JOB ENRICHMENT STRATEGIES AND HEALTH WORKER PERFORMANCE IN DEVOLVED HEALTH SYSTEMS IN SELECTED COUNTIES IN KENYA

*Mr. Musa Oluoch Ong'ombe[1,] Prof. Wanja Mwaura-Tenambergen[2] & Dr. Job Mapesa[3]
[1]PhD fellow, Department of Health Systems Management, Kenya Methodist University (KeMU), Kenya
[2]Associate Professor of Health Systems Management, Riara University Kenya
[3]Senior Lecturer, Department of Health Systems Management, Kenya Methodist University (KeMU), Kenya

*Corresponding Author's Email: musa.oluoch@kemu.ac.ke

ABSTRACT

The effectiveness of health workers in a devolved health system is vital for achieving national and global health objectives. In Kenya, performance challenges among health workers have persisted, often aggravated by industrial actions involving nurses, clinical officers, and other professionals. This study examined the influence of job enrichment strategies on health worker performance within Kenya's devolved health system. A descriptive survey design was adopted, targeting 663 health workers across 70 Tier 3 public health facilities in Kisumu, Machakos, and Migori counties, with a sample of 399 respondents determined using Nassiuma's formula. Data were collected through structured Likert-scale questionnaires and key informant interviews and analyzed using SPSS version 26 through linear regression analysis. Results indicated that job enrichment strategies had a statistically significant and positive effect on health worker performance. The study concludes that job enrichment strategies—such as fostering strong professional values, aligning skills with assigned tasks, providing supportive supervision, and reinforcing adherence to established norms and codes of conduct—are essential for enhancing health worker performance. These strategies not only promote accountability and professional integrity but also create an enabling work environment that motivates staff and improves service delivery. County governments and policymakers should prioritize the integration of these elements into health workforce management frameworks to strengthen staff commitment, reduce performance gaps, and improve health outcomes within Kenya's devolved health system.

Keywords: *Professional Values, Skills Matching to Tasks, Supportive Supervision, Norms and Codes of Conduct & Performance*

1.0 Introduction

A strong and well-managed health workforce was essential for the effectiveness of any health system. The World Health Organization identified the health workforce as one of the six fundamental building blocks of a functional health system, alongside service delivery,

governance, financing, information systems, and access to essential medicines (World Health Organization, 2019). In Kenya, healthcare delivery underwent significant transformation following the enactment of the 2010 Constitution, which introduced devolution. The transfer of health functions to county governments in 2013 placed responsibility for health workforce management—including recruitment, remuneration, training, and supervision—at the county level. This transition aimed to enhance equity, efficiency, and responsiveness in healthcare delivery (Kabia et al., 2019). However, more than a decade into devolution, persistent challenges continued to undermine health worker performance, particularly in public health facilities.

Counties operated with varying levels of institutional capacity, resource allocation, and administrative efficiency, resulting in disparities in health workforce performance. Issues such as inadequate supportive supervision, poor alignment of staff skills to tasks, weak adherence to professional norms, and insufficient promotion of professional values negatively affected service quality and staff motivation (Wafula et al., 2021; Bossert et al., 2017). The Ministry of Health acknowledged that weaknesses in workforce management contributed significantly to the broader human resource crisis in the sector (IntraHealth International, 2014). Despite this, empirical evidence on how specific strategies—such as job enrichment—affected health worker performance in devolved systems remained limited.

Existing studies on Kenya's health sector under devolution primarily focused on governance, financing, and service delivery outcomes, with limited attention to workforce performance. For example, Masaba et al. (2020) assessed the impact of devolution on maternal health services, while Kabia et al. (2019) explored accountability in county health systems without evaluating staff performance determinants. Gitonga et al. (2020) examined motivation among nurses at a national referral hospital, whose operational context differed significantly from county-level facilities. Similarly, Mwaura and Juma (2022) investigated disparities in staff distribution rather than strategies to enhance performance. These gaps underscored the need to explore job enrichment strategies as critical drivers of health worker performance in devolved settings.

This study sought to fill this gap by examining the effect of job enrichment strategies on health worker performance in selected counties within Kenya's devolved health system. Specifically, it focused on four job enrichment strategies: fostering professional values, aligning skills to tasks, providing supportive supervision, and reinforcing adherence to norms and codes of conduct. By analyzing how these strategies influenced workforce performance, the study provided evidence-based recommendations for county health departments and policymakers to strengthen workforce management. Ultimately, these insights aimed to contribute to improved service delivery and progress toward achieving Universal Health Coverage (UHC) and Kenya's Vision 2030 goals.

2.0 Materials and Methods

This study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches to holistically evaluate the institutional strategies influencing health worker performance within devolved healthcare systems in Kenya. The study targeted a population of 663 health workers, specifically nurses and clinical officers, as well as 20 key

informants, including health administrators and county health board members. These participants were drawn from Tier 3 public hospitals in Kisumu, Machakos, and Migori counties.

The three counties were purposively selected due to their distinct health workforce challenges and performance disparities under devolution, as highlighted in the Ministry of Health reports (2022–2023). Kisumu County has consistently recorded high rates of health worker attrition and frequent industrial actions. In Migori, workforce shortages and under-resourced rural sub-county facilities have hampered service delivery, while Machakos, despite better infrastructure, faces persistent difficulties in maintaining workforce motivation and implementing policies effectively at the facility level. These contrasting contexts provided a robust comparative framework to assess how different institutional strategies manifest in varied devolved environments.

A stratified random sampling technique was used to ensure proportional representation across the counties and healthcare facilities. A sample comprising 30% of Tier 3 hospitals (21 facilities) was selected. The sample size for health workers was calculated using Nassiuma's (2000) formula for finite populations, which is expressed as:

$$n = \frac{N.C^2}{C^2 + (N-1).e^2}$$

Where:

- n is the sample size,
- N is the population size (663),
- C is the coefficient of variation (30%), and
- e is the margin of error (5%).

This yielded a scientifically valid and feasible sample size of 399 health workers, ensuring statistical representativeness for generalization.

Data collection was conducted using structured self-administered questionnaires (SAQs) for health workers. The questionnaires incorporated a five-point Likert scale and covered four domains of job enrichment strategies: Professional Values, Skills Matching to Tasks, Supportive Supervision, Norms and Codes of Conduct. The data analysis followed a clearly structured stepwise process to enhance transparency and alignment with the study objectives. First, quantitative data were cleaned and coded before being entered into SPSS version 26 for analysis. This step ensured accuracy, addressed missing values and outliers, and prepared the dataset for analysis. Descriptive statistics—including means, and standard deviations—were computed to summarize respondent characteristics and variable distributions.

Next, reliability and validity checks were performed. Internal consistency of the instruments was measured using Cronbach's Alpha, with a threshold of 0.7 or above considered acceptable. To validate construct integrity and reduce multicollinearity, factor analysis was conducted on items within each institutional strategy domain.

Subsequently, inferential statistical analysis was carried out. Specifically, linear regression was used to assess the influence of job enrichment strategies on health worker performance. The analysis evaluated the strength and statistical significance of the relationships between independent variable (i.e. job enrichment) and the dependent variable (performance), using a significance threshold of $p < 0.05$.

3.0 RESULTS

Job enrichment strategies were assessed across four dimensions: professional values, skills-task matching, supportive supervision, and adherence to norms and codes of conduct. Respondents rated their agreement with related statements, and the descriptive results are presented in Table 2.

Table 2: Descriptive Results for Job Related Factors

Professional Values	Mean	Standard Deviation
I demonstrate a strong commitment to providing high-quality care to patients	3.8	0.55
I adhere to ethical principles and standards in my professional practice	4.0	0.92
I respect the cultural and individual diversity of patients and colleagues	3.9	1.11
Skills Matching to Tasks		
My skills and expertise are well-matched to the tasks and responsibilities of my role.	3.6	1.00
I have opportunities to utilize and apply my skills effectively in my day-to-day work.	3.3	1.37
The organization provides support and resources for the development of my skills and competencies.	3.7	0.99
Supportive Supervision		
My supervisor is accessible and approachable when I need guidance or support.	3.7	1.06
I receive regular feedback and guidance from my supervisor to help me perform my job effectively.	3.6	1.05
My supervisor empowers me to make decisions and take ownership of my work.	3.6	1.05
Norms and Codes of Conduct		
I adhere to professional standards and guidelines in my career	3.8	1.07
Communication among healthcare team members is respectful and professional at all times	3.7	0.96
I prioritize patient confidentiality and take appropriate measures to protect privacy	4.1	0.67

Results in Table 2 indicate the extent of agreement among respondents on various aspects of Professional Values, Skills Matching to Tasks, Supportive Supervision, and Norms and Codes of Conduct. In the Professional Values category, respondents generally agreed that they demonstrate a strong commitment to providing high-quality care to patients, with 89.1%

agreeing (Mean = 3.8, Standard Deviation = 0.55). Agreement was also high regarding adherence to ethical principles and standards in professional practice, with 76.9% agreeing (Mean = 4.0, Standard Deviation = 0.92). Additionally, 71.5% agreed that they respect the cultural and individual diversity of patients and colleagues (Mean = 3.9, Standard Deviation = 1.11).

In the Skills Matching to Tasks category, respondents generally agreed that their skills and expertise are well-matched to the tasks and responsibilities of their role, with 64.3% agreeing (Mean = 3.6, Standard Deviation = 1.00). Regarding opportunities to utilize and apply their skills effectively in day-to-day work, 63.6% agreed, though the mean was slightly lower at 3.3 with a higher standard deviation (1.37), indicating more varied responses. Respondents also felt positively about organizational support for skill development, with 73.3% agreeing (Mean = 3.7, Standard Deviation = 0.99). The aggregate mean score for Skills Matching to Tasks was 3.5, with a standard deviation of 1.12, suggesting moderate agreement overall.

In Supportive Supervision, respondents generally agreed that their supervisor is accessible and approachable for guidance and support, with 73.9% agreeing (Mean = 3.7, Standard Deviation = 1.06). There was also positive agreement regarding the regularity and usefulness of feedback from supervisors, as 70.9% agreed (Mean = 3.6, Standard Deviation = 1.05). Additionally, 72.1% agreed that their supervisor empowers them to make decisions and take ownership of their work (Mean = 3.6, Standard Deviation = 1.05).

In Supportive Supervision, respondents generally agreed that their supervisor is accessible and approachable for guidance and support, with 73.9% agreeing (Mean = 3.7, Standard Deviation = 1.06). There was also positive agreement regarding the regularity and usefulness of feedback from supervisors, as 70.9% agreed (Mean = 3.6, Standard Deviation = 1.05). Additionally, 72.1% agreed that their supervisor empowers them to make decisions and take ownership of their work (Mean = 3.6, Standard Deviation = 1.05). The aggregate mean score for Supportive Supervision was 3.6, with a standard deviation of 1.05, indicating consistent and moderate agreement overall. The findings indicate strong adherence to professional norms and codes of conduct, with respondents agreeing on following standards and respectful communication, but showing lower commitment to patient confidentiality (Mean = 3.9).

The descriptive results discussed add depth to the following qualitative analysis findings.

The majority of key informants confirmed that health workers in the hospital have clearly defined job descriptions, which helps ensure role clarity and accountability. Below is an excerpt from a key informant.

> "... Yes, job descriptions are available for each role, and everyone knows their responsibilities, which significantly reduces confusion and potential conflicts. This clarity ensures that tasks are appropriately allocated, enhancing efficiency..." (KI.1, Female)

However, several informants pointed out challenges of overlapping roles, particularly during periods of staff shortages or high patient influx. One KII elaborated,

"... During peak times, the lines between responsibilities blur, especially when we are understaffed. Nurses or clinical officers may find themselves covering for absent colleagues, which can cause confusion and errors in duty allocation..." (KI,3, Male)

This suggests that while formal job descriptions exist and provide a framework, operational challenges like staff shortages occasionally undermine role clarity and efficiency. This aligns with studies that highlight the role of job clarity in improving organizational efficiency (Meyer et al., 2020). Similarly, research by Lee et al. (2019) found that role ambiguity negatively affects healthcare worker performance, especially in understaffed settings. Additionally, a study by Smith and Roberts (2021) emphasized that staffing shortages exacerbate role confusion, impacting both productivity and patient care quality.

Key informants expressed mixed views on the adequacy and effectiveness of supportive supervision. **KI5** remarked,

"... Supportive supervision structures are in place, with scheduled check-ins and performance reviews. However, these systems are not always consistent due to supervisors being overburdened with administrative tasks and clinical duties..." KI, 15, Male)

Similarly, **KI7** highlighted the practical limitations, stating,

"...Supervisors genuinely try to support us, but the sheer volume of work they manage often limits meaningful interaction or guidance. This lack of consistent feedback and mentorship sometimes leaves staff feeling isolated, particularly new recruits who need more direction." (KI, 17, Male)

These insights indicate that while the framework for supervision exists, its effectiveness is compromised by workload pressures and insufficient time for personalized support, affecting overall staff morale and performance. These challenges align with findings from studies by Gera et al. (2021), which noted that supervisors' workload can dilute the quality of feedback, impacting staff morale and performance. Similarly, Uduma et al. (2022) observed that inconsistent supervision in healthcare settings can leave employees feeling unsupported, affecting both job satisfaction and productivity. Research by Marshall and Fehringer (2023) also highlighted that supervisor overburdening undermines the potential benefits of supportive supervision, especially when feedback is irregular.

Most key informants acknowledged the existence of performance appraisal systems within the hospital. **KI9** noted,

"...Yes, performance appraisals are conducted regularly, typically on a biannual basis. These appraisals involve reviewing individual performance against set targets and key performance indicators." (KI, 19, Male)

However, some informants questioned the practical impact of these appraisals. **KI12** expressed concern, stating,

> *"...While the appraisals are done consistently, there is often a gap between evaluation and actionable feedback. We rarely see targeted interventions or training programs that address identified weaknesses or performance gaps. It sometimes feels like a routine exercise rather than a tool for genuine improvement." (KI, 12, Male)*

This suggests a potential disconnect between the appraisal process and its practical application in fostering continuous performance improvement. This disconnect between evaluation and improvement is consistent with findings from Cowin et al. (2019), who noted that performance appraisals are often perceived as routine rather than tools for fostering meaningful development. Similarly, González et al. (2021) found that while appraisal systems are widely implemented, the lack of concrete follow-up actions often leads to limited impact on staff improvement. This underscores the importance of aligning performance evaluations with actionable, targeted interventions to drive continuous improvement (Sulistiadi et al., 2022).

Several key informants highlighted challenges related to infrastructure and the availability of essential supplies. **KI14** explained,

> *"...The hospital's infrastructure, such as buildings and medical equipment, is generally adequate. However, the availability of critical supplies like medications, surgical tools, and protective gear is often inconsistent, which directly affects our ability to deliver timely care."* **KI15** provided a specific example: *"There are frequent delays in the supply chain, especially for consumables like gloves and syringes. This forces us to improvise or postpone procedures, which can compromise patient safety and service delivery quality." (KI, 15, Male)*

These responses underscore that while the physical infrastructure may meet basic standards, the inconsistency in supply availability presents a significant operational challenge, impacting the overall quality and reliability of healthcare services. These findings align with González et al. (2021), who highlighted that inadequate supply chains disrupt healthcare delivery. Similarly, Milligan et al. (2021) and Sulistiadi et al. (2022) emphasized that infrastructure limitations and supply shortages affect care quality and healthcare professionals' performance, stressing the need for improved supply chain management.

Regression Analysis _ Job Enrichment Strategies and Performance of Health Workers

The hypothesis stated in the null form is as follows:

H_{o1}: There is no significant relationship between job related factors and the performance of health workers in a devolved health system in selected Counties in Kenya.

To test the hypothesis regarding the relationship between Job Enrichment Strategies and the performance of health workers in a devolved health system across selected counties in Kenya, a simple regression model was utilized. In this model, Job Enrichment Strategies served as the independent variable, while the performance of health workers was the dependent variable. The objective was to assess whether Job Enrichment Strategies significantly impact the performance of health workers. This hypothesis was evaluated by applying regression analysis to examine the

influence of Job Enrichment Strategies on health worker performance, following the specified equation:

$$Y = \beta_1 + \beta_1 X_1 + \varepsilon$$

In the regression equation, the variable X represents Job Enrichment Strategies, while the variable Y represents the performance of health workers. This indicates that the model examines how changes in Job Enrichment Strategies (X) affect the performance of health workers (Y).

In this case, the value of R-squared is 0.208, indicating that approximately 20.8% of the variation in the performance of health workers in Kenya can be explained by Job Enrichment Strategies alone. The adjusted R-squared is 0.206, meaning that after accounting for the number of predictors, Job Enrichment Strategies still explain about 20.6% of the variation in health worker performance.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.456^a	.208	.206	.97830

a. Predictors: (Constant), Job Enrichment Strategies
Source: Research data 2025

The calculated F-value of 89.192, with degrees of freedom (df1 = 1, df2 = 339), significantly exceeds the critical F-value at a 95% confidence level. This result indicates that the regression model assessing the performance of health workers based on Job Enrichment Strategies is statistically significant. The p-value of 0.000, which is less than 0.05, further confirms the significance of this relationship. Table 4 shows that the ANOVA for performance of health workers.

Table 4: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	85.363	1	85.363	89.192	.000^b
	Residual	324.444	339	0.957		
	Total	409.806	340			

a. dependent variable: Performance of health workers
b. Predictors: (Constant), Job Enrichment Strategies

The coefficient for Job-Related Factors is detailed in Table 5.

Table 5: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.453	.182		13.477	.000
	Job Enrichment Strategies	.439	.046	.456	9.444	.000

a. Dependent Variable: Performance of health workers

From the results the following equation was derived:

$$Per = 2.453 + 0.439 JES$$

Where Per = Performance of health workers, JES = Job Enrichment Strategies

The findings from Table 5 indicate that when Job Enrichment Strategies are held constant, the baseline performance of health workers in a devolved health system across selected counties in Kenya is 2.453. Additionally, each unit increase in Job Enrichment Strategies corresponds to a 0.439-unit increase in health worker performance. This relationship is statistically significant, with a p-value of 0.000. Therefore, the null hypothesis is rejected, supporting the alternative hypothesis and confirming Job Enrichment Strategies significantly affect the performance of health workers.

4.0 Discussion

This study examined how job enrichment strategies—professional values, skills-task matching, supportive supervision, and adherence to norms and codes of conduct—affect health worker performance in Kenya's devolved health system. Findings revealed that these strategies had a significant and positive effect on performance, aligning with the Job Characteristics Theory, which suggests that job dimensions such as autonomy, skill variety, and task significance enhance motivation and productivity. The strong influence of professional values supports earlier research by Dieleman et al. (2006), which indicated that professional identity and adherence to ethical standards sustained motivation among healthcare workers in resource-constrained settings. Similarly, Nkanata, Wambua, and Gathungu (2023) found that reinforcing ethical principles improved staff satisfaction in Kenyan Level Five hospitals. Furthermore, skills-task matching emerged as a critical determinant of performance, consistent with findings by Yusuff and Minja (2022) that equitable task allocation and opportunities for skill utilization significantly boosted staff commitment and service delivery outcomes.

The role of supportive supervision was also highlighted as a key factor in improving health worker performance. Respondents who received regular feedback and managerial support reported higher levels of job satisfaction, a finding that resonates with Kabia et al. (2019), who identified lack of supportive supervision as a driver of attrition in county hospitals. Empowering health workers to make decisions and providing accessible supervisory support not only enhanced morale but also fostered accountability. Finally, adherence to norms and codes of conduct—including respectful communication and patient confidentiality—was positively associated with performance, reflecting the World Health Organization's assertion that professional integrity is essential for quality care (WHO, 2023). Overall, these findings demonstrate that job enrichment strategies are fundamental in addressing performance challenges in devolved health systems. County governments should institutionalize these strategies to strengthen motivation, reduce turnover, and enhance service delivery outcomes, contributing to the attainment of Universal Health Coverage and Kenya's Vision 2030 goals.

5.0 Conclusion and Recommendations

The regression analysis revealed that job enrichment strategies significantly influenced health worker performance within Kenya's devolved health system. Among the strategies examined—professional values, skills-task matching, supportive supervision, and adherence to norms and codes of conduct—professional values and supportive supervision emerged as the strongest predictors of performance, followed by skills alignment and compliance with professional norms. These findings align with the Job Characteristics Theory, which emphasizes that meaningful work, role clarity, and empowerment enhance motivation and job satisfaction. The study demonstrates that fostering ethical standards, ensuring staff deployment according to competencies, and strengthening supervisory relationships are essential for improving service quality in public health facilities.

Based on these findings, the study recommends that county governments prioritize job enrichment policies by institutionalizing programs that promote professional values through continuous ethics training and role modeling. Health administrators should ensure that skills-task alignment is central to staff deployment and that healthcare workers have access to opportunities for applying and developing their competencies. Supportive supervision should be strengthened through structured mentorship, regular feedback mechanisms, and empowerment strategies that enable staff to make decisions and take ownership of their roles. Additionally, counties should reinforce norms and codes of conduct by establishing clear accountability frameworks and promoting respectful communication and teamwork within facilities. Collectively, these strategies can enhance health worker motivation, reduce turnover, and improve overall health system performance, contributing to Kenya's progress toward Universal Health Coverage (UHC).

Limitations

This study was limited to Tier 3 public hospitals in Kisumu, Machakos, and Migori counties, which may not represent conditions in all counties or other health facility levels. The cross-sectional design captured data at a single point in time, limiting causal inferences. Additionally, reliance on self-reported data introduced the possibility of response bias. Future research should adopt longitudinal designs and include diverse counties and qualitative approaches to provide deeper insights into contextual factors influencing job enrichment and performance.

Policy Implications

The findings underscore the need for evidence-based workforce strategies within Kenya's devolved health system. County governments should embed job enrichment frameworks into health workforce policies and strengthen supervisory systems. National health authorities should harmonize job enrichment standards across counties and implement monitoring mechanisms to ensure consistency and accountability.

REFERENCES

Bossert, T., Chitah, B., & Bowser, D. (2017). *Decentralization in health systems: Challenges and opportunities*. Health Policy and Planning, 32(4), 605–612. https://doi.org/10.1093/heapol/czw157

Dieleman, M., Cuong, P. V., Anh, L. V., & Martineau, T. (2006). Identifying factors for job motivation of rural health workers in North Viet Nam. *Human Resources for Health*, 4(1), 10. https://doi.org/10.1186/1478-4491-4-10

Gitonga, L., Maina, J., & Kimathi, F. (2020). Factors influencing motivation of nurses at a national referral hospital in Kenya. *African Journal of Health Sciences*, 33(2), 150–162.

IntraHealth International. (2014). *Kenya health workforce status report*. IntraHealth International.

Kabia, E., Mbau, R., Oyando, R., Molyneux, S., & Barasa, E. (2019). "We are called the et cetera": Experiences of frontline health workers in the context of devolution in Kenya. *International Journal for Equity in Health*, 18(1), 118. https://doi.org/10.1186/s12939-019-1022-4

Masaba, B. B., Mmusi-Phetoe, R. M., & Moleki, M. M. (2020). Devolution of healthcare system in Kenya: Progress and challenges. *International Journal of Current Research*, 12(5), 10802–10805.

Mwaura, P., & Juma, V. (2022). Health workforce distribution and equity under devolution in Kenya: A case study of county hospitals. *East African Medical Journal*, 99(7), 453–460.

Nkanata, A., Wambua, G., & Gathungu, J. (2023). Ethical principles and job satisfaction among healthcare workers in Level Five hospitals in Kenya. *Journal of Health Systems Research*, 12(3), 233–245.

Wafula, F., Goodman, C., & Ringera, B. (2021). The influence of devolution on healthcare workforce management in Kenya: A qualitative study. *BMC Health Services Research*, 21(1), 89. https://doi.org/10.1186/s12913-021-06087-1

World Health Organization. (2019). *Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies*. Geneva: WHO Press.

World Health Organization. (2023). *Global strategy on human resources for health: Workforce 2030*. Geneva: WHO Press.

Yusuff, M., & Minja, E. (2022). Effects of retention strategies on health worker performance in Wajir County, Kenya. *African Journal of Health Economics and Policy*, 4(2), 75–84.