



## Work -Life Balance Practices and Health Workers' Productivity in Public Hospitals in Kenya: A Case of Mandera County, Kenya

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Received: 28/04/2019 – Accepted 18/08/2019

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### Abstract

**Introduction:** Inadequacies of work-life balance practices in public hospitals has resulted to high absenteeism and lateness, less time spent in clinical care, and increased patient waiting time in public hospitals in Mandera County, Kenya. This study was done to establish how work-life balance practices such as flexible working options, welfare programs, talent development and leave programs influence health workers productivity in public hospitals in Mandera County. **Methods:** The study adopted a descriptive cross-sectional design and a mixed method of both quantitative and qualitative research approaches to data collection. A total of 212 respondents among health workers were sampled from public health hospitals in Mandera County. In addition 24 Key Informants were included in the study. Data collection was done using a structured questionnaire and key informant interviews. Quantitative data was analyzed using SPSS v22 to generate descriptive information and inferential statistics. **Results:** Results showed that the following work-life practices influenced health workers' productivity, 71.2% of the respondents cited flexible working options, 67.5% agreed that welfare programs, 69.8% said that talent development, and 80.1% of respondents cited leave programs. **Conclusions:** The study concluded that work-life balance practices should be fully implemented by management for improved productivity of health workers in public hospitals in Mandera County. **Recommendation:** The study recommended that, public hospitals should upgrade health workers well-being programs, improve continuous professional education, implement risk allowance and fully implement existing work life balance strategies for better health worker productivity in Mandera County.

**Key words:** Work-life balance, health workers productivity, flexible working options, welfare programs, talent development, leave programs, Mandera County, Kenya

## **Introduction**

The delivery of health interventions in public hospitals requires skilled, motivated and adequately supported health workers. These people include care givers, doctors, nurses, clinical officers, pharmacists, Medical laboratory officers, managerial personnel and other staff; cleaners, medical records officers, health economists who do not deliver any services to patients directly but are vital to health system functioning and strengthening (WHO. 2006).

This study focused on the human resource for health pillar and narrowed down to health workers productivity. While recognizing the shortage of health workers in Kenya the average figure of health worker density is better than other Countries in the region (Human resource for Health Observer, Issue no. 6 December 2010). The key human resource for health challenge has been how to implement strategies to strike a balance between the health workers work life, social well-being and productivity for better health outcomes for the majority of the population particularly to the rural and hard to reach locations like Mandera County.

Inadequate work-life balance practices such as welfare programs, flexible working options, talent development and leave programs in public hospitals at Mandera County has contributed to the high rates of absenteeism and lateness, less time spent in clinical care, low number of health services provided among health workers and increased patient waiting time leading to high work load, longer working hours, and lack of work flexibility and stress, reducing their work inputs and productivity. Work life balance and health worker's commitments influence the productivity of the hospital (Sakthivel & Kamalanabhan, 2011; Sakthivel & Jayakrishnan, 2012).

## **Methods**

**Research design:** The study adopted a descriptive cross-sectional research design. The study was conducted at six public hospitals in Mandera County which are Levels 4 and 3 government hospitals in rural Kenya.

**Sampling procedures and sample size:** A purposive sampling method was used to recruit participants. The study target population were 450 health workers in the public hospitals at Mandera County. To determine the study sample the researchers used the Yemane formulae (1967)  $n = N / N1 - (e)$ . The study sample was 212 health workers. Simple random sampling method was used to select the respondents and data was collected using a structured questionnaire. In addition, 24 hospital managers were included in the study as key informants.

**Data Analysis:** The data was coded and was analyzed using the Statistical Packages for Social Sciences (SPSS) version 22. Both descriptive and inferential statistics were done and are presented in tables and charts. Qualitative data was analyzed using content themes.

**Ethical Considerations:** The researcher obtained ethical approval from the Kenya Methodist University Scientific, Ethics, and Research Committee, the National Commission of Science and Technology and Innovation and from the hospital Managers at Manderu County public Hospitals. Study participants were required to voluntarily give consent in their research participation and all their personal information was kept confidential.

## Results

### Respondents' Socio-demographic Characteristics

The socio-demographic characteristics of respondents included age, gender, level of education, and work experience (See **Table 1**).

**Table 1: Socio-Demographic Characteristics of the Respondents**

Characteristics		n	%
<b>Age</b>	< 30 years	28	13.2
	31-40 years	139	65.6
	41-50 years	33	15.6
	51-60 Years	12	5.7
<b>Gender</b>	Male	110	51.9
	Female	102	48.1
<b>Education Level</b>	Certificate	15	7.1
	Diploma	60	28.3
	Bachelor's Degree	87	41.0
	Postgraduate Degree	50	23.6
<b>Marital Status</b>	Single	106	50.0
	Married	100	47.2
	Separated/ Divorced/ Widowed	6	2.8
<b>Period worked in the hospital</b>	< 5 years	88	41.5
	6-10 years	40	18.9
	11-15 years	50	23.6
	> 16 years	34	16.0

Majority of respondents 139(65.6%) were between 31-40 years followed by those below 30 years 28(13.2%). Slightly over half of the respondents 110(51.9%) were male. On the level of education 87(41%) of respondents had Bachelor's degree followed by those with Diploma education at 60(28.3%). On marital status, the study found out that half of the respondents were single, while those married were 100(47.2%). On the respondents length of working period, 88(41.5%) had worked for less than five years followed by those who had worked for between 10-15 years at 50(23.6%), and only 40(18.9%) had worked between 5-10 years in the hospital.

## Flexible Working Options

The study assessed the influence of flexible working options in scaling up health workers productivity in public hospitals at Mandera County. Table 2 shows the results.

**Table 2: Influence of Flexible Working Options on Health Workers Productivity**

Statements		n	%	$\chi^2$	P value
Mode of working preferred	Full time health worker	146	68.9	121.48	0.001
	V-time working	39	18.4		
	Part time	27	12.7		
Time convenient of workplace arrival	Between 7.00am -7.30am	35	16.5	118.64	0.001
	Between 8.00am - 8.30am	111	52.4		
	9.00am	66	31.1		
Appropriate time to get out of job	4.00pm - 4.30pm	69	32.5	7.76	0.001
	4.30pm - 5.00pm	88	41.5		
	5.00 p.m.	55	25.9		
Hours worked in a week	< 50 hours	79	37.3	76.53	0.001
	51 - 60 hours	118	55.7		
	61 - 70 hours	15	7.1		
Annual absenteeism without permission	< 2 times	43	20.3	44.56	0.067
	3 - 5 times	72	34.0		
	6 – 10 times	79	37.3		
	> 11 times	18	8.5		

The study results show that majority of the respondents 146(68.9%), indicated they preferred working as full time workers, while 139(8.4%) preferred V-time bases. A Chi square analysis revealed that there was a positive and significant relationship ( $\chi^2$  121.48,  $P < 0.001$ ) between preferred working time and health workers productivity. On the query on the convenient time to arrive and time to leave the workplace, findings showed that just over half 111(52.4%) of the respondents cited their preferred time to arrive at work to be between 8.00am – 8.30am and 88(41.5%) indicated 4.00pm- 4.30pm as their appropriate time to get out of the job. Chi square results revealed a positive and significant relationship ( $\chi^2$  118.64,  $P < 0.001$  and  $\chi^2$  7.76,  $P < 0.001$ ) between morning reporting time and leaving work in the evening and and healthcare workers productivity respectively.

On the number of working hours per week, majority 118(55.7%) indicated that they worked between 50-60 hours per week. The results show that there a significant relationship between hours worked and health workers productivity. A third of the respondents, 79(37.3%) indicated they were absent for 6-10 times annually without permission. The study results revealed that there was no significant relationship between number of time a health worker was absent and health workers productivity.

About 71.2% of the respondents cited flexible working options influenced the productivity of the health workers either very highly or highly while a mere 8.5% cited low and thus the flexible working options should be well implemented in order to scale up the healthcare workers' productivity. This implies that the health workers need flexible working options such as shift working, V-time working and part time working which was not always available in Mandera County Public Hospitals. The narratives from all the 24 the key informant interviews were in concurrence with these findings. Below are excerpts from key informants:

*“... having flexible working options is a good strategy in boosting health workers productivity but could not be fully implemented in the public hospitals because of the low number of health workers in the county...”*

(Male, KII #12)

*“... most of the health workers have indicated that they would prefer having flexible working options. We are unable to do that in my hospital because there is no official policy supporting such and second we have shortage of health workers ...”*

(Female, KII #2)

### **Welfare Programs and Health Workers' Productivity**

The researchers sought to find out the influence of welfare programs on health workers productivity. The results are show in Table 3.

**Table 3: Influence of Welfare Programs on Health Workers' Productivity**

<b>Statements</b>		<b>n</b>	<b>%</b>	<b><math>\chi^2</math></b>	<b>P value</b>
Hospital give incentives	Yes	107	50.5	180.50	.001
	No	57	26.9		
	Not sure	48	22.6		
Benefits of incentives	Boost morale	52	24.5	20.03	.001
	Increase health worker wellness	77	36.3		
	Drive daily health worker performance	52	24.5		
	All of above	31	14.6		
Type of fringe benefits	Subsidized fitness facilities	54	25.5	18.30	.001
	Individual insurance cover	75	35.4		
	Group insurance cover	52	24.5		
	Health worker family insurance cover	31	14.6		
Type of financial returns	Paid tour	16	7.5	43.23	.001
	Education subsidies	27	12.7		
	A lower rate for loans	43	20.3		
	Paid end year party	58	27.4		
	Not sure	68	32.1		

More than half 107 (50.5%) of the respondents were aware of the incentives provided by the hospital and further testing its significance, awareness of the incentives by the hospital was highly significant ( $\chi^2$  180.50,  $P < 0.001$ ) in terms of spurring productivity. On the benefits of the incentives, it was established that 77(36.3%) of the respondents said it increased health worker wellness, 52(24.5%) said it inspired daily health worker performance and it boosts morale respectively. On the effects of incentives on health worker productivity, results showed that it was significant ( $\chi^2$  20.038,  $P < 0.001$ ). Findings on the types of financial returns provided by their respective hospitals showed that 58(27.4%) had benefited from paid end year party, 43(20.3%) cited they got a lower rate for loans taken. Chi square results showed that there was statistical significance between types of financial incentive returns and healthcare worker productivity ( $\chi^2$  43.23,  $P < 0.001$ ).

Majority of the respondents (67.5%) cited that welfare programs influenced health workers productivity. These findings are in agreement with the qualitative data, where one key informant said:

*“... the implementation of health workers welfare programs in hospitals is important since it recognizes their effort and improves motivation...”*

(Male, KII #18)

### **Talent Development and Health Workers' Productivity**

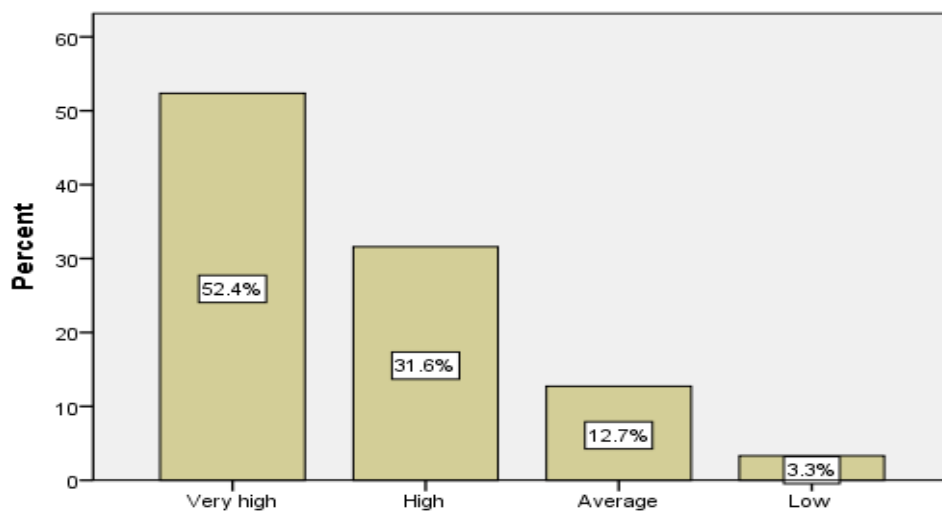
It was established that the hospitals offered training and development opportunities as indicated by 69.8% of the respondents and this could spur productivity as it was significant ( $\chi^2 = 143.245$  p value = 0.001). On the methods of training offered, majority of the respondents (70.8%) indicated that they received on-job training ( $\chi^2 = 36.5$ ,  $P < 0.001$ ). The study further sought to determine the personnel involved in training, half (49.5%) of those involved were top managers followed by middle managers at 27.8%. For considerations on promotion or a transfer by the hospitals, it was established that less than half (42%) considered the job experience, 31.1% considered educational level. Overall, there was a positive significant in spurring productivity ( $\chi^2 = 55.283$ , p value = 0.001). On the advancement of a health workers' rank involvements, about half of the respondents (47.2%) said it involved designation, (29.7%) said it is based salary increments. The mode of advancement of health workers was found to be significant in spurring healthcare productivity ( $\chi^2 = 76.34$ ,  $P < 0.001$ ).

Responses from key informants agree with these findings. For example one respondent reiterated that,

*“...when health workers are periodically given a chance to attend training and development courses, it motivates them to perform better at work...”*

(Male, KII 8)

Majority of the health workers (84%) indicated that talent development highly influenced their productivity and thus relevant measures or policy measures should be put in place to promote talent development (See Figure 1).



**Figure 1: Influence of Talent Development on Health Workers Productivity**

### Leave Programs for Health Workers

It was established that all the employees were entitled to annual leaves and less than half 59(27.8%) were aware that they were entitled to maternity, paternity, sick and study leaves. Results are shown in Table 4. Analysis of the chi square revealed that annual leave had a significant relationship with health worker productivity ( $\chi^2 = 208.02$ ,  $P < .001$ ). On the other forms of leaves they were entitled, it was established that 27.8% cited maternity and paternity, and sick leave and study leave while 21.7% cited study leave.

**Table 4: Leave Programs and Health Workers Productivity**

Statements		n	%	$\chi^2$	P value
Entitled to an annual leave	Yes	211	99.5	208.02	.001
	No	1	0.5		
Other forms of leaves are you entitled to	Maternity leave	38	17.9	10.78	.059
	Paternity leave	38	17.9		
	Sick leave	31	14.6		
	Study leave	46	21.7		
	All of above	59	27.8		
Influence of leave programs on health worker productivity	Very high	51	24.1	109.37	.001
	High	119	56.1		
	Average	35	16.5		
	Low	7	3.3		

## **Discussion**

The health worker respondents agreed to a very great extent that flexible working options, health worker welfare programs, talent development and leave programs influenced positively their productivity in public hospitals in mandera County. The study findings are also similar to a study by Sakthivel & Kamalanabhan, 2011; Sakthivel & Jayakrishnan, 2012 who found that work-life balance is important when the hospital has to manage technical professionals because their high commitment and loyalty is needed for the success of the hospital. Therefore work life balance practices should be enhanced to scale up health workers' productivity. Scholarios & Marks, 2006 also highlighted that in case of hospital health workers, work-life balance and their commitment influences the performance and productivity of the hospital.

The results agreed with Hillman (2001) who posited that lack of flexible working options may lead to workload, which may later cause strain to the individuals, and with Burney et al. (2009) who discovered that the level of performance of health workers relies not only on their actual skills but also on the level of motivation each person displays and that over-achieving health workers are the driving force of all institutions so it is essential that institutions strive to motivate their health workers.

Chi square results showed that there was statistical significance between types of financial incentive returns and healthcare worker productivity. These findings are in agreement with the qualitative data from the key informants interview. The above findings are also in agreement with (Davis et al (2004) who indicated that there is significant relationship between health workers' health and health workers' productivity.

Majority of the respondents said that welfare programs influenced productivity. These findings were in agreement with Davis et al., (2004) who indicated that there is significant relationship between welfare programs and health workers' productivity. (Robinson (2005) also observed that motivated health workers feel less stress and enjoy their work which results to better physical and mental health for the health workers hence increased productivity.

The study findings agreed with Konrad and Mangel's (2000) who posited that there is a very strong and significant correlation between annual leaves and health workers job performance and thus the health workers should be entitled to an annual leave of one month within the calendar year. It further agreed with Rothwell (2005) who found that health workers felt motivated after going for leave, and their productivity improved.



On the statement that health workers feel motivated after leave, a mean of 1.9906 was obtained with a standard deviation of 0.735 and this indicated they agreed. The respondents also agreed on the query that leave period provided by the hospital is enough as a mean of 1.9481 with SD of .76793 was obtained. The narratives from the key informants interview did not support these findings because 18 out of 24 informants did not consider leave to have a positive influence on productivity of health worker in the public hospitals. The key informants further indicated that the annual leaves and maternity leaves were the most commonly utilized work life balance practices and they contributed to the shortage of health workers in clinical care areas and hence contributed negatively to productivity. The study findings were in agreement with Konrad and Mangel's (2000) who found that most of the health workers feel motivated after leave and that their productivity was at the peak.

### **Conclusions**

The study established that there was significant relationship between health worker's work-life balance strategies such as flexible working options, welfare programs, leave programs & talent development and the healthcare workers' productivity at Mandera County public hospitals. This implies that hospitals should implement these strategies to full scale in order to scale up their employees' productivity.

The study revealed that 71.2% of the respondents' productivity was influenced by inadequate flexible working options which was not fully implemented due to the low number of health workers in the County, there were no active continuous medical education programs in all the public hospitals for talent development, programs on employee well-being such health risk and infection prevention and control were missing and all other health workers work life balance practices available were not implemented to the required standard.

### **Recommendations**

The study recommends that the County Health Management Team should:

- i) Upgrade the health workers well-being programs
- ii) Incorporate health promotion policies as part of their work-life balance policies
- iii) Implement participative continuing medical education in all public hospitals in Mandera County.
- iv) Ensure all public hospitals in the County implement the existing work life balance strategies in order to scale up their employees' productivities.
- v) Ensure that the county government implements security risk allowance in their health workers' welfare programs to promote attraction and retention of health workers in the county public hospitals.

**Competing Interests:** The authors declare that they have no competing interests.

### **Authors Contributions**

Abdikadir Khalif Ibrahim conceptualized the study. All authors contributed to the study design and data analysis. All the authors reviewed and approved the final version of the publication manuscript.

### **Acknowledgements**

We wish to acknowledge those who have supported us in one way or another in this research. We sincerely appreciate Ms. Maureen Adoyo for her technical support in research concept development.

### **References**

- Alexandra, T., Beaugard, L and Henry, C. (2009), “*Human Resource Management: Making a Link between Work Life Balance Practices and Health sector Performance*”, London school of Economics.
- Anderson N. Burke, RJ, Burgess, Z, & Oberlaid, F 2002. Do Male Psychologists Benefit from Organizational Values Supporting Work-Personal Life Balance?, *Equal Opportunities International*, vol. 23, no. 1/2, pp. 97-107.
- Babbie, E. R. (2008), “*The Basics of Social Research*”, Thomson/Wadsworth.
- Barnett & Hyde, (2001). Examining the Relationship between Work Life Conflict, Stress and Turnover Intentions
- Barney, J. (2009), “Firm Resources and Sustained Competitive Advantage”, *Journal of Management*, 17 (2): 99-120.
- Beardwell, J and Claydon, T. (2007), “*Human Resource Management. A Contemporary Approach*”, London: Prentice Hall.
- Bragger et al., 2005; Career and Family: The Role of Social Support, Griffith University, PhD Thesis.
- Burney et Alkinnie, N, Hutchinson, S, Purcell, J, Rayton, b & swart, j . (2009), satisfaction with hr practices and commitment to the organization: why one size does not fit all, *human resource management journal*, vol. 15, no. 4, pp. 9-29.
- Cimete et al., 2003; Globalization, university transformation and economic regeneration: A UK case study of public/private sector partnership, *International Journal of Public Sector Management*, vol. 15, no. 3, pp. 204-18.

- Cinamon & Rich. (2005). The relation between work-family balance and quality of life, *Journal of Vocational Behavior*, vol. 63, pp. 510-31.
- Cooper, and Kenny et al., (2000). Paris. Houston, D, Meyer, LH & Paewai, S Academic staff workloads and job satisfaction: expectations and values in academe, *Journal of Higher Education Policy and Management*, vol. 28, no. 1, pp. 17-30.
- Daly, C. J and Dee, J. R. (2006), “Greener Pastures: Faculty Turnover Intent in Urban Public Universities”, *Journal of Higher Education*, 5 (8): 59-64.
- Davis M. MacKinnon, DP, Fairchild, AJ & Fritz, MS (2004). Mediation Analysis, *Annual Review of Psychology*, vol. 58, pp. 593-614.
- Desrochers et al., Mohd Noor, K, Stanton, P & Young, S (2009). Surabaya, Indonesia. Moore, F. 2004 Work-life balance: contrasting managers and workers in an MNC, *Employee Relations*, vol. 29, no. 4, pp. 385-99.
- Dual-Career, J and Traditional-Career, M. (2009). “*Journal of Health sector Behavior*, Vol. 13, No. 4 pp. 389-411,
- Edwards and Rothbard (2000) Changing roles and competencies of academics, *Active Learning in Higher Education*, vol. 6, no. 3, pp. 256-68
- Feather & Rauter, 2004. Bretz, R.D. and Judge, T.A., (1994). “The role of human resource system in job applicant decision processes”, *Journal of Management*, 20, 531-550.
- Friedman & Greenhaus, (2000). Talent management, work-life balance and retention strategies, *International Journal of Contemporary Hospitality Management*, vol. 20, no. 7, pp. 792-806.
- Friedman & Greenhaus, (2000). Job Performance and Turnover Decisions: Two Field Studies, *Journal of Management*, vol. 14, pp. 403-14.
- Googins, (2001). Organizational Assessment Questionnaire. Unpublished Manuscript,