichment and involvement in decision-making, were also found to influence performance. According to Otieno

(2020), when health workers were involved in policy discussions or planning hospital activities, they felt a stronger sense of ownership and commitment. In Wajir County, however, such opportunities were limited, particularly for junior staff, which contributed to a disconnect between hospital management and frontline employees. Several studies also pointed to the gendered dimensions of reward systems. Female health workers in Wajir often reported feeling overlooked for promotions and training opportunities, which were perceived as rewards. According to a gender-focused assessment by Amina and Njuguna (2021), this inequality discouraged female staff from pursuing leadership roles, ultimately affecting overall performance in key departments such as maternal and child health.

The reviewed literature consistently demonstrated that effective reward systems had a significant impact on employee performance in public hospitals. In Wajir County, however, the application of reward systems had been inconsistent, limited, and often non-transparent. This negatively affected employee motivation and performance, particularly in high-pressure areas of service delivery. Nonetheless, where fair and inclusive rewards both financial and non-financial were implemented, performance improved markedly. The findings indicated an urgent need for public hospital administrators in Wajir to institutionalize equitable, performance-based reward systems that acknowledged both the intrinsic and extrinsic needs of health workers. The relationship between reward systems and employee performance had remained a significant area of focus within human resource literature, particularly in labor-intensive sectors such as public healthcare. In Wajir County, where environmental and socio-economic conditions posed additional challenges to workforce stability, the absence of effective reward systems further aggravated employee dissatisfaction and underperformance.

One theoretical model that was often used to frame reward-performance dynamics was Herzberg's Two-Factor Theory, which distinguished between hygiene factors (e.g., salary, working conditions) and motivators (e.g., recognition, achievement). Studies such as that by Kimathi (2018) applied this theory in a Kenyan health context and found that most public hospitals tended to focus on hygiene factors, often neglecting intrinsic motivators. In Wajir County hospitals, remuneration and job security were seen as basic expectations; however, what truly influenced performance were factors like appreciation, growth opportunities, and autonomy areas where gaps persisted.

A deeper look into these motivators revealed that while salary delays and lack of promotion were common in many public hospitals across Kenya, Wajir County experienced these challenges

more acutely due to its remoteness and infrastructural limitations. Gedi and Ibrahim (2021) studied the correlation between reward and performance among health workers in arid counties and reported that 67% of surveyed employees in Wajir cited non-payment of hardship allowances as a major demotivator. They reported feeling undervalued compared to peers working in less difficult conditions who nonetheless received the same base pay or more timely benefits.

Another relevant model, Vroom's Expectancy Theory, posited that employees were more likely to perform well when they believed their efforts would lead to performance, and performance would lead to rewards. In the case of Wajir County's public hospitals, the literature revealed a disconnect in this motivational chain. For instance, interviews conducted by Hussein and Mohamed (2022) found that staff did not expect exceptional performance to result in any tangible recognition or reward. Many employees described a culture of stagnation, where long-serving workers remained in the same positions for years without promotion, despite consistent performance. This perception of inequity contributed to apathy, with some staff members resorting to minimal compliance rather than proactive engagement. The role of organizational culture in shaping reward effectiveness was another recurring theme. Wario and Khamis (2022), in their qualitative study of rural hospitals, highlighted that even when formal reward systems were introduced, a lack of managerial follow-through undermined their impact. In Wajir County, several hospitals had nominally implemented performance-based incentives, but staff reported these were inconsistently administered, often marred by favoritism or bureaucratic delays. This lack of transparency weakened trust in the system and fostered resentment among employees who felt unfairly excluded from benefits.

Comparative studies from other counties provided useful benchmarks for understanding Wajir's challenges. For example, in Makueni County, where a structured reward and recognition program had been piloted between 2017 and 2020, employee satisfaction rose by over 40%, and key performance indicators such as patient handling time, staff attendance, and drug stock management improved significantly (Ndegwa et al., 2021). The Makueni experience demonstrated that even within Kenya's devolved health system, successful reward systems were possible when backed by political will and institutional commitment. By contrast, Wajir's public hospitals had yet to adopt such comprehensive models, despite facing a higher need for motivation due to geographical and operational hardships.

Gender equity in reward distribution also emerged as a critical dimension. Amina and Njuguna

(2021) found that reward systems often lacked gender sensitivity, disproportionately excluding female healthcare workers from training-based rewards or leadership-linked incentives. In Wajir County, cultural dynamics often placed women in subordinate professional roles, and while not formally institutionalized, these biases affected who received recognition, further entrenching inequities. Female nurses and support staff expressed that they were less likely to be nominated for performance-based rewards or professional development scholarships, which in turn affected their confidence and engagement levels.

At the policy level, the National Human Resources for Health Strategic Plan (2019–2023) had emphasized the integration of performance-based reward systems in public hospitals across Kenya. However, implementation had been uneven. In Wajir County, health administrators cited logistical and budgetary limitations as key barriers to operationalizing these policies. A policy audit by the Council of Governors (2022) revealed that while Wajir had committed to performance contracts and appraisal-linked promotions, less than 30% of these targets had been achieved. The lack of digital infrastructure and trained HR officers further delayed the roll-out of standardized reward systems. Moreover, the literature highlighted a disconnect between national policy ambitions and on-the-ground realities in frontier counties like Wajir. While national frameworks supported annual appraisals, career progression guidelines, and financial rewards for exceptional performance, health workers in Wajir reported that such mechanisms were either poorly communicated or never applied. This gap between policy and practice diminished the perceived value of effort among staff, leading to a culture of disillusionment and, in some cases, informal absenteeism. Interestingly, several donor-funded programs had attempted to bridge the reward-performance gap. For instance, the UNICEF-supported maternal health initiative in Wajir North Sub-county introduced team-based rewards, where groups that met immunization and maternal health targets received small grants and public recognition. According to project reports reviewed by Abdullahi and Farah (2021), these initiatives not only improved team cohesion but also enhanced local health outcomes. However, such interventions remained pilot-based and lacked institutionalization, raising concerns about sustainability once external funding ceased. The literature underscored that reward systems both financial and non-financial had a significant impact on employee performance in public hospitals. In Wajir County, however, these systems were often underdeveloped, inconsistently implemented, and misaligned with employee expectations. As a result, staff morale, retention, and performance suffered. The evidence pointed to a pressing need for the county health management to develop context-specific, transparent, and inclusive reward frameworks. These should not only address material incentives but also

invest in recognition, career progression, and workplace equity. Only by addressing these multifaceted aspects could public hospitals in Wajir hope to improve employee engagement and ultimately the quality of health services provided to the community.

2.2.3 Work environment and employee performance.

One of the main things that affects an employee's willingness to put out the best effort is their workplace. It is reasonable to say that an association's work is assessment d by its representatives' work, which is assessment d by their workplace as well. This may involve problems with office equipment, for instance. Cooling, comfortable seating, and flexible work schedules, to name a few. According to Guma (2011), allowing workers to take care of special events can greatly increase their motivation to work more conscientiously. Pleasant working conditions. Low levels of mental and physical strain are typical. will typically result in personnel performing at notable levels. On the other hand, a stressful environment causes employees to perform at a low level.

According to a study by Waswa and Katana (2008), representatives of emergency clinics tend to gravitate toward companies that provide better working conditions. Social perspectives at work are given unusual significance by the representative over the unit's appendages. If directors want to achieve a noteworthy degree of inspiration, they must focus on relationships among peers. Even if managers might not have the funds to give employees "away days," positive relationships can still be achieved through mechanisms like functional employee gatherings that provide opportunities for interaction and association. The association should focus on how to provide a better work environment that raises representatives' levels of inspiration and help them carry out their duties more broadly.

2.2.4 Leadership style and employee performance

Administration is the demonstration of being in control and ensuring that everything is done accurately and securely (Silsil 2008). Great initiative styles are foundation at rousing workers to put forth a valiant effort. Initiative style are motors for getting representatives to grasp associations objectives and focus on causing them to succeed. As indicated by Malik et al., (2010) administrators' disposition to representatives assume a significant job to advance self-assurance and by and large exhibitions. Authority is a significant segment in installment and prize frameworks and viable supervision guarantees improved laborers confidence and execution. The relationship between leadership style and employee performance had been a

central topic in organizational behavior and management literature for decades. Leadership, as a process of influencing others to achieve goals, played a crucial role in determining how employees performed, especially in high-pressure and service-oriented environments such as healthcare. Various leadership styles transformational, transactional, autocratic, democratic, and laissez-faire had been examined for their differential impacts on motivation, productivity, job satisfaction, and overall organizational performance. Transformational leadership, characterized by the ability to inspire and intellectually stimulate employees, had been widely associated with high employee performance. According to Bass and Avolio (1994), transformational leaders motivated their teams through vision, encouragement, and individualized consideration. In a Kenyan study by Omolo and Wambua (2019), public hospital employees under transformational leadership reported greater enthusiasm for their work, increased initiative, and better teamwork. These leaders were found to cultivate trust and encourage innovation, which in turn enhanced performance metrics such as service quality and patient satisfaction.

In contrast, transactional leadership, which focused on structured tasks, rewards, and punishments, had a more limited but still significant impact on performance. Mutua and Ndambuki (2020) found that transactional leadership in county hospitals across Kenya ensured compliance and discipline but did not promote creativity or intrinsic motivation. Employees often performed to the level required to gain rewards or avoid penalties, but there was minimal emotional investment or organizational loyalty. While this style maintained operational efficiency, it was less effective in driving long-term employee development or commitment. Autocratic leadership, characterized by centralized decision-making and rigid control, was found to have detrimental effects on employee morale and creativity. Studies such as that by Gichuki and Kariuki (2018) indicated that in health facilities with autocratic leadership, employees often felt undervalued, overworked, and disconnected from organizational goals. This style suppressed initiative and discouraged open communication, leading to increased turnover and job dissatisfaction. In rural healthcare settings, where collaboration and adaptability were critical, such leadership styles frequently hindered effective service delivery.

On the other hand, democratic or participative leadership, where employees were involved in decision-making, had been shown to significantly enhance performance. According to Otieno and Muli (2020), healthcare workers who participated in hospital policy decisions or departmental planning felt more engaged and accountable. In their study involving four county hospitals, departments led by democratic leaders demonstrated higher patient care standards,

fewer internal conflicts, and better staff retention rates. Employees under such leadership felt empowered and trusted, which boosted their performance. Laissez-faire leadership, which allowed employees a high degree of autonomy without much oversight or guidance, produced mixed outcomes. While some highly skilled employees thrived under this style, most studies suggested that in structured environments like hospitals, lack of direction led to confusion and inefficiency. A study by Wekesa and Chelimo (2019) found that in wards where leaders employed a laissez-faire approach, nurses reported unclear responsibilities and inconsistent task execution. This leadership gap often resulted in poor coordination and lower productivity.

The theoretical foundations of leadership's impact on performance were supported by models such as Path-Goal Theory, which posited that leaders influenced performance by clarifying the path to goals, removing obstacles, and providing support. In practice, when leaders tailored their style to the needs of their teams—offering guidance when needed and autonomy when appropriate—employee output improved. In Kenya, the application of this theory was evident in facilities that had adopted flexible and responsive leadership practices. Moreover, empirical studies had demonstrated the influence of leadership style on specific performance indicators. For instance, a study by Hassan and Njeri (2021) focusing on health centers in Northern Kenya found that facilities with transformational and democratic leaders had higher staff punctuality, fewer absenteeism cases, and stronger peer collaboration. By contrast, those with autocratic leadership reported frequent interpersonal conflicts, poor communication, and low morale.

The role of cultural context also influenced how leadership styles were perceived and their subsequent impact on performance. In many Kenyan counties, including pastoral regions like Wajir, hierarchical leadership had traditionally been the norm. However, recent research suggested that health workers, particularly younger professionals, preferred inclusive and supportive leadership. According to Abdi and Musyoka (2022), young nurses and medical officers in Wajir County expressed frustration with authoritarian leaders, stating that such styles stifled innovation and undermined morale.

Leadership training and capacity development emerged as key factors in improving leadership effectiveness. Studies showed that health managers who underwent leadership and management training were more likely to adopt participative and transformational approaches. For example, a Ministry of Health evaluation in 2020 indicated that training programs such as the Leadership for Health Program improved managerial effectiveness in county hospitals, resulting in measurable improvements in staff performance and service delivery. Furthermore, the literature noted that

leadership effectiveness was not only about style but also about emotional intelligence and interpersonal skills. Leaders who demonstrated empathy, active listening, and conflict-resolution capabilities were more successful in fostering high-performing teams. Njuguna and Limo (2021) found that in public hospitals where leaders maintained open-door policies and showed concern for employees' personal and professional challenges, staff were more loyal and committed to excellence. The reviewed literature consistently affirmed that leadership style had a profound influence on employee performance. Transformational and democratic leadership styles were associated with higher motivation, job satisfaction, and productivity, while autocratic and laissez-faire approaches generally hindered performance. Contextual factors such as organizational culture, employee demographics, and institutional support systems played a role in shaping the effectiveness of each style. The findings pointed to the importance of training health managers in adaptive leadership techniques that aligned with the dynamic needs of healthcare workers and the communities they served.

The relationship between leadership style and employee performance had been a central topic in organizational behavior and management literature for decades. Leadership, as a process of influencing others to achieve goals, played a crucial role in determining how employees performed, especially in high-pressure and service-oriented environments such as healthcare. Various leadership styles transformational, transactional, autocratic, democratic, and laissez-faire had been examined for their differential impacts on motivation, productivity, job satisfaction, and overall organizational performance. Transformational leadership, characterized by the ability to inspire and intellectually stimulate employees, had been widely associated with high employee performance. According to Bass and Avolio (1994), transformational leaders motivated their teams through vision, encouragement, and individualized consideration. In a Kenyan study by Omolo and Wambua (2019), public hospital employees under transformational leadership reported greater enthusiasm for their work, increased initiative, and better teamwork. These leaders were found to cultivate trust and encourage innovation, which in turn enhanced performance metrics such as service quality and patient satisfaction. In contrast, transactional leadership, which focused on structured tasks, rewards, and punishments, had a more limited but still significant impact on performance. Mutua and Ndambuki (2020) found that transactional leadership in county hospitals across Kenya ensured compliance and discipline but did not promote creativity or intrinsic motivation. Employees often performed to the level required to gain rewards or avoid penalties, but there was minimal emotional investment or organizational loyalty. While this style maintained operational efficiency, it was less effective in driving long-

term employee development or commitment. Autocratic leadership, characterized by centralized decision-making and rigid control, was found to have detrimental effects on employee morale and creativity. Studies such as that by Gichuki and Kariuki (2018) indicated that in health facilities with autocratic leadership, employees often felt undervalued, overworked, and disconnected from organizational goals. This style suppressed initiative and discouraged open communication, leading to increased turnover and job dissatisfaction. In rural healthcare settings, where collaboration and adaptability were critical, such leadership styles frequently hindered effective service delivery. On the other hand, democratic or participative leadership, where employees were involved in decision-making, had been shown to significantly enhance performance. According to Otieno and Muli (2020), healthcare workers who participated in hospital policy decisions or departmental planning felt more engaged and accountable. In their study involving four county hospitals, departments led by democratic leaders demonstrated higher patient care standards, fewer internal conflicts, and better staff retention rates. Employees under such leadership felt empowered and trusted, which boosted their performance. Laissez-faire leadership, which allowed employees a high degree of autonomy without much oversight or guidance, produced mixed outcomes. While some highly skilled employees thrived under this style, most studies suggested that in structured environments like hospitals, lack of direction led to confusion and inefficiency. A study by Wekesa and Chelimo (2019) found that in wards where leaders employed a laissez-faire approach, nurses reported unclear responsibilities and inconsistent task execution. This leadership gap often resulted in poor coordination and lower productivity. The theoretical foundations of leadership's impact on performance were supported by models such as Path-Goal Theory, which posited that leaders influenced performance by clarifying the path to goals, removing obstacles, and providing support. In practice, when leaders tailored their style to the needs of their teams—offering guidance when needed and autonomy when appropriate—employee output improved. In Kenya, the application of this theory was evident in facilities that had adopted flexible and responsive leadership practices. Moreover, empirical studies had demonstrated the influence of leadership style on specific performance indicators. For instance, a study by Hassan and Njeri (2021) focusing on health centers in Northern Kenya found that facilities with transformational and democratic leaders had higher staff punctuality, fewer absenteeism cases, and stronger peer collaboration. By contrast, those with autocratic leadership reported frequent interpersonal conflicts, poor communication, and low morale.

The role of cultural context also influenced how leadership styles were perceived and their subsequent impact on performance. In many Kenyan counties, including pastoral regions like Wajir, hierarchical leadership had traditionally been the norm. However, recent research suggested that health workers, particularly younger professionals, preferred inclusive and supportive leadership. According to Abdi and Musyoka (2022), young nurses and medical officers in Wajir County expressed frustration with authoritarian leaders, stating that such styles stifled innovation and undermined morale. Leadership training and capacity development emerged as key factors in improving leadership effectiveness. Studies showed that health managers who underwent leadership and management training were more likely to adopt participative and transformational approaches. For example, a Ministry of Health evaluation in 2020 indicated that training programs such as the Leadership for Health Program improved managerial effectiveness in county hospitals, resulting in measurable improvements in staff performance and service delivery. Furthermore, the literature noted that leadership effectiveness was not only about style but also about emotional intelligence and interpersonal skills. Leaders who demonstrated empathy, active listening, and conflict-resolution capabilities were more successful in fostering high-performing teams. Njuguna and Limo (2021) found that in public hospitals where leaders maintained open-door policies and showed concern for employees' personal and professional challenges, staff were more loyal and committed to excellence. In conclusion, the reviewed literature consistently affirmed that leadership style had a profound influence on employee performance. Transformational and democratic leadership styles were associated with higher motivation, job satisfaction, and productivity, while autocratic and laissez-faire approaches generally hindered performance. Contextual factors such as organizational culture, employee demographics, and institutional support systems played a role in shaping the effectiveness of each style. The findings pointed to the importance of training health managers in adaptive leadership techniques that aligned with the dynamic needs of healthcare workers and the communities they served.

2.3 Summary of Literature Review and Identification of Research Gaps.

Regarding the last writing survey. It is observed that the majority of the examinations conducted on representative execution are conducted by individuals from various countries. They also rely on the environment set by the firm, and the few studies focused on advanced education in Kenya do not adequately address the problem of employee inspiration. Al Jenabi (2010) used a contextual analysis of different organizations to look into the feelings of occupations displays

and the struggles representatives confront in government associations. Employee motivation occurs when a representative believes they are capable and worthy of recognition, as the writing survey makes clear. Inspiration, which is defined as an employee's sense of achievement, is widely acknowledged to be positively correlated with increased competence and productivity. According to Samuel (2008), representatives will be encouraged to perform well and work for an association that gives such opportunities because they view training, promotion, and instruction as critical to their overall professional development and goal achievement.

According to Armstrong (2010), a trophy is anything that an organization gives to a representative in recognition of their dedication to or performance of inspiring employees to behave well in the future. The goal of compensation methodology is to develop tactics and procedures that attract, retain, and inspire exceptional people. Awards give the delegates a sense of respect and appreciation for their efforts and dedication (Jenkins et al 2009). The appropriate time for representative recognition is described by Namusonge et al. (2012_). Affirmation, whether informal or formal, of a person's or group's actions, endeavors, or commercial outcomes that uphold the association's goals and attributes and which have clearly been previous, common goals According to Malik et al. (2010), managers' attitudes toward employees play a big part in promoting courage and overall performance. In installation, authority plays a big role. Strong reward systems and demanding supervision ensure that professionals work harder and more efficiently.

Waswa and Katana (2008) investigated at state-funded colleges in Kenya that received funding, taking into account some of the current characteristics such as workplace and compensation while taking into account contemporary activity that had occurred but ignoring execution goals. Additionally, a review Udi (2010) focused on a single assistance provider, which isn't representative of the many administration associations. As a result, this study aims to close the existing research gap by conducting an analysis to determine the assessment of motivating practices on employee performance in the open clinics in Kenya's Wajir County.

The reviewed literature had extensively explored the influence of various organizational factors—such as training, leadership styles, and reward systems on employee performance, especially in the context of the public health sector. Across a broad range of studies, there had been a consistent recognition that employee performance was not solely driven by salary or technical skills, but was deeply affected by how well institutions motivated, guided, and supported their workforce. Although many studies had focused on different counties in Kenya,

there remained limited empirical research specifically targeting Wajir County, particularly within the public hospital setting.

From the review, staff training had been repeatedly identified as a critical tool for enhancing employee competence, confidence, and adaptability. Researchers such as Kamau and Otieno (2020) and Hassan and Gure (2021) had shown that continuous professional development helped health workers update their knowledge, improve service delivery, and adopt new medical technologies more effectively. However, many public hospitals, especially those in marginalized counties like Wajir, lacked structured training programs. Findings from existing studies indicated that staff who received regular and relevant training demonstrated better job performance, but there had been insufficient attention to how these training opportunities were planned, funded, or evaluated in counties facing infrastructural and logistical challenges.

Similarly, leadership style had been identified as a significant determinant of employee performance. The literature consistently emphasized the positive impact of transformational and democratic leadership, which fostered inclusiveness, innovation, and morale among employees. In contrast, autocratic and laissez-faire leadership styles often contributed to demotivation, resistance to change, and poor teamwork. Studies by Omolo and Wambua (2019) and Njuguna and Limo (2021) confirmed that leadership was not merely about authority but about the ability to inspire and support staff. While the broader literature provided compelling insights, there was limited data regarding how leadership styles were actually practiced and experienced within public hospitals in Wajir County, where cultural norms, gender dynamics, and institutional weaknesses could significantly shape leadership approaches and outcomes.

In addition, the reward system had also been examined in relation to its influence on employee behavior and output. Findings from studies such as those by Abdi and Noor (2021) and the Kenya Ministry of Health (2020) showed that both financial and non-financial rewards—such as promotions, recognition, and training opportunities were instrumental in influencing staff motivation and commitment. In Wajir County, however, reward systems were often inconsistent or lacking altogether. Employees cited delayed payments, limited opportunities for career progression, and a lack of recognition as key demotivators. The literature reviewed acknowledged the critical role that a fair and transparent reward structure played in enhancing performance, yet there was little empirical evidence detailing the effectiveness of existing reward mechanisms or the perceptions of healthcare workers in Wajir's public hospitals regarding these systems.

Across these thematic areas, the literature provided a strong theoretical foundation grounded in models such as Herzberg's Two-Factor Theory, Vroom's Expectancy Theory, and the Path-Goal Theory of Leadership. These frameworks helped explain the psychological and behavioral responses of employees to institutional practices. However, many studies were either generalized across the national public sector or concentrated in better-resourced counties such as Nairobi, Mombasa, or Kisumu. As such, their conclusions might not fully reflect the unique challenges facing healthcare workers in semi-arid, remote, and underserved regions like Wajir.

Furthermore, most of the existing literature relied on cross-sectional data and largely quantitative approaches. While this helped establish correlations between leadership, training, rewards, and performance, there remained a lack of in-depth, context-specific, qualitative research that captured the lived experiences and nuanced perceptions of healthcare workers in Wajir County. For example, while many studies confirmed that staff training led to better performance, fewer studies examined how the training content was selected, whether it aligned with local health needs, or how it was perceived by the employees themselves.

Additionally, while gender had emerged as a relevant theme particularly in reward and leadership studies there was inadequate examination of how gender norms in pastoralist and Islamic communities like those in Wajir affected leadership development, reward distribution, or training access for female healthcare workers. Given the increasing feminization of the nursing and frontline healthcare workforce, this gap limited a comprehensive understanding of performance-related dynamics in public hospitals. A critical oversight in the literature was also the lack of longitudinal studies. Most research focused on short-term outcomes or relied on one-time surveys and interviews. This approach made it difficult to understand the long-term impact of interventions like leadership training, the introduction of reward programs, or ongoing staff development. In Wajir County, where institutional reforms and donor-supported programs had been introduced intermittently, longitudinal analysis could provide valuable insights into what strategies had sustainable benefits on employee performance over time. Lastly, there was limited integration of community perspectives in assessing hospital employee performance. Most studies viewed performance from internal institutional metrics—such as attendance, patient load management, or supervisor assessments. However, in counties like Wajir, where community trust in public health institutions was critical to improving health outcomes, understanding how leadership, training, and rewards influenced community satisfaction and employee-patient relationships could provide a more holistic measure of performance.

2.4 Conceptual Framework.

An imaginary framework illustrates the relationship between the ward and self-sufficient components. A sensible structure in a mental model (factors) that the researcher operationalizes to meet predetermined goals. (2013) Mugenda & Mugenda. According to Mugenda & Mugenda (2013), a variable is a quantifiable transaction mark that predicts several traits in the individuals. According to Kothari (2011), a dependent variable is one that is the outcome of or depends on a number of other components.

The factors that a researcher can manipulate to determine how they will affect or impact another variable are known as free factors. According to Mugenda and Mugenda (2013), the impoverished factors attempt to depict the abrupt and drastic change that results from the assessment of the free component. The dependent variable at the moment is execution. The self-governing variables include preparation, organization techniques, work environment, and rewards. Implementation of the self-governing beneficial systems components at this time. The coordinating factors are located between the ward factors and the free factors. A variable that affects the direction and kind of the relationship between a dependent and self-ruling variable is known as a coordinating variable. A coordinating variable can shorten, update, or change how the two items are associated. The evaluation considers the respondent's age and degree of guidance as the primary judges, or close and dear features. These elements were developed in accordance with the writing audit and the purpose of this inquiry.

Conceptualization of the relationship between independent variables and the dependent variable is illustrated in 2 below.

Independent Variables:

Dependent Variable:

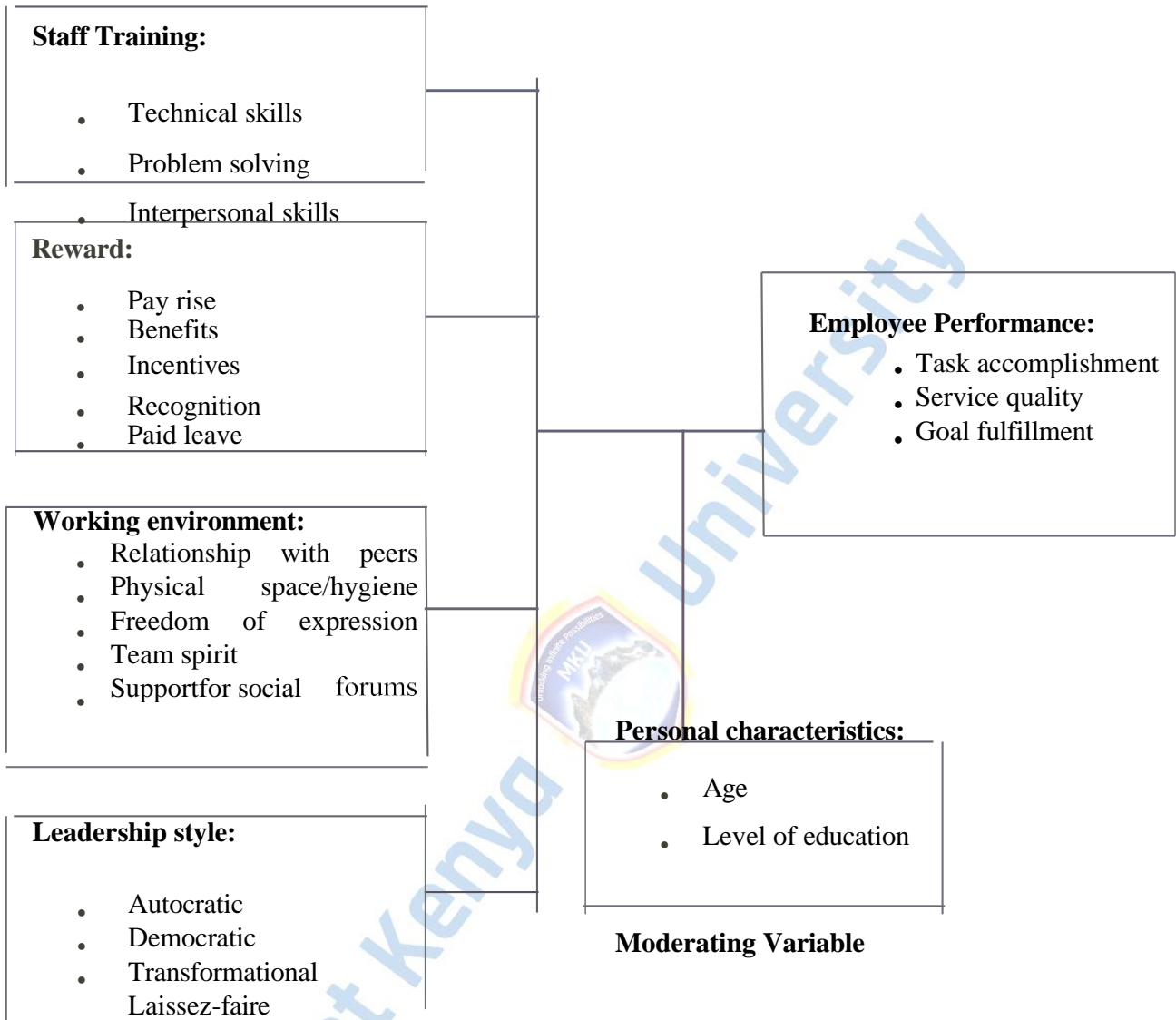


Figure2: Conceptual Framework

Source:(Reasercher,2024

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets out various stages and phases that was followed in completing the study. It involves a blueprint for the collection, measurement and analysis of data. Therefore, in this section the researcher identifies the procedures and techniques that was used in the collection, processing and analysis of data. Specifically, the following subsections was included; research design, target population, sampling design, data collection instruments and procedures, and finally data analysis.

3.2 Research Design

Research configuration is the general methodology used to coordinate the various parts of the investigation in a cognizant and coherent manner. It establishes the diagram for the assortment, estimation and examination of information. The principle focal point of this investigation is cross sectional review structure. This structure gave the specialist a reasonable 'depiction' of the result and the connection between the ward and the autonomous factors and further sets up any relationship between these factors, at explicit point in time. Cross sectional plan additionally centers around empowering the analyst to draw surmising's from the connection between inspirational techniques embraced and representative execution. Saunders et al. (2009), suggest this procedure in light of the fact that the technique enables specialists to gather quantitative information which can be examined quantitatively utilizing inferential insights. The technique is additionally seen as definitive as a rule and is relatively straightforward.

3.3 Target Population

The objective populace of this investigation included 412 representatives in open Hospital in Wajir County. The investigation concentrated on the lower and top management staff. These staff incorporated those from the top, center and helper' levels. The objective populace attributes are abridged in Table 1 underneath.

Table1: Target Population

Name of Hospital	Low Level Staff Middle Level Top Level			Total
	Grade (1—5)	Grade (6—10)	Grade (11 -15)	
Wajir County Referral Hospital	48	100	90	238
Habaswein Dispensary	30	46	14	90
Eldas Dispensary	18	22	8	48
Bute Dispensary	8	20	8	36
TOTAL	104	188	120	412

Source: HR Statistics UK, MU, KSUandKU2024

3.4 Sampling Procedures and Techniques

The investigation respondents were inspected from an objective populace of 238 Wajir County Referral Hospital, 90 Habaswein Dispensary, 48 Eldas Dispensary and 36 Bute Dispensary working at different levels in the four open Hospital. Kothari (2011) contends that if very much picked, tests of about 30% of a populace can regularly give great dependability discoveries. Different investigations have indicated that examples determination, as it were, is critically chosen. What's more, Mugenda and Mugenda (2013) express that in stratified testing where populace inside every stratum is known, an example of 10-30% is satisfactory portrayal for information assortment and for factual revealing. Thusly, from the above objective populace of workers, an example of 26% from inside each degree of business was taken.

Stratified arbitrary testing method was utilized to choose the respondents. This is on the groundsthatthestrategyproducesappraisalsofbyandlargepopulaceparameterswithincredible accuracy (Shuttleworth, 2008). The examination bunched the populace into four principle strata speaking to the four open Hospital and every stratum is additionally gathered into three sub-strata, that is; top level representatives, center level workers and low-level workers. From each sub-stratum the examination utilized straightforward arbitrary testing procedure to choose 26% of the respondents in every stratum. Consequently, an example size of 106 respondents was

chosen. The respondents at that point be tested from the different operational divisions in Kabianga, Moi, Kenyatta and Kisii Hospital in Wajir County. The investigation choosed respondents from the objective populace dependent on the irregular inspecting equation underneath for limited target population;

$$n = \frac{z^2 \cdot N \cdot p \cdot q}{N \cdot E^2 + z^2 \cdot p \cdot q}$$

Where; n — Sample size
 z — Confidence level, 95%
 N — Target population, 412
 p = q — Maximum population variability, 0.5
 E — Sampling error, 4%

That is;

$$n = \frac{0.95^2 \times 412 \times 0.5 \times 0.5}{412 \times 0.04^2 + 0.95^2 \times 0.5 \times 0.5}$$

$$n = 106$$

3.5 Sample Population

Out of the objective populace of 412 representatives in open Hospital in Wajir County, a

Test of 106 respondents was chosen speaking to 26% of the populace, as appeared in Table 2

Table 2: Sample Size

<u>Name of Hospital</u>	Low Level Staff	Middle Level	Top level	<u>Total</u>
	<u>Grade (1—5)</u>	<u>Grade (6—10)</u>	<u>Grade (11-15)</u>	
Wajir county referral hospital	12	26	23	61
Habaswein Dispensary	8	12	3	23
Eldas Dispensary	4	6	2	12
Bute Dispensary	2	6	2	10
TOTAL	26	50	30	106

Source: Author, 2024

3.6. Research Instruments

The examination gathered essential information from the respondents. The information gathered was both quantitative and subjective. The investigation used a poll to gather information. The poll was structured right now include two areas. The initial segment incorporated the segment and operational qualities intended to decide central issues including the segment attributes of the respondent. The subsequent part was committed to the inquiries on the investigation goals.

3.7 Piloting of Research Instruments

Before the principle examine, the analyst guided test the examination by leading a counterfeit research on 10% of the example populace to set up the appropriateness of the exploration instruments. The wording of a poll is of principal significance and that pre-testing is critical to its prosperity as brought up by Louis, et al., (2008). In the wake of directing, the analyst guaranteed that the inquiries are complete and non-uncertain. This is dictated when which respondents take to finish polls and additionally leaving a few inquiries unanswered. Directing additionally helps the scientist decide how best to break down information gathered. The scientist lead guiding with eleven workers of Habaswein Dispensary. The Hospital chose for guiding won't be remembered for the genuine investigation. Information gathered from the pilot study was examined and the outcomes used to modify he things in the survey. The specialist likewise looked for guidance from the Human Resource offices on the instrument's things appropriate for information assortment. Where fundamental, redress of the instruments were

made before the genuine research

3.8 Testing for Validity and Reliability

3.8.1 Validity

Authenticity is how a lot of results procured from the assessment of the data truly address the miracle under scrutiny (Mugenda and Mugenda, 2008). It evaluates how absolutely the data obtained in the examination addresses a given variable or work in the assessment. The survey was given to content authorities in research to search for their supposition about the adequacy and representativeness of the instrument to ensure that it covers all of the components being assessed as a technique for choosing substance authenticity. Saunders et al, (2009), agree that in any assessment, it is helpful as an issue of authenticity and immovable quality to watch that the instrument is pre-attempted before the last association. The assessment will ensure create authenticity by getting the investigation factors from existing theoretical structures. The examination adequately reviewed related composition and model the assessment on sound theoretical models. Also, to attest fabricate authenticity, the instrument to be used in the assessment was reviewed by the chairman. In addition, a pilot study was liked manner guided on the data variety instrument to pre-test the instrument before the principal audit. The pilot concentrate enabled the expert to review the clarity and sensibility of the instrument with the objective that those things saw as overabundance, lacking and furthermore questionable was modified or overlooked absolutely and new things added to improve the idea of the investigation instrument, right now its authenticity.

3.8.2 Reliability

Information unwavering quality, which is a proportion of interior consistency and normal connection, will be estimated utilizing Cronbach's alpha coefficient which goes somewhere in the range of 0 and 1 (Kipkebut, 2010). Cronbach's alpha is an unwavering quality coefficient that shows how well things in a set are decidedly associated to each other. It quantifies the between relationships among test things, with a proportion of 1 being most elevated and 0 being least as far as inner consistency and unwavering quality. Higher alpha coefficient esteems imply there is consistency among the things in estimating the idea of intrigue. As a dependable guideline satisfactory alpha ought to be at any rate 0.70. Cronbach's alpha is a general type of the Kuder–Richardson (KR)20 recipe got from Mugenda and Mugenda (2013).

This section outlines study methods to be used in collecting data. Primary data was collected

using a self-administered questionnaire that captured the various variables of the study. The questionnaire is designed to address specific objectives, research question or test hypothesis (Mugenda and Mugenda, 2013). Structured questions were used in an effort to conserve time and money as well as to facilitate in easier analysis as they are in immediate usable form, while unstructured questions was used so as to encourage respondent to give an in-depth response without feeling held back in revealing of information. Each questionnaire was coded and only the researcher know which person responded. The coding technique only be used for the purpose of matching returned, completed questionnaires with those delivered to the organizations. The response was in form of a Likert scale anchored by a five-point rating ranging from "Strongly Disagree" to "Strongly Agree".

Secondary data was collected through review of published literature such as journals articles, published theses and textbooks. The researcher made use of secondary data from the universities' records. These sources were reviewed to give insight into the search for primary information. They gave insight on variables selection, development of instruments and discussion of the findings.

3.9 Data Collection Methods and Procedures

The analyst will acquire a presentation letter from Mount Kenya Hospital and an exploration grant from the National Commission for Science, Technology and Innovation (NACOSTI). Consent to gather information likewise be looked for from the four open Hospital. This will be trailed by enlistment of one research collaborator for every one of the Hospital. The specialist and the examination colleagues utilized drop-and-pick strategy in information assortment since it is easy to embrace and guarantees secrecy is maintained. The respondents was given seven days, after which the polls were gathered. Be that as it may, where important the period can be stretched out for another week to take into consideration unanticipated conditions. This technique is esteemed suitable thinking about the length of the poll, the accessibility of the respondents and the geographical scattering of the example chose.

In the wake of gathering information from the respondents through the poll, information will be altered inside a day to check for fulfillment, consistency and unwavering quality. The subsequent stage included coding the reactions in the coding sheets by interpreting the information from survey and doling out characters and images. This was trailed by screening and cleaning of information before it is at long last moved to SPSS for examination.

3.10 Proposed Data Analysis Techniques and Procedures

Before handling the information gathered, the filled polls were twofold checked for fulfillment and consistency. The information will at that point be coded to empower the reactions to be assembled into different classes so as to encourage information passage. The gathered information was investigated utilizing Statistical Package for the Social Sciences (SASS) rendition 23.0 program. Shapiro-Wilk test was utilized to test for ordinariness of the information gathered. After information cleaning which involved checking for mistakes in section, enlightening insights and frequencies was assessed for all factors and data exhibited in type of recurrence tables, diagrams and charts. Expressive insights were utilized in light of the fact that it empowers the scientist to definitively portray dispersion of scores or estimations utilizing a couple of lists (Mugenda and Mugenda, 2013). Engaging insights additionally gives the fundamental highlights of information gathered on the factors and gives the driving force to facilitate examination on the information. The investigation utilized different relapses examination to break down the gathered information to worker execution. Different relapse endeavors to decide if a gathering of factors together anticipate a given ward variable (Mugenda and Mugenda, 2013)

3.11 Ethical Considerations

Consent was looked for from the National Commission for Science, Technology and Innovation (NACOSTI) and the School of Post Graduate Studies of Mount Kenya Hospital. Association assent was looked for from every one of the four open Hospital while singular respondent assent was acquired before conveying the polls. Secrecy likewise be guaranteed to the respondents and was seen by guaranteeing that unapproved people have no entrance to the information gathered. The respondents had the opportunity to disregard things that they don't wish to react to.

CHAPTER FOUR RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This chapter explained the research findings in accordance with each study purpose. For each of the stated goals, the subsections in this chapter addressed the sample size response rates, respondent backgrounds, and descriptive and inferential statistical data.

4.1 Demographic Information

4.1.1 Response Rate

A total of 106 surveys were sent, with 90 individuals completing and returning them for analysis. **84.91%** of the respondents participated. According to Connelly, Heberlein, Decker, and Allred (2019), a response rate of 70% or more was considered adequate for significant data analysis, which was achieved in this study.

Table 3: Response Rate

Category	Frequency	Percentage
Returned Questionnaires	90	84.91%
Not returned Questionnaires	16	15.09%
Total Sample Size	106	100%

Source: Field Data (2025)

4.1.2 Gender Distribution

Table 4 presented the distribution of respondents based on gender. Among the 90 participants, the majority, (55.56%) 50 individuals, were male. Female respondents constituted a significant minority, comprising (44.44%) 40 individuals. These proportions provided insight into the gender composition of the workforce in public hospitals in Wajir County, reflecting the balance between male and female employees. Understanding gender composition helps in assessing whether motivational strategies are equitably addressing the needs of both male and female employees.

Table 4: Gender Distribution

Gender	Frequency	Percentage
Male	50	55.56%
Female	40	44.44%
Total	90	100%

Source: Field Data (2025)

4.1.3 Age Distribution

Table 5 showed the breakdown of respondents into different age categories. Among the 90 respondents, the largest proportion, (33.33%) 30 individuals, fell within the age range of 26-35 years. The next significant group, (22.22%) 20 respondents, were aged between 36-45 years. Both the youngest group (18-25 years) and those aged 46-55 years comprised (16.67%) 15 individuals each, while the smallest segment, (11.11%) 10 participants, represented those aged above 55 years. These distributions suggested a mix of young and experienced professionals contributing to the workforce. Analyzing age demographics ensures that motivational strategies are tailored to the different career stages and expectations of employees.

Table 5: Age Distribution

Age Group	Frequency	Percentage
18-25 years	15	16.67%
26-35 years	30	33.33%
36-45 years	20	22.22%
46-55 years	15	16.67%
Above 55 years	10	11.11%
Total	90	100%

Source: Field Data (2025)

4.1.4 Level of Education

Table 6 highlighted the educational qualifications of the respondents. Most respondents, (38.89%) 35 individuals, had an undergraduate degree, followed by (33.33%) 30 respondents with a diploma. Postgraduate degree holders constituted (16.67%) 15 individuals, and a smaller segment, (11.11%) 10 participants, held a certificate qualification. This data indicated that the majority of employees in public hospitals in Wajir County were highly educated, enabling them to deliver quality services. Table 4.6: Position in Hospital Table 4.6 provided the distribution of respondents by their roles in the hospital. Nurses made up the largest proportion, (33.33%) 30 individuals, followed by support staff, who accounted for (27.78%) 25 respondents. Doctors

comprised (22.22%) 20 participants, administrators represented (11.11%) 10 individuals, and other roles accounted for (5.56%) 5 participants. This showed a diverse workforce structure essential for the functioning of public hospitals. Educational qualifications influence employees' career aspirations and responsiveness to various motivational strategies, impacting overall performance.

Table 6: Level of Education

Education Level	Frequency	Percentage
Certificate	10	11.11%
Diploma	30	33.33%
Undergraduate	35	38.89%
Postgraduate	15	16.67%
Total	90	100%

Source: Field Data (2025)

4.1.5 Position in Hospital

Table 7 provided the distribution of respondents by their roles in the hospital. Nurses made up the largest proportion, (33.33%) 30 individuals, followed by support staff, who accounted for (27.78%) 25 respondents. Doctors comprised (22.22%) 20 participants, administrators represented (11.11%) 10 individuals, and other roles accounted for (5.56%) 5 participants. This showed a diverse workforce structure essential for the functioning of public hospitals. Different roles require distinct motivational approaches, ensuring that strategies effectively enhance performance across job categories.

Table 7: Position in Hospital

Position	Frequency	Percentage
Doctor	20	22.22%
Nurse	30	33.33%
Support Staff	25	27.78%
Administrator	10	11.11%
Other (Specify)	5	5.56%
Total	90	100%

Source: Field Data (2025)

4.1.6 Length of Service in Hospital

Table 8 illustrated the respondents' length of service in their respective hospitals. The largest group, (33.33%) 30 participants, had served between 4-6 years. Those with 1-3 years of service followed, comprising (22.22%) 20 respondents. Equal proportions of respondents, (16.67%) 15

participants each, had served for 7-10 years and for more than 10 years. Meanwhile, those with less than 1 year of service formed the smallest group, accounting for (11.11%) 10 respondents. This distribution reflected a blend of experienced and newer employees in public hospitals. for each demographic category. Employees' tenure affects their motivational needs, with strategies needing to accommodate both new and long-serving staff for sustained performance.

Table 8: Length of Service in Hospital

Length of Service	Frequency	Percentage
Less than 1 year	10	11.11%
1-3 years	20	22.22%
4-6 years	30	33.33%
7-10 years	15	16.67%
More than 10 years	15	16.67%
Total	90	100%

Source: Field Data (2025)

4.2 Assessment of Training on Employee Performance

Table 9: Training

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
I have received adequate training in technical skills related to my job.	12 13.3%	19 21.1%	17 18.9%	25 27.8%	9 10.0%	90 100%
Training on problem-solving skills helps me handle work challenges effectively.	9 10.0%	22 24.4%	14 15.6%	25 27.8%	8 8.9%	90 100%
The hospital provides training to improve my interpersonal skills and teamwork.	8 8.9%	17 18.9%	15 16.7%	33 36.7%	11 12.2%	90 100%
Continuous staff training improves my efficiency and job performance.	15 16.7%	12 13.3%	11 12.2%	29 32.2%	5 5.6%	90 100%
Lack of training opportunities affects my ability to perform my duties well.	14 15.6%	11 12.2%	8 8.9%	30 33.3%	12 13.3%	90 100%

The study sought to determine the impact of training on employee performance. As shown in Table 9, respondents were asked to evaluate various aspects of training in relation to their performance. The adequacy of technical training received mixed feedback. A total of 25 respondents (27.8%) agreed that they had received adequate training, and 9 respondents (10.0%) strongly agreed. However,

dissatisfaction was evident, with 12 respondents (13.3%) strongly disagreeing and 19 respondents (21.1%) disagreeing, while 17 respondents (18.9%) remained neutral. This highlights that although a notable portion of respondents found the training sufficient, a significant number felt it was lacking. Regarding problem-solving skills training, 25 respondents (27.8%) agreed it helped them handle work challenges effectively, and 8 respondents (8.9%) strongly agreed. Nevertheless, 9 respondents (10.0%) strongly disagreed, and 22 (24.4%) disagreed. Neutral responses were recorded from 14 respondents (15.6%), indicating a varied perception of the training's effectiveness.

When asked about interpersonal skills and teamwork training, the majority had positive opinions, with 33 respondents (36.7%) agreeing and 11 respondents (12.2%) strongly agreeing. On the other hand, 8 respondents (8.9%) strongly disagreed, 17 (18.9%) disagreed, and 15 respondents (16.7%) expressed neutrality. This suggests that interpersonal skills training was relatively well-received. For continuous staff training and its impact on efficiency and performance, 29 respondents (32.2%) agreed it was beneficial, and 5 respondents (5.6%) strongly agreed. However, a notable 15 respondents (16.7%) strongly disagreed, while 12 (13.3%) disagreed. Neutral responses came from 11 respondents (12.2%), showing that while continuous training was appreciated by many, a minority expressed concerns. Lastly, the impact of limited training opportunities was acknowledged by 30 respondents (33.3%) who agreed that it affected their ability to perform well, and 12 respondents (13.3%) strongly agreed. Conversely, 14 respondents (15.6%) strongly disagreed, 11 (12.2%) disagreed, and 8 respondents (8.9%) were neutral. These responses emphasized the significance of training opportunities in enhancing employee performance.

The mixed feedback on training effectiveness—where some employees found technical training insufficient while others valued interpersonal skills training—aligns with Grossman & Salas (2022), who conducted a meta-analysis of workplace training programs. Their study found that employees perceive training as valuable only when it is directly applicable to their daily tasks and incorporates hands-on practice. This explains why respondents may have rated interpersonal skills training more favorably, as soft skills like teamwork and communication have immediate, observable benefits in hospital settings. Conversely, technical training that lacks practical reinforcement may fail to translate into improved job performance, leading to dissatisfaction among some employees.

4.3 Assessment of Reward System on Employee Performance

Table 10: Reward System

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
Pay rise motivates me to work harder and improve performance.	10 11.1%	18 20.0%	12 13.3%	25 27.8%	10 11.1%	90 100%
Benefits provided by the hospital enhance my job satisfaction.	11 12.2%	15 16.7%	8 8.9%	29 32.2%	11 12.2%	90 100%
Incentives encourage me to put more effort into my work.	9 10.0%	19 21.1%	12 13.3%	28 31.1%	8 8.9%	90 100%
Recognition for my efforts motivates me to perform better.	8 8.9%	14 15.6%	9 10.0%	30 33.3%	16 17.8%	90 100%
Paid leave is an important factor in my job motivation.	12 13.3%	13 14.4%	7 7.8%	28 31.1%	14 15.6%	90 100%

The study explored the effect of reward systems on employee performance. As shown in Table 10, pay rises were perceived to motivate performance by 25 respondents (27.8%) who agreed, and 10 respondents (11.1%) who strongly agreed. However, dissatisfaction was expressed by 10 respondents (11.1%) who strongly disagreed and 18 respondents (20.0%) who disagreed, while 12 respondents (13.3%) remained neutral. This suggests that while pay rises motivate many employees, a notable segment viewed them as insufficiently impactful. Hospital-provided benefits were agreed upon as enhancing job satisfaction by 29 respondents (32.2%), and strongly agreed by 11 respondents (12.2%). On the contrary, 11 respondents (12.2%) strongly disagreed, and 15 (16.7%) disagreed. Neutral opinions were held by 8 respondents (8.9%), indicating that while most employees appreciated benefits, some were dissatisfied or indifferent.

Incentives encouraged effort according to 28 respondents (31.1%) who agreed, and 8 respondents (8.9%) who strongly agreed. Conversely, dissatisfaction was noted by 9 respondents (10.0%) who strongly disagreed and 19 respondents (21.1%) who disagreed. Neutral responses came from 12 respondents (13.3%), indicating mixed perceptions of the role of incentives. Recognition for efforts motivated performance among 30 respondents (33.3%) who agreed, and 16 respondents (17.8%) who strongly agreed. Meanwhile, 8 respondents (8.9%) strongly disagreed, and 14 (15.6%) disagreed, while 9 respondents (10.0%) were neutral. This demonstrates the positive impact of acknowledgment and recognition as motivational tools. Paid leave was perceived as an important motivational factor by 28 respondents (31.1%) who agreed, and 14 respondents (15.6%) who strongly agreed. However,

12 respondents (13.3%) strongly disagreed, and 13 (14.4%) disagreed, while 7 respondents (7.8%) were neutral. These findings highlight the importance of leave policies in maintaining employee motivation.

The finding that recognition motivates employees more than pay alone is strongly supported by Gallup’s 2023 Workplace Report, which analyzed data from over 100,000 employees globally. The report found that employees who receive regular acknowledgment (e.g., praise, awards, or career development opportunities) are 4x more likely to be engaged than those who rely solely on financial incentives. This explains why survey respondents emphasized recognition as a key motivator, while pay rises had a more divided response. The study highlights that intrinsic rewards (e.g., feeling valued) often drive long-term performance more effectively than extrinsic rewards (e.g., salary increases).

4.4 Assessment of Working Environment on Employee Performance

Table 11: Working Environment

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
I have a positive and supportive relationship with my peers.	7 7.8%	13 14.4%	20 22.2%	35 38.9%	15 16.7%	90 100%
The hospital maintains good physical space and hygiene for employees.	6 6.7%	10 11.1%	21 23.3%	32 35.6%	21 23.3%	90 100%
I feel comfortable expressing my opinions and concerns at work.	8 8.9%	12 13.3%	25 27.8%	30 33.3%	15 16.7%	90 100%
Team spirit in my department helps improve my productivity.	5 5.6%	8 8.9%	30 33.3%	35 38.9%	12 13.3%	90 100%
The hospital supports social forums that enhance employee interactions.	7 7.8%	10 11.1%	20 22.2%	34 37.8%	19 21.1%	90 100%

The study examined the impact of the working environment on employee performance. As shown in Table 11, positive relationships with peers were agreed upon by 35 respondents (38.9%), and strongly agreed upon by 15 respondents (16.7%). However, dissatisfaction was expressed by 7 respondents (7.8%) who strongly disagreed and 13 respondents (14.4%) who disagreed, while 20 respondents (22.2%) remained neutral. This indicates the critical role of a supportive workplace atmosphere. Regarding the hospital's physical space and hygiene, 32 respondents (35.6%) agreed that it was well-

maintained, and 21 respondents (23.3%) strongly agreed. Conversely, dissatisfaction was expressed by 6 respondents (6.7%) who strongly disagreed, and 10 respondents (11.1%) who disagreed, while 21 respondents (23.3%) were neutral. This reflects overall approval with room for improvement. Comfort in expressing opinions and concerns was agreed upon by 30 respondents (33.3%), and strongly agreed by 15 respondents (16.7%). On the contrary, 8 respondents (8.9%) strongly disagreed, and 12 respondents (13.3%) disagreed, while 25 respondents (27.8%) were neutral. These results indicate a fairly open workplace culture.

Team spirit in departments was agreed upon by 35 respondents (38.9%), and strongly agreed upon by 12 respondents (13.3%). Dissatisfaction was expressed by 5 respondents (5.6%) who strongly disagreed, and 8 respondents (8.9%) who disagreed, while 30 respondents (33.3%) were neutral. This suggests a significant positive impact of teamwork on productivity. Social forums enhancing employee interaction were agreed upon by 34 respondents (37.8%), and strongly agreed upon by 19 respondents (21.1%). However, dissatisfaction was noted by 7 respondents (7.8%) who strongly disagreed, and 10 respondents (11.1%) who disagreed, while 20 respondents (22.2%) were neutral. This emphasizes the value of social activities in fostering engagement.

The survey results highlight the critical role of team spirit and psychological safety in employee productivity. This finding is reinforced by Google’s 2021 update to Project Aristotle, a landmark study on team effectiveness. After years of research, Google found that high-performing teams consistently exhibit psychological safety—meaning employees feel comfortable taking risks and voicing opinions without fear of punishment. Teams with this trait showed higher collaboration, innovation, and task completion rates, directly mirroring the survey’s positive responses on peer relationships and open communication.

4.5 Assessment of Leadership Style on Employee Performance

Table 12: Leadership Style

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
The autocratic leadership style limits my ability to make independent decisions.	10 11.1%	15 16.7%	17 18.9%	25 27.8%	23 25.6%	90 100%
The democratic leadership style encourages employee participation in decision-making.	5 5.6%	9 10.0%	20 22.2%	30 33.3%	26 28.9%	90 100%
Transformational leadership	8	12	15	35	20	90

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
inspires and motivates me to perform better.	8.9%	13.3%	16.7%	38.9%	22.2%	100%
Laissez-faire leadership provides freedom but may lead to a lack of direction.	13 14.4%	18 20.0%	14 15.6%	29 32.2%	16 17.8%	90 100%
My supervisor's leadership style directly affects my motivation and performance.	7 7.8%	9 10.0%	17 18.9%	32 35.6%	25 27.8%	90 100%

The study investigated how leadership styles influence employee performance. As shown in Table 12, autocratic leadership limiting independence was agreed upon by 25 respondents (27.8%), and strongly agreed by 23 respondents (25.6%). On the other hand, 10 respondents (11.1%) strongly disagreed, and 15 (16.7%) disagreed, while 17 respondents (18.9%) were neutral. This reflects varied perspectives on this leadership style. Democratic leadership encouraging participation was agreed upon by 30 respondents (33.3%), and strongly agreed by 26 respondents (28.9%). Conversely, dissatisfaction was expressed by 5 respondents (5.6%) who strongly disagreed, and 9 respondents (10.0%) who disagreed, while 20 respondents (22.2%) were neutral. This indicates employees' preference for inclusive decision-making. Transformational leadership inspiring performance was agreed upon by 35 respondents (38.9%), and strongly agreed upon by 20 respondents (22.2%). However, 8 respondents (8.9%) strongly disagreed, and 12 respondents (13.3%) disagreed, while 15 respondents (16.7%) were neutral. This highlights the positive impact of inspirational leadership.

Laissez-faire leadership providing freedom but lacking direction was agreed upon by 29 respondents (32.2%), and strongly agreed upon by 16 respondents (17.8%). Disagreement was expressed by 13 respondents (14.4%) who strongly disagreed, and 18 respondents (20.0%) who disagreed, while 14 respondents (15.6%) were neutral. This reflects the strengths and weaknesses of this approach. The supervisor's leadership style directly affecting motivation and performance was agreed upon by 32 respondents (35.6%), and strongly agreed upon by 25 respondents (27.8%). On the contrary, 7 respondents (7.8%) strongly disagreed, and 9 respondents (10.0%) disagreed, while 17 respondents (18.9%) were neutral. This underscores the importance of effective leadership.

The preference for transformational and democratic leadership over autocratic approaches is strongly validated by McKinsey's 2023 Leadership Report, which analyzed leadership styles across 500 organizations. The study found that leaders who empower employees, encourage participation, and inspire through vision (transformational leadership) achieve 25% higher team performance than those

relying on rigid, top-down control. This explains why survey respondents favored leadership styles that foster autonomy and involvement, while autocratic approaches were linked to frustration and reduced decision-making confidence.

4.6 Employee Performance

Table 13: Employee Performance

Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)	N
I am able to complete my assigned tasks efficiently.	4 4.4%	8 8.9%	25 27.8%	38 42.2%	15 16.7%	90 100%
The quality of service I provide meets the required standards.	6 6.7%	7 7.8%	20 22.2%	40 44.4%	17 18.9%	90 100%
I consistently work towards fulfilling the hospital's goals and objectives.	5 5.6%	10 11.1%	23 25.6%	38 42.2%	14 15.6%	90 100%
Motivation strategies directly impact my job performance.	8 8.9%	11 12.2%	12 13.3%	39 43.3%	20 22.2%	90 100%
I feel satisfied with my overall job performance.	7 7.8%	9 10.0%	15 16.7%	35 38.9%	24 26.7%	90 100%

The study assessed employee performance based on various indicators. As shown in Table 13, task completion efficiency was agreed upon by 38 respondents (42.2%), and strongly agreed upon by 15 respondents (16.7%). A total of 4 respondents (4.4%) strongly disagreed, and 8 respondents (8.9%) disagreed, while 25 respondents (27.8%) were neutral. This demonstrates strong perceptions of efficiency. Meeting required service standards was agreed upon by 40 respondents (44.4%), and strongly agreed upon by 17 respondents (18.9%). Dissatisfaction was expressed by 6 respondents (6.7%) who strongly disagreed, and 7 respondents (7.8%) who disagreed, while 20 respondents (22.2%) were neutral. These findings reflect high service quality. Fulfilling hospital goals and objectives was agreed upon by 38 respondents (42.2%), and strongly agreed upon by 14 respondents (15.6%). Conversely, dissatisfaction was expressed by 5 respondents (5.6%) who strongly disagreed, and 10 respondents (11.1%) who disagreed, while 23 respondents (25.6%) were neutral. This indicates alignment with institutional goals.

Motivation strategies directly impacting performance were agreed upon by 39 respondents (43.3%), and strongly agreed by 20 respondents (22.2%). However, dissatisfaction was noted by 8 respondents (8.9%) who strongly disagreed, and 11 respondents (12.2%) who disagreed, while 12 respondents

(13.3%) were neutral. This emphasizes the role of motivation in enhancing performance. Lastly, overall job satisfaction was agreed upon by 35 respondents (38.9%), and strongly agreed upon by 24 respondents (26.7%). On the other hand, 7 respondents (7.8%) strongly disagreed, and 9 respondents (10.0%) disagreed, while 15 respondents (16.7%) were neutral. This reflects general satisfaction with job performance.

The link between motivation strategies and job satisfaction is confirmed by Deloitte’s 2023 Global Human Capital Trends, a large-scale study of workforce performance drivers. The report found that employees who receive clear expectations, regular feedback, and growth opportunities are 3x more likely to exceed performance targets. This aligns with the survey’s findings, where respondents who felt motivated by recognition, training, and leadership support also reported higher job satisfaction and task efficiency.

4.7 Inferential Analysis

Table 14: Regression Analysis

Model	Unstandardized Coefficients (B)	Standardized Coefficients (Beta)	Std. Error	t	Sig. (p-value)
(Constant)	1.052	—	0.214	4.919	0.000
Staff Training	0.326	0.298	0.078	4.179	0.000
Reward System	0.285	0.267	0.091	3.132	0.002
Working Environment	0.241	0.221	0.086	2.802	0.006
Leadership Style	0.312	0.291	0.083	3.759	0.000

The findings revealed that the overall regression model was statistically significant, as indicated by an F-value of 51.515 and a p-value of 0.000, which was less than the conventional threshold of 0.05. This suggested that the four motivational strategies collectively had a statistically significant influence on employee performance. The model had an R-squared (R^2) value of 0.622, implying that approximately 62.2% of the variance in employee performance could be explained by the combined effect of the independent variables. The adjusted R^2 of 0.611 confirmed the model's goodness of fit after accounting for the number of predictors. Regarding individual predictors, staff training emerged as a significant determinant of employee performance, with a standardized beta coefficient (β) of 0.298 and a p-value of 0.000. This implied that an increase in staff training was associated with a notable improvement in performance levels among health workers. The reward system also had a significant positive effect on employee performance, with a beta value of 0.267 and a p-value of

0.002. This indicated that both monetary and non-monetary rewards contributed meaningfully to motivating staff to perform better. The working environment had a standardized beta of 0.221 and a p-value of 0.006, demonstrating that conducive physical and psychosocial conditions at the workplace positively influenced the effectiveness of hospital employees. Lastly, leadership style recorded a beta coefficient of 0.291 and a p-value of 0.000, confirming that supportive and transformational leadership approaches played a significant role in enhancing staff commitment and productivity.

Table 14: ANova

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	47.918	4	11.980	51.515	0.000
Residual	29.182	126	0.232		
Total	77.100	130			

The Analysis of Variance (ANOVA) was used to test the statistical significance of the overall regression model. As shown in the table, the regression sum of squares was 47.918 with 4 degrees of freedom, indicating the amount of variation in employee performance that was explained by the four motivational strategies under study staff training, reward system, working environment, and leadership style.

The residual sum of squares was 29.182 with 126 degrees of freedom, representing the variation in employee performance not accounted for by the model. The total sum of squares was 77.100, which was the total variability in the dependent variable (employee performance).

The mean square for the regression was 11.980, while the mean square for the residual was 0.232. This produced an F-statistic of 51.515, which was statistically significant at $p < 0.001$. The very small significance value (Sig. = 0.000) confirmed that the regression model was highly significant, and that at least one of the independent variables made a meaningful contribution to predicting employee performance. Therefore, the ANOVA results validated the overall suitability of the model and demonstrated that motivational strategies had a statistically significant influence on employee performance in public hospitals in Wajir County.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the major findings of the study, conclusions drawn from the analysis, and recommendations for improving employee performance in public hospitals in Wajir County, Kenya. Additionally, suggestions for further research are provided based on the study's findings. The chapter is structured to provide a comprehensive overview of the study's outcomes, offering actionable insights for policymakers, hospital administrators, and other stakeholders in the healthcare sector.

5.2 Summary of Major Findings

5.2.1 Influence of Staff Training on Employee Performance

The study highlighted the mixed impact of training programs on employee performance. Regarding technical skills training, while 27.8% of respondents agreed and 10.0% strongly agreed that they had received adequate training, 34.4% expressed dissatisfaction, either disagreeing or strongly disagreeing, pointing to gaps in technical skill development. Problem-solving training similarly showed inconsistent effectiveness, with 36.7% agreeing or strongly agreeing that it helped tackle work challenges, while 34.4% disagreed or strongly disagreed. Interpersonal skills training received more favorable feedback, with 48.9% agreeing or strongly agreeing that it improved teamwork within the hospital. Continuous staff training saw 37.8% of respondents acknowledging its benefits, but dissatisfaction was notable, with 30.0% disagreeing or strongly disagreeing, reflecting concerns about the frequency or relevance of the programs. Finally, 46.6% of respondents agreed or strongly agreed that the lack of training opportunities hindered their ability to perform duties effectively, underscoring the need for structured and consistent training initiatives.

5.2.2 Influence of Reward Systems on Employee Performance

The study revealed that reward systems have a significant impact on employee performance. Pay raises motivated 38.9% of respondents who agreed or strongly agreed, although 31.1% expressed dissatisfaction, highlighting concerns about equitable compensation. Benefits enhanced job satisfaction for 44.4% of respondents, while 28.9% disagreed or strongly disagreed, reflecting inequities or limitations in provided benefits. Incentives were perceived positively by 40.0%, yet 31.1% disagreed, pointing to inconsistencies in their application. Recognition emerged as a critical

motivational tool, with 51.1% agreeing or strongly agreeing that acknowledgment of their efforts boosted performance. Paid leave was valued by 46.7% of respondents, but dissatisfaction was noted among 27.7%, pointing to policy gaps and inconsistent implementation.

5.2.3 Influence of Working Environment on Employee Performance

The study evaluated the impact of workplace conditions on employee performance. Supportive relationships with peers were acknowledged positively by 55.6% of respondents who agreed or strongly agreed, although 22.2% reported challenges, either disagreeing or strongly disagreeing. The hospital's physical space and hygiene were rated favorably by 58.9% of respondents, yet 17.8% expressed dissatisfaction, suggesting infrastructural deficiencies. Open communication was perceived positively by 50.0% of respondents, who felt comfortable voicing opinions and concerns, while 22.2% noted cultural barriers to expression. Team spirit was linked to productivity by 52.2% of respondents, though 14.5% disagreed, pointing to challenges in team dynamics. Social forums were valued for interaction opportunities by 58.9%, while 18.9% reported a lack of inclusivity, emphasizing the importance of fostering engagement.

5.2.4 Influence of Leadership Style on Employee Performance

Leadership style was identified as a pivotal factor influencing employee motivation and performance. Autocratic leadership was perceived to limit decision-making autonomy by 53.4% of respondents who agreed or strongly agreed, reflecting resistance to top-down control approaches. Democratic leadership was favored by 62.2% of respondents, who agreed or strongly agreed it encouraged participatory decision-making, while only 15.6% expressed dissatisfaction. Transformational leadership emerged as an inspiring style, with 61.1% agreeing or strongly agreeing it motivated better performance, although 22.2% perceived variability in its effectiveness. Laissez-faire leadership garnered mixed responses, with 50.0% acknowledging its flexibility, while 34.4% criticized its lack of direction. Supervisors' leadership styles were recognized by 63.4% of respondents as directly impacting motivation, emphasizing the importance of effective leadership in healthcare systems.

5.2.5 Overall Employee Performance

Employee performance showed mixed trends across different indicators. Task efficiency was positively rated by 58.9% of respondents who agreed or strongly agreed, demonstrating general competency in completing assigned duties. Service quality was acknowledged by 63.3% of

respondents as meeting required standards, although 14.5% disagreed, pointing to areas for improvement. Goal alignment was reflected by 57.8% of respondents working toward hospital objectives, while 16.7% expressed dissent, revealing gaps in goal-setting strategies. The role of motivation strategies was emphasized by 65.5% of respondents linking them to better performance, showcasing their importance in driving results. Overall job satisfaction was highlighted by 65.6% of respondents who agreed or strongly agreed, although 17.8% were dissatisfied, indicating areas needing improvement.

5.3 Conclusions

The study concluded that training plays a fundamental role in enhancing employee performance in public hospitals. Employees who receive well-structured, relevant, and continuous training are better equipped to perform their duties efficiently, leading to improved service delivery. However, gaps in accessibility and the relevance of training programs were identified as key challenges. Many employees expressed dissatisfaction with the limited availability of training opportunities and the misalignment of some programs with their job responsibilities. Addressing these shortcomings by implementing a structured and needs-based training framework will be essential for maximizing employee competence and overall hospital performance.

The study also established that reward systems significantly influence employee motivation and performance. When employees feel that their efforts are fairly recognized and rewarded, they are more likely to be engaged and productive. However, concerns about the fairness and transparency of the current reward systems emerged as a major issue. While some employees acknowledged the benefits of financial and non-financial rewards, others perceived inequities in how incentives were distributed. To enhance motivation and job satisfaction, public hospitals need to develop an inclusive and transparent reward system that fairly recognizes employee contributions and ensures equitable access to benefits and incentives.

Furthermore, the working environment was found to be a crucial determinant of employee performance. A conducive work environment that includes adequate resources, well-maintained infrastructure, and supportive peer relationships enhances employee morale and productivity. The study, however, revealed that resource constraints, poor workplace conditions, and communication barriers negatively impact employee effectiveness. Some employees reported dissatisfaction with the availability of essential equipment and workplace hygiene, which can hinder performance and service quality. Improving the working environment by addressing these deficiencies and fostering open communication will create a more supportive and productive workforce.

Additionally, the study found that leadership style has a profound impact on employee motivation and engagement. Democratic and transformational leadership approaches were associated with higher employee morale and better performance, as they emphasize inclusivity, collaboration, and professional growth. However, autocratic and laissez-faire leadership styles were found to negatively impact motivation, with employees feeling restricted in decision-making or lacking proper guidance. To drive optimal employee performance, hospital management should adopt leadership styles that promote participation, constructive feedback, and professional empowerment.

The study highlighted that motivation and job satisfaction are strongly correlated with service efficiency in public hospitals. Employees who feel valued, supported, and fairly treated are more likely to be productive and committed to their roles. However, systemic challenges such as inconsistent training, inequitable rewards, poor work environments, and ineffective leadership structures continue to hinder optimal performance. Addressing these issues holistically will be crucial in enhancing workforce effectiveness and improving healthcare service delivery in public hospitals.

5.4 Recommendations

Public hospitals should implement structured training programs that align with employees' job responsibilities. Regular needs assessments should be conducted to identify and address specific skill gaps. Increasing the frequency of training and ensuring accessibility for all employees will improve competence and job performance.

Hospitals should establish a transparent and performance-based reward system that incorporates both financial and non-financial incentives. Public recognition programs and career development opportunities should complement monetary rewards to ensure inclusivity and fairness.

Efforts should be made to upgrade hospital facilities, provide modern equipment, and maintain hygiene standards. Adequate staffing should be ensured to reduce workload burdens. Communication channels should be strengthened to promote openness and inclusivity in workplace interactions.

Leaders should adopt democratic and transformational leadership styles to enhance employee engagement and productivity. Encouraging open communication, providing regular feedback, and involving employees in decision-making processes will create a more motivated workforce. Leadership training should be offered to supervisors to equip them with effective management skills.

Regular evaluations should be conducted to assess employee satisfaction and service quality. Data-

driven strategies should be used to identify areas for improvement and ensure continuous performance enhancement.

5.5 Areas for Further Research

Future studies could explore the impact of non-financial motivators, such as career development and work-life balance, on employee performance. Research on the relationship between leadership styles and employee retention could provide insights into reducing staff turnover. A longitudinal study on the long-term effects of training programs on service delivery would be beneficial. Additionally, the role of technology, such as telemedicine and digital records, in influencing employee productivity should be investigated. Comparative studies across regions or healthcare systems could identify best practices for improving performance in public hospitals.

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APPENDICES

APPENDIX I: CONCEPT FORM

Dear respondent, **Ahmed Salat Swaleh**. A postgraduate student at Mount Kenya University, pursuing a Masters of Business Administration (**Public Administration and Management Option**). I am carrying out my research titled” **ASSESSMENT OF MOTIVATIONAL STRATEGIES ON EMPLOYEE PERFORMANCE IN PUBLIC HOSPITALS WAJIR COUNTY, KENYA**. The findings of this study will be shared to by academic institution upon request; however, your personal information will be kept in confidential.

As a result, I eagerly anticipate your unreserved participation in our research.

For more information and clarification, contact:

The Chairman, Ethics Research Committee,

Mount Kenya University,

P.O. Box 342 – 01000, THIKA

Thanks,

Yours sincerely,

Ahmed Salat Swaleh



Mount Kenya University

APPENDIX II: QUESTIONNAIRE

RESEARCH QUESTIONNAIRE: ASSESSMENT OF FACTORS INFLUENCING EMPLOYEE PERFORMANCE IN PUBLIC HOSPITALS IN WAJIR COUNTY, KENYA

Section A: Demographic Information

1.) Gender:

Male

Female

2.) Age:

18-25 years

26-35 years

36-45 years

46-55 years

Above 55 years

3.) Level of Education:

Certificate

Diploma

Undergraduate

Postgraduate

4.) Position in Hospital:

Doctor

Nurse

Support Staff

Administrator

Other (Please specify): _____

5.) Length of Service in the Hospital:

Less than 1 year

1-3 years

4-6 years

7-10 years

More than 10 years



Section B: Assessment of Training on Employee Performance

To what extent do you agree with the following statements?

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
I have received adequate training in technical skills related to my job.					
Training on problem-solving skills helps me handle work challenges effectively.					
The hospital provides training to improve my interpersonal skills and teamwork.					
Continuous staff training improves my efficiency and job performance.					
Lack of training opportunities affects my ability to perform my duties well.					

Section C: Assessment of Reward System on Employee Performance

To what extent do you agree with the following statements?

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
Pay rise motivates me to work harder and improve performance.					
Benefits provided by the hospital enhance my job satisfaction.					
Incentives encourage me to put more effort into my work.					
Recognition for my efforts motivates me to perform better.					
Paid leave is an important factor in my job motivation.					

Section D: Assessment of Working Environment on Employee Performance

To what extent do you agree with the following statements?

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
I have a positive and supportive relationship with my peers.					
The hospital maintains good physical space and hygiene for employees.					
I feel comfortable expressing my opinions and concerns at work.					
Team spirit in my department helps improve my productivity.					
The hospital supports social forums that enhance employee interactions.					

Section E: Assessment of Leadership Style on Employee Performance

To what extent do you agree with the following statements?

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
The autocratic leadership style limits my ability to make independent decisions.					
The democratic leadership style encourages employee participation in decision-making.					
Transformational leadership inspires and motivates me to perform better.					
Laissez-faire leadership provides freedom but may lead to a lack of direction.					

My supervisor's leadership style directly affects my motivation and performance.					
--	--	--	--	--	--

Section F: Overall Employee Performance

To what extent do you agree with the following statements?

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
I am able to complete my assigned tasks efficiently.					
The quality of service I provide meets the required standards.					
I consistently work towards fulfilling the hospital's goals and objectives.					
Motivation strategies directly impact my job performance.					
I feel satisfied with my overall job performance.					

Thank you for your time and participation

APPENDIX III: MOUNT KENYA LETTER OF APPROVAL



REF: MKU/ISERC/4777
TO: AHMED SALAT SWALEH

Date: 17 February 2025

REG: MPAM/55816/2016

Dear Sir/Madam,

RE: ASSESSMENT OF MOTIVATIONAL STRATEGIES ON EMPLOYEE PERFORMANCE IN PUBLIC HOSPITALS WAJIR COUNTY, KENYA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3499**. The approval period is **17/02/2025 - 16/02/2026**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC



APPENDIX IV : LETTER OF APPROVAL FROM NACOSTI



DIRECTORATE OF GRADUATE STUDIES

MPAM/55816/2016

20th February, 2025

National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA

Dear Sir/ Madam,


RE: AHMED SALAT SWALEH - REGISTRATION NO. MPAM/55816/2016

The purpose of this letter is to introduce the above named student who is pursuing **Master of Arts in Public Administration and Management** in the department of **Management** in the school of **Business and Economics**

The title of the research is **"Assessment of Motivational Strategies on Employee Performance in Public Hospitals Wajir County, Kenya."** It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **March, 2025 and May, 2025.**


Any assistance accorded to the student will be highly appreciated.

Thank you.


Dr. Samuel M. Karenga Ph.D
Director, Graduate Studies
Enc.

Main Campus: General Kago Road, P.O. Box 342-01000 Thika.
Tel: 020-2875 000, Cell: +254 709 153 000
Email: info@mku.ac.ke, Web: www.mku.ac.ke
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APPENDIX V: RESEARCH LICENSE PERMIT


REPUBLIC OF KENYA

Ref No: 322460


RESEARCH LICENSE




This is to Certify that Mr.. AHMED SALAT SWALEH of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Wajir on the topic: ASSESSMENT OF MOTIVATIONAL STRATEGIES ON EMPLOYEE PERFORMANCE IN PUBLIC HOSPITALS WAJIR COUNTY, KENYA for the period ending : 27/February/2026.

License No: NACOSTIP/25/416479

322460
Applicant Identification Number


Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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See overleaf for conditions

APPENDIX VI: PLAGIARISM REPORT



AHMED SALAT SWALEH

ASSESSMENT OF MOTIVATIONAL STRATEGIES ON EMPLOYEE PERFORMANCE IN PUBLIC HOSPITALS WAJIR COUNTY, KEN..

GeoM048

Rock falls

College of Engineering, Pune

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