

**INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON
JOB COMMITMENT AMONG HEALTH PROFESSIONALS IN PUBLIC
LEVEL 5 HOSPITALS IN EASTERN REGION, KENYA**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the
Requirements for the Award of the Degree of Master of Business Administration
of Chuka University**


CHUKA UNIVERSITY Y

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DECLARATION AND RECOMMENDATION


Declaration


This thesis is my original work and has not been presented for an award of diploma or conferment of degree in any university.

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Recommendation

This thesis has been examined, passed and submitted with our approval as University supervisors.

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DEDICATION

I dedicate this research work to my parents Albert Kathenya and Beatrice Wanjiru, my husband Dr Ken Kelvin Kimathi and my Children Ranise Karani and Hadassah Gakii.

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May the Almighty God richly bless them!

ABSTRACT

In the ever-changing world, organizations experience several factors that impact commitment on the job. HRM practices are already widely accepted as one of the antecedent variables that enhance job commitment. Notwithstanding the overall consequences of HRM practices, despite the findings that suggest that best HRM practices are a source of employee commitment, which is a critical organizational goal, those practices are still a strategy not frequently used by many organizations for enhancing employee commitment. The key question of this research is: How do HRM practices relate to the job commitment of health professionals in Public Level 5 hospitals in the Eastern region of Kenya? Rewards, participation of employees, and training regarding commitment shall be precisely demarcated. This research also examines how demographic variables mediate this linkage and how these human resource management practices may interactively influence job commitment. This work argument is based on Kahn's theory of Employee Engagement and ERG's theory of motivation. A descriptive research design allowed primary data collection by administering closed-ended questionnaires among the target population of 1,047 Health professionals working in the Level 5 public hospitals in Eastern Kenya. Also, the study utilized a systematic random sample technique to lure 289 healthcare employees from the required hospitals. A pilot test with 29 employees, 10% of the sample size, was conducted at Nyeri Level 5 Hospital to establish the validity of the research instrument. Data analysis was conducted using SPSS version 28.0. Both descriptive and inferential statistical analyses were done. Reliability is ensured by the Cronbach's alpha of 0.876. In this regard, diagnostic tests for normality, multicollinearity, and heteroscedasticity were done, while both simple and multiple regression analyses were undertaken to establish the relationship among Bank-specific determinants. The T-statistic at 95% significance levels was used to test these hypotheses, and the F-test criteria were used to determine the overall significance of the proposed model. Similarly, the results indicated that rewards and recognition were significantly and positively related to the employee's participation in training and to job commitment: rewards and recognition ($\beta_0 = 3.635$, $p\text{-value} < 0.05$; $\beta_1 = 2.069$, $p < 0.05$); employee participation: $\beta_0 = 3.282$, $p\text{-value} < 0.05$; $\beta_1 = 1.059$, $p < 0.05$; and training: $\beta_0 = 2.624$, $p\text{-value} < 0.05$; $\beta_1 = 0.268$, $p < 0.05$. The overall effect of the predictors on job commitment had mixed and statistically significant effects: $\beta_0 = 2.912$, $p\text{-value} < 0.05$; $\beta_1 = -0.200$, $p < 0.05$; $\beta_2 = 0.018$, $p < 0.05$, and $\beta_3 = 0.336$, $p < 0.05$. The combined effects of rewards, employee involvement, and training were statistically significant, with an R-square value of 0.940 and an adjusted R-square of 0.8836, showing that these HRM practices explain 88.36% of the variance in job commitment. Demographic factors such as age and gender moderated these relationships, although the moderation effect varied across different demographics. These findings potentially add to the theory and policy-making and HRM practices in providing insights that can help increase job commitment among health professionals in public hospitals for the eventual improvement of organizational performance and, subsequently, patient care.

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LIST OF ABBREVIATIONS AND ACRONYMS

ERP:	Enterprise Resource Planning
ERG:	Existence, Relatedness and Growth
HRH:	Human Resource for Health
HRM:	Human Resource Management
HRMP Act:	Human Resource Management Professional Act
KMPPDU:	Kenya Medical Practitioners Pharmacists and Dentists Union
KNH:	Kenya National Hospital
KNUN:	Kenya National Union of Nurses
MOH:	Ministry of Health
SPSS:	Statistical Package for Social Sciences
TPSC:	Tanzania Public Services College

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Human Resource Management practices aim to improve people in organizations and increase performance due to satisfaction. According to Noe, Hollenbeck, Gerhart, and Patrick (2011), Human Resource Management is also a strategic process of managing people in an organization by making all managerial decisions and undertaking activities that influence the employees' relationship with the organization. According to Tooranloo et al. 2017, human resource management is significant in any organization. It serves as the set principles that result in a healthy and productive organizational climatic condition. According to Islam et al. 2020, Human resource management is the productive use of workers as assets or capital in an organisation involving all decisions and activities affecting the worker. Iqbal et al., 2023 define HRM as culture, strategy, decisions, systems, and actions employing people in an organization.

Makhamara (2017) studied the impact of SHRM human resource practices on employee performance within Level 5 public facilities in Kenya. This study considered five variables, in which performance was the dependent variable. This research adds three elements of HRM and job commitment as dependent variables to see whether the outcome differs. In addition, Mosadeghrad et al. (2008) examined organizational and job satisfaction as antecedent variables; this present study focuses on exploring HRM practices as antecedent variables to check the differences in the outcome. NiedŹwiecka (2016) identified that employee management, skills management, organization wellbeing, recruiting, performance and development and appreciation, performance management, and employee relations and employee fulfillment are influenced by HRM practices. Every organization can exist with employees who can include managers at the top level, executives and supervisors along with other employees of the organization. The effectiveness of an organization has been found to be an aggregate of how the human resources are managed. Armstrong (2010) opined that the implication of HRM practices could contribute a significant role in defining the level of job commitment and therefore, improve productivity. According to Armstrong, 1999, HRM practices are concerned with rewarding, training of employees, and involving

them in management. The current study focused on these three in Eastern region level 5 hospital Kenya to establish the influence of the three on job commitment.

A reward is some amount of money or any other form of token that is monetary rewards or non-monetary rewards. Hospital administration gives the staff the reward on condition when their performances improve. Organizational incentives are tangible incentives the institution offers, such as wages, bonuses, and fringes. Organizational reward systems are organizational motivators given to the employees to improve their performance in an organization. Rewards appear in form of monetary and non-monetary. The reward and provision of motivating incentives define the extent to which the employees are committed to the task given and their attitude towards it. The provision of substandard incentive packages is the major factor explaining this level of commitment and productivity levels among the employees. Korir, 2016 agrees with this by stating that many institutions are gradually realizing that they need to enhance the motivational status of their employees by offering them appropriate incentives that enhance their job commitment. Managers, therefore, need to weigh whether it is suitable for an employee to devote his/her energies to the organization and whether the organization should invest in the employee. Rewards are designed to help and underpin institution strategies.

Rewards in high-performing institutions are strategic, and the intention is that the forecast about current and future outcomes should be clear since the total rewards management concept focuses on the aspect that there is a need to reward employees for getting a commitment to performing their duties. A study by Okinyi (2015) established the reward policies, extrinsic reward and intrinsic reward in relation to the commitment of the employees working with church sponsored hospital in Kakamega County.

The related study was done on church sponsored health organizations in Kakamega County; this present study was carried out on Eastern region level 5 hospitals to determine discrepancies. Work engagement has also been referred to as psychological presence and is presentend as the extent which human capital take personal responsibility for their work roles and activities to such an extent that a relationship is developed between the self and work (Kahn, 1990). The latter engagement is postulated

to have potential effects on work processes, appreciation, and remuneration, which are proportional to satisfaction at the workplace and organizational loyalty. Workplace satisfaction overall is very likely to be maximum when the employees actively participate in the planning processes as members of the workgroup set up or generate alternatives, formulate policies, as well as assess the outcomes concerning organizational objectives (Kukenberger, Mathieu, & Ruddy, 2015). In this present study, the degree of employee participation was measured by the extent to which the employees participated in determining targets as well as decision making. In the shared decision-making model, the accommodation of employees facilitates an opportunity to capitalize on one another in terms of experience and effectiveness in their work.

This happens by providing profitable recommendations, advices, and right feedback to each other because human resource officers involved while making decisions should be in a position to make genuine efforts to make those decisions workable. Nazir & Islam in 2017; Ojukuku and Sajuyigbe (2014) conducted a study to find whether health decision making relates to organizational commitment in health facilities in Botswana. Through their findings, it was established. Decision-making is a way of ensuring the happiness of employees at their workplaces.

On the other hand, some scholars have observed that issues like truancy, vandalism, violent protests, and frequent strikes have plagued many organizations due to employees not being involved in decisions that impact them in various ways. Thus, this study aimed to establish the impact of employees' involvement in health job commitment among health employees in Eastern Region level 5 Hospitals in Kenya. Training is a deliberate and deliberate event designed to raise skill, content and proficiency (Dialoke, & Wabara, 2017). It also conveys the requisite skills and programmed behaviour to endow people with the required norms and directions to regulate their behaviour so they can carry out their jobs successfully. Training is an essential component in the planning process in Human resources because, besides enhancing the productivity of the people, it can also attract better abilities and endowments to the association. Bronzin, 2022; Elnaga and Lmra, 2013; describe employee training as offering employees knowledge, new skills, and development courses. According to Armstrong, the best explanation of training is that training is a

well- procudured process of acquiring knowledge or skill by learning as a result of instruction, education, development, and experience. Broadly, as noted by Shedid (2019), training enhances workers' thinking skills and creativity to make good decisions effectively, relate with customers, handle customer complaints and be efficient. Besides, employee training offers capabilities since employees change from one job to another, which is different and requires the organization to deliver quality work at all times. More so, Yimmam, 2022, observed that training positively and directly affects the employees' job performance and commitments. In the long run, organizational performance is mainly a function of training provided to the human resource capital; hence, training is an essential element of organizational performance and loyalty. These aspects were assessed against the equal training of employees arising from the results of this research and on-the-job training for the employees.

Training is, therefore, an important ingredient within an organization in terms of enhancing employee participation and, consequently, the realization of its set goals. Training employees is, therefore, one of the most strategic HRM practices any institution needs to undertake. In Ceptureanu's (2016) perspective, training is a process of developing human capital aimed at enhancing employees' job performance by equipping them with the necessary skills to carry out tasks effectively. The training given to employees significantly impacts long-term organizational performance, making it a crucial factor in both performance and commitment within the organization. From the above sentiments, one would deduce that where people transform from one position to another, it is called capabilities, and it becomes vital to provide high-quality work across the organisational levels. The arguments put forth in this discussion outline a positive relationship between commitment and training.

However, Meyer and Smith (2000), using a study into the relationship between HR procedures and the commitment of the employees stated that training by itself enhances commitment, they further explained that other HR practices like career development, employee appraisal evaluation as well as lots of other organizational benefits are essential in establishing the level of commitment, in an effort to comprehend how training is perceived, researchers have considered this subject from various perspectives. Some of the scholars have defined training as "a process through which

the employees are prepared to perform specific tasks with greater efficiency where the gaps exist." Others describe training on the other side as "an HR management intervention that alters behaviors in a manner that enables the organizations to meet its objectives." The discrepancies in the study made the researcher investigate whether employees' training as a human resource practice is exercised among health employees in Eastern region public level 5 Hospitals, Kenya and how it influences their job commitment. Demographic characteristics seek to provide a description human population.

Some of these demographic factors include; race, age, income, marital status, gender, and education level (Kerub et al., 2018). The attribute has the potential to modify the existing relationship between the practices of managing the human capital and job commitment. Examples factors affecting how employees' preferences and priorities form the resultant, which become the basis of the HRM strategies leading to job commitment, include age, gender, ethnicity, and level of education. Some studies highlight a connection between the age of the employee and organizational commitment, the nature of this relationship appears complex and multifaceted. Research suggests that older employees tend to exhibit higher commitment levels, potentially due to limited job alternatives and stronger job attachment (Estigoy & Sulasula, 2020; Visanh & Xu, 2018). Conversely, younger employees, motivated by career advancement opportunities, may show lower initial commitment and be more likely to seek new positions (Ayodo, 2022). This contrasts with Akinyemi's (2014) findings of higher commitment among younger employees, highlighting the need for further nuanced research to understand the moderating effect of age in this context fully.

In this modern, competitive world, every organization faces new challenges that influence negative impacts on employee commitment. Commitment is finally loyalty and attachment to the organization. Yousef (2017) added that some three main factors can describe the job commitment that is willingness to undertake significant effort for the organization, personal commitment to meeting the objectives and principles of the firm, and personal motivation for organizational membership. Gile et al., (2018) defined commitment of employee as the intensity of passion a worker feels for the tasks assigned to them, while it is the devotion and support an employee gives to the mission,

vision, and goals that the organization assigns, depicted by aligning personal career growth with organizational long-term growth and vision.

The urge to realize the organizational objectives of the firm results in an organization that is committed to the employees through the formulation of policies that enhance satisfaction for employees. Human resource pleasure is associated with overtones of highly motivated human resources. Employees build organizational commitment or loyalty towards the firm and translate into high performance and less turnover. It is so well understood that human beings are identified a lot with emotion and intelligence; therefore, meeting the human needs hierarchy is vital, especially the need for satisfaction and motivation. Dinku (2018). In return, it is so important for an organization to be committed to enabling employee empowerment, open and free communication, strong work ethics and a culture of trust and creativity which ensures employee commitment. Bak (2020). Committed health professionals can virtually improve overall the quality of care given to the patients. A committed health professional will be more observant, work very proactively and also put in extra effort, hence leading to better patient outcomes.

Niedźwiecka (2016) suggested that CMJS can be higher when the employees had positive experiences regarding the SHRM policies to build a capable and committed human capital, nurture the desired behavioral patterns and engage the personnel. Moreover, Fan, Zhu, Huang, and Kumar (2021) noted that the MNE HRM practices have a strong impact on the employees' turnover, job satisfaction and commitment. This assertion was supported by Ana and Le Hoang Anh (2020) in their findings which claimed that organizational commitment is a key to staff retention of quality workforce. The staff members who are satisfied with the organization and those who have positive attitudes towards the organization are the ones who are likely to commit themselves in contributing towards achieving the goals of the organization.

There are several means of measuring Organizational commitment, including company employee turnover and return on equity, among others. The author went further to reason that such employee commitment may improve through their participation in assessment construction as well as through them being offered improved understanding

on the entire process of the business on its mode of performance. Cherif (2020) highlighted the significant role of employees' commitment level, leading to human resource management's duty to enhance subordinates' dedication to minimize turnover and absenteeism, ultimately boosting employee efficiency in different organizations. This claim aligns with the findings of Oluwatayo and Adetoro (2020), stating that how leaders present themselves to employees significantly impacts employee commitment to the organization. Similarly, Loan (2020) estimated that for as long as an employee has committed to the task, they would always contribute to developing the institution with superior performance. Work by Loan (2020) supported the idea that there could be many ways it is possible to quantify the commitment of the institutional employees. Measuring commitment can be done through various factors such as turnover rates, return on equity, absenteeism frequency, preparedness for work, and punctuality, among others.

Healthcare is one of the most essential fields that have a direct bearing on people's lives and therefore to practice this noble profession one has to be dedicated. However, public sector institutions continue to lose health care human capital at a very fast rate (Zanoni et al., 2019), which negatively affects the quality of health care services. The authors also pointed this out Engelbrecht and Samuel (2019) added that turnover rates are highest in the healthcare industry. The HR is a critical component of the health system and in particular for delivering essential health services. Patients that attend public hospitals and clinics have the right to expect that they will be treated by qualified medical practitioners.

The Kenya Constitution 2010 guarantees every Kenyan citizen the right to the highest level of health, as we shall see from this research. The State must guarantee a basic minimum level of protection by establishing laws, policies, and measures that define the standards for exercising the rights outlined in Article 43 of the Constitution, such as the right to health. These constitutional clauses outline the duties and functions of the health sector in achieving all health rights to the best of its ability. The Constitution of Kenya has devolved the responsibility of providing basic health care to the County Governments. However, the role of health system governance has been left to the National Government. Concept Note for Establishing HRH Unit at County Level by

World Health Organization in 2006 and Global Health Workforce Alliance in 2011 includes policy development, capacity building, technical support, and oversight of national referral health facilities.

In Kenya, skilled personnel in the health sector resign from their workplaces to engage in business especially private practice which they deem as more honorable or remunerative. In addition, many Kenyan medical staffs of all levels often strike the government for higher wages and improved conditions (Njoki, 2012). Various governance practices relate to a reward system, support for career growth, and provision of welfare services to the staff that influences their job commitment. The Eastern region comprises Embu, Meru, Tharaka Nithi, Isiolo, Machakos, Makueni, Kitui and Marsabit Counties (Info trak, 2020). According to their individual human resource directors for health staff returns (2023), the combined number of health professionals in level 5 hospitals in Embu, Machakos, and Meru is 1067. Kitheka, (2014) concurs that governance practices such as use of commendation letters, participation in decision making and training of the employees affect the employee job commitment. So long as the manager in the health facility has interest in their staff and ensure they get what they need as rewards or incentives, the employees work hard with their employers since they feel their inputs in their work are appreciated and expectations met.

In his study at Tanzania Public Service College, Balosi (2011) found that employee satisfaction is influenced by various HRM practices including career development, training, staffing, performance appraisal, reward, and employee relations. Among these practices, training had the most significant impact on employee satisfaction and human capital commitment. In addition, Korb and Akitunde (2013) discussed the employees' absenteeism; strikes, transfer, truancy, and lateness are some of the evidences of employees' non-commitment. The researcher finds it necessary to carry out this study on whether the aspects of human resource practices may lead to staff loyalty, wastage, truancy and punctuality which may compromise the quality at public level 5 hospitals.

So far, the country has experienced several strikes by employees in the health sector in various countries and some employees in the health sector, especially doctors, have resigned. It has also experienced a skewed distribution of available health workforce

owing to employee mobility in the health sector, which moves some counties to others due to better working conditions. According to Daily Nation (2022), employees in the health sector in Embu went on strike protesting against poor pay and poor health working conditions. Additionally, Kenya National Union of Nurses' officials said employees were also unhappy because deductions from their salaries amounting to sh. 700 million had not been remitted to banks. Furthermore, the star newspaper on April (2022) indicated that the employees in the health sector in Embu went on strike owing to pending salaries of two months. According to Citizen Digital January (2024), the KMPDU secretary gave a notice of strike. The secretary cited the following issues rose by employees in the health sector, such as delayed and denied promotion and general shortage of employees in the health sector within Embu County.

According to the Citizen digital report (2023), the Kenya Union of Clinical Officers issued a notice of strike, citing a lack of promotion of qualified staff and employment of enough officers. Korb and Akitunde (2013) stated that some of the behaviours that are indicative of job non-commitment include employee absenteeism, strikes, transfer, truancy, and lateness. Therefore, this study seeks to determine whether the aspects of Human Resource Practices may lead to employees in the health sector absenteeism, strikes, transfer, and lateness, which may compromise the quality of their services at the hospital. According to KNUN (2024), Machakos County KMPDU secretary gave a notice of strike, complaining of non-compliance and agreement and addressing employees in the health sector grievances.

In level 5 hospitals, especially in the Eastern region, there is a need for more research related to health professionals' commitments. Technical human capital is necessary in health facilities, and thus, there is a need to understand the staff's attitude toward their organizations and how commitment has been impacted. Knowing the day-to-day implications of commitment is vital to the accomplishment of organizational objectives successfully. Thus, this research seeks to establish the relationship between the practices of human resource management and job commitment of health sector employees in Level 5 public hospitals in the Eastern Region of Kenya. In the context of secondary referral hospitals, the Level 5 facilities include a large spectrum of health care workers. They offer the services that are offered at Level 4 facilities, and a broader

range of services, which include training programs for medical personnel and as training institutions for paramedical personnel.

1.2 Statement of the Problem

Public employees in the health sector are expected to be committed to providing ideal services by way of caring and offering necessary medical services. There is, however, emerging evidence that Human Resources for Health, especially in the public sector, is grossly declining, hence implications for service provision. So far, there have been several strikes of employees in the health sector, which have been witnessed in various countries, and the cases of resignation of some employees in the health sector. In addition, it has also observed the skewed distribution of the available health workforce; this was due to employees in the health sector transferring from some counties to others with better working conditions. Therefore, even though the total impact of HRM practices and research indicates that best HRM practices are a cause of employee commitment, those best practices remain a strategy that organizations do Level 5 hospitals in the Eastern region face challenges such as a lack of healthcare staff, skilled employees leaving for better pay in the private sector or neighboring countries, limited opportunities for promotion and career growth, and lack of transparency in health employee transfers within the county. In addition, the non-promotion of workers in the health sector, devolution of HRH records, and management of the HRH pension, among others, has resulted in job non-commitment. Only a limited number of studies provide evidence that the best practices of HRM may bring an improvement in the commitment of employees in the public health sectors; therefore, this study sets out to establish the level of human resource management practices impinging on employees' commitment to their job among health professionals in Eastern Region Level 5 Hospitals in Kenya.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this research was to determine the relationship between HRM practices and job commitment in public level 5 hospitals in the Eastern region of Kenya.

1.3.2 Specific Objective

The study was guided by the following specific objectives:

- i. To determine the influence of rewards on job commitment among health professionals in Public Level 5 Hospitals in the Eastern Region of Kenya.
- ii. To establish the effect of employee involvement on job commitment among health professionals in public level 5 Hospitals in the Eastern region, Kenya.
- iii. To determine the effect of training on job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya.
- iv. To determine the effect of demographic moderator variable on the relationship between human resource management practices and job commitment among health professionals in the Eastern region, Kenyan public level 5 hospitals.
- v. To establish the combined effect of rewards, employees' involvement and training on job commitment among health professionals in public level 5 hospitals in Eastern Region of Kenya.

1.4 Null Hypotheses

H01: There is no significant relationship between rewards and commitment to the job between healths professional in public level 5 hospitals in Eastern region, Kenya.

H02: There is no statistical significant relationship between employees' involvement and job commitment among health professionals in public level 5 Hospitals in the Eastern region, Kenya.

H03: There is no significant relationship between training and job commitment among health professionals in public level 5 Hospitals in the Eastern region of Kenya.

H04: There is no significant statistical relationship between moderating effect of demographic factors on human resource management practices and job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya.

H05: There is no significant statistical relationship between combined effect of rewards, employees' involvement, and training on job commitment amongst health professionals in public level 5 hospitals in Eastern region, Kenya.

1.5 Significance of the Study

It is expected that the results of this study will aid both national and county governments to develop policies on human resource management practices affecting the job commitment of employees with a view to improving the health sector. They may also facilitate the sensitization of healthcare managers in respect of certain practices in HRM which impact service delivery in the health sector. The findings may also be useful in enhancing the capacity of health system managers who work primarily at the devolved health systems level. Appropriate management of human resources can go further in raising the utilization of services in the health sector that shall lead to contribute to the social and economic development of the country through improved health among the citizens and is bound to contribute to improved productivity both at county and national levels. The study could also improve the social quality of persons and communities through increased access and use of services. Through this, such research could also contribute to the existing literature by establishing a link between human resource management practices and employees' job commitment at the Level 5 public hospital in Eastern Kenya. This serves as the foundation for further research that might provide new insight with regard to the development of the theory of HRM.

1.6 Scope of Research

According to Armstrong, (1999), HRM encompasses the aspects of remunerating people, developing them, and involving them in management activities. This research aimed at establishing the effect of the above-mentioned three factors on job commitment of health professionals in public level 5 hospitals in the Eastern Region of Kenya. In particular, it looked at the way in which HRM practices affect employees' organizational commitment in these hospitals.

The Eastern region was chosen because there is limited research into human resource commitments in public level 5 hospitals that are located in Eastern region Kenya. Since level 5 by nature needs technical staff, there should be a look at the attitude of employees, and the system should ensure that it looks at how commitment has been engineered and channeled towards achieving the right organizational goals as desired. The three were on HRM practices of rewards, employee involvement in health professionals within the health sector and training for commitment to a job. The

targeted respondents in this study were health professionals working at public level 5 hospitals within the Eastern region of Kenya. This study was conducted for one year that is 2023-2024.

1.7 Limitation of the Study

The distance between the public level 5 hospitals under study is quite diverse, hence requiring more time for the collection of data. The respondents who give data might not be willing. To ensure informants gave consent to participate in the study with no pressure from any quarter, the researcher took time to ensure participants understood that the study was for research purposes only. Information obtained from the respondents might be foreign since some respondents might withhold information, they consider sensitive.

1.8 Assumptions of the Study

Another assumption made in this study is that HRM practices have some influence on the employees' job commitment amongst health employees in Eastern Region Level 5 Hospitals in Kenya. The researcher also assumed that the respondents had sufficient time, interest, and capability to read and complete the research instruments correctly. That the data provided by the respondents were correct and free from bias was also believed by the researcher.

1.9 Operational Definition of Terms

Employees Participation:	A voluntary sharing of information, counsel, concerns or advice with the express intention of enhancing organisational contribution and employee productivity.
Health Professional	An individual with health professional qualifications and licensed by a relevant regulatory body.
Human Resources:	The supply of human capital available to a company, business sector or economy.
Human Resource Management Practices:	Activities engaged by the hospital managers for the smooth running of the hospitals are mirrored in research objectives, which are independent variables in this study.
Job Commitment	Generally, it means the process of gaining an identity, passion for belonging to an organization, and being ready to support the institution represented through low turnover among personnel, positive attitude towards administration, high and efficient performance, and punctuality.
Rewards:	Rewards are promotional motivators that make employees do something or work harder. These include external rewards, which are tangible rewards or gifts, pay, bonuses, and fringe benefits. Intrinsic rewards are those of praise and personal recognition.
Training:	Activities that develop medical staff's skills, knowledge, expertise and other attributes required which include on job training, seminars and workshops and post-graduate education.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview of Human Resource Management Practices

Basically, HRM is the primary focus that governs the organizational relationship between the organization and its people. In reality, human resource management is responsible for achieving organizational goals, and this is realized through such activities and specific human resources development activities, selection, appraisal, maintenance, and making sure that they become productive (Armstrong, 2010). An organization considers these HRM practices because they are a direct determinant of employee performance on the job. Consequently, the senior and middle managers ensure that explicit information and resources is provided in the organization as discussed. According to Armstrong, 2010As much as there is numerous amount of organizational practice, the researcher is interested in three of the HRM practices, which include rewards, employee involvement, and training. Fundamentally several studies conducted around the world show that human resource management practices highly influence employee commitment. In particular Abujudeh, 2019 critically reviewed the literature on the impact of HRM practices to increase employee commitment at an international level.

Correspondingly, the findings in the secondary data that are reviewed in this study also pointed out that HRM has a positive relation to employee satisfaction and commitment. Therefore, Abujudeh 2019 recommends that organizations strategize and evaluate whether the HRM practices implemented serve the best interests of the organization's culture and goals at present. Along with this study, Buchelt et al.2020 conducted research in which they observed a profound correlation between the human resource management policies, employee commitment, and the overall job satisfaction amongst employees in a healthcare setting. It was found on the other hand that most healthcare organizations did not possess adequate human resources personnel, who would be in a position to develop ideal HRM practices as part of effective policies and routine activities that could ideally support employee commitment and thus organizational commitment, within the guidelines so set for a health 4.0 setting. Correspondingly, the researchers proclaimed that the study findings have a bearing on the implication for HRD initiatives, such as training programs, which are necessary to allow human

resource personnel develop competence so as to support the commitment to and satisfaction with organizational means ideally. Human resource management practices attempt to expand the effectiveness of the personnel working within the organization in order to create a greater organizational performance due to job satisfaction.

Regarding this, Gile et al. (2018) examined the effect of human resource management practices on the performance of hospitals in the sub-Saharan region. Their findings indicated that, from a human resource management perspective, rewards, employee engagement, and training and education were practiced so as to enhance job satisfaction as well as organizational performances across health centers in 19 sub-Saharan countries. Generally, the researchers asserted that healthcare centers must make it a routine to continually assess the effectiveness of the HRM practices instituted in their centers; given that literature reviews indicated ambiguous results on the application of assorted HR interventions that proved productive in specific contexts, but ineffective in the same contexts, yet at some other time. This largely meant that the human resource personnel had to observe and adapt their practices to the prevailing organizational culture, strategies, goals and objectives at all times. Studies pertaining to the association between human resources management practices as antecedents affecting organizational performance and organizational culture commitment, job satisfaction and other attitudes of employees, have been one of the most researched topics for decades in developed countries (Simmons, 2008). Similarly, Fantahun et al., (2023) postulated that either in combination or individually, commitment, motivation, and job satisfaction was found to have a positive relationship as health professionals perceived enhanced positive influence of HR policies pertaining to job satisfaction, organization empowering practices, and employee commitment within the healthcare facilities of Ethiopia. In Kenya, Ongori (2019) analyzed the influence of HRM practices among nurses at public hospitals in Nyeri County, Kenya. Data collection tools among 248 nursing officers were self-administered questionnaires.

The consequences of the study findings showed that staff participation was poorly practiced, as evidenced by only 28 percent of the study sample reporting to have received training during their service in the hospital. In addition, the researcher also established that empowerment-promoting activities, such as promotion and rewards,

were poorly provided within the public hospitals. From the data analyzed, the researcher generally concluded that poor training and lack of a reward system affected adversely job satisfaction of the workers and organizational commitment, thus the performance of the organization altogether. The provision of poor incentive package has been among the significant factors affecting employee commitment and productivity. Employees who are satisfied by their rewards are likely to be more committed to the jobs than those who have less than optimal satisfaction from the human resource management practices, which include the reward system presented before them.

2.1.1 Overview of Reward

A reward is a form of motivation whereby an organization offers its staff certain things on the understanding that there is a marked-up turn in performance. Organizational incentives have to do with extrinsic incentives given by the institution, including salary, incentives, and perquisites (Tumi et al., 2021). Another classification that has been done on rewards is the financial and non-financial rewards. While financial rewards are tangible, items like bonuses, promotions, and pay, non-financial rewards are intangible and include entities like personal appreciation and compliments. Other non-financial rewards linked to positive job performance are Employee participation in decision-making and promotions. Non-financial incentives create emotional reactions regarding the behavior and attitude of an employee towards fellow employees, work and institution. Jawaad et al., (2019) noted that in developing nations, employees have a preference for monetary incentives for their sustenance. Therefore, the degree of commitment appreciated and expected by employees is determined by sorts of rewards, rewards distribution and use of the said rewards in boosting the commitment levels. Rewards are establishing favorable conditions and contractual environment. Therefore, the chosen incentives and motivating rewards determine the level of commitment and the employees' perceptions of their work assignments.

According to Manzoor et al (2021), it was said that a reward strategy reinforces devotion, retention, and engagement that will allow the performance of the employee to arise. One of the latest trends in human resource management and among the most considerable issues is pay for performance. For several decades, managers have

assumed that output rises whenever wages are tagged with performance. Of course, payment by outcomes schemes and inducements are known to underpin the belief though. The researchers also agree that performance related pay is also linked to NA staff productivity a factor which enhances staff performance. According to Armstrong, 2009, the rewards offered proved to the employees that their behavior was appropriate and should be replicated.

Rewards, therefore, can result in gains in more attention from persons that can fulfill the esteem and recognition requirements of employees, thus encouraging managers of all organizations to pay bonuses, promotion, or other forms of rewards to their employees for high-level commitment. This is because employees try to belong to the institution, through which they receive worthy income, secure job and developmental chances. Ali & Anwar 2021. They further argued that for the employer to compensate the employee many things shifted including performance, relations at the workplace and training, development and a chance of it. This is because a perfect determination of the reward system by an organizational manager is required for the performance evaluation and motivation of his workers, followed by maintaining an always ready-to-work attitude by them. This is because it acts as the stronger persuader to that employee; thus, there may be satisfaction related to motivating the employees who offers their best results in the future. Managers have resource power and their behavior influences people's behavior in greater magnitude at higher levels of the organization.

Hence, managers can use rewards as a tool to influence the behaviors of the workers and in the process gain their commitment in work, which would help deliver the necessary organizational outcomes. As Gillet points out, "rewards management strategies employed address transformation in organization". This is so because rewards management guidelines not only replicate and endorse what employees have brought forward to an organization but also record a company's strategic directions and norms. Cherif, 2020 further noted that reward systems uplift the morale of staff determination and point to an institution's belief systems and values. Hence the reward management systems should be planned for maximum benefits to the organization.

This calls for more reward systems to be crafted in a way that will cause effective institutional performance. Eldin (2020) opines that rewards can be central in motivating staff and hence, developing a higher sense of commitment to duties. It may therefore, result in organizational change through sharing of knowledge. They also said that proper development of the reward structure helps in fostering the feeling of ownership among the workers of an institution. Increase in the loyalty of employees in an institution, their training and development, and improvements in their self-esteem hence, better institutions. Therefore, ogni institutional development is built upon the continued employee commitment which can be ensured through total rewards management or TRM.

As Marzooq and Nisa, 2022 highlighted, increased global competition has compelled organizations to ensure employee commitment that can facilitate higher brilliance and competitiveness in practices, since a committed employee has aspirations and is willing to pursue organizational goals, making the business gleam. Along sides, and in relation to the above claims, Al-Qathmiand Zedan, 2021 added that reward management strategy improves commitment by strengthening organisational membership perception. This therefore denotes that there is a direct correlation between the management of reward and the level of commitment of employees in an organization. It explained further that institutions need efficiently and effectively committed staffers who can help them achieve their objectives; that are why committed employees are supposed to feel a part of an institution in order to increase participation within the activities of that particular organization. Through the managers, institutions should take full charge to ensure the commitment of employees through total reward management.

2.1.2 Overview of Employee Involvement

This involves the determination of decision outcomes, determination of the relative importance of decision factors, and selection of the best decisions. Locke and Schweiger's (1979), employee involvement entails inclusion and direct participation decision-making between managerial administrators and juniors regarding the development and impact of various strategic organizational processes and initiatives (Kuyea & Sulaimonb, 2011) From the contextual approach, this is a visible strategy where subordinates are allowed to participate in decision making about them. Using

arguments, Gile et al (2018) also advanced that increased job involvement with participation methods acts on emerging desires among personnel to be allowed to take part in decision making activities relating to their work and to be part of that system rather than mere occupants. Employee participation is a methodological approach aimed at increasing the level of involvement of employees in management decisions at every level of organizational structure. Involvement unites administration and employee representatives in developing institution policies, whereby Athman and Nyangau (2019) reiterated that participation provides employees with better opportunities to make job-related decisions. Business managers consider decision-making a special form of delegation when juniors are given increased control and more options in order to close the gap in communication between management and staff. It is also the level of concern whereby employees participate in organizations' strategy formulation processes.

Jankelova and Joniakova (2021) have elaborated that decision making refers to a special type of delegation where juniors get improved control and higher levels of choice in order to solve the gap in communication between management and employees. It also captures the degree of organisational employee engagement in relation to participation in an organisation's stratagem management activities. This is because, for the focus on the job commitment to be heightened, and the working environment to be made more humane to improve work performance and attitude and behaviour, managers have to let employees be extensively involved in the decisions affecting their organizations. Hence, the involvement of employees and staff in the decision-making process adopted by an institution can be believed to enhance motivation and work satisfaction of the employees, a good attitude at work, and commitment towards the organization, thereby leading to enhanced productivity.

Two elements defined as belonging to a work group are group learning and group commitment (Rodríguez et al., 2021). The knowledge of individuals in a work group is also low because it is the degree to which it is felt by each work group member that, through the group work, his or her relevant knowledge for the group has been improved. This practice is grouped under group learning. It is expected to come about by virtue of contact between the worker and his fellow workers. The study also established that: no

conflicts in a work place and high level of trust helps in learning in work groups. This agrees with earlier finding where it was established that for employees, learning and working means attaining membership in their respective work groups (Tannenbaum et al., 2010; Ramoo et al., 2013).

The organization comprises how these people interact and get things done which defines how effectively an organization functions and is successful, often in terms of formal organizational structures or processes. Hence, workforce efficiency classifies as a critical determinant towards the performance of any given institution. He further explained that during the old days, employers treated employees as a group of people unified by selfish interests, rules and command. In the contemporary scene, several organizations even foster the establishment of quality circles, self-managing teams and liaison individuals. This is because whenever one watches any group of people at work, one can identify several social processes: communicating, exchanging ideas, persuasion, cooperation, and rivalry (Herschell et al., 2020). Institutional interactions provide play chances and to learn how problems and matters are managed. The processes mentioned above exist and are effective in enhancing commitment and, therefore high productivity among the employees. These decisions of a group help implement the decisions and consensus also impacts the worker's performance and the institution's productivity.

2.1.3 Overview of Training

Training is the deliberate and programmed events focused on raising the level of skill, knowledge and proficiency. It also teaches the necessary skills and behaviors to understand the rules and procedures one needs to know to achieve their work objectives. On the contrary, Karim et al., (2019) believed that training despite the duration focuses on acquiring competence useful in realizing organizations' goals since it enhances the capabilities of individuals groups and organisations. In addition, human resource management development refers to the acquisition of new skills that are more generalized as well as their application to attain personal growth while training is related to equipping staff with new competencies and skills relevant to the workplace (Puhakka et al., 2021). Developing such skills therefore greatly improved the commitment of employees, and it was reflected in the organizational performance in a

positive way. Development on the other hand is considered to deal with the long term comprehensive development necessary to take over future responsibilities. It also basically relates to the enhancement of skills that would help achieve the institutional objectives as that increases the efficiency of individuals, groups, as well as organizations also. Whereas development and training are usually used synonymously, acquisition of new competencies and psychological characteristics for individual growth may be involved in the former and increase employee loyalty and job commitment.

Training opportunities are important in any organization's human resource development strategy because it always results to increased employee involvement and productivity. Hence, training of an employee is one of the important practices of HRM in any organization. According to Ceptureanu (2016) training as a human capital development activity aimed at improving the work performance of the employee through providing him or her with the efficient and effective skills required in completing the tasks. Training of employees is planned at different levels of an organization and helps people achieve various objectives.

As also supported by Elnaga and Imran (2013), this attempts enables a person to reduce his or her anxiety or constraint in carrying out any work. This is so because if a job is done in a wrong way and its results are not seen in the expected way, the worker may not be pressed to continue performing the certain work. Similarly, those employees who cannot meet the standard of performance may even quit working at the organization because they will feel that they are not capable and get to be dissatisfied with working. This being the case, therefore, employee training as the instrument that not only increases the competencies needed to do rightful job, but also as the tool make people feel more contented with result of their performance hence commitment to job the two enhanced competencies lead to better performance and retention.

2.1.4. Overview of Age and Gender

The demographic features target the description of a person's attributes, and the general population. These demographic factors include but are not limited to race, age, income, marital status, gender, and educational achievement among others. This attribute might

alter how human resource management practices influence job commitment. These suggest that age, gender, ethnicity, and education levels affect preference and value given to the employees in the company, which the HRM can use to strategize and in turn lead to employee job commitment.

Some researches refer to the age of an employee and organizational commitment, but the nature of such kind of relationship seems complex and multi-dimensional. The commitment levels among the older employees are high and this could be brought about by the lack of alternative jobs available and strong attachment to their jobs. This is in agreement with (Estigoy & Sulasula, 2020; Visanh & Xu, 2018). On the other hand, younger employees, who have much more opportunities for career advancement, may exhibit low commitment in the first instance and thus always be on the lookout for other promising job opportunities (Ayodo, 2022). This finding contradicts Akinyemi's 2014 results of higher commitment levels for younger employees. Further nuance in research is needed to only explain fully how age may moderate the effect.

2.1.5 Overview of Job Commitment

Commitment is a way of strategizing where an individual gives his or her loyalty and devotion toward an institution. The organizational commitment then is understood to be one of the components of the psychological state of the human capital of an organization-the general attitudes towards the institution. Other authors propose that organizational commitment is a measure of the psychological attachment between the members of the workforce and the institution in which these individuals are working (Meyer et al., 2012). It develops the concept of human relation and goes on producing human energy or awakened mental appetite. Hence, it was with absolute commitment to work that the reporting and implementation of these fresh ideas and strategies were ensured. Organizational commitment can be defined as a psychological condition that may enable the connection between a person and an organization. The mentioned binding force can be met differently with different attitudes, namely: the attitude of an affective bond and engagement, perceived obligations to the institution, and awareness of the costs that would occur in case of ending their engagement.

Several researchers said there was a multifaceted element of employee commitment to the job, which had to be considered in order to hypothesize and then empirically evaluate the concept in an organizational setting (Radosavljevic et al., 2017; Rossenberg et al., 2018; Estigoy and Sulasula, 2020). In particular, Rossenberg et al. (2018) gave one of its definitions, which they categorized into three types known as Affective commitment, Continuance Commitment, and finally Normative commitment. The authors gave a short introduction to all three and then went ahead to explain how each of the three represented a different kind of psychological condition.

It can be defined as the level of engagement, enthusiasm, and identification of the employees with the institution. Affective commitment: Hadi & Tentama (2020) state that apropos of traditional, continuing employment relations, high levels of affective commitment are related positively with concepts such as low levels of absenteeism, low levels of turnover, and an increase in productivity; thus, in those organizations where the employees are witnessing a strong affective commitment, they continue to remain in that particular organization and work on their own behalf because they are content. The other authors, Estigoy and Sulasula, (2020), explained that continuance commitment was the need to stay with the institution by recognizing the costs such as pay, benefits, tenure of vesting of pensions, and family commitment in the case of leaving the organization. It may also know the price that is incurred when one leaves the organization.

Further, Estigoy and Sulasula (2020) agreed to that by postulating that an individual's commitment to an organization, which is based on continuance commitment, the person stays in an institution because they have to. Overall, they explained that normative commitment is described as a responsibility of an employee to stay with a certain organization because one feels it is wrong to be otherwise. In addition, although normative commitment is moderately related to with affective commitment, normative commitment is still considered one of the most significant forms of commitment within the scholarship of employee commitment. As illustrated by various authors people may exhibit any of the above described three forms of commitment in varying degree.

This is beneficial, as severally noted by Nwinyokpugi and Kora, (2021); Loan (2020), in that there is always an outcome in the extent of employees' commitment, which includes better job commitment in return, producing better job performance, greater total return of shareholders, increased sales volumes, low turnover intention, low searching intention, and low rate of absenteeism. It should, therefore, be viewed as a business imperative in that to the individual HRM officers who need help in the retention and replacement of high-performing employees, it becomes all but impossible to improve performance. In addition to this, Jain (2009) claims that currently, job commitment is one asset that every organization must have if it is to produce awesome long-term performance. Workers who are loyal have a wish to do well at their workstation and excel in issues to do with teaming. The arguments above pointed that when the commitment level of a worker was raised, then organizational performance was enhanced. However, when employees have low commitment it mean the organization is left with the worst and it also happens in the competitive world. Organizational committed employees have psychological attachment with the workplace and commit all their energies to the attainment of objectives and the mission of the organization.

It therefore means that the organization, through the manager, has to ensure employee commitment through the best approach on how the organization could retain its employee. Some methods that Jain, (2009) suggested that should help bring positive attitudes towards the institution include; job satisfaction and involvement. Moreover, he pointed out that inspiration of staff, their involvement and commitment is regarded as the key and success asset of the institution. Hence the following should be understood that is the organization makes its employees feel motivated satisfied and involved they shall remain committed at workplace. It led to gains in levels of productivity while reducing levels of employee turnover rates (Agus & Selvaraj, 2020). According to Kabir and Paryin (2011) staff management is among the essential aspects that one can consider in organizational management.

This comes from understanding that people and the organization are the same thing. A well-managed business institution, for instance, would normally look to the average employee as the foremost source of productivity improvement.

It is proper to note that most of such organizations view employees as a key asset of a firm and the people who allow the business to move forward. In this regard, to ensure this business success, the institution should develop commitment and cooperation on the part of its employees through strategies that can lead to employee satisfaction. Strong motivation of employees results from human resource satisfaction. On developing loyalty and commitment towards business, employees become engaged and hence high productivity is achieved with low rates of turnover. Yukthamarani et al., 2013 noted that there has been several support on Human Capital Development, Life Long Learning and sustained focus on soft skill enhancement. But anxiety was able to be treated only on the manifest level but not on the latent. Human beings are usually open to feelings and reason. It is, therefore, necessary to note that the human needs are organized hierarchically and satisfying them is necessary under motivation aspects. According to Loan (2020), the commitment of the employees is always a critical determinant of enhanced institutional performance. They added that there are numerous ways through which the performance of institutions can be measured, including firm employee turnover, equity return, and absenteeism. Ridwan et al., support that organizational commitment positively influences employees' performance in private and public institutions. Organizational commitment is of essence because Arage et al., (2022) cited organizational commitment in that such helps increase employee retention among qualified workers since high job satisfaction positively influences organizational commitment among employees who are likely to align personal career growth with an organization's growth.

2.2 Rewards and Job Commitment

Okinyi 2015, conducted a study with the objective of assessing reward policies, and extrinsic reward, intrinsic reward in order to improve the commitment of employees in faith-based health organizations in Kakamega County. The target population was 505 employees and the researcher used a stratified random sample of 103 employees. Data was collected using questionnaires and the data analyzed. The correlation model proved that reward practices and employee commitment were related significantly; improved practices would lead to improved commitment on the part of the employees to the organization. This study targeted faith-based health organizations in Kakamega County only, but this present study targeted Eastern Region level 5 hospitals to see if the

findings would differ. Hall and Purcell (2013) conducted an empirical investigation which proved that people attached more value to work goals when incentives were attached.

This encouraged people to invest more time in the rewarded tasks, so they were more interested and committed to those tasks. It also enhanced self-employment and commitment by your employees. As supporting the above assertion, the empirical data obtained by Uzman 2010 on categories of rewards those employees consider to be most important for South African employees revealed that among 100 workers who participated in the study, 95% of workers admitted that attractive rewards such as salary and bonus pay motivated them to achieve organizational targeted goals. The nature of the implemented systems was identified, and also the impact that the implementation of these systems had on quality health services delivered by staff. Interviewed are six (6) heads of private and public organisations. The research established that the reward system consisted of a salary; however, bonuses and shares created a joyful workplace with pleased employees and, therefore, job commitment. While the targeted population of the study targeted six heads from both private and public organizations, the current study targeted all health professionals in public level-5 hospitals in the Eastern region, Kenya.

From a survey of 300 employees in one bank in Vietnam, the authors reported that employee motivation significantly affects talent attraction and retention. Kowo et al., 2018 also agree with the same argument, identifying that many institutions are arriving at a consensus that they need to enhance their employee morale through better reward systems that in turn enhance their employee job commitment. Organizations have therefore to factor in the possibility of curbing what the employee puts in and what the organization gives out to the employee. Out of this, a sample population in bank employees used 300 employees, while the current study has targeted health professions in the Eastern region, Kenya, at level 5 hospital, with a total population of 1,047 employees in the level 5 hospitals to see whether there would be a difference.

Kampkotter (2016) examined the effect of extrinsic and intrinsic motivator on job satisfaction in conducting a case study on the call center employees in Pakistan. Data

from a total of 210 call workers working with different telecom companies was gathered in the process. In the collection of data, standardized questionnaires were used. It has been observed that all the concerned variables showed positive signs. The above study was conducted in a call center in Parkistan with the population of 210 employees; this study targeted only 1047 employees working in health sector in Eastern region level five hospital in Kenya. Extrinsic rewards are more important than the intrinsic rewards in evaluating the job satisfaction of employees. After analyzing the outcome, a significant correlation is found between extrinsic and intrinsic motivation and job satisfaction. But the good extrinsic reward system is more positively related compared to the intrinsic reward system.

Olujuwon et al. (2021), on their part, researching how the work environment affects employees' performance in health sectors among health centers in Satellite Town, Lagos State, Nigeria, argued that reward management has a direct effect on motivation, and this may bring along improved commitment to the task as given to the employee. They have added that motivation relies upon some intrinsic and extrinsic factors; when combined together, it makes the employees fully committed. This may enhance performance regarding institutions and make employees more creative as they embrace objectives of the institution. Confirming the same on this issue are Norbu and Wetprasisit (2021), saying that if an employer can maintain motivation and commitment through an award as a factor, it impacts behavior with regard to their skill and effectiveness in achieving the significant long-term objectives. This means there will be a need for the employees to present good performance for them to be appreciated and compensated for great support and contribution to the institutions they work for. Thus, there would be rivalry among the employees fighting each other to secure high performance and productivity and then get a reward for that performance. Munene (2012) did a study based on employees' recognition and individual performance at Kenyatta National Hospital. The survey research design used a target population of forty, 40 different cadres of the staff.

An organized survey using a questionnaire was utilized, with the collected responses being analyzed using the Statistical Package for Social Sciences. The research also demonstrated that advancements in career opportunities, compensation, and recognition

boosted the effectiveness of Alam's study on HRM Practices and Their Influence on Employee Performance in the Cement Industry in Bangladesh, India. The current research analyzed how Total HRM and various HRM dimensions impact Employee Performance using a multivariate approach, with 160 participants from seven organizations in the Dhaka Stock Exchange. Data analysis showed that compensation and involvement led to higher levels of commitment. In 2018, a study by the Society for Human Resource Management discovered that compensation and benefits are commonly listed as the top three factors influencing staff members' job commitment.

The recognized employees are much more self-assured, possess high levels of self-esteem, are ready to be more innovative, and willing to receive more complex tasks. Imran et al. (2014) also found that rewards are positively related to the commitment of employees to their work, since through rewards employees can be highly influenced. Institutional managers should recognize which factors influence commitments in order to create new motivations to perform the job in increasing the richness of commitments among employees. Armstrong 2012 add that where rewards are well managed preferred commitments are achieved most efficiently and effectively since the employees' feel they are getting something in return, this gain is always interterm with the institution as well as with the employee in the achievement of the defined target or objectives. According to Korir & Kipkebut, 2016, in a study conducted in Nakuru County in Kenya about the influence of reward management on employee commitment, fond that there is a close relationship between system reward and job commitment:

Work dedication, or how employees go about their work, is usually affected by fair remuneration policies; this therefore means that in order for the employee to be content, he or she should be paid in line with his or her training and experience. When treated equally to other colleagues with similar qualifications and skills, the employee feels satisfied and committed to the task. From the above argument, any organization manager should note that for him/ her organization to excel in any given society, the employers of labor must understand what motivates the employees to work harder and provide incentives. MacLeod and Urquiola 2021 supported the above sentiments by noting that rewards and employee work commitment are positively related because employees' work commitment can be influenced by the rewards therein. Most

importantly, it shall be worth noting that institutional managers understand what factors will lead to a new drive in developing these commitments.

The above arguments prove that the reason for offering rewards to employees is to guarantee the level of commitment and performance from the employees, to facilitate working, and to get the employees to become more productive and support the administration in attaining its goals. Similarly, other scholars also define rewarding as having a significant aim of motivating employees to be loyal in performing their tasks and increasing growth and productivity in an organization. Namutebi, 2006, in the study of reward management practices and commitment of employees, puts it that there are several hitches when using rewards as motivators for improving commitment among staff in District, Wakiso in Uganda, and that they included employees operating to attain the rewards and not work towards attaining the organizational set objectives. Mboga, 2010, has the view that while good wages are gratifying, they are not enough to hold high-quality teachers. The researcher finds it relevant to examine the effect of rewards on employee job commitment among health employees in Eastern Region level 5 Hospitals, Kenya.

2.3 Employees Involvement and Job Commitment

The research conducted by Mohsen and Sharif shows a correlation between involvement in decision-making and dedication to their roles among 128 employees of banks in Afghanistan using a multiple regression analysis. A different research study, involving 1741 employees from specific public organizations in Anambra State, Niger, further validated the current study's results. The study found that employee engagement in decision-making processes within the organization has a positive effect on their self-motivation and commitment to their job.

Gopinath (2020a) and Gopinath (2020b), as mentioned earlier, have examined the self-actualization and academic leaders' job involvement, organizational commitment, and job satisfaction in Tamil Nadu Universities. The survey method has been adopted for data collection. In this paper, cross-sectional design has been adopted and stratified purposive random sampling method has been used. For the structural equation modelling, AMOS 20 has been used. It was also considered valuable that decision-

making by workers on work practices was found to have significant positive impacts, which also related positively to recognition and rewards, and to job satisfaction and organizational commitment. This study supported a positive and meaningful correlation between participation, job commitment, and satisfaction. In other words, the response with a high sense of participation in decision-making under a high sense of job characteristics express a high level of organizational commitment. There is a research by Nazir and Islam, (2017) on increase organizational commitment as well as employee performance through the engagement of employees.

A self-administered questionnaire was administered to 410 employees drawn from different higher education institutes in India. The quantitative data was analysed through the use of structural equation modeling. The results analyzed a positive relationship between perceived organizational support and employee job commitment. Gantasala (2011) supported this through a study of the effect of employee participation in work-related results. The instrument was used in face-to-face structured interviews on 310 respondents chosen through snowball sampling from Jordanian Hotel Industry. The sample included level employees management. The results showed consistent evidence about employee involvement and perceived organization support. Further, for the social processes to be truly effective in an institution set-up, the institution has to have in place as a procedure that emphasizes work through top-down social interactions organized through the organizational chart or hierarchy that works sequentially down along their business processes embedded into social. On the contrary, in 2016, Gupta, while carrying out their research work on Employee Participation in Decision Making and the Performance of the Hospitality industry in Nigeria, related the work to Employee Participation in Decision Making and the Performance of the selected hotels in the Federal Capital Territory in Abuja.

A positive correlation was done between working people being involved in making decisions to organizational performance. It is within the study done by Leo et al. 2017 In this study, which aimed to examine the relation between leadership style and organizational commitment through the approach of literature review, it established that the more an employee is incorporated into decision-making process then the high the levels of commitment, morale, support, and effectiveness at the workplace because

when employees feel that their ideas are taken on board or put into practice then they will be motivated to psychologically remain part of the organizational framework since they feel as important employees rather than mere workers. Above studies were on decision making and performance, it was done in Hospitality industry, the current study was done in Eastern region level 5 hospitals in Kenya and the study is on job commitment. Critics of these findings like, Hou (2011) in the study to explore effect of individual characters and work stress and job involvement among workers in China.

Total number of employees was 542 from 20 companies. However, the research showed that while administrators may believe in participative policies, still more confidence in their subordinates is required. For such a condition, a man is falling back from becoming an active democratic decision-maker. This was further confirmed by Kuyea et al. (2011) when they said that, in conditions in which participants have vastly more info than remaining members, then participative decision-making can at best be a waste of time and effort and, at worst, reduces decision quality if 066 less informed member can outvote more informed member.

Also, one of the downsides is that one way it hitches, many people participate in solving problems; this makes them slowed down. The different inputs from many people and their feedback make it impossible to decide on the best from the many possibilities that come up. However, there can be a call to involve people. Therefore, ensuring that the information collected is right becomes time and energy-consuming. Any time spent, therefore, verifying the veracity of the information would simply delay a decision. The following information is for general knowledge, and it is interesting to note in this regard the study by Hariri in Indonesia in 2011. He found that the rational and dependent decision-making styles are positively related to teachers' job commitment, although the other decision-making styles are negatively related. Tambe and Krishnan's study with collectors and both first-line and second-line managers in India also yielded similar results. Further, they identified that the type of decision-making most beneficial to the teachers' job commitment is the rationale. On the flip side, there is another school of thought where the "decision making of the principal does not influence the job commitment of the teachers" according to Beri, 2013. In the summation of the theoretical consideration, it is necessary to mention that the given research findings do

not give a clear picture of how leadership and decision-making style impact the teacher's job satisfaction but give useful indications and directions.

It leads to increased teacher commitment and job satisfaction when involvement takes place with a principal who promotes teacher decision making (Bogler 2001, Dinham & Scott 2000, Griffith 2004). Relating to the decision-making style, Hui and others, 2013, in their study, which carried out in the Chinese school established that job satisfaction of teachers is an imperative factor of the principal's decision-making systems. I would like to refer herein, the research done by Hariri, 2011, in the Indonesia country. Accordingly, his investigation showed there existed significant positive correlations between the rational and dependent styles of decision making with teacher's job satisfaction, where the rest four styles demonstrated negative significant correlations. What is more, such conclusion has been drawn by Tambe and Krishnan during the year 2000 among the employees in India. More specifically, Turgut et al. (2009) established that the most positive consequences of teachers' job satisfaction is the type of decision making which is rational. On the other hand, there is also an opposing view whereby, according to Beri, 2013, it is not possible for a principal's decision to in any way determine a teacher's job commitment. But good managers overcome that course because people themselves do not do chores alone-they hire intelligent people and organize some tasks for them. Due to these discrepancies in the study, therefore, the researcher wanted to know whether job involvement in decision-making as a human resource practice was practiced by administrators in Level 5 hospitals in the Eastern region and what impacts such had on their job commitment.

2 4 Training and Job Commitment

Nkosi's study investigated the impact of training on employee dedication, longevity, and job performance in South African municipalities. As per the results, there are significant, favorable connections between employee training and their dedication to their work. In a similar study conducted by Ashar Ghafoor et al. (2013), about the effect of training on employee commitment and turnover intentions in Pakistan, the previously proposed idea was reinforced: that training shows employees they are valued and cared for by the organization. Puhakka et al. (2021) conducted a study that produced similar results confirming the impact of training on employee commitment. Research

conducted by Tetteh and colleagues in 2020 on how training affects the performance of employees in Ghana. The study's population consisted of employees from the Kumasi community water and sanitation agency. A total of 60 participants were chosen for the study. A descriptive survey methodology was employed. Questionnaires, interviews, and observations were utilized for gathering data. It was confirmed that any type of support from the organization contributes to improved employee performance and commitment to the organization. The commitment and productivity of employees are increased by quality management and leader support in personal and career development. Obi-Anike and Ekwe (2014) discovered that training has a significant and positive impact on organizational performance due to increased dedication to the job given. While the prior research focuses on commitments within organizations, the present study examines commitments within job roles.

Silaban and Syah (2018) have also contributed the topic of training research work by conducting the cross-sectional survey research on 'The effects of training on employee commitment'. The research sample consists of 298 individuals from disordered four and five star hotels that are currently situated in Izmir, Turkey. The measurement properties of the training scales were validated through exploratory factor analyses, while multiple regression analyses were used to examine study hypotheses. Investigations confirmed that all the ranges of training generated a favourable effect on the commitment level of the workers considerably. From this study, it will be evident that management needs to embrace this principle that happy employee implies happy customer. Hassan and Mahmood 2016 have stated that in the context of banking sector it is needed due to dynamic technology; the banks have clients of different categories with different needs and expectation; and many new employees join at banks time to time, management need to maintain training as it motivates the employees to remains loyal and serve to the clients effectively and contribute towards organizational goals. The same study also discussed that your business might everyday deliver the most optimal services to clients and yet, the people working in the interior of a firm makes it exceptional. Each of them emphasizes prime significance functioning at the higher or middle levels of organisation. They would like to be appreciated and have someone take care of them best through committing in the support of their career. For this reason, organization administrators should approach their employees gently. Employment

practices of the former may affect health professionals' organizational commitment. According to the reciprocity theory posited by Gathungu et al. (2016), the effect of training was indeed a higher level of commitment. Analyzing various aspects that define commitment, it is possible to stress the fact that training does affect affective commitment positively as the workers mentioned they need to develop organizational work experience and competencies.

On the contrary, training affects normative commitment positively since training heightens the sense of obligation to repay. It is different in the case of training since, with training, it would result in workers who may be more competent at their jobs and, hence are less concerned by the costs of leaving the firm, subsequently thinning continuance commitment out. Due to this claim, one would be said to be preparing your employees for the job by laying down a great way to ensure that your employee has all he or she requires to do the task to perfection; this includes professional training. The core of the study by Abdullahi 2018 was geared toward establishing the effectiveness of the work culture as well as the Palembang Aviation Training Center employment training program. The sample was 38, and data collection instruments were structured questionnaires through the Likert scale. Data analyses were done through qualifying tests using homogeneity of chi-square, linearity, and one-way ANOVA test. The results indicated that training programs for employments are among the main reasons why workers would stay with an institution. Therefore, any institutional management has a duty to ensure proper training for workers and employees with the correct occupation profiles.

For this reason, employees must possess experience, knowledge, and expertise that would allow them to transfer the intended competencies to their learners. The only way to realize this is by having a committed training program that raises and reinforces such abilities. Liu, (2019) Similar to the above study, a study done also indicated that there is an indication that training enhances job satisfaction and commitment. This is because, through training, satisfied employees develop organizational commitment, report to duty, are punctual, remain with an organization, work efficiently, and do all that is beneficial. Tziner (2006) also confirmed the assertion that when the employees are satisfied with the job they are offered they develop commitment towards the

organization. However, where the workers develop a feeling that their unmet needs have changed to general displeasure, they get to be entrapped more and more by other competing places of work in the other organizations which cause voluntary turnover. In view of this, the above argument reveals that most employees with high job satisfaction have high job commitment. On the other hand there are those that have low job satisfaction who become a nuisance to the employee's jobs hence being negative to the firm. Therefore, when employees have job satisfaction, they are more loyal to organizations than they perceive they are alien to those organizations, as postulated by Okpara (2004) and Witasari and Gustomo (2020).

2.5 Human Resource Management Practice and Job-Commitment

Consequently, Makhamara carried an assessment on the moderating influence of SHRM practices on employee performance in level-five public hospitals in Kenya. This study supported five theories: The theories include; Human Capital Theory, Cybernetic Theory, Contingency Theory, Goal Setting Theory and AMO Theory. This study employed a descriptive research survey with cross-sectional research design. The targeted respondents comprised fully employed persons in the health sector, regardless of rank, including permanent health sector employees in the senior management, middle management, lower management, and other staff. The target population was 1428 and samples selected were 146. The public hospitals for this research were chosen through a simple random sampling exercise. In the selection of the hospitals for the pilot study, purposive sampling was used whereby two different hospitals were contracted employing personnel other than the sample. The major primary data collection tools were primary data and secondary data. During the data collection, both close ended questionnaires and the structured interview schedules were used. Descriptive information that was presented in tabular form was analyzed using SPSS- Statistical Package for Social Science version 22. Besides, correlation and multiple regression analysis at 0.05 percent level of significance was used to determine the extent of the variables relationship. As a result, this paper identified the five factors that impacted the performance of employees in the health sector in Kenya. The study by Mosadeghrad et al concurrently done in the year 2008 sought to determine the correlation between job satisfaction, organizational commitment and turnover intention.

In this regard, 629 employees of these hospitals were surveyed using the stratified random sampling technique and two sets of questionnaires. The result of this present study indicated that level of job satisfaction could be regarded as moderate, and high organizational commitment was noted among the hospital employees. Job satisfaction and organizational commitment variables influenced and related significantly to employees' turnover intention. The current study focuses on job satisfaction and organizational commitment as the independent variable. In this present research, on the other hand, the investigator focused their attention on the HRM practices as the independent variables to see whether the results would change. Aktar and Pangil (2018) examined the effect of human resource management practices on employee engagement of private commercial banks in Bangladesh: The moderating role of organizational culture.

Data was collected using structured questionnaires, and survey data from 283 respondents who are employees of private commercial banks in Bangladesh were collected. The parameters upon which employees were measured were compensation, job security, and working conditions, and they found out these were related to engagement. Moreover, hierarchical regression results showed that organizational culture partially mediates between the implementations of HRM practices and employee engagement. The study was conducted in Bangladesh and the data was collected with the aid of organizational culture as a moderator. In contrast, the current study was conducted in Kenya, and the selected independent variable was drawn from data collected from demographic factors. The study of Uddin et al. (2017) looked into how job satisfaction mediates the relationship between HRM operational performances, considering the moderating effect of gender.

This is a non-experimental study where data collection is through structured questionnaires. The research design adopted for this study is a descriptive survey research, and the population was 140 teachers in 14 high schools in Sylhet City of Bangladesh. The results indicated that training and development, discipline, and compensation were significantly and positively related to high school teachers' perceived operational performance effort. On the other hand, job satisfaction partially and fully mediated the relationship of HRM practices and operational performance.

Variable gender did not act as a moderator to any of the relationships between independent, mediator, and predicted variables. Due to this, the operational performance and job satisfaction of school teachers on account of practices of HRM do not differ according to Gender status. In this study conducted in Bangladesh, it used 140 teachers from high schools, used gender only as the moderating variable while the current study used gender and age as the moderating variable to check whether the results would differ.

2.6 Influence of Demographic Factors on the Relationship of HRM Practices and Job Commitment

Fundamentally, demographic factors encompass personal characteristics like age, gender, education, and work experience. These characteristics are often used to categorize study participants and predict their job commitment. Prior studies have examined the correlation between employee commitment and human resource management (HRM) practices across multiple industries (Ayodo, 2020; Ashraf, 2020; Devonish, 2018); however, the majority of these studies have concentrated on manufacturing, banking, and military environments (Visanh & Xu, 2018; Booth Kewley et al., 2017). There is a knowledge vacuum on how demographic variables may affect the connection between HRM practices and work commitment, particularly for workers in the medical field at public healthcare institutions. This study addresses this gap by examining the moderating influence of these demographic variables on ' job commitment. Although some research shows a link between employee age and organizational commitment, this relationship's nature seems intricate and multidimensional. Research suggests that older employees exhibit higher commitment levels, potentially due to limited job alternatives and stronger job attachment (Estigoy & Sulasula, 2020; Visanh & Xu, 2018; Rampal *et al.*, 2023). Conversely, younger employees, motivated by career advancement opportunities, may show lower initial commitment and be more likely to seek new positions (Ayodo, 2022). This contrasts with Akinyemi's (2014) findings of higher commitment among younger workers, highlighting the need for further nuanced research to fully understand the moderating influence of age in this context.

Similarly, extant research findings on the influence of gender on HRM practices and employee commitment highlight mixed study findings. Some studies, like Suksod and

Cruthaka (2020), find no significant difference in commitment levels between genders. Others, such as Mwesigwa *et al.*, (2020); Rampal *et al.* (2023), suggest higher commitment among male employees. This inconsistency mirrors previous findings on gender's role in this relationship, with studies by Ahmad and Bakar (2003); Riketta and van Dick (2005) finding no impact, while others like Mathieu & Zajac (1990) and Ashkan & Asmawi (2012) report lower male employee commitment. These mixed results highlight the need for further research to understand the complex interplay between gender, HRM practices, and employee commitment within the specific context of public health facilities in Kenya's Eastern region.

While prior research suggests a positive association between work experience and the effectiveness of HRM practices on employee commitment, findings remain mixed. Ashraf (2020) and Tandon, Mishra, and Mehta Tandon, (2020) observed greater emotional attachment to organizations with increasing experience, implying stronger commitment and lower turnover intentions. However, Rampal *et al.* (2023) found no significant influence of experience on commitment. This inconsistency highlights the need for further exploration, considering nuances identified by Bland *et al.* (2021);. Understanding these complex interactions is crucial for tailoring HRM strategies to maximize commitment, particularly among employees in Kenya's public health sector.

2.7 Theoretical Review

This section presents the theories that underpin the premise of this study, including Alderfers' ERG Theory of Motivation and Kahns theory of employee engagement.

2.7.1 ERG Theory of Motivation

Generally, Alderfer's ERG Theory of Motivation largely aligns with Maslow's Hierarchy of needs, although it categorizes human needs into three core groups, including existential, Relatedness, and Growth (ERG). Essentially, while Maslow's hierarchy of needs proposes a rigid progression, Alderfer's ERG theory differs by asserting a more flexible approach on human motivation. In this context, ERG suggests that individuals can pursue any need they prioritize, regardless of whether "lower" needs are met. This means, for example, an artist might prioritize growth over basic

needs. Additionally, ERG recognizes a "frustration-regression" dynamic, where unmet higher-level needs can trigger a shift to fulfilling lower-level needs (Alderfer, 1969; Foktas & Jucevičienė, 2021). This flexibility highlights the importance of understanding individual differences in motivation, as employees may prioritize and pursue needs differently. By acknowledging this dynamic nature, HR professionals can tailor interventions and development opportunities to maximize employee engagement and create a more supportive work environment that meets diverse needs.

Fundamentally, 'Existential' needs in the ERG model encompass Maslow's Physiological and security needs, which include basic needs, job security, pay, and good working conditions. The security needs suggest that individuals should not be in a physical danger and should not be able to lose their jobs. When there is good reward system then the needs of the workers are fulfilled hence job commitment. Relatedness has to be about how people engage with other people. This is in conformity with the Maslow's affiliation and esteem needs. Affiliation means that an individual has to be associated with others and be accepted by them. Institutions and other organizations should thus allow employees to form unions and welfare clubs to enhance these needs. Shanmugapriya (2021) posited that esteem needs are status, decision-making, recognition and achievement at the workplace.

Growth needs is defined as the need for personal growth. This need makes human beings to become what they are supposed to be. At the workplace, this need is met by receiving letters for promotion, training or accepting difficult tasks (Foktas & Jucevičienė, 2021). Hence, human resource managers in health sectors should have priority list that is in line with Alderfer's ERG theory of motivation to help the public health facilities to maintain a committed health workforce. The theory was relevant to the study since it contains the entire research variables in the research objectives: the four specific human resource management practices that affect health sector employee job commitment.

2.7.2 Kahns Theory of Employee Engagement

This theory was first proposed by Kahn in 1990 in his research, on psychological circumstances of personal engagement and disengagement working place. Kahn

researched on human motivation by analyzing and observing employees' behavior. Kahn (1990) in his theory denoted that staff engagement is a connection of a firm's workers to their work duties whereby employees put their whole self that is; bodily, cognitively, and emotionally as they perform their tasks. The cognitive feature of employee engagement deals with workers' trust in the company, its managers and working surroundings. The emotional feature is concerned with the feeling of workers about their workplace, their leaders, and the conditions of work that they are in and whether they possess undesirable or desirable attitude toward the three aspects (Hasan *et al.*, 2021). Hasan *et al.*, 2021). The physical portion of employee engagement deals with the physical efforts applied by individual employees to complete their tasks. Therefore, according to the theory engagement denotes being mentally and physically available during ownership and performance of the duties assigned by the organization.

A study about employee turnover Kahn (1990), stated that engagement is important in ensuring employees are willing to stay for an extended period at their place of work. This study concluded that when workers are engaged at their place of work, they are inclined to work longer in the firm hence increasing retention. Kahn developed three psychological conditions that enable engagement, the first condition is meaningfulness which is if the employee finds their work to be of meaning to the organization, which push them to engage their all. This condition leads to improved employee involvement in their work since value their work above everything (Huang & Fei, 2020). Employees who take their work to be meaningful apply an extra effort in their job compared to those who do not. The second condition is safety, that is, the employee feels safe when engaging all their effort at work, and lastly is availability, that is the feeling of being mentally and physically able to exert their full effort to the task and this is related to employee loyalty.

According to the theory, leaders of a place of work must make sure subordinates are completely engaged and are entirely attached to their tasks. The idea is that the employee is entirely devoted, just like an entrepreneur is to their business (Rumbles, 2022). Being engaged merely means you are entirely absorbed and interested in one's duties in such a way that it holds you mentally and stimulates you perform perfectly. In

his findings, Kahn posited that an engaged staff is completely committed to the firm and fully involved in his or her job.

The theory of employee engagement is reinforced by Saks (2006) who expounded on the social exchange theory founded by (Homans, 1958). Saks acknowledged that Kahn's 1990 model demonstrated that employees are engaged when they fully involve themselves in their duties to achieve maximum productivity. The theory by Saks aimed to expand on why employees responded to these conditions differently. Saks found that employees balance the resources they receive and what they offer the organization and if the balance is beneficial to them, they become committed and more involved in the return. Saks, therefore, suggested that organizations should always keep their side of the bargain otherwise workers would be disengaged.

Kahn's theory of engagement explains employee engagement as the connection an employee has with their role and fully involves himself physically, emotionally and cognitively. The psychological conditions; availability anchors employee commitment in that they are dedicated to avail themselves to perform their duties: meaningfulness anchors job involvement in that when workers find their work meaningful, they put their complete self and safety anchors retention variable whereby the theory states when employees feel safe in their place of work, they remain for long.

2.8 Summary of Literature and Gap Analysis

Although past literature has explored the reward policies used in organizations, the focus has mainly been context-specific. For example, Okinyi's (2015) study focused on faith-based health organizations in the context of Kakamega County. Uzman's (2010) was based on South African organizations. Ana and Hoang (2020) studied employee motivation from a broader perspective and in the context of Vietnam employees. Moreover, Kowo et al.'s (2018) study highlighted the role of employee reward systems in the context of bank employees. The current study focused on health professions in the Eastern region of Kenya level 5 hospitals. Previous studies find that employee involvement in their jobs plays a critical role in influencing decisions, though with some discrepancies between studies (Mwololo, 2014; Khezerloo *et al.*, 2016; Leo *et al.*, 2017). Because of these inconsistencies in the study, the researcher aims to explore

whether administrators in Eastern Region Level 5 hospitals are involved in decision-making as part of human resource practices and how this impacts their job commitment. While extensive studies have been done focusing on the importance of training in improving general job performance and commitment, little has been done to precisely investigate the effect of training on job commitment optimally. In the present research, the authors want to examine the impact of training on the employee's commitment towards their jobs. Equally, the level of employee job commitment in consideration to the established human resource management practices is poorly explained. Many of the studies prior to this one seek to establish the effects of human resource management on employee engagement, performance and workplace satisfaction. Consequently, this study focused on understanding the effects of HRM practices on job commitment.

2.9 Conceptual Framework

It is, therefore, contextual that there is a huge literature gap on the relationship between HRM practices and organizational commitment of employees in the health context particularly in the Kenyan public health sector. Secondly, the review revealed few empirical studies which investigated the moderating role of demographic factors on the relationship between HRM practices and employees' commitment in the healthcare industry in Kenya and internationally. The following conceptual framework was therefore developed for this study in an attempt to achieve the objectives of this study regarding the HRM practices that elicit the independent variables; reward system, training and employee involvement leading to the development of the dependent variable, employee commitment. Secondly, the study also aimed at finding out the moderating role of demographic variables particularly age and gender on the relationship between the variable under view, the HRM practices and employees commitment in health employees population.

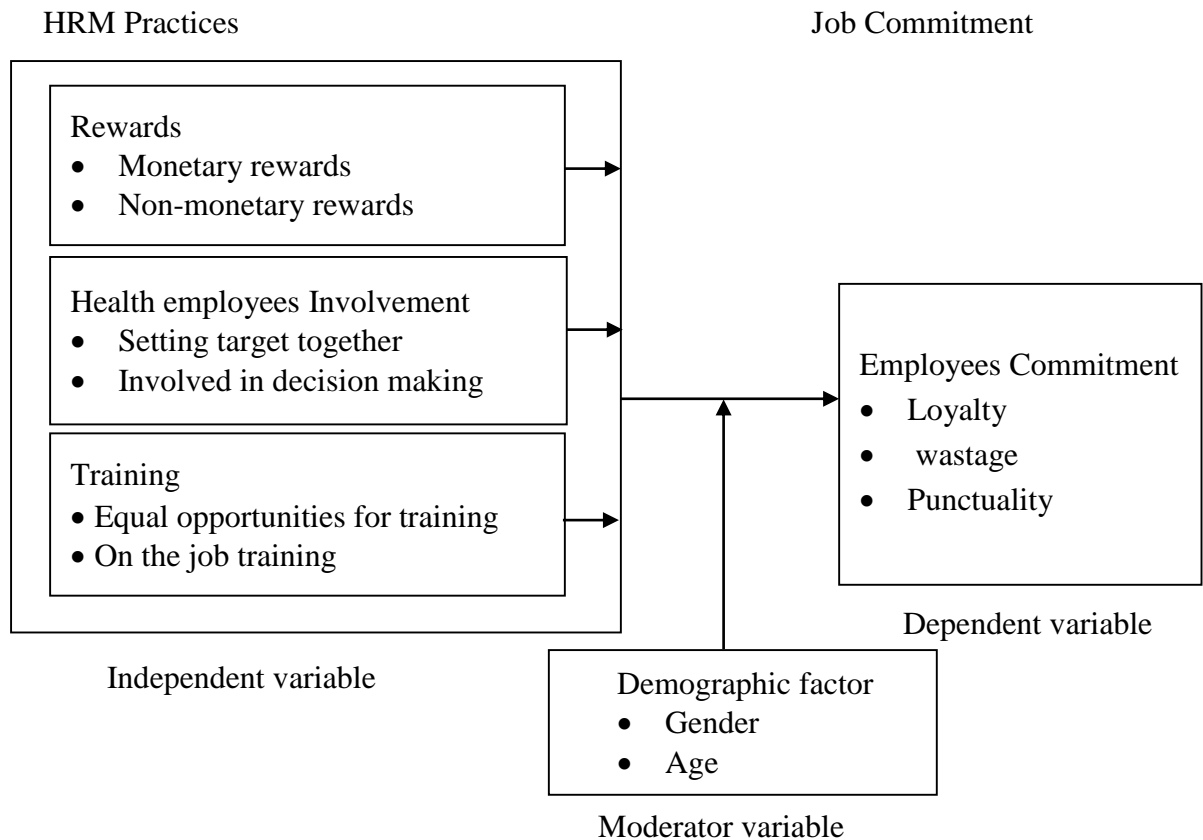


Figure 1: Conceptual Framework
(Researcher, 2024)

The conceptual framework advances that the HRM practices employed by the hospital administrators are the independent variable, which influences job commitment (dependent variable)

Generally, the HRM practices adopted by hospital administrators may impact job commitment. The management creates a conducive working atmosphere by providing employees with rewards and employees’ involvement in decision-making, training, which can improve their commitment hence good employee performance. Intrinsic rewards, such as job satisfaction, a sense of accomplishment, and opportunities for personal growth, contribute to long-term commitment and extrinsic rewards, such as salary, bonuses, and benefits, can also influence commitment by meeting employees’ basic needs and providing a sense of security. Employees who receive recognition and appreciation for their efforts and achievements tend to feel more valued. Feeling appreciated can enhance their commitment to the organization as they see their work as meaningful and important.

When employees take part in decision-making processes occasioned by the opportunity to offer their suggestions, there will likely be ownership and actualization. Interested employees are more likely to be committed to the organisation and goals of an organization if they are made to feel that their input is valued. Collaboratively setting targets with employees promotes a sense of shared responsibility and accountability. Jointly established goals are more likely to be realistic and achievable, leading to a greater commitment to achieving those targets. Transparent communication about the health facility budget, its allocation, and financial goals is crucial for employee understanding. Employees who are aware of the financial constraints and opportunities may be more committed to efficient resource utilization and cost-effective practices.

Training programs, especially those tailored to employees' needs and roles, contribute to skill development. Improved skills enhance employees' confidence in performing their duties, fostering a sense of competence and commitment to their roles. Ensuring equal access to training opportunities demonstrates a commitment to fairness and inclusivity. When employees perceive that everyone has an equal chance for development, it can contribute to a positive work environment and increased commitment among the workforce.

Gender differences can influence the perception of HRM practices. For example, family-friendly policies such as parental leave may impact commitment differently for male and female employees. Ensuring that HRM practices address gender-specific needs can contribute to a more committed and inclusive workforce. Employees at different stages have different career expectations. Younger employees may seek rapid career progression and skill development, but older employees value stability and work-life balance. HRM practices like training and development, mentoring programs, and succession planning can be aligned with employees' career stages.

2.10 Operationalization of Variables

Table 1: Operationalization of Variables

Variables	Indicators	Measurement
Rewards	Monetary tokens Non-monetary	Five Point Likert scale
Employee Involvement	Setting target together Health facility budget	Five Point Likert scale
Training	Equal opportunities for training On-the-job training	Five Point Likert Scale
Job commitment	Wastage Punctuality Loyalty	Five Point Likert Scale

Source: Researcher (2024)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Location of the Study

The study was conducted in the Eastern region of Kenya. The hospitals covered are Meru Level 5, Embu Level 5, and Machakos Level 5. Meru has a latitude of 0° 02' 46.54" N and a longitude of 37° 39' 21.13" E. Embu has a margin of 0.5388° S, 37.4596° E. Machakos has latitude of 1.5177° S. A longitude of 37.2634° E. Eastern region has been chosen because there is limited research on human resource commitments in public level 5 hospitals in Eastern region Kenya. Since level 5 requires technical staff, it is important to examine employees' attitudes toward the organization and how their commitment has effectively impacted the achievement of the desired organizational goals.

3.2 Research Design

This study adopted a descriptive survey research design, which allows the researcher to collect data by administering a set of questions, including interviews with the sample of the population irrespective of the variables (Orodho, 2012). The design was suitable because the data was collected and analyzed as they were out in the field. That is to investigate the relationship between HRM practices, including rewards, employee involvement and training, and employees' commitment to public health facilities within Kenya's eastern region.

3.3 Population

The target population entailed 1047 employees working in public level 5 hospitals within the Eastern region Kenya. The study targeted health professionals in Meru level 5, Machakos level 5 and Embu level 5 hospitals within the Eastern region, Kenya since there is limited research on healthcare professionals' job commitment. Hence, it was assumed that given the advanced status of the selected public hospitals it would have the highest portion of the health professional population. The target population featured healthcare professionals with various roles at the hospital, including nursing, physicians, medical assistants, clinical pharmacists, as well as other health professionals, such as dentists and pharmaceutical technologists. Table 2 summarizes the study's target population.

Table 2: Target Population

Categories		Target Population	
Meru Level 5 Hospital	Nurses	140	
	Consultants including gynecologist, pediatricians, physicians and surgeons	18	
	Clinical officers	18	
	Clinical pharmacists	17	
	Medical laboratory technicians	20	
	Other health professionals, including dentists, pharmaceutical technologists	87	
	Total	300	
	Embu Level 5 Hospital	Nurses	167
Embu Level 5 Hospital	Consultants including gynecologist, pediatrician, physicians and surgeons	20	
	Clinical officers	24	
	Clinical pharmacists	22	
	Medical laboratory technicians	27	
	Other health professionals, including dentists, pharmaceutical technologists	60	
	Total	320	
	Machakos	Nurses	200
		Consultants including gynecologist, pediatrician, physicians and surgeons	30
Clinical officers		70	
Clinical pharmacists		22	
Medical laboratory technicians		23	
Other health professionals, including dentists, pharmaceutical technologists		82	
Total		427	
Grand Total		1047	

Source: Eastern Region HR Staff Returns to the County Secretary and Head of Public Service (2023)

3.4 Sampling Procedure and Sample Size

A probability-based technique called stratified sampling was employed to guarantee a proportional representation of each group within the hospital. A comprehensive sampling frame was obtained from the recruited health professionals working at Eastern Region level 5 hospitals. Specifically, the researcher adopted the random sampling

method to recruit potential study participants. The stratified sampling technique was utilized to group the recruited study participants into demographic categories that helped assess the influence of the moderating variable in the study.

Contextually, this study recruited a representative sample from the population of at least 1047 employees in the level 5 hospitals in the Eastern region of Kenya. To ensure diverse representation, the sample frame was stratified by professional, age, and gender groups, including nurses, physicians, pharmacists, and specialized health professionals. In order to harmonize the weight of each group's responses, a proportional number of participants was randomly selected for each group. This approach allows for generalizing findings across different healthcare roles and demographic attributes. Generally, this sampling approach strategically identifies individuals with unique experiences and perspectives, potentially offering deeper insights into the relationship between HRM practices and employee commitment. By combining quantitative data from the broader sample with qualitative data from these key informants, the study aims to comprehensively understand the complex interplay between these factors.

Systematic random sampling was used to select employees by employing a replacement method, ensuring that each individual in the defined population had an equal and independent opportunity to be chosen for the sample size. The size of the sample of this study is 289 employees in the health sector determined using Israel's (2009) formula for sample size determination as follows:

$$n = \frac{N}{1 + Ne^2}$$

=289

Where n = required sample size.

N =the population size.

e is the error term

Table 3: Sample Size

Categories		Target Population	Sample size
Meru Level 5 Hospital	Nurses	140	39
	Consultants including gynecologist, pediatrician, physicians and surgeons	18	5
	Clinical officers	18	5
	Clinical pharmacists	17	5
	Medical laboratory technicians	20	5
	Other health professionals, including dentists, pharmaceutical technologists	87	24
	Total	300	83
	Embu Level 5 Hospital	Nurses	167
Embu Level 5 Hospital	Consultants including gynecologist, pediatrician, physicians and surgeons	20	6
	Clinical officers	24	7
	Clinical pharmacists	22	6
	Medical laboratory technicians	27	7
	Other health professionals, including dentists, pharmaceutical technologists	60	17
	Total	320	89
Machakos	Nurses	200	55
	Consultants including gynecologist, pediatrician, physicians and surgeons	30	8
	Clinical officers	70	19
	Clinical pharmacists	22	6
	Medical laboratory technicians	23	6
	Other health professionals, including dentists, pharmaceutical technologists	82	23
	Total	427	117
	Grand total	1047	289

Source: Eastern Region HR Staff Returns (2023).

3.5 Research Instruments

The primary tool for collecting data in the study was a questionnaire. The questionnaire gathered information on HRM practices for employees in the level 5 hospitals. The questionnaire had four main sections, which featured questionnaire items that collect data for the set study variables. Specifically, the first section encompasses questions that prompt study participants to indicate the demographic attribute that best describes them. The second section collected data on HRM practices, including employee involvement, training, and rewards, implemented in the participants' current hospital. Lastly, the third section features 12 statements on job commitment, whereby the participants indicate their stance based on options offered based on a 5-point Likert

scale. Generally, the questionnaire comprised closed-ended questions. This type of instrument is easy to administer and allows one to gather large amounts of data quickly and precisely. A well-designed questionnaire collects accurate quantitative data that can be interpreted and generalized. It is also used to gather information from a literate population.

3.6 Pilot Study

The pilot was done at Nyeri Level 5 Hospital and possesses characteristics of the target population therefore making it relevant. Mugenda and Mugenda (2003) assert that the piloting sample can comprise between 1 to 10 percent of the overall sample. Thus, to obtain results from the researcher's population of 289 representing 10% of all categories of health professionals in the level 5 hospitals got 29 health professionals from Nyeri Level 5 hospital. In the actual study, this solution was not implemented. The pilot study played a useful role in rating and evaluation of the clarity of some of the instrument items and pertinence to other administration with a view of enhancing the quality of the items besides increasing the precision of data assembled.

3.6.1 Validity Test

Sapford's (2007) definition of validity is a ability of the instrument to produce the intended data. Hence, it shows the extent to which the data collected in the study relates to and reflects the variables in the study. Content validity is individually known as the degree to which the items in a given instrument measure the content domain it is intended to cover (Mugenda & Mugenda, 2003). While distributing the self-developed questionnaire to the Human resource professionals, the researcher ensured that the questions they responded to measured what was intended, that is, content validity as recommended the supervisor.

3.6.2 Reliability Test

Internal consistency of the instruments was also determined using Test-Retest reliability. The actuality was that the participant was given the test twice with some time interval between the two attempts. The level of correlation between the two scores was tested using the Pearson correlation test and the correlation coefficient was computed using the help of statistical package SPSS version 28.0. Like Mugenda and

Mugenda (2003) asserts, that any co-efficient of 0.70 or more represents high data reliabilities. The Cronbach's alpha coefficient for the rewards, involvement, and training and job commitment measures was calculated as 0.715, 0.720, 0.698 and 0.712 respectively which are all higher than the accepted level. The results are shown in the following Table 4.

Table 4: Reliability Statistics

Construct	Number of Items	Cronbach's Alpha
Rewards	8	0.715
Employees Involvement	9	0.720
Training	7	0.698
Job Commitment	10	0.712

3.7 Data Collection Procedure

The researcher went to the deputy county commissioner and administrators, at the County hospital to request data collection. The researcher and the assistants ensured that participants fully comprehended the purpose of completing the questionnaires before they began filling them out. The participants were provided with a timeframe of two weeks to finish the tasks.

3.8 Data Analysis Techniques

The researcher began by first confirming that all the instruments were fully completed. The collected data was grouped and analyzed by assigning specific codes for efficient information handling. All the information was examined with the help of SPSS Version 28.0, social science data analysis software. Content analysis was used for data analysis of qualitative data and descriptive and inferential analysis was used for data analysis of quantitative data. Descriptive statistics uses averages and spread measures to explain how the variables are related. Descriptive information was given using tabular form and graphs.

3.8.1 Model Specification

The regression model considered job commitment as the outcome variable and human resource management practices as the influencing factor. This study conducted simple regression for each objective and then carried out a combined influence of independent variables on job commitment.

Without moderation

The following simple regression was developed for reward and employee job commitment.

$$Y = \alpha + \beta_1 X_1 + e \quad (3.1)$$

X_1 represents reward

Where Y represents employee job commitment

The following simple regression was developed for employee involvement and employee job commitment.

$$Y = \alpha + \beta_2 X_2 + e \quad (3.2)$$

X_2 represents employee involvement.

The following simple regression was developed for training and employee job commitment.

$$Y = \alpha + \beta_3 X_3 + e \quad (3.3)$$

X_3 represents training

A Combined influence of the following simple regression models gives the multivariate regression model.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon \quad (3.4)$$

$$X = (X_1 + X_2 + X_3)/3 \quad (3.5)$$

Where X- composite Human Resource Management Practices

X_1 represents reward

X_2 represents employee involvement

X_3 represents training.

$$\text{With moderation } Y = \beta_0 + \beta_1 X + \beta_2 M + \beta_3 X.M + e \quad (3.6)$$

Where Y represents employee job commitment.

β_0 - A constant representing the predicted value of the dependent variable Y when all the predictors in the model are zero.

$\beta_1, \beta_2, \beta_3, \beta_4$, -coefficients of X_1, X_2 , and X_3 , respectively which shows the percentage of dependent variable Y (employee job commitment) that is explained by the independent variables X_1, X_2 and X_3

X represents human resource management practices

X_1 represents reward

X_2 represents employee involvement.

X_3 represents training.

M represents demographic factors as the moderating variable

e-error term

The moderating influence of demographic factors was determined in equation six, where the results indicate whether it alters the relationship between human resource management practices and job commitment. The significance of the moderation was determined by calculating the change in the R^2 before and after moderation. Then, if the change in R^2 increases, it shows that the moderation influence is significant.

3.9 Diagnostic Tests

The diagnostic tests help identify or detect any econometric problems in the analysed data. These tests are valuable because they help the researcher make adjustments, reducing the risk of obtaining inaccurate results (Aczel & Sounderpadian, 1999). The issues examined included normality, multicollinearity, and heteroscedasticity.

3.9.1 Normality Test

Some tests, such as correlation and multiple regression analysis, should be done on average data. If the data is not normally distributed, it becomes a problem as it affects any subsequent analysis in a big way. The principle of normality was checked through preliminary analysis, determining whether the data is usually distributed. Shapiro Wilk test was used to determine whether or not the distribution of the scores in each group was expected. The data distribution is normal if the obtained score is less than 0.05 (Tabachnik & Fidell, 2007).

3.9.2 Multicollinearity Test

As postulated by Neeleman (2012), multicollinearity occurs in a scenario where the predictor variables are interrelated in a general manner. Multicollinearity is the primary concern in this study since it hinders the evaluation of the partial contribution of each independent variable on the dependent variable. The more correlation between two variables, the more imprecise the estimation of regression parameters for individuals (Neeleman, 2012). To check the multicollinearity, the study computed the value of the variance inflation factor (VIF) and produced the corresponding tolerance factor. A variance inflation factor (VIF) below 10 suggests that there is no multicollinearity among the variables in question, while a VIF above 10 indicates the presence of

multicollinearity. Results in the current study indicated in Table 16 show that there was no multicollinearity problem in the estimated model for the combined effect or when the moderating factors were added, as reported in Table 20.

3.9.3 Heteroscedasticity Test

Lanteri *et al.* (2023) explain that heteroskedasticity arises when the error terms do not have persistent differences. Heteroskedasticity can be affected by measurement errors and the existence of sub-population variances or other collaboration effects. Heteroskedasticity ensures there is no prejudiced constraint approximations. Nevertheless, the standard errors are unfair if heteroskedasticity is current. This results in biases in assessment data and confidence intervals. In this study, the researcher tested heteroskedasticity by use of P-P plots. P-P plots were used because they are the best in presenting the spread of data. When the widths of the residuals rise or decrease as the observed constructs rise then heteroskedasticity is present.

Table 5: Data Analysis Matrix

Hypothesis	Test-Statistics
H ₀₁ : There is no statistically significant relationship between rewards and job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya	t-statistic
H ₀₂ : There is no statistically significant relationship between employees' involvement and job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya	t-statistic
H ₀₃ : There is no statistically significant relationship between training and job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya	t-statistic
H ₀₄ : There is no statistically significant moderating effect of demographic factors on the relationship between human resource management practices and job commitment among and employees' job commitment among employees in public level 5 Hospitals in Eastern region, Kenya	t-statistic
H ₀₅ : There is no statistically significant combined effect of rewards, employee involvement and training on job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya	t-statistic

*F-test were used to test the overall significance of the model.

Source: Researcher (2024)

3.10 Ethical Considerations

Prior to conducting the sampling, the researcher sought approval from the Chuka Institutional Scientific and Ethics Research Committee and obtained a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). To overcome this shortcoming, the researcher assured the respondents of the intention and use of the collected information and the respondent's anonymity. All the potential respondents were informed of the purpose of the study, and a request was made to them to offer information voluntarily. The respondent's right to self-determination was respected in the decision to participate in the study.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter reports findings of a study to determine the effects of human resource management practices on job commitment in healthcare workers in public Level 5 hospitals in the Eastern region of Kenya. Descriptive and inferential statistics are used in the analysis to present the study findings and the interactions of the study variables. The frequencies and percentages of the respondents' demographic profiles, as well as their perception of the practices of HRM and job commitment, are documented in the descriptive analyses. Hypothesis testing and evaluation of the extent of the relationship between rewards, employee involvement, training and job commitment use inferential statistics such as regression analysis. Additionally, the moderating role of demographic factors is explored to understand their impact on the primary relationships. The results are discussed in the context of existing literature and theoretical frameworks, highlighting the implications for HRM practices and policy-making. This chapter aims to provide a detailed examination of the data to draw meaningful conclusions and recommendations that can inform future HRM strategies and enhance job commitment among healthcare professionals in the targeted region. The insights gained from this analysis are crucial for addressing the challenges faced by healthcare institutions and improving overall organizational performance.

4.2 Descriptive Statistics

Table 6: Descriptive Statistics

	Mean	SD	Median	Trimmed Mean	Minimum	Maximum	Range	Skewness	Kurtosis	Standard Error
Reward	2.724	0.792	2.750	2.728	1.000	5.000	4.000	-0.056	-0.506	0.047
Employee Involvement	2.802	0.673	2.778	2.802	1.111	4.889	3.778	0.121	0.289	0.040
Training	3.071	0.791	3.143	3.087	1.000	5.000	4.000	-0.210	-0.025	0.047
Job Commitment	3.448	0.639	3.500	3.461	1.500	5.000	3.500	-0.165	0.001	0.038
Gender	0.411	0.493	0.000	0.388	0.000	1.000	1.000	0.361	-1.876	0.029
Age Bracket	2.618	0.892	3.000	2.647	1.000	4.000	3.000	-0.175	-0.716	0.053
Years Worked	3.832	1.451	5.000	4.040	1.000	5.000	4.000	-0.859	-0.753	0.087

The study on "Influence of Human Resource Management Practices on Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya" includes a detailed analysis of the variables: Reward, Employee Involvement, Training, Job Commitment, Gender, Age Bracket, Years Worked, and Education Level.

The analysis of the variable Reward, based on 280 responses, revealed a mean score of 2.724 (SD = 0.792). The median value for Reward was 2.750, indicating that the middle value in the data set was close to the mean. The trimmed mean, which is the mean calculated after removing the extreme values from the dataset, was 2.728, suggesting minimal influence of outliers on the central tendency of the Reward variable. The mean absolute deviation which is defined as the arithmetic mean of the absolute deviations of the data point from the mean was 0.927. The range of the Reward scores spanned from a minimum of 1.000 to a maximum of 5.000, yielding a range of 4.000. The skewness of -0.056 suggests that the distribution of the Reward scores is fairly symmetric, while the kurtosis value of -0.506 indicates a relatively flat distribution compared to a normal distribution. The standard error, which estimates the variability in the sample mean, was 0.047.

For the variable Employee Involvement, the mean score was 2.802 with a standard deviation of 0.673, based on the responses of 280 participants. The median score was 2.778, and the trimmed mean was 2.802, both closely aligning with the overall mean, implying a balanced distribution of scores without significant outliers. The mean absolute deviation was 0.659, reflecting the average variability of the scores around the mean. The scores for Employee Involvement ranged from 1.111 to 4.889, resulting in a range of 3.778. The distribution showed slight positive skewness with a value of 0.121, indicating a minor rightward tail, while the kurtosis value of 0.289 suggested a distribution shape slightly more peaked than a normal distribution. The standard error was calculated to be 0.040, denoting the precision of the sample mean.

As for Training, the mean score was obtained to be 3.071 with standard deviation of 0.791. The median score for Training was 3.143, and the trimmed mean was slightly higher at 3.087, indicating a marginal influence of extreme values. The mean absolute

deviation was 0.847. The range of Training scores extended from a minimum of 1.000 to a maximum of 5.000, resulting in a range of 4.000. The skewness of -0.210 suggests a slight leftward tail in the distribution, whereas the kurtosis value of -0.025 points to a distribution that is close to normal. The standard error for Training was reported as 0.047.

The Job Commitment variable showed a mean score of 3.448 and a standard deviation of 0.639 among the 280 respondents. The median value was 3.500, consistent with the mean, and the trimmed mean was 3.461, indicating a balanced distribution. The mean absolute deviation was 0.593. Job Commitment scores ranged from a minimum of 1.500 to a maximum of 5.000, giving a range of 3.500. The above analysis resulted in skewness of -0.165 values indicating slightly left skewed and kurtosis of 0.0010 close to normal distribution. The standard error was 0.038, indicating high precision in the sample mean estimate.

The Gender variable had an average of 0.411 with a standard deviation of 0.493. Since Gender is a categorical variable, the values represent a binary distinction, typically coded as 0 and 1. The median value was 0.000, reflecting the mode of the sample. The trimmed mean was 0.388, and the mean absolute deviation was 0.000. The minimum and maximum values were 0.000 and 1.000, respectively, with a range of 1.000. The skewness was 0.361, indicating a slight rightward tail, and the kurtosis was -1.876, suggesting a more platykurtic distribution. The standard error for Gender was 0.029.

For the Age Bracket variable, the mean score was 2.618 with a standard deviation of 0.892. The median age bracket was 3.000, indicating that the central value of the data falls in the higher age brackets. We obtained the trimmed mean of 2.647 and the mean absolute deviation of 1.483. The scores varied between 1.000 and 4.000 which provides a range of 3.000. The skewness at - 0.175 indicates a very slight left skew while the value of kurtosis at -0.716 is lower than that of the normal distribution this implies flatter peak in the distribution. The standard error was calculated to be 0.053.

The Years Worked variable showed a mean of 3.832 with a standard deviation of 1.451. The median number of years worked was 5.000, which is higher than the mean, suggesting a positive skew in the distribution of this variable. The trimmed mean was

4.040, and the mean absolute deviation was 0.000. The minimum and maximum years worked were 1.000 and 5.000, respectively, resulting in a range of 4.000. The skewness of -0.859 indicates a leftward tail in the distribution, and the kurtosis value of -0.753 suggests a relatively flat distribution. The standard error was 0.087.

4.3 Reliability Analysis

Reliability analysis is very important because it helps to verify that the measurement instruments used in the study are measuring what the study intended to measure. Table 7 provides the case processing summary for both valid and excluded cases.

Table 7: Case Processing Summary

		N	%
Cases	Valid	279	99.6
	Excluded	1	0.4
	Total	280	100.0

The case processing summary indicates that out of the 280 respondents, 279 cases were valid and included in the analysis, representing 99.6% of the total sample. Only 1 case was excluded, accounting for 0.4% of the total sample. This high percentage of valid cases suggests that the data collection process was thorough and the data quality is very good.

Table 8: Reliability Statistics

Construct	Number of Items	Cronbach's Alpha
Rewards	8	0.715
Employees Involvement	9	0.720
Training	7	0.698
Job Commitment	10	0.712

To evaluate the reliability of the constructs measured in the questionnaires, Cronbach's alpha was calculated for each of the main sections, which included five factors: Pay Systems and Incentives, Employee Engagement and Development, Tenure, and Physical Buildings (Preservation). The Cronbach alpha coefficient varies between 0 and 1; thus, 0-inappropriateness of the scale, 0.1-weak, 0.2-middle, and 1-strong internal consistency of items in the scale. It is believed that moderate reliability is evidenced by a Cronbach's of 0.7, and good reliability by a Cronbach's result of 0.8

and above. Although the Training construct has a slightly lower alpha value (0.698), it is still within the acceptable range for exploratory research. The reliability analysis suggests that the measurement instruments used in this study have high internal consistency, ensuring that the responses are reliable and the constructs are being measured accurately. This provides confidence in the validity of the findings derived from the subsequent analysis. The results in this study are in accordance with what Mugenda and Mugenda (2003) suggested where a co-efficient of 0.70 or more shows high data reliability. As a result, the Instruments were considered reliable. Thus, the high reliability dent to the study provides a solid ground for examining the link between the implemented practices of HRM and job commitment of health professionals in the Level 5 public hospitals of the Eastern region of Kenya.

4.4 Influence of Rewards on Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya.

The objective of this analysis is to determine the influence of rewards on job commitment among health professionals in public Level 5 hospitals in the Eastern region of Kenya. The regression model includes the constant and the predictor variable "Reward," with job commitment as the dependent variable. The results are reported in the table below:

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.85	0.722	0.722	0.63827	1.554

In the model summary, some of the very important measures that lead to checking the goodness of fit and overall performance of the regression model is made known. Co-efficient of determinations is 0.724 and co-efficient of correlation (R) is determined as 0.85 which also shows there is strong positive relationship between the predictors and the dependent variable. The coefficient of determination, R-squared, is 0.722 meaning that 72.2% of variance in job commitment can be accounted by the proposed model, which is good. Adjusted R-squared is slightly decreased and equals 0.720, but it still testifies to the acceptable model fit after the number of predictors is considered. Standard Error of the Estimate is 0.63827 which gives the average difference between the observed and predicted outcome. Ideally, a standard error would be lower as this is

good sign that the model provides a reasonable fit to data. The Durbin-Watson statistic of 1.554 was used in checking for the autocorrelation of the residuals. A value close to 2 indicates no autocorrelation; the values less than 2, positive autocorrelation; and the values greater than 2, negative autocorrelation. Thus the comprehensive model offers a value of 1.554 that is close to 2 implying no autocorrelation in the residuals.

Table 10: Regression Coefficient for Reward

Model	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1 (Constant)	3.635	0.137		26.560	0.000		
Reward	2.069	0.048	1.085	4.423	0.016	1.000	1.000

Statistical Model

$$Job\ Commitment = 3.635 + 2.069(Reward) \quad (4.1)$$

The regression analysis reveals a significant positive relationship between rewards and job commitment ($B = 2.069$, $p = .016$). This suggests that as the perceived rewards increase, the job commitment of health professionals also increases. The standardized beta coefficient ($Beta = 1.085$) indicates a strong positive relationship. The t-value (4.423) and the significance level ($p = .016$) confirm that the relationship is statistically significant, and therefore, the null hypothesis is rejected. With the reward variable set to zero, the constant value is 3.635 meaning the level of job commitment. Reward has unstandardised coefficient of 2.069 meaning that for each unit change in the reward score, the job commitment is likely to increase by 2.069. Based on the test results for multicollinearity, the value of Tolerance = 1.000 and VIF = 1.000 indicates no problem of multicollinearity in the model.

The result of having a positive correlation between rewards and job commitment of health professional is supported by previous studies. Numerous studies support the notion that rewards are crucial in enhancing job commitment. For instance, Meyer and Allen (1991) assert that rewards can significantly enhance organizational commitment by meeting employees' psychological needs and reinforcing desired behaviors. Similarly, Tansky and Cohen (2001) found that tangible rewards, such as salary

increases, bonuses, and promotions, significantly boost employees' commitment to their organization.

This positive relationship is also in support with the findings of Williams and Anderson (1991) who found that employee who perceives that their rewards are fairly rewarded has higher levels of commitment to their jobs. Moreover, Deci, Koestner, and Ryan (1999) highlighted that rewards that are perceived as fair and adequate can enhance intrinsic motivation, leading to greater job commitment.

The arguments about the link between rewards and job commitment are well understood in organizational behavior and psychology literature. According to Vroom (1964) Expectancy theory holds that employees are motivated when they perceive that their efforts would produce desired outcomes. Besides, according to the Social Exchange Theory propounded by Blau (1964), employees who believe that the organization values their contribution by providing them with corresponding incentives will be committed to the organization. This positive correlation found in the current study supports the Two Factor Theory advanced by Herzberg (1966). As Herzberg stated, satisfaction cannot be created through absence of dissatisfying factors (if for instance, pay is poor it will not make people committed to their work but if the ability to control one's work is present, it will greatly increase commitment. The rewards perceived as both fair and fulfilling, in this context, act as strong motivators that increase health professionals' job commitment.

The findings of the study imply that reward management in the public Level 5 hospitals in the Eastern region of Kenya has to be well developed and properly structured by the administrators and policymakers. By ensuring that rewards are both fair and adequate, hospital management can significantly enhance job commitment among health professionals. Transparent, fair, and consistently applied reward systems that address both extrinsic and intrinsic motivators are essential. Efforts should be made to recognize health professionals' contributions, provide opportunities for professional growth, and foster a supportive work environment. The findings of the study imply that reward management in the public Level 5 hospitals in the Eastern region of Kenya has to be well developed and properly structured by the administrators and policymakers.

The finding of a positive relationship between rewards and job commitment highlights the importance of well-designed reward systems in enhancing employee commitment. By addressing both extrinsic and intrinsic motivators, hospital administrators can foster a more committed and motivated workforce, ultimately leading to better healthcare outcomes.

Table 11: ANOVA Results for the Overall Significance of the Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	76.254	1	76.254	462.425	0.0001
	Residual	45.845	278	0.1649		
	Total	122.099	279			

The overall significance of the regression model is determined statistically by the results presented in the ANOVA table in Table 5. The regression model sum of squares is computed as the sum of the amount of total variation in the dependent variable, which is equal to 76.254 with one degree of freedom the mean square is equal to 76.254. In the case of the current model the F-statistic equals to 462.425 and $p = 0.0001$. This implies that the regression model accounts for a very large percentage of the variances of the dependent variable, which means that the model predictors have a combined impressive impact on the criterion measure. The Residual Sum of Squares is 45.845 with 278 degrees of freedom, thus, the Mean Square is 0.1649 and it indicates the variability that exists in the model. The total variability, combining both regression and residual components, is 122.099 with 279 degrees of freedom. The attained F-value is highly significant and substantiates the theory that the developed model fits the data suitably and is statistically credible.

4.4.1 Normality of the Residuals

The results above shows that the residuals are normally distributed with a mean of zero and a variance (σ^2) of 0.996, which is close to one (1). These results indicate that the regression residuals are normally distributed with a mean equal to zero and equal variance. Besides, results support the assumption that the variance of the regression residuals have a homoscedastic variance, that is, the variance of the regression residuals do not vary over time.

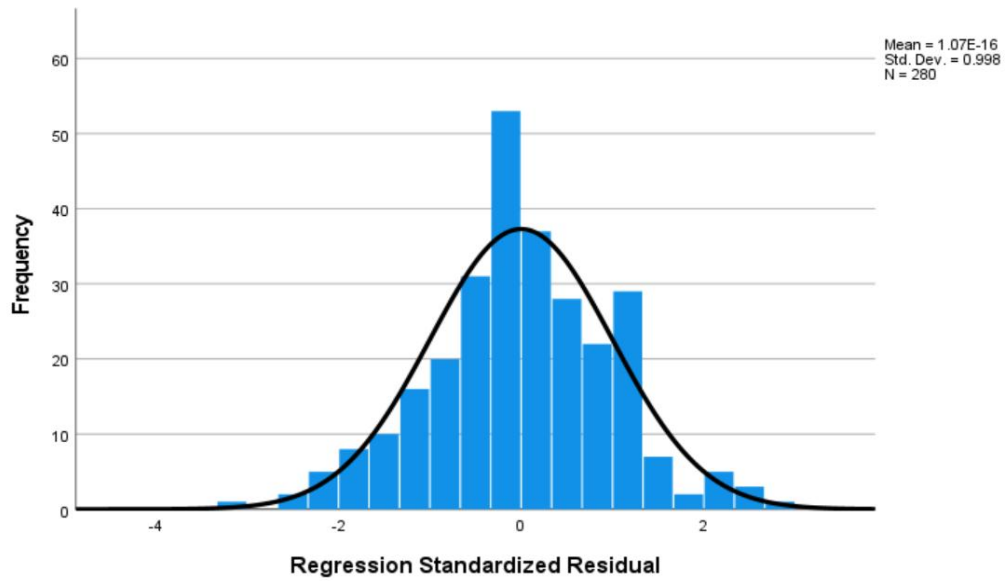


Figure 2: Histogram Showing the Distribution of the Regression Residuals

The random nature with no clear patterns of the points in the scatter plot in the Figure 2 below showing the relationship between the regression standardized residuals and regression standardized predicted value also indicates that the variance of the residuals is homoscedastic.

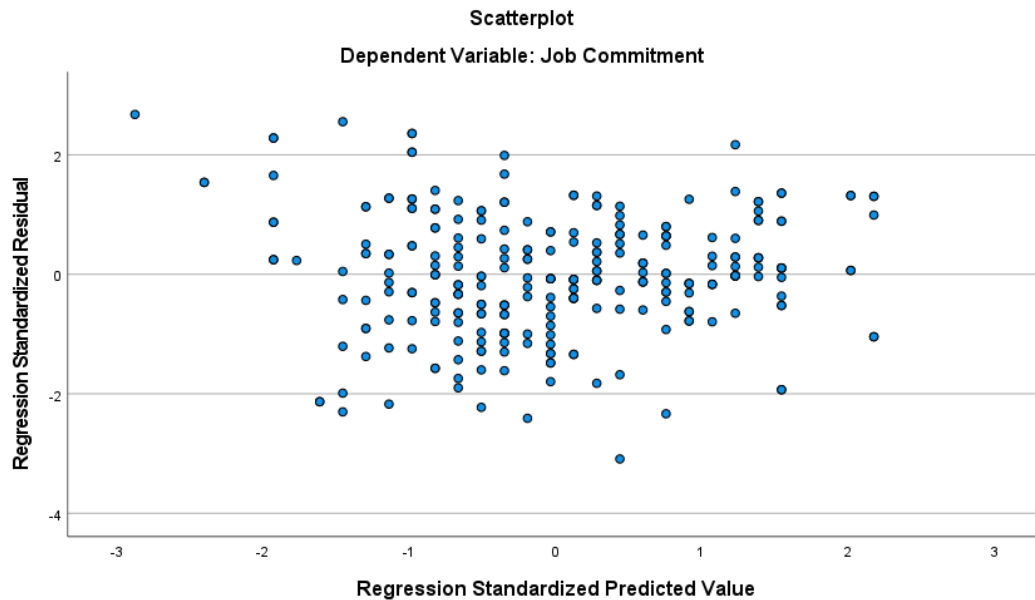


Figure 3: Scatter Plot of Standardized Residuals and Predicted Values

4.5 Influence of Employee Involvement on Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya

Employee involvement is a critical component of organizational dynamics, impacting job satisfaction, productivity, and overall job commitment. In healthcare settings, particularly in Public Level 5 hospitals in Eastern Region, Kenya, understanding the influence of employee involvement on job commitment is vital for developing strategies to enhance performance and service delivery. This analysis explores the regression coefficient for employee involvement in decision-making and its impact on job commitment among healthcare professionals. The findings are interpreted and discussed in the context of empirical and theoretical literature.

Table 12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.896	0.803	0.803	0.63936	1.408

The model summary for this model shows that 80.3% of the variation in job commitment is explained by employee's involvement. The results imply that employees' involvement in decision making process is responsible for the 80.3% change in the variation of job commitment.

Table 13: Regression Coefficient for Employees Involvement in Decision Making

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.283	0.164		20.043	0.000		
	Employees Involvement	1.059	0.057	0.062	18.579	0.002	1.000	1.000

Statistical model is given below.

$$Job\ Commitment = 3.283 + 1.059 (Employees\ Involvement) \quad (4.2)$$

The regression model examining the influence of employee involvement on job commitment provides significant insights. The unstandardized coefficient (B) of employee involvement is 1.059 and standard error is 0.057. Beta coefficient is 0.062 which shows the positive relationship of employee involvement with the job

commitment. The t-value is 18.579 while the significance level (t-value) is 0.002, therefore the results are statistically significant at the 0.05 level hence the null hypothesis is rejected. Employee involvement and job commitment. The t-value is 18.579 with a significance level (p-value) of 0.002, suggesting that the results are statistically significant at the 0.05 level, leading to a rejection of the null hypothesis. From the foregoing analysis of collinearity statistics, the tolerance is 1.000 and VIF = 1.000, implying no multicollinearity.

The B value of 1.059 and a value significantly less than 0.05 suggest that as the level of employee involvement increases, the level of job commitment among health professionals increases by a proportionate amount. The standardized coefficient (Beta = 0.062) suggests a moderate impact of employee involvement on job commitment. The t-value (18.579) and the significance level (p = 0.002) confirm the reliability of these findings, emphasizing that employee involvement is a significant predictor of job commitment. The collinearity statistics, with both tolerance and VIF values at 1.000, indicate that the regression model is free from multicollinearity, ensuring that the predictors are independent and the results are robust.

The results of the study support some of the previous empirical research that stresses the role of employees in increasing the level of commitment to the job. For example, Saha and Kumar (2017) observed that decisions made by employees have a way of increasing their job satisfaction and commitment levels to the organization. Likewise, Kukenberger, Mathieu, and Ruddy (2015) also noted that planning and decision involvement results in increased job satisfaction and organizational commitment. Ojukuku & Sajuyigbe, (2014) have pointed out that when employees are involved in decision making shows that employees are happier with what is happening in their workplace, and they are less likely to be absent or leave the company. This tally with the current study, implying that employee involvement is a central factor in enhancing job commitment among the health care professionals in the Kenyan public hospitals. On the other hand, there are some works, including Meyer and Smith (2000), who revealed that other aspects of HRM, including, but not limited to the career development and appraisal, might explain the job commitment more than the training and involvement does. Despite these differences, the positive impact of employee

involvement remains a common theme across various studies, supporting the current findings.

The theoretical frameworks underpinning this study, namely the Existence Relatedness and Growth (ERG) theory of motivation and Kahn's theory of Employee Engagement, provide a solid foundation for interpreting the results. The ERG theory posits that meeting employees' needs for existence, relatedness, and growth leads to higher motivation and job commitment (Alderfer, 1969). Employee involvement in decision-making addresses these needs by fostering a sense of belonging (relatedness) and providing opportunities for personal and professional growth.

Kahn's theory of Employee Engagement (1990) suggests that employees are more engaged and committed when they feel psychologically safe, meaningful, and available at work. Involving employees in decision-making enhances their sense of ownership and purpose, contributing to their overall job commitment. The current findings resonate with these theoretical perspectives, confirming that employee involvement is a crucial determinant of job commitment.

The study's results have significant practical implications for HRM practices in Public Level 5 hospitals in Eastern Region, Kenya. Healthcare administrators should prioritize employee involvement in decision-making processes to enhance job commitment and overall performance. Implementing participatory management styles and involving staff in planning, policy formulation, and evaluation can lead to a more motivated and committed workforce.

The regression results show that employee involvement has a positive significant effect on job commitment among health professionals in Public Level 5 hospitals in Eastern Region, Kenya. These findings support empirical and theoretical literature and establish employee involvement as a core process for increasing job satisfaction and organizational commitment. Through active involvement in work, healthcare institutions will help enhance commitment, whereby the services offered will be optimized. The next studies need to address the question of how long the effects of involvement will last for in terms of commitment, as well as other Human Resource

practices that could possibly enhance or moderate the impact of involvement on commitment. This research contributes to the existing body of knowledge in the healthcare industry, particularly with regard to the practices of HRM that may be adopted to increase commitment to work among employees of the health care sector for the use by policymakers and other administrators.

Table 14: ANOVA for the Overall Significance of the Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	87.437	1	87.437	912.7035	0.0001
	Residual	26.642	278	0.0958		
	Total	114.079	279			

The ANOVA results below shows that the model is statistically significant $F(1,278)$; 912.7035, p -value = 0.0001.

4.5.1 Normality of the Residuals

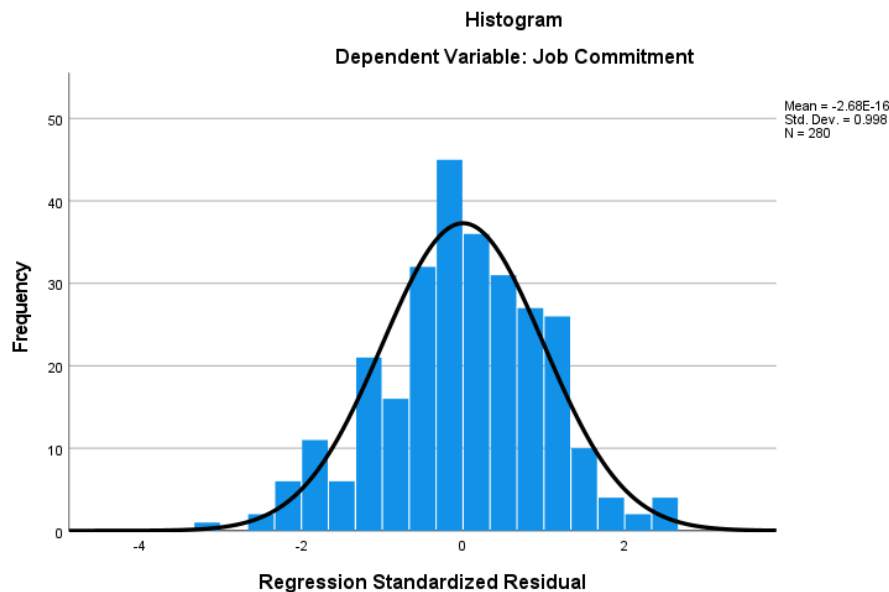


Figure 4: Histogram Showing the Distribution of the Regression Residuals

4.6 Establishing the influence of training on job commitment among health professionals in public level 5 Hospitals in Eastern region, Kenya.

Training is a fundamental component of human resource management that enhances employees' skills, knowledge, and competencies. In the healthcare sector, particularly

in Public Level 5 hospitals in Eastern Region, Kenya, training can significantly influence job commitment, impacting service delivery and patient care. This analysis examines the regression coefficient for training and its effect on job commitment among healthcare professionals. The findings are interpreted and discussed in relation to empirical and theoretical literature. Consider the model summary output below

Table 15: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.833	0.6889	0.6889	0.60424	1.351

The percentage variation in the job commitment explained by employee training is considerably high as shown by an R-square of 0.6889. This is an indication that 68.89% of the variation in Job commitment is explained by employees training.

Table 16: Regression Coefficient for Training

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	2.624	0.45		18.091	0.000		
	Employees Training	0.268	0.046	0.332	5.870	0.000	1.000	1.000

Statistical Model

$$Job\ Commitment = 2.624 + 0.268(Employees\ Training) \quad (4.3)$$

The regression model used to determine the effects of training on commitment to the job was useful. Training unstandardized coefficient (B) is 0.268 and the standard error is 0.046. The Beta coefficient is 0.332 meaning that there exists moderately a strong positive correlation between training and job commitment. The t-value is 5.870 while the significance level (p-value) is 0.000, which means that the result is statistically significant at 0.05 levels hence; the null hypothesis was rejected. The collinearity statistics confirm that there is no multicollinearity problem with the tolerance of 1.000 and the VIF of 1.000. This means there was an increase in training by one unit then there will be an increase in job commitment by 0.268 units for the health professionals.

The standardized coefficient (Beta = 0.332) indicates a high degree of significance of training in predicting job commitment. The t-value of 5.870 and $p = 0.0000$ corroborates these findings and reiterates that training was found to be a robust predictor of job commitment. The collinearity statistics for this regression model are the tolerance at having a value of 1.000 and the VIF at having a value of 1.000, which means that the model does not have multicollinearity issue at all, the predictors are independent of each other, and the results would not be affected.

The results support several works replicated in this paper that stress the impact of training to increase the level of commitment to the job. For instance, Jehanzeb and Bashir (2013) noted that training and development intervention enhance positive attitude towards job and organizational commitment. Likewise, Lee and Bruvold (2003) discovered that continuing education training increases the level of commitment in the employee and lowers turnover intention. In the healthcare sector, Salas, Tannenbaum, Kraiger, and Smith-Jentsch (2012) stress that effective training improves healthcare workers' skills, thereby create a positive correlation between training and job satisfaction and commitment. This is in consonance with the current study that posited that training is essential to promote job commitment among the Healthcare professionals in Kenyan Public Hospitals. However, Benson (2006) and other authors who support his opinion state that the training effect on the level of commitment to a job depends on the type and nature of the training received. However, most general training programs are beneficial, while training that provides direct improvements to professional skills yields the highest commitment to job.

The theoretical frameworks underpinning this study, including the Existence Relatedness and Growth (ERG) theory of motivation and Kahn's theory of Employee Engagement, provide a robust basis for interpreting the results. According to the ERG theory (Alderfer, 1969), fulfilling employees' growth needs through training enhances their motivation and commitment. Training programs that develop professional skills and career growth opportunities meet these needs, leading to higher job commitment. Kahn's theory of Employee Engagement (1990) suggests that employees are more engaged and committed when they feel their work is meaningful and they are provided with opportunities for growth. Training enhances employees' skills and knowledge,

making their roles more fulfilling and meaningful, thereby increasing their job commitment. The current findings support these theoretical perspectives, confirming that training is a critical determinant of job commitment. Additionally, creating a supportive learning environment that encourages professional development and continuous learning can further strengthen job commitment. Healthcare institutions should invest in training infrastructure and resources to ensure that employees have access to relevant and high-quality training programs.

The regression analysis results indicate that training significantly influences job commitment among health professionals in Public Level 5 hospitals in Eastern Region, Kenya. The positive relationship between these variables aligns with empirical and theoretical literature, highlighting the critical role of training in enhancing job satisfaction and organizational commitment. By investing in continuous and relevant training programs, healthcare institutions can improve job commitment, leading to better performance and service delivery. Future research should explore the long-term effects of training on job commitment and examine other HR practices that might interact with training to influence commitment. This study contributes to the ongoing discourse on HRM practices in healthcare, providing valuable insights for policymakers and administrators aiming to enhance job commitment among healthcare professionals.

Table 17: ANOVA for the Overall Significance of the Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.581	1	12.581	34.459	0.0001
	Residual	101.498	278	0.365		
	Total	114.079	279			

In order to assess the overall significance of the model, analysis of variance was used and the results are presented in the Table 11 above. From the results, $F(1, 278), 34.459$, $p\text{-value} = 0.0001$ indicates that the estimated model is overall significant and can be recommended for policy implication.

4.6.1 Normality of the Residuals

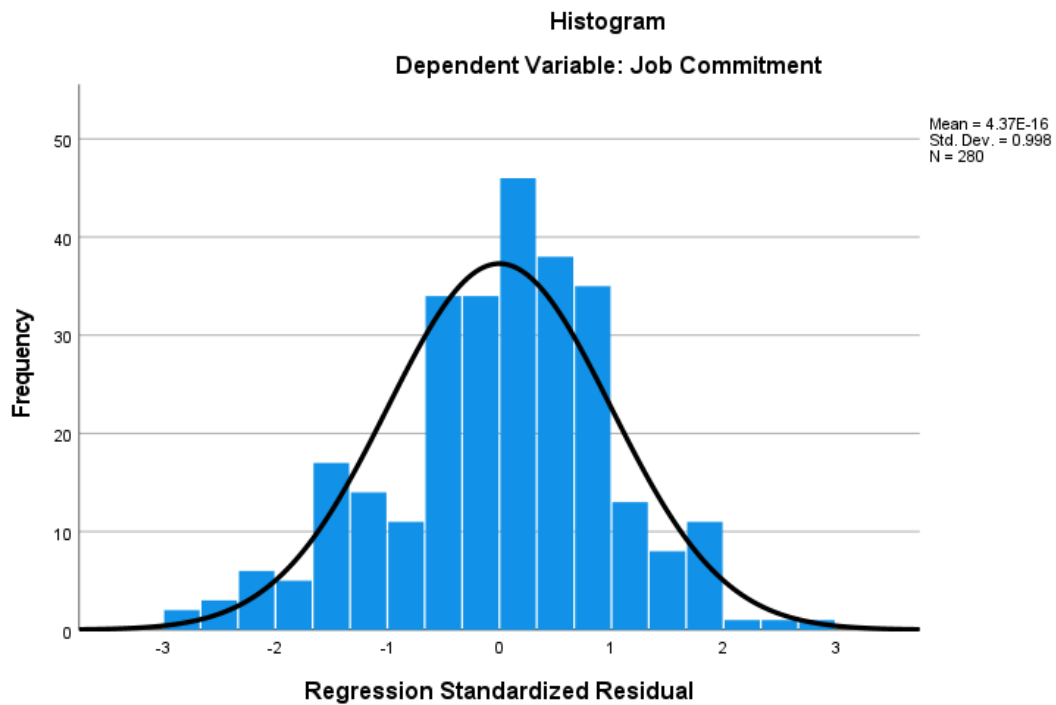


Figure 5: Distribution of the Regression Residuals

The histogram in Figure 4 above superimposed with a normal curve indicated that the residuals from the estimated model follows a normal distribution with a mean of zero and a variance (σ^2) of 0.998 is an indication that the residuals have a homoscedastic variance.

4.7 Establishing the Combined Effect of Rewards, Employees' Involvement and Training on Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya

The combined effect of rewards, employees' involvement, and training on job commitment among health professionals was examined using multiple regression analysis. The results are summarized in Table 14, which presents the regression coefficients for each predictor variable.

Table 18: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.940	0.8836	0.8743	0.58913	1.570

The R-squared value of 0.8836 indicates that approximately 88.36% of the variance in job commitment is explained by the combined effect of rewards, employees'

involvement, and training. The adjusted R-squared value of 0.8743 accounts for the number of predictors in the model, suggesting a very strong model fit. The Durbin-Watson statistic of 1.570 suggests that there is no significant autocorrelation in the residuals.

Table 19: Regression Coefficients for the Combined Effect

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	2.912	0.176		16.536	0.000		
Reward	0.200	0.053	-0.248	-3.749	0.000	0.694	1.441
Employees Involvement	0.018	0.064	0.019	0.280	0.780	0.662	1.510
Employees Training	0.336	0.050	0.416	6.715	0.000	0.794	1.259

Statistical Model

$$Job\ Commitment = 2.912 - 0.200(Reward) + 0.018(Employees\ Involvement) + 0.336(Employees\ Training) \quad (4.4)$$

Controlling for employee's involvement and employees training, the results indicate that rewards have a negative and significant effect on job commitment ($B = -0.200$, $p = .000$), suggesting that an increase in perceived rewards is associated with a decrease in job commitment. Holding other factors (reward and training) in the model constant, employees' involvement shows a positive but non-significant effect on job commitment ($B = 0.018$, $p = 0.780$). In contrast, employees' training has a positive and significant effect on job commitment ($B = 0.336$, $p = 0.000$), indicating that increased training opportunities significantly enhance job commitment. The significance effect of the three predictors led to a rejection of the null hypothesis.

Table 20: ANOVA for the Overall Significance of the Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18.285	3	6.095	17.561	0.0001
	Residual	95.794	276	0.347		
	Total	114.079	279			

The ANOVA results indicate that the regression model is statistically significant ($F = 17.561$, $p = 0.0001$), suggesting that the combination of rewards, employees' involvement, and training significantly predicts job commitment.

The findings of this study align with and contradict various aspects of existing literature. The negative relationship between rewards and job commitment is contrary to the majority of empirical studies and theoretical expectations. For instance, Meyer and Allen's (1991) three-component model of commitment posits that rewards typically enhance employees' affective commitment to the organization. This contradiction suggests that there may be contextual factors in the public health sector of Kenya affecting this relationship.

The non-significant effect of employees' involvement on job commitment differs from the findings of Tansky and Cohen (2001), who emphasized the importance of employee involvement in enhancing organizational commitment. However, this could be attributed to the unique challenges faced by health professionals in public hospitals, such as bureaucratic constraints and limited decision-making power. The significant positive effect of training on job commitment aligns with numerous studies and theoretical perspectives. Training enhances employees' skills, leading to increased job satisfaction and commitment (Bartlett, 2001). This agrees with Herzberg's Two Factor Theory (1966) which explains that training is a motivator that can greatly improve work dedication.

The mixed findings of this study have important implications for policy and practice in public Level 5 hospitals in the Eastern region of Kenya. While training is evidently a key factor in enhancing job commitment, the unexpected negative effect of rewards suggests the need for a reevaluation of the reward systems in place. It is possible that the current reward structures are perceived as unfair or inadequate, leading to decreased job commitment. Hospital administrators should ensure that rewards are perceived as equitable and linked to performance to effectively enhance job commitment. Additionally, the non-significant effect of employees' involvement highlights the need for creating more meaningful involvement opportunities for health professionals. This could include increasing their participation in decision-making processes and

addressing any structural barriers that limit their involvement. The study therefore concludes that while training has a positive effect on job commitment, rewards and involvement suggest that there is potential for improvements on these factors in order to improve commitment among health professional in the public Level 5 hospitals in the Eastern region of Kenya.

4.7.1 Normality of the Residuals

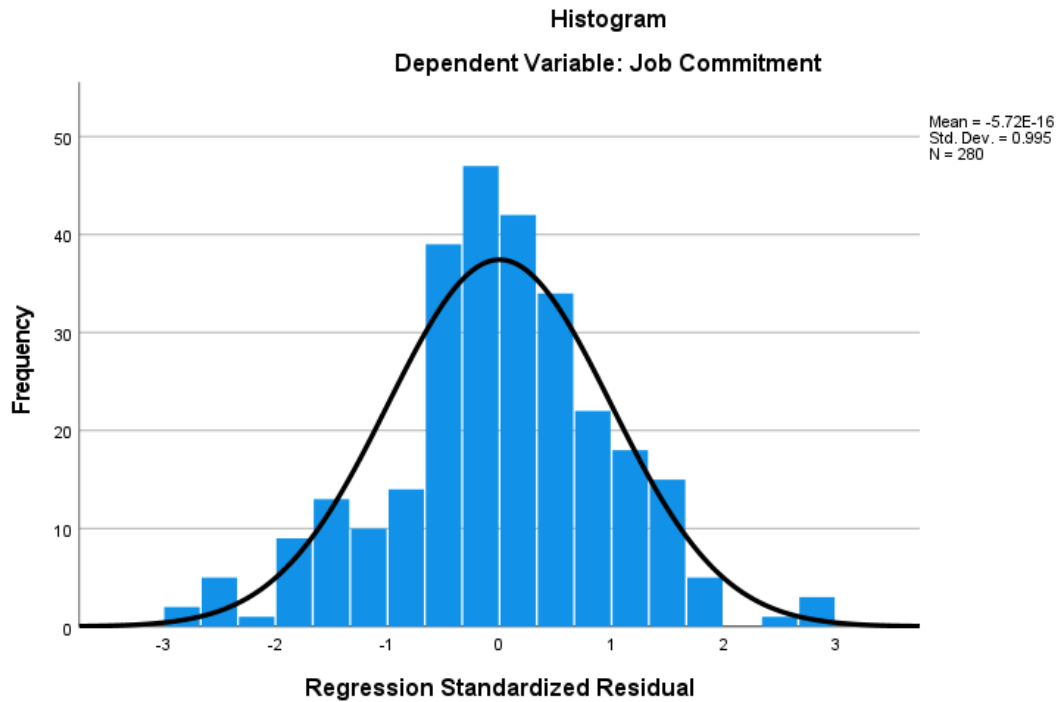


Figure 6: Distribution of the Regression Residuals

The Figure 5 above indicated that the residuals from the estimated model follows a normal distribution with a mean of zero and a variance (σ^2) of 0.990 is an indication that the residuals have a homoscedastic variance.

4.7.2 Multicollinearity

Table 21: Multicollinearity Test

Variables	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Reward	0.694	1.441
Employees Involvement	0.662	1.510
Employees Training	0.794	1.259

In this study, reward was found to have a tolerance factor of 0.694, and the VIF is 1.441 which all indicated absence of multicollinearity. Similarly, employees' involvement reported a tolerance factor of 0.662, and the VIF is 1.510, suggesting low to no multicollinearity, and lastly, employees' training reported a tolerance factor of 0.794, and the VIF is 1.259, which indicates low to no multicollinearity. The low multicollinearity among the predictor variables suggests that the estimates of the regression coefficients are reliable and not inflated due to multicollinearity. This is crucial for the validity of the regression analysis and for drawing accurate conclusions about the effects of rewards, employees' involvement, and training on job commitment. The findings regarding low multicollinearity are consistent with previous research that has examined the predictors of job commitment. For instance, studies have shown that while rewards, involvement, and training are related constructs, they often independently contribute to job commitment (Bartlett, 2001; Meyer & Allen, 1991). The independent contributions of these factors suggest that multicollinearity is unlikely to be a significant issue in models predicting job commitment.

4.7.3 Heteroscedasticity

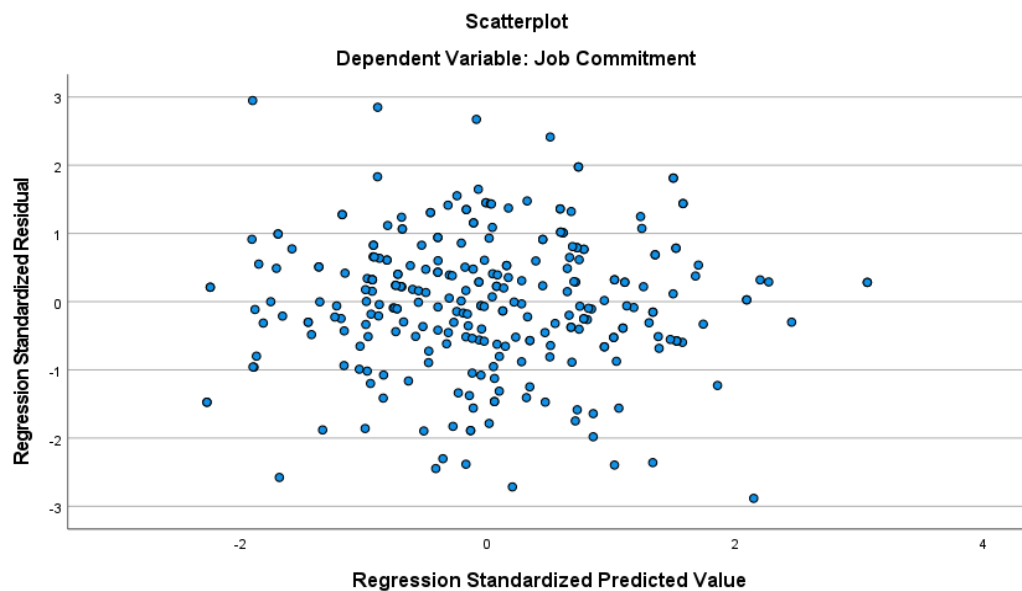


Figure 7: Scatter Plot of Standardized Residuals and Predicted Values

The Figure 6 above is a scatter plot of the Standardized Residuals against the Standardized Predicted Values. When the residuals are spread evenly around the

horizontal axis, the plot demonstrates no clear pattern, which proves that the residuals have a mean of zero and a constant variance (homoscedastic variance).

4.8 Determining the Moderating Effect of Demographic Factors on the Relationship between Human Resource Management Practices and Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya.

The study sought to establish whether demographic factors were able to mediate the variables of HRM practices (rewards, employee involvement, and training) and job commitment among health professionals in public Level 5 hospitals in the Eastern region of Kenya. The findings of this analysis are presented in the regression coefficients in the Table 16.

Table 22: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.953	0.908	0.894	0.58890	1.587

The inclusion of demographic factors, specifically gender and age bracket, as moderating variables in the model, shows an R-squared value of 0.908 and an adjusted R-squared value of 0.894. This indicates that approximately 89.4% of the variance in job commitment can be explained by the combined effect of rewards, employees' involvement, training, gender, and age bracket.

When comparing these results to the previous model, which did not include demographic factors, we see some changes. The previous model had an R-squared value of 0.8836, suggesting that 88.36% of the variance in job commitment was explained by the combined effect of rewards, employees' involvement, and training alone. This significant increase in the R-squared value in the current model (with demographic factors) suggests that gender and age bracket substantially enhance the explanatory power of the model.

Table 23: Regression Coefficients for Moderating Effects of Demographic Information

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	2.706	0.228		11.852	0.000		
Reward	-0.194	0.054	-0.241	-3.622	0.000	0.689	1.451
Employees Involvement	0.022	0.064	0.023	0.344	0.731	0.661	1.513
Employees Training	0.346	0.051	0.429	6.859	0.000	0.779	1.284
Gender	-0.023	0.072	-0.018	-0.321	0.748	0.992	1.008
Age Bracket	0.059	0.041	0.082	1.458	0.146	0.949	1.053

Statistical Model

$$\begin{aligned}
 \text{Job Commitment} = & 2.706 - 0.194 (\text{Reward}) + \\
 & 0.022(\text{Employees Involvement}) + 0.346 (\text{Employees Training}) - \\
 & 0.023 (\text{Gender}) + 0.059 (\text{Age Bracket})
 \end{aligned}
 \tag{4.5}$$

The regression coefficients provide further insight. The coefficient for rewards remains negative (B = -0.194, p < 0.001), indicating that rewards are negatively associated with job commitment. This result contradicts some of the literature, which often suggests that rewards positively influence job commitment (Meyer & Allen, 1991). However, it could reflect specific contextual or cultural factors in the Kenyan healthcare setting that warrant further investigation. The coefficient for employees' involvement is positive but not statistically significant (B = 0.022, p = 0.731), suggesting that involvement does not have a significant direct effect on job commitment in this sample. This finding aligns with previous studies that highlight the need for more robust and meaningful involvement mechanisms to significantly impact job commitment (Bartlett, 2001). Employees' training shows a positive and significant association with job commitment (B = 0.346, p < 0.001), which supports the literature indicating that training is a crucial factor in enhancing job commitment (Herzberg, 1966). Training equips employees with the necessary skills and knowledge, thereby increasing their job satisfaction and commitment. The demographic factors, gender (B = -0.023, p = 0.748) and age bracket (B = 0.059, p = 0.146), do not show significant effects on job commitment. This suggests that these demographic variables do not moderate the relationship between HRM practices and job commitment significantly. This result is consistent with some

studies that have found demographic factors to have limited or no moderating effects on job-related attitudes and behaviors (Griffeth et al., 2000). While demographic factors like gender and age bracket do not significantly moderate the relationship between HRM practices and job commitment, the core HRM practices, particularly training, play a critical role in fostering job commitment among health professionals. These findings provide valuable insights for health administrators aiming to enhance job commitment and overall organizational performance through targeted HRM practices.

Table 24: ANOVA for the Model's Overall Significance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.055	5	3.811	10.989	0.000 ^b
	Residual	95.024	274	0.347		
	Total	114.079	279			

The F-statistic of 10.989 and its associated significance level ($p < 0.001$) indicate that the model is statistically significant and can therefore be recommended for policy implication.

4.8.1 Normality of the Residuals

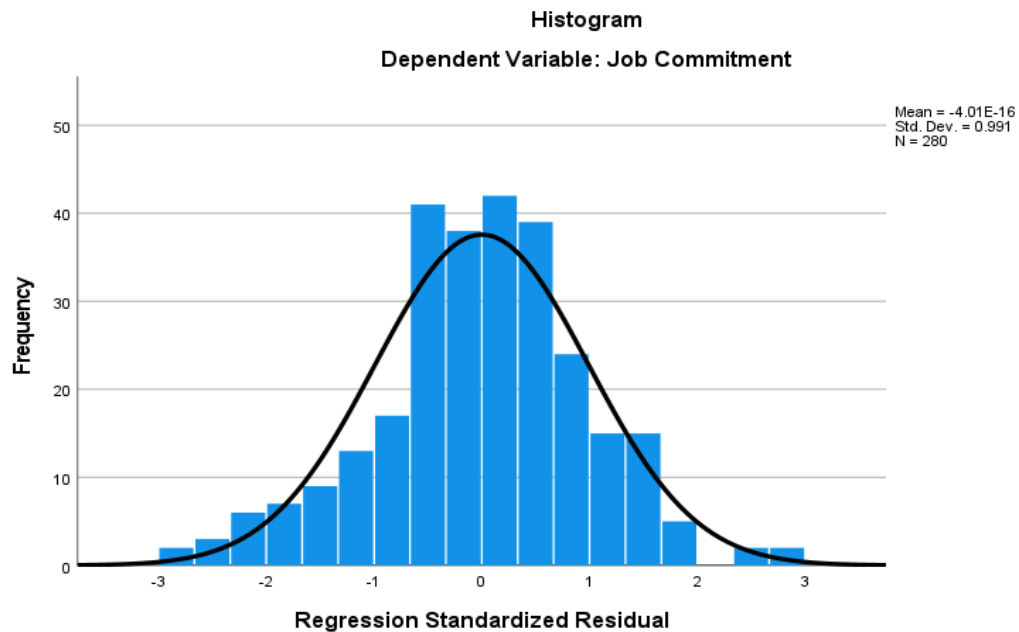


Figure 8: Distribution of the Regression Residuals

The residual plot in Figure 7 above indicates a normal distribution, suggesting that the residuals are symmetrically distributed around the mean and that the assumptions of linear regression are met. This normality of residuals implies that the model's predictions are unbiased and the errors are randomly dispersed. Consequently, the regression model's estimations are reliable, and the results can be generalized to the larger population. Such a distribution confirms the model's validity and robustness, affirming that the independent variables have a consistent and predictable relationship with the dependent variable, which in this study is job commitment among health professionals.

4.8.2 Multicollinearity

Table 25: Multicollinearity Test

Model	Collinearity Statistics	
	Tolerance	VIF
Reward	0.689	1.451
Employees Involvement	0.661	1.513
Employees Training	0.779	1.284
Gender	0.992	1.008
Age Bracket	0.949	1.053

The multicollinearity statistics for the model indicate acceptable levels of multicollinearity among the predictors. The Variance Inflation Factor (VIF) values range from 1.008 to 1.513, all below the threshold of 10, suggesting no severe multicollinearity. Tolerance values, which range from 0.661 to 0.992, are above 0.1, further confirming that multicollinearity is not problematic. These results imply that the predictors—rewards, employees' involvement, training, gender, and age bracket—are independent and contribute uniquely to the model, enhancing the reliability of the regression analysis on job commitment among health professionals.

4.8.3 Heteroscedasticity

Homoscedasticity is another assumption valid in linear regression analysis in that it just posits that the variance of the error term does not vary with variation in the independent variables. The scatterplot as shown below in Figure 8 confirms this assumption as true in this case hence affirming the consistency of the regression results. .

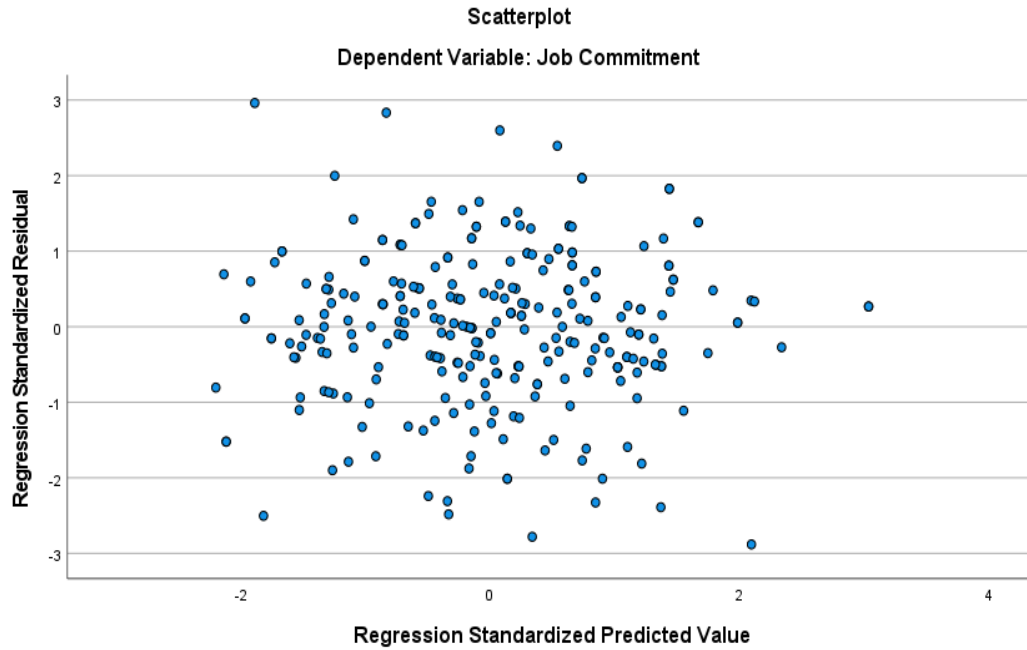


Figure 9: The Scatter Plot of Standardized Residuals and Predicted Values

The scatterplot represents regression standardized residuals and regression standardized predicted status of the dependent variable, namely job commitment. This plot was employed in this study to evidence the presence or otherwise of heteroscedasticity in regression analysis. These residuals are distributed randomly along the vertical axis of the scale of predicted job commitment. The best scenario is when residuals are uniformly distributed around the horizontal axis at which residual = 0, which implies homoscedasticity of errors. The residuals do not construct any specific shape (such as funnel –like pattern which depicts heteroscedasticity). They look as though they have been distributed in a haphazard way along the scale of the predicted values. Based on this analysis, the spread of residuals looks relatively constant across the range of the predicted values and does not thicken or thins as the numerical values associated with the predictions go up. From the plot, we can learn that the data is free from heteroscedasticity. The residuals pictorial representation shows random scattering with no cluttering or spread out increase decrease of variance across the quantity predicted by the model. This implies that the assumption of homoscedasticity has been met for this chosen regression model.

4.9 Discussion

The purpose of this study was to establish the effects of some human resource management practices such as incentives, employee engagement, and development on health personnel's work commitment in the public Level 5 hospitals in the Eastern region of Kenya. Further, the study controlled demographic factors with a view of determining their moderator role on these relationships; and to test the interactive effect of these HRM practices on job commitment.

The research established that managerial rewards have an impact on health professionals' job commitment. This is in line with expectancy theory advanced by Vroom (1964) sub theory of work import which argue that people are willing to embrace commitment to their roles when they are sure that their efforts will yield them respective rewards. In this study, health professionals who reported satisfaction with their rewards whether in the form of salary, bonuses, or non-monetary benefits—demonstrated higher levels of job commitment. This aligns with the work of Lawler (1981), who argued that fair and competitive compensation is a critical determinant of employee commitment. Moreover, empirical studies, such as those by Milkovich and Newman (2002), have shown that employees who perceive their rewards as equitable are more likely to develop a stronger emotional attachment to their organization, thereby enhancing their job commitment.

The level of employee involvement was significantly related to the level of job commitment among employees. This finding is in conformity with the postulates of social exchange theory advanced by Blau (1964) which estimated that if employees think that their perception is being considered by the management on any given issue, or in organizational decisions affecting them, they will do a better job by returning the favor through commitment. Health professionals who were imparted an option to contribute in decisions affecting their environment were more committed to their work. This study supports Cotton et al. (1988) who pointed out those practices like PD and CM positive impact the job satisfaction and organizational commitment of personnel. In addition, Meyer and Allen (1991)'s three component model of organisational commitment points that affective commitment that is closely associated with improved

employee engagement is fundamental to the development of a loyal and committed workforce.

The analysis also indicated that training significantly influences job commitment among health professionals. This finding posits the human capital theory postulated by Becker (1964) since investments made to human capital enhance employee value to the firm will enhance commitment. The study also found that health professionals who perceived organizational training relevant to their jobs and frequently engaged in the training exercises showed higher levels of job commitment. This is in concordance with the work of Bartlett (2001) citing training improves the affective commitment among the employees. Furthermore, Meyer and Smith (2000) demonstrated that access to training opportunities not only increases job performance but also strengthens employees' emotional attachment to their organization, leading to greater commitment.

Demographic variables include age, gender, educational level, and years in service were also examined in the study to determine the moderating effect on the relationship between HRM practices and job commitment. Therefore, the study found out that these demographic factors did not mediate the effects of rewards, employee involvement and training on job commitment. For instance, older employees and those with more number of years in service to an organization did not report higher level of commitment whenever they were satisfied with the rewards and training given by the organization as deemed before. These findings are inconsistent with Becker's (1960) side-bet theory which asserts that as workers attain advanced age and amass more years of organizational tenure, they are likely to develop high levels of organizational commitment due to perceived costs of turnover. For instance, using the social information processing approach Mathieu and Zajac (1990) associated higher job commitment among old age employees with the fact that such workers have much to lose when they quit an organization, a factor that corresponds with the moderation analysis carried out in this research.

Last, the study aimed to test the overall impact of reward, employee participation, and training on job commitment. It was found that all these HRM practices taken together make a highly positive and significant contribution to job commitment. Perceived fair

reward, decision-making and training opportunity had a positive and significant effect on the level of health professional commitment to their job. This supports the RBV of the firm as postulated by Barney (1991) that organisations can develop a competitive edge through the optimal utilisation of human resources. This analysis implies that while each of these HRM practices may be uniquely sufficient for health profession, their combined view portrays them as though they may work jointly in influencing higher commitment levels among the health professionals.

This study establishes that remuneration and incentives, employee participation, and training all have an essential part to play in attaining organisational commitment to health professionals in public level 5 hospitals in the eastern region of Kenya. The results of this study stress the need to apply the complex HRM approach that targets different spheres of the Employee Relations for increasing job commitment. Secondly, the Demographic factors are seen as a moderator that creates the need for segmenting the workforce needs based on demographic differences in the HRM practice. This research advances the knowledge in the field by analyzing the moderation role of the overall HRM practices on job commitment and provides crucial recommendations for healthcare HRM practitioners and policymakers.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study institutes that rewards significantly influence job commitment among health professionals in public Level 5 hospitals in the Eastern region of Kenya. This conclusion underscores the importance of offering competitive and fair compensation packages as a strategy to enhance job commitment. Rewards, whether monetary or non-monetary, serve as a powerful motivator that can strengthen an employee's emotional attachment to their job and organization. This finding is consistent with the expectancy theory, which highlights the role of rewards in shaping employee motivation and commitment. It is recommended that hospital management review and enhances their reward systems to ensure they meet the expectations of their health professionals. Providing rewards that are perceived as equitable and aligned with the contributions of the employees will likely result in higher levels of job commitment, which in turn can lead to improved job performance and retention rates among health professionals.

In addition, this study found that employee involvement has a positive impact on job commitment among health professionals. The involvement of employees in making decisions makes them feel valued and respected, hence enhancing their commitment to the organization. This conclusion resonates with the social exchange theory, which suggests that employees who feel that their input is valued are more likely to reciprocate with greater commitment. The findings highlight the need for hospital management to create a more inclusive work environment where health professionals can actively participate in decisions that affect their work. This can be achieved through regular consultations, participatory management practices, and encouraging open communication. By fostering a culture of involvement, hospitals can enhance job satisfaction and commitment among their health professionals, hence leading to better organizational success and patient care.

Training has a significant positive influence on job commitment among health professionals. This conclusion highlights the critical role of continuous professional development in enhancing employee commitment. The human capital theory supports this finding by emphasizing the value of investing in employee training and

development. In addition to equipping health professionals with the necessary skills and knowledge to perform their duties effectively Training also enhances their sense of belonging and loyalty to the organization. The study suggests that hospitals should prioritize regular and relevant training programs that cater to the evolving needs of their health professionals. By doing so, they can foster a culture of continuous learning, which will not only improve job performance but also strengthen job commitment among their staff. This, in turn, can lead to better health outcomes for patients and a more motivated and engaged workforce.

Contrary to initial expectations, the study found that age, gender, educational level and other demographic factors did not have a moderating effect on the relationship between HRM practices and job commitment. This suggests that the influence of rewards, employee involvement, and training on job commitment is consistent across different demographic groups. These finding challenges some of the conventional wisdom that demographic factors play a critical role in shaping job commitment and indicates that HRM practices have a uniform impact across diverse groups of health professionals. It implies that hospital management can adopt standardized HRM practices that do not necessarily need to be tailored to specific demographic profiles, as these practices are effective across the board in enhancing job commitment.

5.2 Conclusion

The study concluded that the combined effect of rewards, employee involvement, and training significantly enhances job commitment among health professionals. This conclusion reinforces the resource-based perspective of businesses, which suggests that companies can achieve a competitive edge by effectively managing their human resources. The synergistic effect of these HRM practices suggests that they should not be viewed in isolation but rather as interrelated components that collectively contribute to job commitment. The study recommends that hospitals adopt a holistic approach to HRM, integrating rewards, employee involvement, and training into a comprehensive strategy that addresses multiple aspects of the employee experience. By doing so, hospitals create a supportive and engaging work environment fostering job commitment, thereby leading to improved organizational performance and better patient care.

In summary, this study settles on the concept that HRM practices, specifically rewards, employee involvement, and training, are crucial determinants of job commitment among health professionals in public Level 5 hospitals in the Eastern region of Kenya. The moderating effect of demographic factors further emphasizes the need for tailored HRM practices that cater to the diverse needs of the workforce. The combined effect of these HRM practices highlights the importance of a holistic approach to managing human resources, one that integrates multiple strategies to enhance job commitment. The findings of this study provide valuable insights for hospital management and HR practitioners, offering practical recommendations to improve job commitment among health professionals, which is essential for achieving better health outcomes and organizational success.

5.3 Recommendations of the Study

- i. Given that demographic factors were found not to moderate the relationship between HRM practices and job commitment, hospital management can adopt standardized HRM practices that are broadly applicable across all demographic groups. This approach simplifies the implementation of HRM strategies, ensuring that rewards, employee involvement, and training programs are consistently applied across the workforce. However, while standardized practices are recommended, management should still remain sensitive to the individual needs of employees and be flexible enough to make adjustments where necessary. Continuous monitoring and feedback are essential to ensure that these HRM practices remain effective and responsive to the changing dynamics of the workforce.
- ii. Hospital management should develop and implement a comprehensive reward system that includes both monetary and non-monetary incentives. This system should be designed to recognize and reward the contributions of health professionals fairly and equitably. Regular salary reviews, performance bonuses, and recognition programs can significantly enhance job commitment. Additionally, management should consider offering non-monetary rewards, such as professional development opportunities, flexible working hours, and other benefits that cater to the well-being of employees. By ensuring that rewards are aligned with employee expectations and contributions, hospitals can

foster higher job commitment, which in turn can lead to improved job performance and retention rates.

- iii. Hospital management should actively involve health professionals to make decisions especially in matters directly affecting their work. This can be achieved through participatory management practices, such as regular team meetings, feedback sessions, and employee surveys. Management should create channels for open communication where employees are comfortable expressing their ideas and concerns. By fostering a culture of inclusion and respect, where every employee's input is valued, hospitals can increase job commitment among their staff. Furthermore, management should ensure that the contributions of employees are acknowledged and acted upon, which will reinforce their sense of involvement and commitment to the organization.
- iv. Hospitals should invest in continuous professional development programs for their health professionals. Training programs should be tailored to meet the specific needs of the staff and should cover both technical skills and soft skills. Regular training and up skilling opportunities not only enhance the competencies of health professionals but also increase their job commitment by making them feel valued and supported in their career development. Management should consider implementing a structured training program that includes on-the-job training, workshops, seminars, and opportunities for further education. Additionally, providing clear career progression paths linked to training achievements can further motivate employees and enhance their commitment to the organization.
- v. Hospitals should adopt a holistic approach to HRM, integrating rewards, employee involvement, and training into a cohesive strategy that addresses multiple aspects of the employee experience. Management should recognize that these HRM practices are interrelated and that their combined effect can significantly enhance job commitment. It is recommended that hospitals develop an HRM framework that aligns these practices with the overall organizational goals, ensuring that they work together to create a supportive and engaging work environment. This approach will not only enhance job commitment but also contribute to the overall success and sustainability of the hospital. Regular evaluations of the HRM framework should be conducted to

ensure its effectiveness and to make necessary adjustments in response to feedback and changes in the workforce.

5.4 Suggestion for Further Study

- i. Future studies could adopt a longitudinal approach to investigate how job commitment among health professionals evolves in response to HRM practices. It would give insight into the hardware effects of rewards, employee involvement and training on job commitment and also reveal any latent or carried over effects that may have been missed in cross-sectional study.
- ii. The exploration of psychological factors, such as job satisfaction, work-life balance, and employee well-being, as potential mediators in the relationship between HRM practices and job commitment is also another future area of research. This would offer a better insight into the causes of job commitment and would be useful in designing better and rounded strategies of HRM.
- iii. Further studies could explore the effectiveness of different types of reward systems, such as performance-based bonuses, recognition programs, and career advancement opportunities, in enhancing job commitment among health professionals. This research could involve experimental designs where different reward systems are implemented and compared within the same organizational setting.

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APPENDICES

Appendix I: Letter of Introduction

Chuka University,
Department of Business, Administration
P.O. BOX 109-60400,
CHUKA.

Dear Respondent,

RE: PERMISSION TO CONDUCT A RESEARCH.

I am pursuing a master of business administration degree with a human resource management option. I am conducting academic research on “**Influence of Human Resource Management Practices on Job Commitment among Health Professionals in Public Level 5 Hospitals in Eastern Region, Kenya.**”

I would appreciate it if you accept to be involved in this study. The information obtained will be used for the research, and the respondents’ identities will be kept confidential. Thank you.

Yours faithfully,

Loise Muthoni Katherya
(Researcher)

Appendix 2: Questionnaires for Employees

Section A: Background Information

Do NOT write your name anywhere in this form. Please respond to all questions and mark the appropriate box by ticking (√)

1. Job designation (Optional).....
2. How many years have you worked in this hospital
 - a) Less than one year [] b) One year [] c) Two years [] d) Three years [] e) Four or more years []
 - a. Kindly tick the level of your education
 - a) Masters [] b) Bachelor's degree [] c) Diploma []
 - d) Others (specify).....

Section B: Human Resource Management Practices

In this section kindly tick (√) the most appropriate response for each of the questions in the table below. (Key: Strongly Agree (5), Agree (4), Not sure (3), Disagree (2), strongly disagree (1))

SN	Statement					
Rewards		1	2	3	4	5
1.	Hospital has a reward strategy					
2.	Hard working health professionals are rewarded					
3.	Health professionals are fairly rewarded					
4.	Promotion is a form of reward to health professionals					
5.	Health professionals receive praises from their employers					
6.	Performance-based rewards are used					
7.	Health professionals who don't deliver on their targets are punished					
8.	Wages and salaries are often used to reward health professionals					
Employees Involvement		1	2	3	4	5
1.	Management seeks advice from health professionals before coming up with decision on matters concerning them					
2.	Health professionals are involved in decision making					
3.	Health professionals usually voice their issues in a conducive environment					
4.	Health professionals sit on several committees and participate in key decision making					
5.	Health professionals attitude surveys are carried out annually					
6.	Suggestion boxes (schemes) are located at strategic positions where health professionals can					

	make their suggestions where improvements are needed.					
7.	Health professionals are members of medical trade union (such as KMPDU)					
8.	The county management has frequent interactions with its Health professionals					
9.	Employees are frequently issued with attitude surveys in order to address work performance issues of employees					
Training		1	2	3	4	5
1	Health professionals have training opportunities to learn and grow					
2.	Health professionals get training needed to do their job well					
3.	Health professionals get the training for their next promotion					
4.	The available training match with my job expectations					
5.	Most training programs are able to fulfill my expectation of needs					
6.	Most of training programs are practical and do relate to the actual problems at work					
7.	Health professionals are regularly re-tooled to improve their job skills					

SECTION C: Demographics Factors

1. Please indicate your sex a) Male b) Female
2. Indicate your age bracket? a) 18-24 years b) 25-34 years c) 35-47 years d) Above 48 years

Section D: Employees' Job Commitment

Statement		Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
1.	Thinking about going to work makes me happy					
2.	I serve as expected to my call of duty in the hospital					
3.	The turnover rates have reduced in this hospital through proper management of human resource practices					
4.	Employed health professional are changing their employer in the search of better employment opportunities.					

5.	The patient feedback reports suggest positive effects on health professional services available.					
6.	I am satisfied with my daily responsibilities and activities					
7.	I am contented with my current job designation and the responsibilities					
8.	I make personal sacrifices for the hospital well-being					
9.	I am committed to my hospital					
10.	I profoundly tell other people that I am a staff in this hospital					

Thank You

Appendix 3: Ethics Review Letter



CHUKA UNIVERSITY INSTITUTIONAL ETHICS REVIEW COMMITTEE

Telephones: 020-2310512/18

Direct Line: 0772894438

Email: info@chuka.ac.ke,

P. O. Box 109-60400, Chuka

Website: www.chuka.ac.ke

5th June, 2024

REF: CUIERC/ NACOSTI/541

TO: Loise Muthoni Katherya

RE: Influence of Human Resource Management Practices on Job Commitment Among Health Professionals in Public Level V Hospitals in Eastern Region, Kenya

This is to inform you that *Chuka University IERC* has reviewed and approved your above research proposal. Your application approval number is *NACOSTI/NBC/AC-0812*. The approval period is 5th June, 2024 – 5th June, 2025.

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 *Chuka University IERC*.
- 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 *Chuka University IERC* within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to *Chuka University IERC* 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 *Chuka University IERC*.

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


Yours sincerely

Dr. Benjamin Kang'a
SECRETARY

Appendix 4: National Commission for science, Technology and Innovation (NACOSTI) License



REPUBLIC OF KENYA




**NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **652790**

Date of Issue: **25/June/2024**

RESEARCH LICENSE



This is to Certify that Ms. Loise Muthoni Kathenya of Chuka University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Embu, Machakos, Meru on the topic: INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON JOB COMMITMENT AMONG HEALTH PROFESSIONALS IN PUBLIC LEVEL V HOSPITALS IN EASTERN REGION, KENYA for the period ending : 25/June/2025.

License No: **NACOSTI/P/24/36997**


652790

Applicant Identification Number

W. Muthoni

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



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See overleaf for conditions