
Moderating Influence of Employee Engagement in the Relationship Between Union Organizing Activity and Employee Performance Among Public Service Medical Doctors in Nairobi County, Kenya

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Abstract

The study's general objective was to establish the moderating influence of employee engagement in the relationship between union organizing activity and employee performance among doctors in the public service health sector in Nairobi County, Kenya. The study was anchored on revolutionary theory of trade union. The study used mixed methods research approach, Pragmatism world view and convergent parallel mixed methods design. Mixed methods, quantitative and qualitative, was used to collect, analyze and interpret data. The target population was 789 medical doctors and 21 top managers. Probability's stratified sampling technique was used to classify the population into strata based on specialization and simple random sampling to pick 327 doctors. Non-probability's purposive sampling technique was used to pick 21 top managers. A closed-ended questionnaire was utilized to gather quantitative data from the doctors while an open-ended interview guide was used to interview top managers. Cronbach alpha coefficient established the questionnaire's reliability and validity was determined through face, criterion, content and construct validities. Reliability of the guide was upheld through consistency in the use of detailed field notes and verbatim description of participants' versions techniques while triangulation and respondent validation techniques were used to check its validity and maintain trustworthiness. Quantitative data was statistically analyzed using descriptive (means & standard deviation) and inferential tools (Pearson correlation and regression analysis) with the aid of SPSS (Version 26.0). Qualitative data was thematically analyzed using

text. The study found that union organizing had a positive and significant influence on the performance of doctors in public service health sector. Further, results showed that the relationship between union organizing activity and employee performance was significantly moderated by employee engagement. The study recommended that labour relations partners in the public service health sector should formulate more innovative and practical mechanisms that guarantee appreciation of union organizing activity and the moderation effect of employee engagement as pillars of employee performance. The study contributes to existing knowledge by pointing out union organizing activity as a determinant of employee performance. In addition, the study has provided evidence of employee engagement as moderator in relationship between union organizing activity and employee performance.

Keywords: Union Organizing, Employee Engagement, Employee Performance, Public Service Health Sector Doctors KMPDU

1. Introduction

In today's highly competitive global and domestic markets, trade union activities play a crucial role as agents of employee performance and drivers of socio-economic justice (Tinuoye, 2023). Despite offering competitive pay, human resources (HR) continue to underperform, posing challenges for organizations in identifying factors that contribute to employee performance (Gold and Smith, 2022). This situation underscores the importance of focusing on trade unions to predict and enhance employee performance, particularly in contexts where employee engagement strategies remain under-researched (Mwenda, Muturi & Olunga, 2018). Additionally, the scarcity of doctors in the public service health sector poses a significant challenge to healthcare delivery in Nairobi County, Kenya (World Health Organization, 2023). While governments invest in achieving recommended doctor-to-population ratios, performance standards remain unmet (World Bank, 2023). The Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU) play a critical role in addressing these performance challenges.

Union organizing is the first grassroots activity, and good union organizing strategies assist in forming, building, and maintaining union membership (Holgate, Simms, and Tapia, 2018). Union organizing involves mobilizing and recruiting potential members, nurturing them and maintaining union capacity. The organizing process starts with the union's involvement with employees and continues to uphold their membership with the promise of better pay and work conditions (Noe, et al., 2018). The International Labour Organization's (ILO) peace treaty of Versailles, 1919, and freedom of association and protection of the right to organize convention 1948(No. 87) acknowledged union organizing activity as an avenue of social justice and enduring peace (Budeli, 2012 & Kalusopa, Otoo & Shindondola, 2012). Today, as informed by Prasad (2019), most countries have ratified ILO's union organizing convention. In Kenya, Article 41 (4) (a) of the constitution (2010) gives trade unions and employees the right to organize. The revolutionary theory supported the role of union organizing activity as an avenue for promoting and protecting worker interests, thus enhancing performance.

The performance of medical doctors is crucial for ensuring equitable healthcare and overall development. In Kenya, the government has implemented various policies and initiatives,

including Vision 2030, Kenya Health Policy 2014-2030, and The Health Act, 2019, to enhance the performance of public service doctors and improve healthcare services to citizens. Additionally, trade union activities have been empowered through the constitution, Labour Relations Act, and Employment and Labour Relations Court Act. The belief is that when trade union activities, along with employee engagement, are effectively in place, it can lead to amplified employee performance (Jepkorir, 2014 & WHO, 2017).

However, In Nairobi County, doctors in public service health sector have faced performance challenges despite the presence of union activities (Aluoch, 2018; Mwenda, Muturi &Olunga, 2018; Naeku& Wanyonyi, 2021). These challenges are evident through incidents such as the handing over of Nairobi County health function to the national government due to poor service delivery (The Kenya Gazette, 2020), the tragic saga of infant deaths at Pumwani Maternity Hospital in September 2018, (Amref, 2018), as well the cases of possible medical negligence and delays in patient deaths at Mama Lucy hospital (Sokodirectory, 2022). A survey by Nyambane (2017) determined that at the ministry of health, Nairobi city county, employees' efficiency, productivity and ability to meet deadlines were minimal. The many doctors' strikes have had a lasting impact on performance, with the first one in 1971 and subsequent ones since 2010, including the 2017 longest doctors' strike that lasted 100 days and resulted in the imprisonment of union officials (Aluoch, 2018; Mwenda, Muturi &Olunga, 2018; Naeku& Wanyonyi, 2021). The doctors' strikes have severely affected the performance of about 2,300 public sector doctors (Lugwe& Gichinga, 2017; Irimu et al., 2018). In addition in Nairobi County, public service doctors went on strikes multiple times from August to December 2020, due to unresolved issues over promotions, pay, the 2017/2021 CBA, and COVID-19 personal protection equipment. This left public service hospitals facing challenges and patients suffering or even some dying (Anadolu, 2020; Africanews, 2021). As confirmed by Omondi (2016), service delivery in Nairobi County's public hospitals has declined as doctors opt for labor unrests to address their grievances while management delays dispute resolution, hence contributing to the meager performance.

The performance of medical doctors in Nairobi County's public service health sector faces significant challenges despite government initiatives and empowered trade union activities. Despite policy frameworks like Vision 2030 and the Kenya Health Policy 2014-2030, along with legal support for trade unions, including the constitution and relevant statutes, effective performance remains elusive. Issues such as poor service delivery, tragic incidents like infant deaths, and potential medical negligence have persisted, leading to minimal productivity and efficiency among health ministry employees (Aluoch, 2018; Mwenda, Muturi &Olunga, 2018). Furthermore, recurrent strikes, including the lengthy 2017 strike and subsequent ones, have severely impacted the performance of public sector doctors, with unresolved grievances over promotions, pay, and protective equipment exacerbating the situation (Irimu et al., 2018). These challenges have left public hospitals in dire straits, with patients bearing the brunt of compromised healthcare services.

Accordingly, though several past studies have focused on trade union activities, those with conclusive results and noteworthy information on the current topic in the context of Africa, including Kenya, are scanty specifically on union organizing Studies by (Maina, 2018; Musili, 2018, Gitahi, 2019, and Babalola & Ishola, 2017) have limitations in their failure to include the focused trade union activities, the mediator effect and relate them to employee performance in one study. Also, Mwenda, Muturi & Olunga (2018) say that employee engagement is one of the challenges facing public service medical doctors. Though KMPDU has empowered doctors on health advancement and their welfare, employee engagement is still a challenge; hence it was identified as a possible moderating variable for this study. Therefore, this raises the question: does employee engagement moderate the relationship between union organizing activity and employee performance among doctors in public service health sector in Nairobi County, Kenya? It is in response to the concerns/data that the choice of the current problem was undertaken to determine the established influence of trade union activities on employee performance, moderated by employee engagement: a case of doctors in the public service health sector in Nairobi County, Kenya.

2. Theoretical Review

The revolutionary theory of trade union supported the role of union organizing activity as an avenue for promoting and protecting worker interests, thus enhancing performance. The revolutionary theory, as advocated by Karl Marx in 1849, posits that trade unions serve as vital instruments for organizing the working class or proletariat against capitalist or bourgeois exploitation and societal inequities (Khanka, 2018). Marx's conceptualization underscores the pivotal role of trade unions in fostering class solidarity and mobilizing workers to challenge the inherent power imbalances within capitalist systems (Janse, 2018). By promoting workers' revolts as a means to dismantle capitalism and achieve emancipation, Marx elevates the significance of union organizing as a mechanism for social change and the redistribution of power in favor of labour owners as opposed to business owners, thus the basis of appreciating the employee's fundamental right to go on strike.

Furthermore, the study empirically validated the revolutionary theory as the foundation of unionism as we know it today. The theory further expounded the underlying societal class conflicts as fodder for labour revolts, hence the first step toward labour economic empowerment. Union organizing activity as a byproduct of class formations uses strategies like organizing campaigns, authorization cards, recognition, and capacity building (Noe et al., 2018) to endorse the revolutionary theory as a basis of solving labour-capital tensions. Moreover, scholars, such as DeCenzo, Robbins & Verhulst (2013), highlight Marx's enduring influence on modern unionism, emphasizing his emphasis on class consciousness and collective action in shaping labor relations. Through Marx's lens, trade unions emerge as crucial agents in advocating for workers' rights and mitigating the exploitative tendencies of capitalist structures (Prasad, 2019). This perspective thus underscores the ongoing relevance of Marx's revolutionary theory in understanding the dynamics of union organizing and its impact on employee performance, providing a theoretical framework for analyzing labor movements and advocating for social justice in the workplace. Through the work of KMPDU, the relevance of the revolutionary theory is actualized through

public service doctors' many agitations for better terms and conditions of employment. Nevertheless, though some contemporary thinkers argue that various aspects of the revolutionary theory are incomplete or obsolete, many of its concepts and lessons are viable and may combine with the thoughts of other theorists (Wikimedia Foundation, 2019 and Kenton, 2019).

2.1 Empirical Literature Review (Hypothesis Development)

Several studies have shed some light on the influence of union organizing activity on various aspects of labor dynamics. Tarumaraja, Omar, Halim, and Hafidz (2015) in their study concluded that union organizing activity significantly affects union effectiveness, although union type does not act as a moderator. However, their study primarily utilized quantitative methods, prompting recommendations for the inclusion of qualitative insights from union members, which could enrich future research in this area. Conversely, Holgate, Simms, and Tapia (2018) found that the interchangeable use of the terms "mobilizing" and "organizing" has contributed to the ongoing decline of unions, despite efforts to prioritize organizing strategies. In contrast, Kall, Lillie, Sippola, and Mankki (2019) observed that Finnish and Estonian unions have embraced an "organizing model," advocating for transnational organizing to foster union growth and international alliances.

Nicklich and Helfen's (2019) findings emphasized the nuanced nature of organizing approaches, highlighting how they are shaped by institutional constraints, strategic dilemmas, and organizational tensions. Their study underscores the importance of recognizing organizational dynamics and restrictions in union renewal efforts. In contrast, Dhammika (2015) revealed a negative relationship between worker unionization and employee outcomes in the public service sector, emphasizing the need for managers to mitigate employees' dependence on unions and explore alternative practices. On the other hand, Soylu and Singh (2017) highlighted the positive impact of unions on productivity and the economy, suggesting that unionized firms exhibit higher productivity levels and contribute to broader economic growth. Owidhi's (2019) study provided insights into the membership growth, facilitated by positive union organizing strategies, despite challenges such as limited resources and governance issues. Additionally, Mwathe, Gachunga, and Waiganjo (2017) found a positive correlation between union participation and employee productivity, further emphasizing the potential benefits of effective union organizing activities. These diverse findings underscore the complexity of union dynamics and inform hypothesis that:

H₀₁: There is no significant statistical influence of union organizing activity on employee performance among doctors in public service health sector in Nairobi County, Kenya.

Employee engagement has emerged as a crucial aspect of modern management, with studies highlighting its positive impact on performance and retention rates (Armstrong and Taylor, 2023; Torrington et al., 2020; Ahmed, 2019). In Kenya, despite initiatives by organizations like the Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU) to empower doctors, employee engagement remains a challenge, particularly in the public health sector of Nairobi County (Mwenda, Muturi & Olunga, 2018& KMPDU, 2017). Given its potential to enhance

performance and job satisfaction, understanding the moderating role of employee engagement in relation to union organizing activity is essential. Patro (2013) identifies indicators such as satisfaction, commitment, and loyalty as crucial components of employee engagement, aligning with the objectives of the current research, which aimed to assess the moderating effect of employee engagement on the relationship between trade union activities and employee performance among doctors.

Existing literature offers insights into the moderating effect of employee engagement on various organizational dynamics. Amir and Khan (2020) found that employee engagement moderated relationships between personality traits and team performance, while Deepa and Mohamed (2017) highlighted its causal relationship with communication and organizational management. However, studies such as those by Miawati, Sunaryo, and Yusnita (2020) indicate that organizations often fall short in fully optimizing employee engagement efforts across all indicators. Mishra and Kodwani (2019) demonstrated the moderating effect of EE on relationship conflict and perception of organizational politics, emphasizing its multifaceted impact. Furthermore, Sang, Guyo, and Odhiambo (2014) uncovered significant moderation influence on the relationship between performance-based rewards and labor productivity. Despite these insights, the literature indicated dearth of information the research topic and, hence, underscored the need for further research to deepen understanding and provide conclusive outcomes on the moderating role of employee engagement, as hypothesized below:

H₀₂: There is no significant statistical moderating influence of employee engagement on the relationship between union organizing activity and employee performance among doctors in public service health sector in Nairobi County, Kenya.

3. Methodology

Convergent parallel mixed methods design was preferred for this study because it is a flexible design that offered a chance to concurrently consider exploratory and descriptive research purpose for in-depth understanding and generalization respectively (Creswell and Creswell, 2018). The study followed pragmatism philosophical assumptions because it uses both qualitative and quantitative approaches.

3.1 Sampling

Sampling for this study targeted a total population of 810 individuals, comprising 789 medical doctors and 21 top management officials who served as departmental heads. Among the medical doctors, the distribution consisted of 589 medical officers, 142 pharmacists, and 58 dental officers, while the departmental heads comprised 5 human resource managers, 8 health administrators, and 8 finance managers. The sample size determination followed the methodology outlined by Krejcie and Morgan (1970), a method also employed by previous studies such as Ghasemizad, Zadeh & Bagheri (2012), Bhatti, Soomro, and Shah (2021), and Omosa, Onyango & Onditi (2018). A total of 327 medical doctors were selected to respond to questionnaires, and 21 top managers were interviewed. The sampling method utilized both stratified and simple random sampling from probability sampling technique and purposive from

non-probability technique. Stratified technique was used to stratify the population into strata. Simple random sampling was employed to pick the final sample of doctors from each strata, resulting in the selection of the total sample of 327 medical doctors. While purposive technique was used to pick the 21 departmental managers.

3.2 Data Collection

This study employed a structured closed-ended questionnaire to gather quantitative data from medical doctors, utilizing a five-point Likert scale ranging from strongly disagree (SD) to strongly agree (SA). The questionnaire, which was self-constructed and self-administered, consisted of closed-ended questions designed to assess union organizing activities, employee engagement, and employee performance. Items for the questionnaire were borrowed from previous studies and theories, chosen to align with the specific constructs under investigation. To ensure construct validity, indicators and measurements were meticulously developed based on relevant existing knowledge, with construct validity assessed using factor analysis. The study adopted a criterion of factor loading above or close to 0.5, and a Cronbach’s Alpha coefficient of 0.7 and above, as recommended by Hair et al. (2010), with composite reliability values larger than .70 considered sufficient for data collection to proceed. Questionnaire items that did not meet these thresholds were either dropped or revised, following the guidelines proposed by Teddie and Tashakkori (2010). Additionally, an open-ended interview guide was designed based on the research objective and was used to collect qualitative data from managers.

3.3 Data Analysis and Presentation

Descriptive statistics was done by generating means and standard deviations and was statistically analyzed in line with the study objectives. Inferential statistics was done to draw conclusions and a generalization concerning the population, Pearson product-moment correlation coefficient was constructed to test the linear relationship between the variables. Both simple and multiple regression analysis were employed to draw conclusions and infer findings to the universe. Simple regression analysis used to determine the influence union organizing, on employee performance), and at the same time, Pearson correlation was utilized to determine the strength of the relationship between the independent variable on the dependent variable. The simple linear regression model is as shown below:

$Y = \beta_0 + \beta_1 X_1 + \epsilon$ Model 1

Where: Y = Dependent variable employee performance, X1 = Union Organizing, β_0 = Constant or Intercept, β_i = Are regression coefficients for β_i (i = 1, 2, 3, 4), ϵ = error term

A moderated multiple regression (MMR) model was also applied to determine the estimated interaction effect or to evaluate the moderating effect of employee engagement in the relationship between the independent variables; union organizing, and the dependent variable; employee performance. The moderation effect was represented by the interaction effect between the x and z variable. In the multiple regression equation, the moderator variable is represented as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_{1a} X_1 Z + \epsilon \dots \dots \dots \text{Model 2}$$

Where: Y= Employee performance, X₁= Union Organizing, β₀= constant or intercept, β_i = are regression coefficients Z= Employee engagement, ε= error term, X_iZ= Interaction term of employee engagement with each of the independent variables

4.0 Findings and Discussion

A total of 327 questionnaires were distributed to doctors, resulting in a response rate of 92.7%. After data screening and cleaning, 7 questionnaires were deemed unusable due to missing values or outliers, resulting in a usable questionnaire response rate of 90.5%. The response rate was achieved through diligent efforts by the researcher and her assistant, including daily visits to research sites and personal reminder calls and visits to respondents. Additionally, 16 out of 21 targeted interviews with top management officials were conducted, resulting in a response rate of 76.2%.

4.1 Descriptive Statistics for Union Organizing activity

The results from table 1 indicate that respondents displayed uncertainty and skepticism towards various aspects of trade union organizing activity within the public health sector in Nairobi County, Kenya. They were undecided regarding the effectiveness of sensitization campaigns, the provision of associate union membership, the inclusion of employer neutrality clauses in negotiated contracts, and the availability of authorization cards. Additionally, respondents disagreed about the significant influence of union recognition on doctors' motivation levels. Furthermore, there was uncertainty about the frequency of sensitization meetings, the trade union's role in members' training and capacity building, the structure of the union's leadership, and members' awareness of their rights within the union. Overall, these findings suggest a lack of strong support or enthusiasm among respondents for trade union organizing activity, echoing broader trends observed in previous studies regarding union density and employee outcomes in both Kenya and the United Kingdom. This concurred with management responses that the medical doctors subscribed to the union but were undecided on signing authorization cards. Respondent 1 said, *“They only gave a list. No cards. They seem ok with that”* as number 2 stated, *“no cards are given or signed”*. Informant 6 also opined, *“I am not aware of any cards. It is a grey area. I think even the other unions do not have”* as interviewee 9 said, *“they have licenses. For cards, I do not know”* while number 12 stated, *“they must be having, but I have not seen. Every association should have,”* while 14 said, *“no comment”* and 15 *“I don't know.”*

Table 1: Descriptive Statistics for Union Organizing Activity

Constructs (n=296)	Mean	Std. Dev
Trade Union organizes sensitization campaigns	3.15	1.28
Trade Union offers associate union membership	2.71	1.02
Negotiated contracts have employer neutrality clause	2.49	0.83
Trade Union has authorization cards	3.17	1.13
Union recognition has significant influence on motivation of doctors	2.10	1.01
Regular sensitization meetings are held	2.94	1.11
Trade Union ensures members' training and capacity building	2.57	0.98
Trade Union has well-structured leadership	2.08	0.91
Members are aware of their right to form, join or exit a union	2.15	0.90
There is an effective organizing policy	2.53	1.03
Average	2.59	0.56

The findings from table 2 suggest that respondents exhibited uncertainty and varied perceptions regarding several aspects of employee performance within the public health sector in Nairobi County, Kenya. They were undecided about the adequacy of employee productivity and the level of turnover rates, indicating a lack of consensus on these critical indicators. Similarly, respondents expressed uncertainty about the prevalence of absenteeism and the recommend ability of service delivery within the sector. Furthermore, there was disagreement regarding the occurrence of accidents resulting from negligence and theft by medical doctors, highlighting concerns about safety and integrity. Additionally, respondents remained undecided about the level of customer satisfaction and the quality of work, reflecting a lack of clarity on these crucial performance dimensions. Moreover, there was disagreement regarding the presence of good teamwork among doctors and their creativity and innovation, suggesting potential challenges in collaboration and problem-solving. Overall, these findings underscore the complex and multifaceted nature of employee performance within the public health sector, with varying perceptions among respondents regarding key performance indicators. Management agreed with the above finding that medical doctors' productivity was low. Respondent 6 informed; *"it is low. It slumped after devolution of health services. Devolution is the biggest challenge, and it needs to be solved somehow"* as 14 opined; *"fair. It is about 70% to 80%.* Management concurs with results that doctors' turnover rate is low with respondent 4 stating, *"It is very low. Instead, they want to come here. It can be witnessed by the big number of applicants we receive when we advertise.* Further, respondent 10 opined, *"Absenteeism is high. Some moonlight a lot. KMPDU and the employer are aware but where are the rules to guide them? Rules should make it impossible for them to be in public and private practice, but their terms must improve first. I think those who do it get tired. The Ministry tried to regularize this some time back failed."*

Table 2: Descriptive Statistics for Employee Performance

Constructs (n=296)	Mean	Std. Dev
My organization has adequate employee productivity	2.70	1.07
Turnover rate is low	2.53	0.97
There is minimal level of absenteeism	2.59	1.00
Service delivery is recommendable	2.53	0.96
Accidents resulting from negligence are minimal	2.21	0.75
There is no theft by medical doctors	2.40	0.99
Level of customer satisfaction is high	2.67	1.02
Quality of work is satisfactory	2.41	0.92
There exists good teamwork among doctors	2.30	0.92
Doctors are creative and innovative	2.13	0.82
Targets sets are met	2.62	0.97
There are no cases of corruption among doctors	2.83	2.09
Workplace communication is effective	2.70	1.20
Internal business processes are efficient and effective	2.86	1.22
Average	2.53	0.69

The findings from Table 3 indicate that respondents expressed a range of perceptions regarding various aspects of employee engagement and workplace conditions within the public health sector in Nairobi County, Kenya. They remained indifferent towards the presence of a good supervisor, competitive remuneration, and good working conditions, suggesting a lack of consensus on these factors. Furthermore, respondents disagreed on the availability of training and career development opportunities, good co-worker relationships, and job security, indicating potential concerns about professional growth and interpersonal dynamics. Additionally, there was uncertainty regarding reasonable workload and flexible work schedules, reflecting ambiguity around these aspects of work arrangements. The findings also highlighted disagreement on common goals and strategies, strong organizational culture, effective communication, and charismatic leadership, suggesting potential challenges in alignment, communication, and leadership effectiveness within the workplace. Moreover, respondents expressed skepticism towards employee recognition and well-wishing, working in teams, and trusting team leaders, indicating potential issues with teamwork and leadership trust. Overall, these findings underscore the complexity of employee engagement and workplace conditions within the public health sector, with varied perceptions among respondents regarding key factors influencing employee performance. The above results were supported by interviewees when asked to comment on various facets of employee engagement. Informant No. 5 stated, "No. We have been doing job satisfaction surveys and scoring 70%. Here, satisfaction is affected by the non-implementation of the SRC's 2012 salary structure, the 2017 CBA and now COVID-19 PPEs and allowances". However, a few respondents said the doctors are satisfied and engaged, not sure or no comment. Informant 8 said that "doctors here have job satisfaction. Though we don't have a policy on engagement, our doctors are engaged, and they perform. Hence most

informants felt that the medical doctors in Nairobi County public service did not fully identify with their job (common goals and strategies, organization culture, mentorship, communication, and leadership). In agreement, interviewee 2 said, “Some identify but most of them want to be in Afya house and not in the facilities” whilst 3 said, “No. They are not happy with the employer leadership”.

Table 3: Descriptive Statistics for Employee Engagement

Constructs (n=296)	Mean	Std. Dev
Employee satisfaction		
My supervisor is good	2.31	1.11
Our remuneration is competitive	2.36	1.13
Working conditions are good	2.54	1.25
There are training and career development opportunities	2.31	1.08
We have good co-worker relationships	2.16	0.85
Workload is reasonable	2.95	1.29
Employee identification		
We have common goals and strategies	2.21	0.90
There is strong organization culture	2.43	1.11
Individual mentorship is available	2.47	1.13
There is effective communication	2.43	1.14
There exists charismatic leadership	2.30	1.13
Employee commitment		
Doctors have flexible work schedules	2.72	1.24
There is job security	2.29	1.12
Friendly policies, structures and procedures exist	2.37	1.15
Employee participation and involvement is satisfactory	2.30	1.10
Employee loyalty		
There is employee recognition and well wishing	2.55	1.20
Working in teams is practiced	2.16	0.97
Trusting in team leaders is there	2.26	1.01
Average	2.39	0.83

Source: Field Data (2020)

4.2 Assumptions of Regression Model Testing

This study used regression model to determine the statistical relationship between the independent and the dependent variables. Table 1 presents the results of the Test of Normality using Kolmogorov-Smirnov and Shapiro-Wilk tests. The statistics for Unstandardized Residual, Standardized Residual, and Studentized Residual all have p-values (Significant value) greater than the standard significance level of 0.05 (Ghasemi & Zahediasl, 2012). This indicates that the data under consideration follows a normal distribution. The significance level of 0.05 is commonly used as a threshold to determine whether a dataset can be considered

normally distributed. When the p-value is greater than 0.05, it suggests that there is no significant deviation from normality, and the data can be assumed to be normally distributed. As a result, based on the p-values from both the Shapiro-Wilk and Kolmogorov-Smirnov tests being higher than 0.05, it can be concluded that the data satisfies the assumption of normality. In other words, the data is normally distributed, and the residuals derived from the statistical analysis are not significantly different from a normal distribution. Linearity test was assessed for each variable with statistical package for social sciences, SPSS, following the accepted procedures. The rule of thumb was if there is linearity $p < 0.05$, it was considered to be statistically significant, thus the null hypothesis should be rejected. However, the reverse could be true if the value > 0.05 . The ANOVA test results showed all the reported p-values were less than the significance level of 0.05, indicating that there was a statistically significant linear relationship between each pair of variables. Additionally, the tolerance values for each variable were less than 0.1, which is another indication that there was no multicollinearity among the independent variables. According to the criteria defined by Cooper & Schindler (2014), multicollinearity would exist if the tolerance is less than 0.1 or if the VIF is greater than 10 for any variable. To test for homoscedasticity of variance, the Levene test was conducted as per Nordstokke & Zumbo (2010) who says that the probability values should be greater than 0.5.

4.3 Regression Analyses (Hypothesis Testing)

Linear regression analysis was used to establish the influence of union organizing activity on employee performance among doctors in public service health sector in Nairobi County, Kenya. The regression analysis test was used, including a model summary, which included a model summary, ANOVA for the goodness of fit and Coefficient of Estimates as presented in tables 1a, 1b and 1c.

Table 4a: Regression Model Summary of Union Organizing Activity and Employee Performance

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate
1	0.567	0.322	0.319	0.57358

a Predictors: (Constant), Union Organizing Activity

The results presented in Table 4a show the regression model summary of Union Organizing Activity as a predictor of Employee Performance. The model's R squared value is 0.321, which indicates that approximately 32.1% of the variation in Employee Performance among doctors in public service health sector can be explained by Union Organizing Activity.

The results in table 4b indicate that the model analyzing the influence of Union Organizing Activity on Employee Performance demonstrated a highly significant goodness of fit, as evidenced by the small p-value of 0.000 associated with the F-statistic of 138.945. This implies that Union Organizing Activity significantly explains the variation in Employee Performance among doctors in public service health sector in Nairobi County, Kenya.

Table 4b: Regression ANOVA for Union Organizing Activity and Employee Performance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	45.712	1	45.712	138.945	0.000
Residual	96.725	294	0.329		
Total	142.437	295			

a Dependent Variable: Employee Performance
 b Predictors: (Constant), Union Organizing Activity

Table 4c: Coefficients of estimates for Union Organizing Activity and Employee Performance

	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	0.723	0.157		4.604	0.000
Union Organizing Activity	0.700	0.059	0.554	11.787	0.000

a Dependent Variable: Employee Performance

The results presented in Table 4c indicates that Union Organizing Activity was found to be statistically significant, with a standardized coefficient (Beta) of 0.554 and a p-value of 0.000, which is less than the significance level of 0.05. This implies that Union Organizing Activity has a significant positive effect on Employee Performance. The t-value for Union Organizing Activity is 11.787, which is highly significant, further confirming the statistical importance of this predictor variable. With a p-value of 0.000, the null hypothesis is rejected. Instead, the alternative hypothesis is accepted, implying that Union Organizing Activity indeed has a significant positive effect on Employee Performance.

The regression equation derived from the model is:

$$Y = 0.723 + .700 x_1 + \epsilon \dots \dots \dots \text{Model 1}$$

Where Y represents Employee Performance, X₁ denotes Union Organizing Activity, 0.723 is the constant term, 0.700 is the coefficient for Union Organizing Activity, and ε represents the error term.

The above model shows that a one-unit increase in union organizing activity increases employee performance among doctors in public service health sector in Nairobi County, Kenya by 700 units. This finding are in line with a survey findings of Owidhi (2019) that organizing is Kenya's main activity of trade unions. Noe *et al.* (2018) contend that proactive trade unions are expected to re-engineer their activities to gain management support and thus motivate employees to perform. Sababu (2017) too asserts the role of union organizing by informing that the growth of industries made workers realize their weaknesses in negotiating individually and begun to

organize themselves to obtain results they could not as individuals. Nicklich and Helfen (2019) also observed that trade union activities are fundamental to developing a quality workforce, and if managed well in promoting and protecting their interests, they can lead to better performance. In Kenya, union organizing is anchored in the constitution (2010) article 41 (4b), which informs that: “every trade union and every employer’s organization has the right to organize”. But this is not the case with KMPDU whose organizing history has been long, treacherous and stormy (Mwenda, Muturi & Olunga, 2018 & KMPDU constitution, 2017) inform that the union’s organizing activity, hence affecting performance.

4.4 Moderating Effect of Employee Engagement on the Relationship between Union Organizing activity and Employee Performance

A moderator variable is a variable that impacts the strength of the relationship between the principal independent variable and the dependent variable (Matula *et al.* 2018). Moderated regression analysis; model summary, ANOVA for goodness of fit and coefficients of estimates, was done to establish the moderating effect of employee engagement on the between union organizing activity and employee performance. The findings were presented in tables 5a, 5b and 5c.

Table 5a: Model Summary for moderating effect of Employee Engagement on the Relationship between Union Organizing activity and Employee Performance

Model	Change Statistics								
	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.567a	0.321	0.319	0.57358	0.321	138.945	1	294	0.000
2	.727b	0.529	0.526	0.4784	0.208	129.624	1	293	0.000

a Predictors: (Constant), UOA

b Predictors: (Constant), UOA, UOA*EE

Key: UOA=union organizing activity, EE=Employee Performance

Findings in table 5a showed that after introducing employee engagement in the relationship between union organizing activity and employee performance, R squared increased from 32.1% to 52.9%. Thus, employee engagement improves the relationship between union organizing activity and employee performance by 20.8% ($R^2\Delta = .208$). ANOVA was done to evaluate the goodness of fit for hierarchical regression on the moderated effect of employee engagement on the relationship between union organizing and employee performance. The findings were summarized in table 5b.

Table 5c: ANOVA for moderating Effect of Employee Engagement on the Relationship between Union Organizing activity and Employee Performance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	45.712	1	45.712	138.945	.000
	Residual	96.725	294	0.329		
	Total	142.437	295			
2	Regression	75.379	2	37.689	164.678	.000
	Residual	67.058	293	0.229		
	Total	142.437	295			

a Dependent Variable: EP

b Predictors: (Constant), UOA, c Predictors: (Constant), UOA, UOA_EE

Key: UOA=union organizing activity, EE=Employee Performance

Source: Field Data (2020)

Results from table 5c revealed that there is goodness of fit for hierarchical regression on the moderated effect of employee engagement on the relationship between union organizing and employee performance ($F = 164.678, p < 0.05$) as indicated in Table 4.47b.

Table 5c: Coefficients for Moderating effect of Employee Engagement on the Relationship between Union Organizing activity and Employee Performance

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	0.723	0.157		4.604	0.000
	UOA	0.700	0.059	0.567	11.787	0.000
2	(Constant)	1.033	0.134		7.720	0.000
	UOA	0.304	0.061	0.246	5.013	0.000
	UOA*EE	0.091	0.008	0.558	11.385	0.000

a Dependent Variable: EP

Key: UOA=union organizing activity, EE=Employee Performance

To test Hypothesis H_{02} , which proposed that there is no significant statistical moderating effect of employee engagement on the relationship between union organizing activity and employee performance. In the first model (Model 1), only the direct effect of union organizing activity (UOA) on employee performance was considered. The results showed that UOA has a significant positive influence on employee performance ($\beta=0.567, p=0.000<0.05$). In the second model (Model 2), the interaction term UOA*EE, representing the moderating effect of employee engagement (EE), was included in addition to the direct effects of UOA and EE. The results revealed that both UOA and EE continue to have significant positive effects on employee performance in this model. Crucially, the interaction term UOA*EE had a statistically significant coefficient ($\beta=0.558, p=0.000<0.05$). This significant coefficient indicates that employee

engagement acts as a significant moderator, shaping the relationship between union organizing activity and employee performance. The finding demonstrates that the influence of union organizing activity on employee performance is contingent on the level of employee engagement, thus should be encouraged. Specifically, higher levels of employee engagement enhance the positive impact of union organizing activity on employee performance.

The optimal regression model for moderating the effect of employee engagement on the relationship between union organizing activity and employee performance among doctors in public service health sector in Nairobi County, Kenya is as follows:

$$Y = 1.033 + 0.304x_1 + .091x_1 * z + \epsilon. \dots\dots\dots\text{Model 2}$$

Where;

Y = employee performance, X_1 =union organizing activity, Z =employee engagement, ϵ = error term

This model acknowledges the dynamic interplay between union organizing activity and employee engagement, providing valuable insights into the factors that influence employee performance in the context of labor-management relations. The findings highlight the significant moderating role of employee engagement in the relationship between union organizing activity and employee performance. This is congruent to Kumar and Pansari (2014) who observed that an engaged employee is aware of the business context and collaborates with colleagues to improve performance, productivity, customer satisfaction and financial success. Likewise, in their study, Mishra and Kodwani (2019) found a moderating effect of employee engagement on relationship conflict and perception of organizational politics. Consequently, from the findings, employee engagement is a real investment that plays an essential role in influencing the relationship between union organizing and employee performance, more so among doctors in public service health sector in Nairobi County, Kenya.

5.0 Conclusions of the Study

In line with the study results, it was inferentially established that union organizing activity determines employee performance, having had a positive and significant linear relationship. Organizing factors like sensitization campaigns to recruit members and inform them about their labor rights, signing authorization cards and capacity building were determined to improve employee performance indicators. Organizing is key in building union membership, which is fundamental to the strength and power since a strong union can be used to put pressure on management, resulting in positive employee lives and improved performance. Nevertheless, union organizing activity was not fully realized among medical doctors in Nairobi County public service. As the starting point of unionism, this activity has not been given the recognition it deserves and more effort should be exerted on it towards improving employee performance.

Based on the inferential findings that employee engagement significantly moderates the relationship between trade union organizing activities and employee performance, the study thus delineated that engagement elements; employee job satisfaction, identification,

commitment, and loyalty indicate, the presence of employee engagement. This infers that reasonable workload, availability of individual mentorship, effective communication, employee recognition and well-wishing as some of the employee engagement facets that enhance the effect of trade union activities on employee performance. The study thus concluded that in the presence of employee engagement, union organizing activity highly enhance employee performance among doctors in public service health sector in Nairobi County, Kenya.

6.0 Policy Implications

As evidenced from the study findings, though fundamental, union organizing policy in the public service is unclear and acrimonious, leading to many antagonisms and meagre performance, particularly among medical doctors in Nairobi County, Kenya. Consequently, it is hoped that with the findings, the government and relevant stakeholders will formulate a union organizing policy that will be progressive and friendly to the rights and obligations of both the trade unions, employers and the employees. The findings should also arouse trade unions to rethink and innovate more current and tactical unionization strategies, relations, and behavior. In particular, this will ensure KMPDU self-develops into strong and well-structured institution, capable of promoting and protecting member interests, giving them value for their money and as the outcome, motivating performance.

The debatable status of employee engagement strategy in Kenya's public service is a matter of great concern to academicians, human resource professionals and union officials. To mitigate the disquiet, this study outlines the importance of employee engagement as a moderator in the relationship between trade union activities and employee performance. Based on the findings, although as important as development and revenue, employee engagement has not been fully appreciated by KMPDU or the government. Hence, this new and very important framework should be valued, be invested in and be streamlined into the country's labour relations policy as a measure of institutional success. This will especially offer a paradigm shift for the Kenya's public health system management, Nairobi County included, with outcomes of improved quality of services, achievement of universal healthcare and sustainable development goals on health.

7.0 Managerial Implications

Managers should therefore ensure that they support union organizing campaigns, recognition, recruitment meetings and capacity building in their organizations. In return, trade union management should be obliged to encourage their members to put more effort into performance. It is therefore anticipated that these findings will encourage management to develop or reform the current legislative and regulatory labour relations framework, leading to a decrease of the costly and harmful unrests and an increase in the provision of more efficient, accessible, and affordable services, especially among doctors in public service health sector in Nairobi County, Kenya.

In the current competitive world where resources, including the human resources, are meagre, employee engagement might just be the wonder drug to heal the employee performance complications, especially among doctors in public service health sector in Nairobi County,

Kenya. The study therefore, provides a database for managers to define employee engagement indicators and consider strategic options and modalities of adopting and implementing them as a core human resource management function, especially the human resource for health.

8.0 Theoretical Implications

The study empirically validated the revolutionary theory by Karl Marx as the foundation of unionism as we know it today. Union organizing activity, as a byproduct of class formations uses strategies like organizing campaigns, authorization cards, recognition, and capacity building to endorse the revolutionary theory as a means of solving labour-capital tensions and complexities. The theory expounded the underlying societal class conflicts as fodder for labour revolts, hence basis for union organizing activity as the first step toward labour economic empowerment and organized associations of workers, which are relevant in Kenya today. Furthermore, the revolutionary theory's relevance is actualized through emancipation of the public service doctors' to enjoy the right to agitate and go on strike, which foresaw the formation and recognition of KMPDU, all geared towards improving the performance.

9.0 Recommendations

As the bedrock of unionism, there is need for government, trade unions; more so KMPDU, and other stakeholders to invest in union organizing activity by developing, adopting and implementing more contemporary union organizing approaches. This will assist to build union membership and sustainability. This includes embracing employee engagement as catalyst between union organizing activity and employee performance. This will make unions in the public service strong enough to fully participate in union matters without fear or malevolence as currently witnessed, consequently reducing the need for strikes, enhancing industrial harmony and increasing employee performance. In return, trade unions too should guide and encourage their members to meet their part of bargain by enhancing performance.

9.1 Suggestions for Further Research

This study evaluated the influence of union organizing activity on employee performance among doctors in public service health sector in Nairobi County, Kenya as moderated by employee engagement. However, there are doctors in public service health sector in other counties and public servants in other sectors, like public universities, who face similar problems but were not surveyed. It is thus prudent to conduct similar research in these different contexts. It could be interesting to establish if comparable outcomes could be found, which may authenticate the generalizability of the current findings.

Empirical information on the interaction effect employee engagement concept is still deficient, especially in Africa, including the Kenyan public service health sector. It could be interesting and remarkable if further research could be conducted on the moderating effect on employee in relations so as to contribute to the database and to better understand the concept. According to Dajani (2015), there is a shortage of academic studies on employee engagement.

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