



**Relationship between Collective Bargaining and
Performance of Public Health Facilities in Imenti
North Sub-County, Meru County**

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ISSN: 2616-8421

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How to cite this article: Mukiira, E., K., Moguche, A., & Muema, W. (2020).

Relationship between Collective Bargaining and Performance of Public Health Facilities in Imenti North Sub-County, Meru County. Journal of Human Resource & Leadership, 4(4), 92-101

Abstract

Many public health facilities have experienced employee discontent in the recent past contributing to a decline in the delivery of healthcare services. This was due to delayed salaries, poor working climate, insufficient facilities, and lack of engagement on the part of management to communicate with workers. This study analyzed the relationship between collective bargaining and performance of public health facilities in Imenti North Sub-County, Meru County. It adopted a correlational research design. Data was collected through questionnaires. Descriptive and inferential analyses were employed. The correlation results revealed a positive and significant association between collective bargaining and performance of public health facilities ($r=0.676^{**}$, $P=0.000$). Regression results ($\beta=0.683$, $P=0.000$) indicated that a positive and significant relationship existed between collective bargaining and organizational performance. According to regression results, the computed significance level, $P < 0.05$, hence the null hypothesis was rejected and settled that collective bargaining had a significant relationship with organizational performance. The study concluded that collective bargaining has a significant effect organizational performance. This meant that for better employee and general organization performance to improve, employees have to participate fully in the collective bargaining agreements. Based on the findings, the study recommended that the management of health facilities in Imenti North Sub-County should strengthen policies relating to collective bargaining, which is a key strategy for employees to raise their voices. The management should particularly focus on the following policy aspects: discrimination, employee hiring procedures, retention and retrenchment.

Keywords: *Collective bargaining, performance, public health facilities*

1.0 INTRODUCTION

1.1 Background of the study

Organizational performance is defined as the degree of achievement of set goals and objectives of a company or organization based on various organizational parameters (Bray & Konsynski, 2015). The greatest challenge in most African countries is the poor quality of service at every level of the health system, which has largely received little attention (Adindu, 2012). Collective bargaining is the process of solving employee disputes in a manner likely to enhance organizational performance and reduce strikes amongst employees. It is the

procedure of negotiation between firm management and staff focused on harmonizing the needs of both parties in terms of working pay rates, working conditions, benefits, and other elements of staff remuneration (Hunter, 2011).

Nutrition, research, and innovation have made more progress globally in the last 50 years (World Health Organisation, 2012). The public system has been strengthened and safety, education, and resources have changed. Public health and socio-economic growth programs have decreased mortality and improved life expectancy. Such improvements were sadly not common. Health inequalities have increased within and across countries, likely due to gaps in the implementation of new technologies and the unequal distribution of current and re-emerging health problems (Von Schirnding, 2013). The disparity has gone up, wallowing a third of the world's population in total deprivation (Taylor & Taylor 2011). We lose more than 11 million children per year as a result of health and development inequalities due to preventable diseases and the worst cases are where services are least available; those who need more treatment have the least exposure (Gwatkin, Guillot & Henveline, 2010).

Health indices are still below expectations in many African countries, morbidity and mortality rates for mothers and infants are high, and life expectancy is low compared to other regions. Twenty countries' life expectancy and infant mortality rates, ten low-income rates, and those often high-income countries show enormous disparities (Mseleku, 2011). Also, from the WHO (2010) study, the African region had the lowest life expectancy at the birth of 53 years, and the Americas region had the lowest life expectancy at the birth of 76 years. These seemingly intractable poor health indexes are due to complex interrelated causes, including inadequate analyzes of health policy, a disconnection between health policy and implementation; poor management of health services and resources; poor quality of services; inequality, and disparities in resource and service delivery.

Health services are provided in Kenya through a national network of over 4,700 health facilities, of which the public sector system accounts for around 51 percent. The public health network consists of national specialty hospitals, general area hospitals, community hospitals, health centers, and clinics. Health services are integrated from national to regional and district level as one step down the ladder of the health system (RoK 2011). Kenyatta National Hospital in Nairobi and Moi Referral and Eldoret Teaching Hospital are also regional referral hospitals. Provincial hospitals operate as links to the nearest hospitals. The provincial-level serves as the liaison between the districts and the national central government. At the District level, we oversee the implementation of health policy, enforce quality standards, and organize and monitor all district health activities (RoK 2011).

District hospitals focus on providing health care services and creating their budget plans and budget criteria based on directives from the provincial headquarters. The network of health centers offers multiple outpatient treatment services (RoK, 2011). Usually, health centers offer preventive and curative care that is often tailored to local needs. Dispensaries are supposed to be the first line of communication in the process for the patient, but in some situations, the first points of contact are health centers or even hospitals. Dispensaries provide increased coverage in preventive health programs, which is the main public policy objective.

As with most developing countries in Africa, premature deaths and preventable diseases continue to put a heavy toll on communities and their people in Kenya. Insufficient access to basic health services in these nations affects different regions, populations, cultures, and social groups (Omondi, 2016). In the recent past, many public hospitals have faced patient disappointment with the inability to deliver treatment due to a reluctance to pay salaries, inadequate working climate, insufficient funding, and lack of dedication to maintaining employee involvement.

In Meru County, there are about 470 hospitals where 31% are dispensaries and 20% of these dispensaries are public health dispensaries. About 56% of public health dispensaries in Meru County are in the Imenti South sub-county (MoH, 2015). The county boasts of 98% coverage for immunization of children below the age of 5 with all the vital vaccines. This has resulted in the reduction of the mortality rate of children below five years by 26% between the years 2000 and 2012. However, the County is faced with the challenge of HIV/AIDS with its prevalence at 6.3% and that of malaria standing at 15% (MCDP, 2013).

1.2 Statement of the Problem

Access to devolved healthcare has been significantly low in Kenya. Gimoi (2017) reported that most health facilities served between 5000 and 10000 people on average, which is against the projected 30,000 people. Also, there are regular protests by health staff that interrupts service provision. The 2016-2017 health workers strike in the country, in particular, has crippled health care in public health institutions for 100 days and this has adversely impacted health delivery systems.

Despite the Meru County Government allocating Ksh. 1.7 billion in the financial year 2015/2016, it has been recorded that regular strikes by health staff coupled with a shortage of medical supplies frequently paralyze operations at the Meru Teaching and Referral Hospital and other county health facilities leading to poor delivery of services to patients endangering their lives. Also, following recent troubling reports of increasing cancer cases, with 15 percent of those referred to as Kenyatta coming from Meru, the main county hospitals lack sufficient diagnostic and treatment equipment (Kimanthi, 2015).

According to an Oral report by the Ministry of Health (2015), Meru County has a 1:14,286 dentist-to-patient ratio adversely affecting the delivery of this health service to the county populace. The study further shows that the condition is compounded by the troubling physician to the patient and the nurses to the patient ratios currently measured at 1:5,882 and 1:1,515 respectively. This leads to the overwork of available health care workers leading to the provision of low-quality health care services, especially in subsectors such as maternal and child health, cancer, and oral health (Changalawa, 2016). The above is a strong indication that Kenya, and particularly Meru County, has a serious performance problem among public hospitals. Previous studies have attempted to link employee voice strategies to organizational performance. However, no study has focused on the connection between collective bargaining strategy and public hospitals' performance. This study therefore sought to fill the research gap by evaluating the relationship between collective bargaining and the performance of public health facilities in Imenti North Sub-County, Meru County.

1.3 Purpose of the Study

The aim of this study was to establish the relationship between collective bargaining and the performance of public health facilities in Imenti North Sub-County, Meru County.

1.4 Research Hypothesis

H₀: There is no significant relationship between collective bargaining and the performance of public health facilities in Imenti North Sub-County, Meru County.

2.0 LITERATURE REVIEW

2.1 Theoretical Review

This study was informed by the group theory and the goal-setting theory. According to Chikendu (2002) and Nwokoye (2008), it is assumed that group theory originated from Arthur Bentley and was expanded by David Truman. It emerged as a reaction to the institutional approach, which emphasizes the institution's formal definition, policy structures, and formal rules regulating interaction patterns and normative relationships within government institutions. The theory aims to describe the social phenomenon with group reference. The theory is important to this research as it describes the actions of various groups that make up an organization, their motivation and orientation, and their role in maintaining and improving the organization's success. The principle suggests that a union must not behave in any way inconsistent with management's interest in the process of carrying out its activities. So in this analysis, the principle can be related to the element of collective bargaining.

The goal-setting theory suggests a direct relationship between the interpretation of concrete and observable objectives and success was the first to be introduced in this analysis. When management knows what they are looking for, they will be roused to put more energy, which will improve output (Locke & Latham, 2002). The authors advanced the theory, stressing the objective environment and protection of selection rights as a justification for staff success. De Waal, (2007) argues that taking responsibility for the outcome involves allowing individuals the ability to have a positive impact on their results and the capacity to act. It ensures that individuals need to be authorized by their superiors to move freely and efficiently on issues without first asking for consent. Selection rights require workers to be more actively included in decision-making on issues affecting their jobs (Locke & Latham, 2002). The underlying staff strengthening is the administration's perspective of its workers as resources that are equipped for adding to the development of their particular associations as opposed to expenses to be borne by the associations. Individuals and teams' contributions are a starting point for listing the results they are responsible for (Locke & Latham, 2002; Armstrong & Baron, 2006). The theory supports the organizational performance variable in this research.

2.2 Empirical Review

According to Aluchio (2012), in a sensible time, the protocol is for the union to address its complaints about administration in writing. Therefore, collective bargaining is a mechanism initiated by the union, and if members do not structure groups and allow companies to negotiate with them, negotiations may never take place. The process along these lines blocks the company from making any one-sided move by altering the condition that first needs compromise (Hunter, 2011). The study suggests that the board of directors chooses the group responsible for collective bargaining on the business side. On the side of the members, respondents stated that at first shop stewards held meetings with all individuals to discuss their demands.

Gatchalian (2011) suggests that the talks be completed without anyone "losing face," feeling embarrassed and uncomfortable or weeping. The collective bargaining process is therefore supposed to be fair and valid and will take place in a situation of confidence with the ultimate aim of establishing a workable agreement for the parties. Therefore, the mechanism of collective bargaining is supposed to affect the state of international relations. Existing literature reveals that the collective negotiation process impacts the nature of modern relations. Nonetheless, the literature has constrained academic commitment to modern relations from growing countries and all the more so the African continent.

Research by Condrey (2010) found that workers' issues amid the negotiations process build their inspiration because of interest. This causes the businesses to have a superior association with the workers as they can comprehend the workers better and they can likewise counsel with the agent of the union and talk about their issues too. The supervisors likewise have a superior grasp at administration because of the way that the union official has the duty of smooth running of operations, after the request of the union is satisfied. The management can likewise take assistance from the union officials with a certain final objective to control turmoil in the workplace because of the way that the union official has been chosen by the representatives and thus the official has a specific level of control on the other union individuals too (Mathis & Jackson, 2007).

Research by Omole (2013) poses the issue of the interesting highlights of contemporary relationships in developing nations as compared to training in developed countries. Public relations practice in the public section has been planned in the developed states according to private area training. The reverse in the developing nations was the situation particularly with Nigeria where the mechanical relationship system in the private segment of the economy was generated by training in the benefit of the general population. The record for the pattern, he expresses that negotiating for more by employees rose first in the division in developed nations and its law and techniques are settled.

Yoder (2011) found that collective negotiation is viewed as the center of the mechanical relations framework. It is a self-governing arrangement of making work rules amongst businesses. It is a procedure of a group in industrial relations making a proposition to the next, of talking about, condemning, clarifying, investigating the importance and the impacts of the recommendations; of looking to secure their acknowledgment. It incorporates making counter propositions or adjustments for comparable assessment.

3.0 RESEARCH METHODOLOGY

A correlational research design was employed. The research targeted 470 medical staff in 15 public health facilities in Imenti North Sub-County. The study adopted a stratified random sampling technique. A sample size of 114 staff was used. Questionnaires were applied in the collection of data. Descriptive analysis (frequencies, percentages) was used to describe the attributes of the study constructs. Further, inferential analysis (correlation and regression) was used to establish the connection between the study variable.

4.0 RESULTS AND DISCUSSION

4.1 Descriptive Statistics

The study aimed to assess the connection between collective bargaining and the performance of public health facilities in Meru County. The participants were asked to state whether they agree or disagree with assertions on collective bargaining. The outcomes are shown in Table 1.

Table 1: Descriptive Statistics on Collective Bargaining

Statements	Disagree		Agree	
	F	%	F	%
Employees participate fully in the collective bargaining agreements	33	37	57	63
There is discrimination of employee during collective bargaining which affects organization performance.	16	18	74	82
Employee policy on hiring is documented during collective bargaining to enhance organization performance	22	25	68	76
Employee policy on retention is documented during collective bargaining to enhance organization performance	22	24	68	75
Employee policy on firing is documented during collective bargaining to enhance organization performance	42	47	48	53

Table 1 results reveal that majority of the participants agreed that employees participate fully in the collective bargaining agreements (57, 63%); there is discrimination of employee during collective bargaining which affects organization performance (74, 82%); employee policy on hiring is documented during collective bargaining to enhance organization performance (68, 76%); employee policy on retention is documented during collective bargaining to enhance organization performance (68, 75%); and employee policy on firing is documented during collective bargaining to enhance organization performance (48, 53%).

These outcomes support Condrey (2010) conclusion that workers' issues amid the negotiations process build their inspiration because of interest. This causes the businesses to have a superior association with the workers as they can comprehend the workers better and they can likewise counsel with the agent of the union and talk about their issues too. The supervisors likewise have a superior grasp at administration because of the way that the union official has the duty of smooth running of operations, after the request of the union is satisfied. It is a self-governing arrangement of making work rules amongst businesses. This implies that collective bargaining is a critical staff voice strategy that is likely to influence organizational outcomes.

The organizational performance was the dependent variable in this study. The participants were asked to state whether they agree or disagree with the assertions on organizational performance. Table 2 illustrates the outcomes.

Table 2: Descriptive Statistics on Organizational Performance

Statements	Disagree		Agree	
	F	%	F	%
Adoption of employee voice strategies improves the level of employee retention	31	34	59	66
Adoption of employee voice strategies reduces the frequency of strikes in the organization	18	20	72	80
Effective application of employee voice strategies minimizes employee turnover	27	31	63	70
Effective application of employee voice strategies enhances provision of quality services	20	22	70	77
Effective application of employee voice strategies enhances provision of speedy services	41	46	49	54

Table 2 findings reveal that majority of the participants agreed that adoption of employee voice strategies improves the level of employee retention (59, 66%); adoption of employee voice strategies reduces the frequency of strikes in the organization (72, 80%); effective application of employee voice strategies minimizes employee turnover (63, 70%); effective application of employee voice strategies enhances the provision of quality services (70, 77%); and effective application of employee voice strategies enhances the provision of speedy services (49, 54%).

The findings agree with Sofijanova and Zabijakin-Chatleska (2013) indication that staff participation had a direct influence on firm performance. Also, Singh (2009) found that social partnership, new social settlements, concentrated tripartite pay dealing, the foundations of the national association have assumed a key part in managing and deciding the states of work. This implies that staff voice strategies play an important role in driving the performance of health institutions.

4.2 Regression Analysis Results

The research intended to determine the connection between collective bargaining and the performance of health institutions. A univariate regression analysis was done. Tables 3, 4, and 5 provide a summary model, ANOVA, and coefficient results respectively.

Table 3: Model Summary; Collective Bargaining and Organizational Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.676a	0.457	0.451	0.3457

a Dependent Variable: performance

b Predictors: (Constant), collective bargaining

Results in Table 3 indicate that the predictor variable, collective bargaining explains 46% ($R^2 = .457$) of the total variations in the performance of health institutions.

Table 4: ANOVA; Collective Bargaining and Organizational Performance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.849	1	8.849	74.051	.000b
	Residual	10.515	88	0.119		
	Total	19.364	89			

a. Dependent Variable: performance

b. Predictors: (Constant), collective bargaining

The regression ANOVA model in Table 4 reveals an F statistic of 74.051 and reported a P-value of 0.000. The P-value being less than the alpha value ($P < .05$), the proposed model is therefore statistically significant (good fit) in predicting the dependent variable.

Table 5: Coefficients; Collective Bargaining and Organizational Performance

Variable	β	Std. Error	t	Sig.
(Constant)	1.28	0.308	4.151	0.000
Collective bargaining	0.683	0.079	8.605	0.000

a Dependent Variable: performance

The findings in Table 5 indicate that collective bargaining and organizational performance are directly and meaningfully related ($\beta = 0.683$, $p = 0.000$). This implies that collective bargaining contributes substantially to the performance of health institutions. According to regression results, the computed significance level, $P < 0.05$, hence the null hypothesis was

rejected and settled that collective bargaining had a significant relationship with organizational performance.

These findings are consistent with Sofijanovna and Zabijakin-Chatleska (2013) who indicated that staff participation had a direct influence on firm performance. Furthermore, staff involvement and strengthening programs have a significant association with performance. Likewise, they are consistent with Mildred (2016) who indicated that staff participation influences organizations' performance. The research concluded that it is important to involve employees in a firm's activities since this serves as an incentive for improved productivity. This implies that collective bargaining as a staff voice strategy contributes substantially to the performance of healthcare institutions.

5.0 CONCLUSION

Collective bargaining has been found to contribute a large percentage in the performance of public health in Meru County. This implies that the effects of collective bargaining pronounce a big effect on the performance and thus, it can be concluded that for better employee and general organization performance to improve, employees have to participate fully in the collective bargaining agreements. Discrimination of employees during collective bargaining is unhealthy and affects organization performance negatively. Therefore, the element of prejudice and discrimination has to be amended right from the policy level (in the hospitals' by-laws) to the actual practice of collective bargaining.

6.0 RECOMMENDATIONS

Based on the findings, the study recommended that the management of health facilities in Imenti North Sub-County should strengthen policies relating to collective bargaining, which is a key strategy for employees to raise their voices. The management should particularly focus on the following policy aspects: discrimination, employee hiring procedures, retention and retrenchment.

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