

Role of Employee Delegation and Consultation on Organizational Performance of Government Health Care Institutions in Kenya

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Abstract- Employee delegation and consultation has been identified in research to promote organizational commitment, employee job satisfaction and improved individual productivity which in turn leads to organizational performance. Lack of employee delegation and consultation in decision making, either individually or through representatives, in the health sector in Kenya, has been identified as the major factor perpetuating strikes and lack of commitment of health workers. This has resulted in loss of lives in the hospitals and poor health services. This study aimed at assessing the role of employee delegation and consultation on organizational performance among health workers in Kenya. Descriptive survey design was adopted in conducting the study and Stratified sampling techniques was employed to select 384 employees from the selected Kiambu and Machakos Level 5 hospitals as well as Kenyatta National Hospital as the respondents to the study. A response of 87.5% was achieved and both primary and secondary data was used for the study. Questionnaires and interview guides were used as data collection instruments. Data was analyzed using qualitative and quantitative procedure. In addition, a multiple linear regression model was applied to examine the relationship between the variables. SPSS version 24 was used for data analysis and generation of tables, figures and relationships. In conclusion, delegation and consultation was found to influence organizational performance in Kenya. The study recommends that in the process of ensuring effective delegation and consultation among employees in the workplace, the management should increase the level of commitment in the organization by increasing satisfaction with compensation, policies, and work conditions.

Index Terms- Employee delegation, Employee participation, Participative management

I. INTRODUCTION

Companies are facing severe competitive pressures and rapidly changing markets. The changes mostly involve new trends and technologies, among other factors that make organizations seek ways to become more flexible, adaptive, and competitive. Subsequently, organizations are always very curious in their continuous search for competitive policies to gear up their performance (Singh, 2009).

The public sector in Kenya has undergone several reforms that have seen the government adopt new human resource management practices that focus on employee empowerment to enhance productivity. The reforms, although has not focused directly in employee participation, has focused in creating an environment that is conducive for further human resource development strategies to enhance employee participation. Such reforms dates back from the introduction of the New Public Management (NPM) practices that focused on fostering a performance-oriented culture focusing on continuous assessment of the efficiency and effectiveness of the employees in delivering their duties, to a more employee focused practices that focus on employee development rather than putting up measures to grade employee performance (Isahakia, 2010).

The health sectors, being one of the most sensitive sectors in service delivery in the public sector by the virtue that the employee in this sector hold the key to healthy living of the general public, has been the focus of attention in employee empowerment (Kimutai et al., 2013). Of these practices, employee delegation and consultation has been advocated for by most managers and organizations in the public sector based on the premise that when the employees are allowed to participate in decision making, they will feel responsible for all the decisions made and therefore their commitment to their duties will improve subsequently increasing their productivity and organizational performance. Following this premise, and tandem to this background, this study seeks to assess the role of employee delegation and consultation on organizational performance of the health sector in Kenya.

II. LITERATURE REVIEW

Delegation and consultative participation can potentially touch all workers directly in relation to their work tasks, work organization and working conditions. Such participation is strongly contingent on a voluntary management decision and can be seen as HRM-practices (Kuye & Sulaimon, 2011). Despite the vast amount of research on the performance and effects of HRM-practices, very little work has been done to illuminate the contribution of delegation and consultative participation to organizational performance. The EPOC (European Foundation for the Improvement of Living and Working Conditions) Group (1997) showed it was valuable to investigate this relationship.

Delegation and consultative participation appears to have an impact on organizational performance in three rather basic ways. First, employees with delegation and consultative participation opportunities can influence organizational performance directly: they can offer suggestions leading to more efficient processes or better product quality (Koech&Namusonge, 2012). In doing so, employees can contribute to higher labour productivity and process innovation (De Leede, 1997).

Secondly, like other HR policies and practices, direct participation influences employee attitudes which in turn support employee behavior that is beneficial for organizational performance such as, reduced turnover and absenteeism, improved productivity and product quality (Mutua, et al. 2012). Recent findings support the assumed relationships: Torka, Schyns, and Looise (2010) found direct participation is significantly connected to affective organizational commitment, and Meyer et al.'s (2002) meta-analysis shows that this form of commitment strongly influences employee health and well-being, turnover, absenteeism as well as task- and extra-role performance. These outcomes eventually have effect on the organizational performance.

Following the above literature on the relationship between delegation and consultative participation and organizational performance, this study focused on determining the presumption by researchers that by listening to employee needs through delegation and consultative participation, only when meeting their needs will desired outcomes be gained (Bryson, Charlwood, & Forth, 2006; Gollan, 2003; Torka et al., 2010). The existing body of knowledge is not sufficient in explaining specifically the relationship between employee delegation and consultation on performance in public health sector in Kenya. The next section describes the methodology on the type of data collected, how and why it befits this study as well as the ways of analysing and presenting it with an aim of filling the existing gaps in this field.

III. RESEARCH METHODOLOGY

A descriptive survey design was adopted to capture the categorical description of attitudes of the study population. The study population constitutes employees from the major level 5 hospitals in the Nairobi Metropolitan which includes Kiambu County, Nairobi City County and Machakos County. The major level 5 hospitals in Nairobi Metropolitan was chosen as the target population in this study because they have been prone to strikes

with workers citing lack of participation opportunities in decision making as some of the reasons causing their dissatisfaction (Kimutai et al, 2013). The major hospitals included Machakos District Hospital, Kiambu District Hospital and the Kenyatta National Hospital.

The Kenyatta National Hospital (KNH) has a total population of 3000 employees (<http://knh.or.ke/>), Kiambu Hospital 864 employees while Machakos Hospital has a total workforce of 736 employees - making a total population of 4600 employees. The employees were categorized as under: Management, Nurses, Doctors, and Operatives. This is because these groups of health workers are represented by different trade unions with different type of management.

The Fishers formula was used to determine the appropriate sample size of this study. This is because the target population consists of a large number of units (health workers) (Yates, 2004). The researcher assumed 95% desired level of confidence, which is equivalent to standardized normal deviate value of 1.96, and an acceptable margin of error of 5% (standard value of 0.05).
 $n = Z^2pq/d^2$

Where:

n = the desired sample size (if target population is large)

z = the standard normal deviate at the required confidence level.

P = the proportion in the target population estimated to have characteristic being measured.

q = 1-p

d = the level of statistical significance set.

Assuming 50% of the population have the characteristics being measured, q = 1-0.5

Assuming we desire accuracy at 0.05 level. The Z-statistic is 1.96 at this level

Therefore $n = (1.96)^2(.5)(.5)/(0.05)^2 = 384$

The targeted respondents from the selected level 5 hospitals were categorized into three groups. These groups included: Management, Nurses, Doctors, and Operatives.

The study employed cluster sampling technique. The cluster sampling technique involves the dividing of the population into mutually exclusive groups and then drawing random samples from each group to interview. The cluster samples from the three selected level 5 hospitals composed of respondent employees as shown on table 3.1 below

Table 3.1: Composition of the Cluster Samples

Selected Hospitals	Management		Doctors		Nurses		Operatives		Total	
	Actual	Cluster	Actual	Cluster	Actual	Cluster	Actual	Cluster	Actual	Cluster
KNH	234	20	443	37	1180	98	1143	95	3000	250
Kiambu Hospital	24	2	62	5	458	38	320	27	864	72

Machakos Hospital	18	2	34	3	386	33	298	24	736	62
Grand Total	276	24	539	45	2024	169	1761	146	4600	384

Purposive sampling was also used to include top managers and directors of departments because the researcher was interested in obtaining data from specific individuals who had the knowledge and information on employee participation thus giving the study its internal validity.

The data collection tools used for the study were a questionnaire and interview schedules to obtain data from primary sources and a document review and analysis for secondary sources. These tools were selected after carefully considering the nature of the data to be collected, the target population, the time frame and the objectives/ research questions of the study. Interview guide was used because of its flexibility and adaptability to individual situations. The questionnaire was the main data collection tool and it contained both open ended and closed ended questions. The questionnaires administered by participants in the pilot study as well as the actual study to investigate the role of employee participation on organisational performance in the health sector.

The questionnaire was pretested before its administration to ensure validity and reliability of the data collected. During questionnaire construction, various validity checks were constructed to ensure the instrument measure what it was supposed to measure and perform as it was designed to perform. The validity tests conducted were: Face validity, content validity, Convergent validity and discriminant validity. Face validity tests if the questions appear to be measuring the intended sections. On the other hand, content validity tests whether all the important aspects of the sections are measured. This was done by first testing the instruments on 10% of the target population and reviewing the findings. Cronbach’s alpha ($C\alpha$) a coefficient of reliability that gives an unbiased estimate of data generalizability was used to test reliability of the answered questionnaires. The researcher tested the questionnaire on ten (10) respondents who were not part of the target population and the results were as shown in table 3.2.

Table 3.2: Reliability Test Results

Variable	Cronbach’s alpha	Cases
Delegation and consultation	0.8773	10
Organizational Performance	0.8984	10

The researcher booked appointments with the heads of departments from the sampled Health institutions to seek authority to conduct the research in their institutions. The researcher presented a letter from JKUAT as a proof that the study was only meant for academic purposes. As a strategy, aimed at minimizing the time taken to carry out the research, the study adopted both self-administered and drops and picks strategies in administration of questionnaires.

Data analysis methods employed involved qualitative and qualitative procedures. Qualitative data was analysed using content analysis. Content analysis entails categorizing responses into open ended questions based on emerging themes for making conclusions. Quantitative data was analysed using descriptive and inferential statistical methods and tools. Descriptive analysis involved mean and standard deviations. In addition a linear regression model on role of employee participation versus organizational performance was applied to examine the relationship between the variables. The model treated organizational performance as the dependent variable while independent variables were forms of employee participation. Quantitative data analysis was aided by SPSS Version 24 to generate those measures because it has got descriptive statistical features that assist in variable response comparison and gives a clear indication of response frequencies. Data from the questionnaires was edited and coded and then keyed into statistical Package for Social Sciences (SPSS) Version 24.

Responses on each item for the open ended questions were keyed in.

Data processing operations were carried out by data editing/ cleaning and classification. Data editing/ cleaning is the examination of the collected data so as to detect omissions and errors and make corrections whenever possible. Data classification is the arranging of the collected data in classes or groups with common characteristics. Qualitative data obtained from questionnaires and the interviews was edited/cleaned and classified into classes or groups with common characteristics or themes. The content within the themes were then analysed guided by the research objectives.

Quantitative data was tabulated and analyzed using both descriptive and inferential statistics. Descriptive statistics included parameters such as measures of central tendencies and the measure of dispersion. Inferential data analysis techniques such as factorial analysis, Mann-Whitney test and regression analysis were also used to analyze the collected data. Factorial analysis (Principal Component Analysis) was used to establish the number of principal components which accounted for most of the variance within the employee participation, leadership and organizational performance. Mann-Whitney test was used to assess the mean difference between KNH and the level 5 hospitals in terms of employee participation, leadership style and organizational performance. Linear regression was used to ascertain the relationship among employee participation,

leadership style and organizational performance. Data analysis and presentation of findings were carried out using statistical software which includes SPSS and Microsoft Excel. These software aided in the generation of suitable graphs, charts and tables which were used in drawing conclusions as well as presenting the research findings.

effects of employee participation on organizational performance in this particular study context.

In order to explore the employee participation through delegation and consultation, eight statements on five point Likert scale were used to assess the employee participation. Most of the respondents (65%) disagreed that the management seek the views of or consult with the employees through regular performance review meetings and regular meetings with immediate manager (88%). Most of the respondents (87%) disagreed that management seek the views of or consult with the employees through regular training and development review meetings and attitude surveys (76%). On the other hand majority (71%) disagreed that management seek the views of or consult with the employees through suggestion scheme and speak up scheme involving counsellor or ombudsman (66%).

IV. RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The objective of this study was to determine the influence of employee delegation and consultation on organizational performance in the health sector in Kenya. This was achieved through exploration of the various factors identified through literature review and which were then presented to the respondents for confirmation of their relevance of predicting

Table 4.1: Management consulting with the employees

Statement	SD	D	N	A	SA	Mean
Regular performance review meetings	36%	29%	7%	15%	13%	2.41
Regular meetings with immediate manager	48%	40%	4%	4%	4%	1.75
Regular training and development review meetings	46%	41%	1%	4%	7%	1.85
Attitude surveys	40%	36%	18%	6%	0%	1.90
Suggestion scheme	31%	40%	22%	8%	0%	2.07
Speak up scheme involving counsellor or ombudsman	32%	34%	19%	11%	4%	2.20

Respondents were presented with two statements on how the management seek the views of or consult with employees in their organization on work related issues. Most of the respondents (75%) disagreed that their management seek the views of or consult with employees on work related issues

through regular meetings with groups with a specific task, on an ongoing basis (quality circles) and regular meetings with groups with a specific task, on a temporary basis, that is, project groups (85%).

Table 4.2: Ways through which management consult with employees on work related issues

Statement	SD	D	N	A	SA	Mean
Regular meetings with groups with a specific task, on an ongoing basis or quality circles	37%	38%	20%	4%	0%	1.92
Regular meetings with groups with a specific task, on a temporary basis or project groups	55%	30%	12%	3%	0%	1.63

To investigate employees freedom of right to make decisions on how their own work is performed, respondents were presented with seven aspects of work and asked to rate their agreement with each. Most of the respondents disagreed that the management has given employees the right to make decisions on how their own work is performed without reference to immediate

manager on scheduling of work (70%), Quality of product or service (64%), Improving work processes (75%), Dealing with 'internal' customers (59%), Time keeping (49%), Attendance (45%) and Working conditions (76%).

Table 4 3: Employees right to make decisions on their own work

Statement	SD	D	N	A	SA	Mean
Scheduling of work	31%	39%	21%	9%	0%	2.09
Quality of product or service	32%	32%	18%	13%	4%	2.24
Improving work processes	37%	38%	19%	5%	0%	1.93
Dealing with 'internal' customers	12%	47%	17%	16%	8%	2.61

Time keeping	12%	37%	24%	22%	6%	2.74
Attendance	13%	32%	25%	20%	10%	2.81
Working conditions	34%	42%	8%	11%	6%	2.14

Most of the respondents disagreed that the management seek the views of or consult with the employees through regular performance review meetings and regular meetings with immediate manager. Most of the respondents disagreed that management seek the views of or consult with the employees through regular training and development review meetings and attitude surveys. On the other hand majority disagreed that management seek the views of or consult with the employees through suggestion scheme and speak up scheme involving counsellor or ombudsman. Most of the respondents disagreed that their management seek the views of or consult with employees on work related issues through regular meetings with groups with a specific task, on an ongoing basis (quality circles) and regular meetings with groups with a specific task, on a temporary basis (project groups). Most of the respondents disagreed that the management has given employees the right to make decisions on how their own work is performed without reference to immediate manager on scheduling of work, quality of product or service, improving work processes, dealing with 'internal' customers, time keeping, attendance and working conditions.

The study shows little employee participation in decision making processes. By having employee participate in decision making, the organization will be able to improve the employee individual attributes such as job satisfaction, commitment to the organization, and improved productivity. This is true according to Stueart and Moran (2007) who discussed that there is a positive correlation between employee participation and better customer service, staff creativity and innovation, organizational commitment, job satisfaction, employee flexibility and improved productivity, which are all constructs of improved performance of the organization. These outcomes are measurements of organizational performance and are directly related to organizational performance. Further, according to Bhatti (2007) participation in decision-making can satisfy employees' self-actualization needs and by doing so, increase employees' motivation and job performance. Additionally according to De Leede (1997), employees with delegation and consultative participation opportunities can influence organizations' performance directly: they can offer suggestions leading to more efficient processes or better product quality. In doing so, employees can contribute to higher labour productivity and process innovation. Dundon, et al. (2004) further asserts that, direct participation influences employee attitudes which in turn support employee behavior that is beneficial for organizational performance such as, reduced turnover and absenteeism, improved productivity and product quality.

In conclusion, delegation and consultation was found to influence organizational performance in Kenya. The study recommends that in the process of ensuring effective delegation and consultation among employees in the workplace, the management should increase the level of commitment in the organization by increasing satisfaction with compensation, policies, and work conditions. One way of addressing this could

be by increasing the interactions with employees in staff meetings and increasing guided discussions of topics related to such issues. Employees could be interviewed to determine their perceptions of management's ability to address the issues. Changes in organizational variables, such as pay scales, employee input in policy development and work environment could then be made in an effort to increase organizational commitment. The study recommends further study on private health institutions to confirm and validate the theories and findings.

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