

# Influence of Devolved Dispute Resolution Mechanisms on Job Satisfaction of Health Care Workers in Nakuru County Kenya

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**Abstract:** This study sought to examine the influence of dispute resolution mechanisms on job satisfaction of health care workers in Nakuru County Kenya. The study was anchored on Herzberg's Two Factor Theory. The study adopted a descriptive research design with a target of 758 staff in Nakuru level five hospital including 54 doctors, 437 nurses and 267 paramedics. A sample of 89 respondents was obtained from the target population through stratified and simple random sampling techniques. The study relied on questionnaires for data collection which were tested for validity and reliability before data collection. The collected data was sorted and cleaned and analysed with the help of statistical package for social sciences. The analysis was done in form of both descriptive and inferential statistics. The findings were presented in tables accompanied by relevant discussions. The study established positive significant relationship between devolved dispute resolution mechanism ( $r=.626$ ) and Job satisfaction of healthcare workers in Nakuru county. Regression analysis showed that devolved dispute resolution mechanisms had a significant influence on healthcare workers job satisfaction. The study therefore concluded that devolved dispute resolution mechanism had a significant influence on job satisfaction of healthcare workers in Nakuru County. As such the study recommended that the county should devise ideal dispute resolution mechanisms for healthcare workers to enhance the job satisfaction of healthcare workers in Nakuru County.

**Keywords:** Devolved, Dispute Resolution Mechanisms, Healthcare Workers, Job Satisfaction

## I. Introduction

The principal goal of any health care system is to improve health through the provision of clinical and public health services. As a reform measure, devolution aims to enhance management processes, inputs and health outputs and has administrative, financial and political implication [1]. Although health-care decentralization has been accepted globally as a means to improve efficiency and responsiveness of the health system, each country adopts and implements this policy differently [2]. However the process of devolution is not as smooth as thought. According to a study by Jongudomsuk and Srisasalux [2] on decentralization in Thailand it was revealed that health-care decentralization could not be implemented effectively without the support of the central government. Also local government staff needed to have their capacity strengthened to handle the new responsibilities and this could be best done by the central ministry staff who were previously responsible for these.

Among the prerequisites of effective health care reforms aimed at enhancing quality of care, equity, user satisfaction and efficiency is a highly qualified, motivated and satisfied healthcare workers (HCWs). Whilst a successful implementation of such reform relies heavily on how much support the HCWs receive [3], there is limited attention given to health human resource motivation and satisfaction [4]. One such change that is gaining popularity in developing countries is healthcare decentralization, to which research by World Bank (WB) has indicated that 63 out of 75 transitional nations with over 5 million populations have instigated.

Health worker motivation has frequently been cited as a critical barrier to effective health service delivery and contributor to the HCW shortage [5]. In this regard, several themes characterize motivation and these include financial aspects, career development, continuing education, health facility infrastructure, availability of resources, relationships with the management of the health facility, and personal recognition. Further, there is an urgent need to ascertain and employ successful retention strategies that are suitable for different regions with diverse needs [6], where retention

strategies are commonly understood to mean incentive mechanisms provided to health care providers already working in rural areas to continue working in these regions.

The Joint Learning Initiative, World Health Organization, and the Global Health Workforce Alliance have been focusing attention on health workers, particularly on the pervasive problems with staffing shortages, poor job conditions, low remuneration, and extensive migration. As the backbone of the health system, health workers usually account for the largest share of public expenditures on health. The presence of high-quality, motivated staff is a key aspect of health system performance, but also one of the most difficult inputs to ensure [7]. Health worker job satisfaction, which can be defined as 'the attitude towards one's work and the related emotions, beliefs, and behaviour', results from complex interactions between on-the-job experience, organizational environment, and motivation.

The health and human service industry has been undergoing one of the most massive transformations of any industry in our history, due, in part, to mergers, reorganizations, cost containment, a changing workforce, and technological changes that are doubling every 3 years. Health-care delivery is highly labor-intensive, and service quality, efficiency, and equity are all directly mediated by the workers' willingness to accomplish their tasks despite the fact that the availability of resources and worker competencies are not sufficient by themselves to ascertain the desired worker performance. But the objectives of the health system are not being attained in most countries because of serious human resource policy crises, particularly of poor motivation [8]. So, it is increasingly becoming important that policymakers should be aware of health worker motivation and its impact on health sector performance. Yet, little concern has been given to the issue [9].

### **1.1.1 Global Perspective on Job Satisfaction of Health Care Workers**

As motivation per se cannot be observed directly, previous research has concentrated on the determinants and outcomes of motivation [10]. A systematic review on motivation and retention in Low and Medium Income Countries (LMICs) was conducted and identified monetary and non-monetary incentives as core factors affecting job satisfaction and retention in these countries [11]. This is in line with the World Health Organization (WHO), which recommended a mix or 'bundle' of interventions in the areas of education, regulation, financial incentives, and professional and personal support in order to improve retention of health workers in rural and remote areas [12]. Many of these interventions are targeting at improving health worker motivation, job satisfaction and performance.

Advances that where the design and implementation is poor, decentralized service delivery would be entangled in the inefficiencies transferred from the central government such as 'inefficient utilization of resources and lack of accountability [13]'. Last but not least, and emanating from poor accountability and enforcement mechanisms, decentralized service delivery can permit 'greater levels of corruption and mismanagement of resources' [13].

In Australia, it was proposed that local governments are more likely to understand service needs and be held accountable for services [14]. In line with this thinking, over the last two decades many donors have supported decentralisation as a means to improve governance and social development. However they critically noted that the main motivation for decentralisation reform is related to political power sharing rather than the effective administration of services. Predicted improvements in service delivery efficiency, effectiveness and equity have not necessarily been achieved as a result of decentralisation. In some cases, decentralisation has exacerbated inequalities between the rich and the poor because of differing abilities to access local resources or administer services in different sub-national locations. There is no conclusive evidence about whether decentralisation has improved, or worsened, service delivery.

Research has shown that a decentralized market model indeed does not always create the best environment for the Public Service Motivation (PSM) of employees. In a comparative study of the United States and New Zealand, Moynihan [15] finds that the market model weakens public service motivation, because it appeals to the extrinsic/monetary motivation of public service employees. On the other hand, there are two possible patterns of behaviour if individuals view public values promoted by the state as different from their own perception of what will benefit society. As employees of the public organization, these individuals would either follow their own PSM and behave in an inconsistent manner with the organizational tasks, or are simply discouraged from working.

Additionally, the associated costs of ensuring that newly devolved systems work efficiently could be exorbitant and met with resistance [12]. Political pressure may prevent devolution. Politically, human resource decentralization involves a wide variety of institutional actors, both within the government for example, health managers, civil service officials,

elected politicians and in the private sector for example, professional associations and unions. These stakeholders may manifest resistance to decentralization of HRH functions for any number of reasons. Bolivia, for example, has twice failed to decentralize HRH functions despite fiscal decentralization because of resistance both from within the government and from most unions and professional associations [17].

### **1.1.2 Regional Perspective on Job Satisfaction of Healthcare Workers**

A study by Patrick [18] showed some countries in Africa such as Ghana, Uganda and Ethiopia have tried to devolve their health care services in an attempt to manage and provide better health care have experienced massive problems such as corruption and lack of accountability and political goodwill, the devolution only intended to gain political and wealth control.

Evidence from Ethiopia shows that the health system has been trying to improve the quality of health-care services through undertaking massive health sector-wide reforms such as business processing and re-engineering, health-care financing, and health information systems. Even though there is a human resource crisis in the sector, 82% of nurses and 73% of doctors work for the public sector. But the public health sector which uses a large amount of human resource is ineffective and inefficient, and the health service being delivered through it has been seriously affected by poor human resource management. As part of the sector wide reform effort aimed at improving the quality and accessibility of health services through decentralization system, the Ethiopian Federal Ministry of Health recognized the problem and gave priority to build management capacity of hospitals through pioneering blue print standards and made progress in establishing health management by chief executive officers (CEO) as profession [19]. But all these efforts were not as such satisfactory in achieving the anticipated objectives, due to different reasons. The health system is still suffering from human resource crisis. Many trained health professionals are migrating overseas or leaving to work in the private sector because motivated health professionals are more likely to work for profit in private sectors and nongovernmental organizations as opposed to working in the public sectors [20] and this appears to be a critical problem of the health sectors.

In Burkina Faso, Ministries of Health often do not have the ability to alter key HRH functions such as civil service terms of employment and central authorities may limit decentralization of human resource functions in light of certain policy objectives. Although decentralization may improve local-level responsiveness to needs, it may neglect national-level concerns, such as equity in HRH distribution or standards of compensation. In Uganda, for instance, district governments must adhere to a national pay scale even if benefits and allowances are left to their discretion [21]. The government explicitly developed this system to ensure equity in deployment of personnel among local governments.

### **1.1.3 Local Perspectives on Job Satisfaction of Health care Workers**

The lack of adequate personnel in most counties has been one of the biggest contributing factors to the current unrest in the health sector in several counties. Between January and August of 2015, more than twenty-two counties experienced strikes by health personnel, who cited understaffing as one of the critical causes [22]. The main reasons contributing to the critical staff shortage include high rates of desertion by medical personnel, lack of proper structures to determine the health personnel requirements and place them accordingly, high corruption rates at the counties and lack of adequate funds to employ health personnel, among other reasons.

Under the devolved system of governance, counties provide the bigger share of delivery of health services. This implies that every County bears overall responsibility of planning for its resources, financing, coordinating activities and monitoring of health services toward the fulfillment of the highest attainable standard of health as contained in the bill of rights. According to Omolo, Kantai and Achira [23] devolution allows county governments the freedom to come up with innovative forms of service delivery that suits their unique health needs, an ample capacity to determine their health system priorities, and the power to make independent decisions on subsector resource allocation and expenditure. On the other hand, devolving the health systems comes with other challenges like equity issues, institutional and resources that must be considered to ensure a successful and sustainable health system.

Despite the positivism of devolution, the perpetual shortcomings of the centralized system in the last 50 years, including uneven levels of development and also unequal distribution of resources for health especially the distribution of health facilities, human resources, and poorly developed communication infrastructure remain unaddressed even as Kenya transitioned to the devolved system [24]. For successful devolution to be achieved it requires first synchronization in planning, budgeting, monitoring and evaluation of health systems at national and local level and strategic approach to

management through shared accountability vertically (between national and local governments) and horizontally (between county administrations).

## II. Statement of the Problem

The health care sector has been faced with a lot of workers challenges since the onset of devolution. The sector faces serious staff shortages because of high rates of desertion by medical personnel, lack of proper structures to determine the health personnel requirements and place them accordingly, high corruption rates at the counties and lack of adequate funds to employ health personnel, among other reasons. As indicated by Magokha [25] currently between 30 to 40 per cent of the estimated 600 doctors who graduate in Kenya annually move to other countries in search of greener pastures after completing internships. Transition from national to county governments has been marred by inconsistency, poor understanding of the system, management issues and lack of coordination between the two levels of government [26]. There is a general fear among healthcare workers about their job security [27]. A majority believe that devolution will create job insecurity and reports indicate that many have resigned or sought alternative employment in anticipation of this impact [26]. Some have experienced delayed salaries since devolution took effect and they feel this is unfavorable to their job security. All this sum up to fragile job satisfaction situation among the health workers which results to greater suffering of the service seekers. These have led to various industrial actions. Between January and August of 2015, more than twenty-two counties experienced strikes by health personnel, who cited understaffing as one of the critical causes [22]. Various studies have addressed the state of health workers within the devolved governments. Simiyu [21] examined the influence of human resource functions on employee performance in the devolved health sector in Kenya. Kimathi [26] examined the challenges of the devolved health sector in Kenya focusing on whether the challenges were a teething problem or systemic contradictions. On the other hand, Zedekiah [28] sought to examine factors influencing provision of healthcare services in the devolved system of government in Kisumu East Sub-county Kenya. There are limited studies that have addressed the effect of devolution on job satisfaction of health workers in the country. This study therefore sought to address this gap by focusing on the influence of devolution of health care services on job satisfaction of health care workers in Nakuru County Kenya.

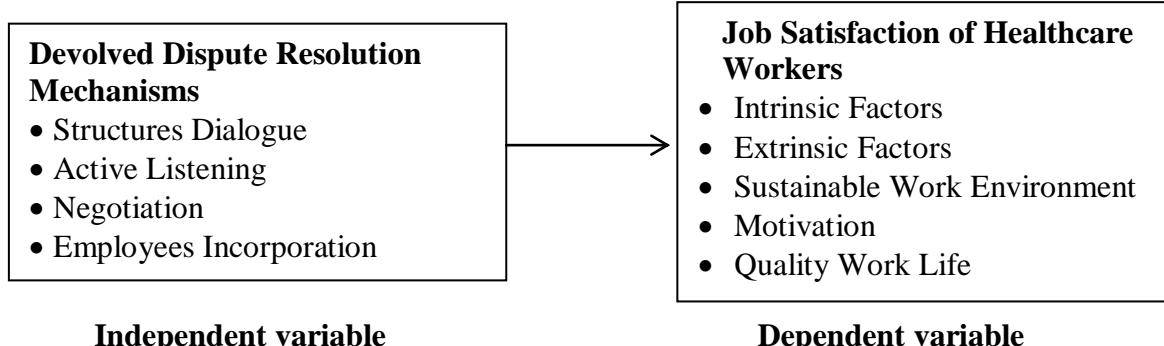
## III. Specific Objectives

To examine the influence of devolved dispute resolution mechanisms on job satisfaction of health care workers in Nakuru county Kenya.

## IV. Hypotheses of the Study

$H_{01}$ : Devolved dispute resolution mechanisms have no statistically significant influence on job satisfaction of health care workers in Nakuru County Kenya.

## V. Conceptual Framework



## VI. Path-Goal Leadership Theory

The Path-goal theory was originally developed by Evans [29] and later modified by House[30] and Polston-Murdoch [31]. The path-goal theory is one of the Contingency leadership models and it was designed to identify a leader's most practiced style as a motivation to get subordinates to accomplish goals. House [30] proposed two basic assumptions of the theory. First of all, one of the strategic functions of the leader is to enhance the psychological states of subordinates that result in motivation to perform or in satisfaction with the job" [30]. In other words, leaders need to consciously take the necessary steps to clarify goals, paths, and enhance employee job satisfaction and job performance. This hypothesis according to Ratyan and mohd [32] emphasized that the subordinates consider the behaviour of leaders as a source of satisfaction in their current job. Furthermore, House and Mitchell [33] argued that the leader's behaviour will be

considered acceptable to his subordinates only when they feel that it is immediate source of their satisfaction or it can be useful to achieve their future job satisfaction.

Secondly, House and Mitchell asserted that, situation directed leadership behaviours enhances motivation for higher performance [31]. This second hypothesis accordingly considers the behaviour of leaders (as) motive (motivation) for their employees' [32]. This implies that, if the leadership style of a manager is appropriate in a particular situation, it will motivate employees and lead to higher job performance and productivity [33, 31, 34].

In contrast to other leadership theories that seek to identify dominant or the appropriate leadership style for managers/leaders, House believes that leaders can display more than one leadership style in response to the job satisfaction and motivational needs of their subordinates in order for them to stay on the path of goal achievement [30]. However, House and Mitchell [33] described two situational contingencies that determines which leadership style should be employed at a particular time for goal achievement. The first situational variable to be considered is group member's personal characteristics, and the second is the environment of work. This according to Yattan and Mohd [32] encourages managers to avoid wholesale leadership styles for all employees at all times but rather consider the personal satisfaction needs of the employee so as to motivate him/her in the context of the work environment to keep the employee on the path of goal achievement. Simply put, a good leader should know which style to practice and when [35].

According to proponents of the path-goal theory, the achievement-oriented leader sets challenging goals, expects subordinates to perform at their highest level, continuously seeks improvement in performance and shows a high degree of confidence that the subordinates will assume responsibility, put forth effort and accomplish challenging goals [33]. Negron [36] and Ratyan and Mohd [32] noted that the achievement-oriented style is suitable when there are clear reward systems to serve as extrinsic motivation which in turn triggers intrinsic motivation of the employee to remain on the path of higher performance to achieve personal and organizational goals.

## **VII. Dispute Resolution Mechanisms**

Lately, the health sector has experienced a lot of obstructions and under performance due to conflicts of interest among different professional groups. It is either that the non-medical personnel or doctors leading their members respectively, down their tools as a result of unresolved issues; or employees in the health sector making demands to government for various issues that pertain to their well-being and working conditions. Services rendered by the health sector help to promote physical, psychological, and social health of the society holistically [37]. Agbi [38] stated that not only does the health of the healthcare providers' impact on those they serve, but that there is a responsibility to be an exemplar in work relationships.

Conflict at organisational level is frequently elicited by issues arising from remuneration, poor funding, welfare and other fringe benefits [38]. Other sources of conflict include: Differences in perception; Limited resources, Departmentalisation and specialisation, The nature of work activities, Role conflict, Inequitable treatment, Violation of territory, Others include: Individual conflicts such as attitudes, personality characteristics or particular personal needs, illness or stress; Group conflicts: such as skills, informal organisation and group norms; Organisation conflicts: such as communications, authority structure, leadership style, managerial behaviour; and Age gap: such as relationship between older employees and younger managers, where experience, is on one side and power on other side [38].

Healthcare providers and managers need to focus on building better working relationships. Finding improved and more effective means of communicating will accomplish both parties' end goals of providing quality care in an efficient manner. Although it is unrealistic for healthcare providers to completely re-educate themselves, they can, however, be professionally developed to utilize and implement tools and strategies for effective collaboration within the work environment. Likewise, managers have the ability to develop a better understanding of what motivates physicians professionally. By both parties putting forth the effort to gain insight into each other's work ethics and motivating factors, tools can be learned to help reduce conflict and increase mutual respect [39].

Hence, in order to prevent organisational conflict, the application of conflict management strategy is imperative. The aim of conflict management is to enhance learning and group outcomes, including effectiveness or performance in organizational setting. Conflict management in an organization entails an approach and practice of being able to identify and handle conflicts rationally, equitably, and competently. Since, conflict is inevitable; organizations must find ways of properly managing conflicts in an equitable way [40].

Negotiation is a process by which two or more parties seek to reach a consensual agreement without necessarily involving a third party. It is one of the most common approaches to make a decision or manage conflict/dispute. Thus, is a major building block for many alternation dispute resolution procedures. Each party may act for themselves respectively or have their negotiators who are experts or legal representatives' to act for them. Ordinarily, there are no laid down rules of procedure imposed on such a process. This procedure is useful if the parties are willing to reach a compromise and settle. In addition to this, there are no psychological barriers to settlement. Negotiation is a principal tool used in conflict management and resolution [41].

Conciliation is process that entails a third party seeking to bring the disputants together to settle the conflict/dispute. To resolve a dispute/conflict the conciliator tries to facilitate communication between the parties within the seven days as stipulated by the law. The procedure may, like negotiation, not be governed by laid down procedural rules. Often conciliation will not necessarily focus on settlement; rather it may focus on the sharing of information and identification of issues and options for settlement. This procedure involves building a positive relationship between the parties of dispute [42].

### **VIII. Job Satisfaction of Health Care Workers**

Job satisfaction can be an important indicator of how employees feel about their jobs and a predictor of work behaviors such as organizational citizenship, absenteeism, turnover and overall job performance. Job satisfaction in health care workers has a great impact on quality, effectiveness and work efficiency and at the same time on health-care costs. Besides its importance for patients and health care system as a whole, professional satisfaction in health care workers is directly connected with absence from work, human relations and organisation of work. Health care workers face increased risk for work discontent. Stress, burnout and complex shift work are important determinants of health care workers' well-being and they also influence their professional satisfaction [43].

Nurse turnover is a costly problem that will continue as healthcare faces the impending nursing shortage; a new generation of nurses enters the workforce, and incentives provided to nurses to work for institutions increase. A variety of factors influence the retention of nurses in adult care settings, including work satisfaction, group cohesion, job stress, and work schedule [44]. Again, recruitment, retention, turnover, and development of quality care in nursing are global issues within the health care setting [45]. A survey of hospital health worker in Uganda showed that the important correlates of intention to stay or job satisfaction include the importance of salary (but not the satisfaction with salary, which is uniformly low), a good match between the job and the worker, active involvement in the facility, a manageable workload, supportive supervision, flexibility to manage the demands of work and home, job security, and a job perceived as stimulating or fun [46].

A significant factor in the nursing shortage, particularly in hospitals, relates to nursing dissatisfaction [47]. The challenge for health care executives is ensuring a quality driven nursing workforce during this labor shortage. Understanding the impact of job satisfaction in nursing is vital to solving nurse attrition. Job satisfaction is important because of its relationship to lower turnover, increased productivity of staff, enrichment of work-life quality, and improvement in patient outcomes resulting in enhanced organizational performance.

Nurses who are not satisfied at work are also found to distance themselves from their patients and their nursing chores, resulting in suboptimal quality of care. Dissatisfaction with work can cause poor job performance, lower productivity, and staff turnover and is costly to organizations. The relationship between job satisfaction and performance was found to be even higher for complex (professional) jobs than for less complex jobs [48]. In addition, most importantly there is growing evidence of the association between health care workers' job satisfaction and the outcome of health care. Stress and illness contribute to poor clinical judgment, risking harm to patients; stressed workers are vulnerable to injury and have a higher absenteeism rate [49].

In addition to improved health workers' satisfaction, other benefits of measuring and improving their satisfaction include reduced turnover, associated reductions in training costs, identifying cost-saving opportunities, curbing absenteeism, strengthening supervision, evaluating patient-service issues, assessing training needs, streamlining communication, benchmarking the facility's progress in relation to the industry, and gauging employee's understanding of, and agreement with, the facility's mission [50].

Promotion is one of the motivating factors which can effectively prevent dissatisfaction of workers but in a study conducted on 500 (87.2% response rate) Kuwaiti nurses, nurses were found to be dissatisfied with professional

opportunities and extrinsic rewards while they were satisfied with praise and recognition, scheduling of the duty, and controls and responsibility [51]. Another study done on Palestinian nurses shows lack of career advancement opportunities and unsupportive hospital policies and practices contributed to job dissatisfaction [52]. As Saari and Judge [53] indicate on their result of multigenerational analysis of nursing working force, they show providing and supporting education or career-development opportunities may be another strategy to increase overall job satisfaction for nurses.

## **IX. Research Methodology**

### **9.1 Research Design**

A research design as described by Mafuwane [54] is the strategic framework for action that serves as a bridge between research questions and the execution, or implementation of the research strategy. It is a time-based plan that guides selection of sources and types of information all based on the research questions [55]. The researcher adopted a descriptive research design that was unrestricted which as defined by Devin [56] is an attempt to explore and explain a topic in the dark while creating a fuller picture of the topic. A suitable research design for a study is one that minimizes bias, maximizes the reliability of data to be collected and in line with the purpose of the study

### **9.2 Target Population of the Study**

Mugenda and Mugenda [57] define a study population as consisting of the total collections of elements about which the study wants to make some inferences. The target population of this study consisted of all the medical staff working in provincial general hospital level five hospital in Nakuru town. The hospital has a total of 758 medical officers including 54 doctors, 437 nurses and 267 paramedics. These formed the target population for the study. A sample of 89 respondents from the target population was obtained through stratified and simple random sampling techniques.

### **9.3 Research Instrument**

Data collection instrument is a device used to collect data in an objective and a systematic manner for the purpose of the research [58]. The main data collection instrument which was used in this study was questionnaires which contained both open ended and close ended questions with the quantitative section of the instrument utilizing a 5-point Likert-type scale format. Questionnaires was preferred since they are effective data collection instruments that allowed respondents to give much of their opinions pertaining to the researched problem. According to Kothari [59] the information obtained from questionnaires is free from bias and researchers influence and thus accurate and valid data was gathered. The instrument was tested for validity and reliability before data collection.

### **9.4 Data Analysis and Presentation**

The returned instruments were scrutinized to determine correctness and accuracy of responses. The findings were coded based on the variables under study. Tables and other graphical presentations as appropriate were used to present the data collected for ease of understanding and analysis. Descriptive and inferential statistics were used in data analysis, with the aid of Statistical Package for Social Sciences (SPSS) IBM software version 21. Descriptive statistics included the mean, standard deviations, frequencies and percentages. Regression analysis was used to establish the influence of financial literacy on financial stability of employees upon job exit at 95% level of significance.

## **X. Findings and Discussions**

### **10.1 Response Rate**

The study intended to collect data from 89 respondents. 89 questionnaires were issued to the respondents. 88 questionnaires were completely filled up and returned and checked for data completeness and consistency. This represented a response rate of 98.9% which exceed 70% suggested by Mugenda and Mugenda [57] as very good.

### **10.2 Devolved Dispute Resolution Mechanisms Descriptive Statistics**

Respondents' views regarding devolved dispute resolution mechanism were sought. The findings from the analysis were shown in Table 1.

**Table 1: Descriptive Statistics on Devolved Dispute Resolution Mechanism**

	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
In our hospital we have an effective means of communication set up through county government between the conflicting parties that solve conflicts in an effective manner	1.1	36.4	30.7	18.2	13.6	2.93	1.070
We have leaders from the county government who implement dialogues that help to achieve quality employee performance	1.1	36.4	23.9	27.3	11.4	2.89	1.066
We are incorporated in conflict management which leads to mutual optimal solution with county government	2.3	21.6	30.7	31.8	13.6	2.67	1.036
Submission of employees in our hospital ends disputes without affecting employees' performance	4.5	34.1	27.3	25.0	9.1	3.00	1.072
Our hospital has implemented a strategy in collaboration with the county government that help resolve conflicts	4.5	35.2	37.5	14.8	8.0	3.14	.996
When a conflict arise in our hospital negotiations are held between the conflicting parties	5.7	54.7	19.3	14.8	5.7	3.40	1.000
Our hospital has a structured dialogue policy that guides our organization to resolve disputes	9.1	44.3	26.1	15.9	4.5	3.38	1.009
Valid N (listwise)			88				

Respondents were not sure on whether in their hospital they have an effective means of communication set up through county government between the conflicting parties that solve conflicts in an effective manner 37.5% of the respondents agreed, 30.7% were neutral while 31.8% of them disagreed. In addition, respondents were undecided ( $M=2.89$ ,  $SD=1.066$ ) whether they have leaders from the county government who implement dialogues that help to achieve quality employee performance. 37.5% of the respondents agreed, 23.9% were undecided while 38.7% of them disagreed. Additionally, respondents were also not sure whether they are incorporated in conflict management which leads to mutual optimal solution with county government. 23.9% of the respondents agreed, 30.7% of them were not sure while 45.4% disagreed registering a mean of 2.67 and a standard deviation of 1.036. Also, respondents were undecided ( $M=3.00$ ,  $SD=1.072$ ) on whether submission of employees in their hospital ends disputes without affecting employees' performance. 37.6% of the respondents agreed, 27.3% were undecided while 34.1% of them disagreed with the statement. Having a mean of 3.14 and a standard deviation of 0.966, respondents were not sure whether their hospital has implemented a strategy in collaboration with the county government that help resolve conflicts. 39.7% of the respondents agreed, 37.5% were neutral while 22.8% of them disagreed. Further, 60.4% of the respondents strongly and/or agreed that when a conflict arise in their hospital negotiations are held between the conflicting parties. This aspect had a mean of 3.40 and a standard deviation of 1.000. 44.3% and 9.1% of the respondents agreed and strongly agreed respectively that their hospital has a structured dialogue policy that guides their organization to resolve disputes. This aspect had a mean of 3.38 and a standard deviation of 1.009.

### 10.3 Job Satisfaction Descriptive Statistics

In regard to job satisfaction, the findings from the analysis were as presented in Table 2 below.

**Table 2: Descriptive Statistics on Job Satisfaction**

	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	Std. Dev
I am satisfied with work relationships with the people around me	19.3	61.4	13.6	2.3	3.4	3.91	.853
I feel comfortable while carrying out my responsibilities	19.3	58.0	14.8	3.4	4.5	3.84	.933
Remuneration enhances my job satisfaction	4.5	21.6	28.4	29.5	15.9	2.69	1.118
I feel satisfied with my work which helps me to build trust with my organization	13.6	50.0	18.2	11.4	6.8	3.52	1.083
I feel that I would not have a quality work environment better than this hospital	6.8	36.4	29.5	15.9	11.4	3.11	1.119
I love working in this hospital	22.7	61.4	10.2	3.4	2.3	3.99	.823
My needs are well catered for as long as am working in this hospital	6.8	27.3	31.8	22.7	11.4	2.95	1.113
Valid N (listwise)					88		

The study established that majority of the respondents agreed that they are satisfied with work relationships with the people around them. 61.4% of the respondents agreed while 19.3% of them strongly agreed registering a mean of 3.91 and a standard deviation of 0.853. Further, they agreed that they feel comfortable while carrying out their responsibilities. 77.3% of the respondents strongly and/or agreed recording a mean of 3.84 and a standard deviation 0.933. On the other hand, respondents were not sure ( $M=2.69$ ,  $SD=1.118$ ) whether remuneration enhances their job satisfaction. 26.1% of the respondents agreed, 28.4% of them were neutral while 45.4% of them disagreed with the statement. 50.0% of the respondents agreed while 13.6% of them strongly agreed that they feel satisfied with their work which helps them to build trust with their organization. This had a mean of 3.52 and a standard deviation of 1.083. On contrary, respondents were not sure on whether they feel that they would not have a quality work environment better than this hospital 43.2% of the respondents agreed, 29.5% were undecided while 27.3% disagreed registering a mean of 3.11 and a standard deviation of 1.119. Majority of the respondents comprising of 84.1% of the respondents strongly and/or agreed that they love working in this hospital. This statement recorded a mean of 3.99 and a standard deviation of 0.823. The results indicated that respondents were undecided on whether their needs are well catered for as long as they are working in this hospital. 34.1% of the respondents agreed, 31.8% of them were undecided while 34.1% of them disagreed having a mean of 2.95 and a standard of 1.113.

### 10.4 Correlation Analysis

The composite score for devolved dispute resolution mechanism were computed and correlated with job satisfaction. The findings from the analysis were as shown below in table 3.

**Table 3: Correlations between Devolved Dispute Resolution Mechanism and Job Satisfaction**

		Devolved Dispute Resolution Mechanism
	Pearson Correlation	.626**
Job Satisfaction	Sig. (2-tailed)	.000
	N	88

\*\*. Correlation is significant at the 0.01 level (2-tailed).

An average positive significant ( $r=.626$ ,  $p=.000$ ) relationship was established between devolved dispute resolution mechanism and job satisfaction. Thus, the researcher observed that devolved dispute resolution mechanism determined job satisfaction. As such, increased devolved dispute resolution mechanism enhances job satisfaction of healthcare workers in Nakuru county. This findings were supported by the findings of Sigit [39] who suggested that Healthcare providers and managers need to focus on building better working relationships. Finding improved and more effective means of communicating will accomplish both parties' end goals of providing quality care in an efficient manner. Managers have the ability to develop a better understanding of what motivates physicians professionally. By both parties putting forth the effort to gain insight into each other's work ethics and motivating factors, tools can be learned to help reduce conflict and increase mutual respect.

#### **XI. Conclusions and Recommendations**

Devolved dispute resolution mechanism was shown to have a positive relationship with job satisfaction. As such the study observed that devolved dispute resolution mechanism was important in determining job satisfaction of healthcare workers in Nakuru County. It was indicated that devolved dispute resolution mechanism enhances job satisfaction. Therefore the study concluded that devolved dispute resolution mechanism has a direct relationship with job satisfaction of healthcare workers in Nakuru, Kenya. Devolved dispute resolution mechanisms play a significant role in enhancing healthcare workers job satisfaction. In this regard the study recommended that the county should devise ideal dispute resolute resolution mechanisms for healthcare workers as this will go a long way in enhancing their job satisfaction. Hence the county government should devise policies that would guide dispute resolution process for healthcare workers.

#### **REFERENCES**

- [1] Bhuputra, P. & Harshad, P. (2016). Decentralization and health system performance – a focused review of dimensions, difficulties, and derivatives in India. *BMC Health Services Research*, 16(6): 561.
- [2] Jongudomsuk, P. & Srisasalux, J. (2012). A decade of health-care decentralization in Thailand: What lessons can be drawn?. WHO South East Asia. *Journal of Public health*, 1: 34-56.
- [3] Homedes, N, & Ugalde, A. (2005). *Human Resources: The Cinderella of Health Sector Reform in Latin America.Human Resources for Health* 3(1): 1.
- [4] Luboga, S., Hagopian, A., Ndiku, J., Bancroft, E., & McQuide, P. (2011). Satisfaction, motivation, and intent to stay among Ugandan physicians: a survey from 18 national hospitals. *The International journal of health planning and management*, 26(1), 2-17.
- [5] Dolea, C., Stormont, L., & Braichet, M (2010). Evaluated strategies to increase attraction and retention of health workers in remote and rural areas. *Bull World Health Organ*, 88:379-385.
- [6] Blaau, D., Erasmus, E., Pagaiya, N., Tangcharoensathien, V., Mullei, K., Mudhune, S., Goodman, C., English, M., & Lagarde, M. (2010). Policy interventions that attract nurses to rural areas: a multicountry discrete choice experiment. *Bull World Health Organ*, 88:350-356.
- [7] David, H., Subrata, C., Prasanta, M. & Laura, S. (2010). Job satisfaction and motivation of health workers in public and private sectors: Cross sectional analysis from two Indian states. *Human resource for health*, 8(27).
- [8] Mbilinyi, D., Daniel, M., Lie, T. (2011). Health worker motivation in the context of HIV care and treatment challenges in Mbeya Region, Tanzania: a qualitative study. *BMC Health Serv Res*, 11:266.
- [9] Zemichael, W., Ejigu, Y., Fitsum, W. & Woldie, M. (2016). Motivation of health workers and associated factors in public hospitals of West Amhara, Northwest Ethiopia. *Patient Prefer Adherence*, 10: 159-169.
- [10] Lu, H., Barriball, L., Zhang, X., & While, A. (2012). Job satisfaction among hospital nurses revisited: a systematic review. *Int J Nurs Stud*, 49: 1017-1038.
- [11] Willis-Shattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D., & Ditlopo, P.(2008). Motivation and retention of health workers in developing countries: a systematic review. *BMC Health Serv Res*, 8:247.
- [12] World Health Organization (2010). Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention: Global Policy Recommendations. Geneva: World Health Organization.

- [13] Mwenda, A., (2010). Introduction. In: Mwenda, A., 2010. Devolution in Kenya: Prospects, Challenges and Future. Nairobi: Institute of Economic Affairs. *IEA Research Paper Series No. 24*: 8-13.
- [14] Juliet, W., Helen, C., Karen, O., & Keren, W. (2015). *Working in decentralised service systems: challenges and choices for the Australian aid program*. Office of Development Effectiveness.
- [15] Moynihan, P. (2008). *The Normative Model in Decline? Public Service Motivation in the Age of Governance*. In Perry, J. and Hondeghem, A. (Edt.), *Motivation in Public Management: The Call of Public Service* (223–44). Oxford, UK: Oxford University Press.
- [16] Owens, D. (2012). *School Resources, Social and Student Achievement*. Nairobi. Longman Publishers.
- [17] World Bank (2012). World Bank Fiscal Decentralisation Knowledge Programme Team. *Devolution Without Disruption: Pathways to a Successful New Kenya*.
- [18] Patrick, I. (2013). *Relooking at Healthcare in Kenya in the Age of Devolution*, University of KwaZulu-Natal.
- [19] FMOH (2010). *Ethiopian Hospitals Reform Implementation Guide Line*. Addis Ababa, Ethiopia: Ethiopian Hospitals Management Initiative, Addis Ababa, FMOH.
- [20] Jacobi, N. (2010). Extrinsic factors affecting health worker motivation in the context of task shifting: experiences of VCT counselors in Ethiopia [MPH Capstone paper] *Johns Hopkins University*.
- [21] Simiyu, N. (2015). Influence of Human Resource Functions on Employee Performance in the Devolved Health Sector in Kenya: A Case of Mbagathi District Hospital. *The Strategic journal of business and Change Management*, 2(126): 2100-2136.
- [22] Kariuki, P. (2014). *Corruption Devolved to the Counties*, *Daily Nation*, 4 April, Nairobi.
- [23] Omolo, A., Kantai, W., & Achira, K. (2010). *Devolution In Kenya: Prospect, Challenges and the Future*. Nairobi: Institute Of Economic Affairs.
- [24] Office of the Deputy Prime Minister and Ministry of Local Government. (2012). *A Report on the Implementation of Devolved Government in Kenya*. Nairobi: Goverment of Kenya.
- [25] Magokha, T., (2015). 'Blame Game as Kenya's Health Crisis Hurts', *Standard*, Nairobi, <http://www.standardmedia.co.ke/kenyaat50/article/2000174647/blame-game-askenya-s-health-crisis-hurts?pageNo=2>, accessed 14 September 2015
- [26] Kimathi, L. (2017). Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systemic Contradictions? *Africa Development*, 42(1): 55-77
- [27] Mwamuye, K., & Nyamu, H., (2014). 'Devolution of Healthcare System in Kenya: A Strategic Approach and its Implementation in Mombasa County, Kenya', *International Journal of Advanced Research*, 2(4): 263-8.
- [28] Zedekiah, A. (2017). Factors influencing Provision of Healthcare Services in the Devolved System of Government in Kisumu East Sub County, Kenya. Unpublished Master Thesis University of Nairobi.
- [29] Evans, G. (1970). The effects of supervisory behavior in the path-goal relationship. *Organizational Behavior and Human Performance*, 5: 277-298.
- [30] House, R. (1971). A Path-Goal Theory of Leader Effectiveness. *Administrative Science Quarterly*. 16: 321-328
- [31] Polston-Murdoch, L. (2013). An Investigation of Path-Goal Theory, Relationship of Leadership Style, Supervisor-Related Commitment, and Gender. *Emerging Leadership Journeys*, 6(1): 13–44.
- [32] Ratyan, T., & Mohd, A. (2013). Overview of path-goal leadership theory. *Comprehensive Research Journal of Management and Business Studies (CRJMBS)*, 1(1), 1-6.
- [33] House, J., Mitchell, R. (1974). Path-goal theory of leadership. *Journal of Contemporary Business*. 3: 1-97.

- [34] House, J., & Dessler, G. (1974). *The path-goal theory of leadership: Some post hoc and a priori tests*. In. J. G. Hunt & L. L. Larson (Eds.), *Contingency approaches to leadership* (pg. 29-59). Carbondale, IL: Southern Illinois University Press.
- [35] Rad, M., & Yarmohammadian, H. (2006). A study of relationship between managers' leadership style and employees' job satisfaction. *Leadership in Health Services*, 19(2), 11-28.
- [36] Negron, D. (2008). *A case study examining the relationship of the path-goal theory leadership styles to profits in El Paso, Texas, Rent-A-Center stores.*, Doctoral Thesis, Capella University
- [37] Ukonu, O. & Emerole, G. (2015). Conflict Management and Alternative Dispute Resolution Mechanisms in the Health Sector: A Case of University of Abuja Teaching Hospital. *European Journal of Business and Management*, 7(27): 54-63.
- [38] Agbi, S. (2013). *Conflict Management and Collective Bargaining in Workplace: A case study of the University of Abuja Teaching Hospital Gwagwalada Abuja*, Being a Paper Presented at Workshop on Labour-Management Relations at the University of Abuja Teaching Hospital Conference Hall.
- [39] Sigut, B. (2013). *Conflict Resolution Management between Healthcare Managers and Physicians*. Unpublished Master Thesis University of Pittsburgh.
- [40] Moore, J. (2015). Retrieved From: <http://workplaceinfo.com.au/analyst/joe-moore>
- [41] United States Institute of Peace, (2010). Negotiation and Conflict Management. Produced by the Education & Training Center/International.
- [42] Sgubini, A., Mara, P. & Andrea, M. (2015). *Arbitration, Mediation and Conciliation: differences and similarities from an International and Italian business perspective*. Retrieved From: <http://www.mediate.com/articles/sgubinia2.cfm>. Last accessed 25.09.16.
- [43] Nikic, D., Arandjelovic, M., Nikolic, M., & Stankovic, A. (2011). Job Satisfaction in Health Care Workers. *ActaMedicaMediana*, 47; 9-12.
- [44] Li, J., Fu, H., & Hu, Y. (2010). Psychosocial work environment and intention to leave the nursing profession: results from the longitudinal Chinese NEXT study. *Scandinavian Journal of Public Health*, 38(3); 69-80.
- [45] Bjørka, I., Samdalb, B., & Hansen, B. (2013). "Job satisfaction in a Norwegian population of nurses: a questionnaire survey," *International Journal of Nursing Studies*, 4; 747-757.
- [46] Oulton, A. (2015). The global nursing shortage: an overview of issues and actions. *Policy, Politics, and Nursing Practice*, 7(3); 345-396.
- [47] Cicolini, G., Compartcini, D. & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. *Journal of Nursing Management*, 22(7)
- [48] Cortese, G., Colombo, L. & Ghislieri, C. (2010). Determinants of nurses' job satisfaction: the role of work-family conflict, job demand, emotional charge and social support. *Journal of Nursing Management*, 18(1); 35-43.
- [49] Yıldız, Z., Ayhan, S., & Erdoğmuş, S. (2015). The impact of nurses' motivation to work, job satisfaction, and sociodemographic characteristics on intention to quit their current job: an empirical study in Turkey.
- [50] Bryant-Hampton, A., Walton, M., Carroll, T. & Strickler, L. (2010). "Recognition: a key retention strategy for the mature nurse," *Journal of Nursing Administration*, 40(3); 121-123.
- [51] Al-Enezi, N., Chowdhury, R., Shah, A., & Al-Otabi, M. (2013). Job satisfaction of nurses with multicultural backgrounds: a questionnaire survey in Kuwait. *Applied Nursing Research*, 22(2); 94-100.
- [52] Abushaikha, L. & Saca-Hazboun, H. (2011). Job satisfaction and burnout among Palestinian nurses. *Eastern Mediterranean Health Journal*, 15(1);190-197.
- [53] Saari, M., & Judge, A. (2012). Employee attitudes and job satisfaction. *Human Resource Management*, 43(4); 395-407.

- [54] Mafuwane, B. (2012). Research design and methodology. University of Pretoria.
- [55] Cooper, R. & Schindler, S. (2014) Business research methods.12th Edition. Singapore: McGraw-Hill.
- [56] Devin, K. (2015). Purpose of Research.
- [57] Mugenda, O.M., & Mugenda, A., G. (2003). Research methods quantitative and qualitative approaches: Nairobi. Applied Research and Training Services Press.
- [58] Orodho, A. (2009). Element of Education and social science Research Methods. Kanezja Publisher.
- [59] Kothari, C. R. (2004). Research methodology: Methods and techniques. New Delhi: New Age International Ltd.