Moderating Effect Of Perceived Organizational Support On The Relationship Between High Performance Work Practices And Performance Of Health Care Workers In Public Hospitals In Kenya

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Abstract

Performance in most public hospitals in Africa is very poor and Kenyan public hospitals are not exceptional; there exist laxity in attending patients, slow pace of service delivery, arrogance, discrimination, and poor patient relations. The main objective for this study was to investigate the effects of High-Performance Work Practices on Performance of health care workers in public hospitals in Kenya. The study sought to determine the moderating effect of Perceived Organization Support on the relationship between High Performance Work Practices and performance of health care workers in County Referral Hospitals in North Rift Kenya. The study was guided by Human Capital Theory, Goal Setting Theory, Expectancy Theory and Strategic Choice Theory. The study adopted Explanatory Research design. The study targeted 481 health care workers working in County Referral Hospitals in Kenya and a sample size of 218 health care workers was selected for the study. Questionnaires were used as a method of collecting data. Pilot study was carried to measure the validity and reliability of the instrument. The collected data was analysed using multiple regression models. The study concluded that there was no significant moderating effect on organization support on the relationship between training and development, performance appraisal, compensation practices and employee voice on employee performance. The organization support had no significant moderating effect on the relationship between high performance work practices and performance of health care workers in public hospitals in Kenya. The study recommends that public hospitals should redesign their training programmes to be specific to the workers, make informed decisions about promotions and assignments based on applicable facts through a rigorous appraisal system and use of work councils as opposed to union voice in order to enhance employee performance.

Key words: *Perceived Organizational Support, High Performance Work Practices, Performance, Health Care Workers*

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I. Introduction

Employee job performance is a very important element for organizational performance and profitability. Job performance of health care indicates an efficient, effective service and competence in doing their job and treating patients. Hospitals should be cognizant of performance of the health care workers which is acritical component of achieving high standards of patient care. Rubel and Kee (2013) defines employee performance as the entire direct and indirect employee behaviors added to the organization achievement. According to Atatsi *et al.,* (2019), employee performance is a significant form of work outcome of employees, it is the ultimate return from employees that each organization strives for and aspires to maximize.

Strategic Human Resource Management is gaining enormous importance in knowledge-based economies and rapidly changing environments, employees are considered a key source of competitive advantage and therefore organizations must endeavor to invest in (Sun *et al*., 2017). High Performance Work Practices (HPWP) stand out as reflecting the basic philosophy and practices that shape the attitudes, skills and behaviors of staff by discovering and utilizing knowledge, skills and abilities thereby achieving organizational goals (Chen, 2019).

High performance work practices (HPWP) is referred to as a bundle of HRM practices designed to promote employees' skills, motivation and involvement to enable a firm gain a sustainable competitive advantage (Datta et al., 2015; Guthrie, 2011). By breaking the traditional hierarchical management model, HPWP provide staff with wide-ranging training by using flat organizational structures, safe environments, management and competitive compensation, organizational identification and productivity, which lead to sustainable competitive advantages and long-term individual and organizational performance (Pak and Kim 2016).

According to (Chiang *et al.,* 2017), HPWPs are bundles of work practices, including information sharing,

training, and empowerment, that promote employees' skills, motivation and participation opportunities and result in improved individual or organisational outcomes such as increased patient satisfaction, efficiency, quality of care and patient safety. Further, Boxall and Purcell (2013) viewed that high-performance work practices are a combination of key practices such as more rigorous selection and better training systems to enhance ability levels, more comprehensive incentives (i.e. employee bonuses and internal career ladders) to increase motivation and participative structures (self-managing teams and quality circles) that improve opportunity to contribute to the organisation's success.

High performance work system can also be termed as high-performance work practices (Mihail and Kloutsiniotis, 2016). High performance work practices are different from traditional human resource practices as the later focuses on achieving goals of the organisation through hard work of employees (Arthur, 2004) but, high performance work system includes the nature and degree of human resource management 'fit' and bundling of human resource practices (Mihail and Kloutsiniotis, 2016). As there is no agreement on the definition of this concept, it can generally be regarded as an organic combination of a series of coordinating and cooperating human resource management practices in order to enhance individual and organizational performance (Snell and Bohlander 2010).

According to Jiang et al. (2013) high performance work practices enhances the employees' knowledge, skills and abilities, motivation and opportunity that develops higher commitment and lower turnover, higher productivity and quality better service performance enhanced safety performance (Chuang and Liao, 2010). According to (Giannikis et al., 2010) firms that implement HPWP are more likely to invest in their employees; to value employees' participation in decision making; and to meet employees' need for promotion and development. it is argued that high performance work systems focus on empowering employees through increased information flow and the decentralisation of decision making and are allied with increased employee efficiency and subsequently organizational performance.

According to Mielke *et al.*, (2019), quality is considered vital and a must through health care workers' performance in the health care organisations. In order to attain high-quality healthcare, meet the beneficiaries /customers' needs and expectations and in turn maximize their performance in healthcare organizations, Ministry of Health should make sure that there is availability of advanced medical technological tools, experienced health care workers to offer high services quality (Mosadeghrad, 2012).

In hospitals, critical work systems such as those in intensive care units, operating rooms, and emergency departments, which are characterised by specialisation, interdependency and high workflow, are especially prone to adverse events and require highly trained personnel. Under pressure to offer quality and affordable health care services, health care researchers, institutions, and policymakers in the world over are focusing on safety culture and teamwork in other sectors; and increasingly, they are recognizing, adapting and implementing HPWPs used in high-risk industries such as aviation and nuclear power (Zhu *et al.*, 2018). High performance work practices, in a nutshell, refer to the careful design to work organization and practices so that they are systematically linked to the achievement of organizational objectives and performance. They are work practices that are deliberately introduced in order to improve organizational performance

Achieving population health, universal health coverage and equitable access to health care is dependent on having a health workforce that is of sufficient capacity, capability and quality to meet the epidemiological challenges and changing demand (WHO 2016). The challenges of HRM practices in the performance of health care workers has attracted a lot of research attention both locally and globally and are universal, despite the recognition, more work is needed in identifying the most important HRM practices that affect their performance (Palmieri, Peterson, Pesta & Saettone, 2010).

Jordan has one of the most modern health care infrastructures in the Middle East and is known for high quality health care (Nazer and Tuffaha, 2017). To cater the changes in technology and quality and cost linked to health care, many hospitals in Jordan have increased the use of administrative techniques, introducing incentive system and performance measurement to improve efficiency, resultantly affecting the Human Resource Practices (chow et al., 2011). In order to effectively manage the healthcare workforce in Jordan and to reduce the health care workers' dissatisfaction and turnover, it is suggested that HPWS practices need to shift from theoretical to a practical perspective (Saif and Sartawi, 2013). HPWS are a substantial mechanism through which employees obtain information about organizational features, values, aim, beliefs and desired employee behavior (kooij and boon,2018)

Health care system in Republic of Yemen is described as one of the world's worst health care system (Miller & Wei Lu, 2019). World Health Organization reiterated that the most pressing problems facing the development of health care systems performance in the republic of Yemen are the absence of nurses' performance management and the lack of knowledge regarding the factors affecting the health workforce performance like training, satisfaction and performance appraisal (WHO 2013).

Nigeria as developing country that is in constant struggle with the supply of basic health care services for its ever-growing population, which is estimated at over 170 million (Ndujihe, 2013). Some of the problems

ailing the sector include, insufficient infrastructure, inadequate recruitment, management of inadequate compensation, inspiration, lack of fair and sustainable medical care finance, imbalance financial and political relations (Obansa, 2013). According to South African Statistics (2017), nurses constitute 80% of health care workers of public health care providers nationally, hence it is essential to ensure that nurse related HPWS practices are aligned with the current reforms.

According to World Health organization (2018), Ethiopia is the second most populous nation in Africa, with a life expectancy at birth at 65.5 years in 2016. The country has successfully scaled up multifaceted interventions in the health sector, expanded health science training institutions and universal health service coverage and trained massive health workers as part of its efforts to achieve the millennium development goals (Ethiopia ministry of health survey, 2016).

The health care industry in Ethiopia has suffered a significant turnover due to ageing workforce, declining numbers of new entrants and nurses pursuing other professions (Vance, 2011). The reason that push health care providers to leave the industry include poor working conditions, lack of career opportunities and little rewards or recognition. Presently African countries are in undisputed difficulties to meet the millennium development goals in the year 2030. The key hurdle is the shortage of unchanging human resource base in their middle of health care industry.

Kenya, like many other countries in sub-Saharan Africa, has been affected by shortages of health providers in the public sector. The right to receive maximum possible form of health that includes privilege to productive health is envisaged in the Kenyan constitution. Initially the health services in Kenya was provided by the central government, but in an effort to increase equity in access to health care services, the government through the constitution transferred the services to the 47 devolved units called counties as per the Kenya Constitution 2010 (Ministry of Health 2015). Kenyans had high anticipation on devolution of the health service delivery to counties which brought services closer to them, but this was cut short by rampant corruption, poor management, late payment of county staff and considerable dissatisfaction among service providers, especially the health professionals (Kamaara & Magaak 2017).

Under Kenya's devolved governance, County Governments are responsible for health service delivery, including Human Resource Management, while the national government undertakes pre-service training and policy formulation (Tsofa et al., 2017). With the implementation of the Act, (2012), in Kenya, the health sector was to improve service delivery substantially by the HR systems that leverage human capital by acquiring, developing and motivating the best talent, employee competencies, commitment and productivity. HPWP synergistically enhance and reward the competencies.

Sabwami, P. (2015) investigated the effects of HPWP on organizational performance among the listed state corporations in the stock exchange in Kenya. It was evident from the analysis that the HPWP had a positive effect on organizational performance. Gathogo & Kiiru (2021) investigated the effect of HPWPs on employee performance within firms in the aviation industry in Kenya. The study concluded that HPWPs affected organisational performance, and that they are diverse. Firms should install all the practices to achieve better results in terms of performance.

Kibatta (2019), carried out a study of millennial frontline employees in the Kenyan Hospitality Industry. The researcher investigated the effects of HPWPs on job outcomes using training and development, empowerment, rewards job security and career opportunities as the indicators of HPWPs. Engagement was used as the mediating variable.

II.   Statement of the problem

The health sector globally has had a number of challenges with regard to human/employee management by virtue of the role they play. Kenya is among the countries identified as HRH (Human Resource for Health) crisis countries since it does not have sufficient number of health workers needed to adequately cover the population with health services (Dalton, 2014). In Kenya, even before the devolution, there has been major challenges that have resulted to industrial strikes due to a number of reasons. The new constitution ushered in the devolution of health which has not been taken well by the health care workers. A number of factors are attributed to the mode of training and development, the need for performance appraisal, and majorly the issue of reward and compensation.

There have been challenges including constant strikes by health workers: there have been more than two dozen strikes since the devolution of health services in 2013 (Masika, 2016). World bank (2015) indicated that public hospitals in Kenya have been faced with laxity in attendance and poor patient relations. The current situation in these facilities revealed a slow pace of service delivery, arrogance and discrimination which can only be solved by reviewing the human resource practices in these facilities to get the best use of the skills available. Omondi (2016) reiterated that the disruptions of service delivery of health services in Kenya is caused by frequent disputes between management and staff in relation to delayed payment of salaries, inadequate working equipment and poor working conditions.

Sabwami, (2015), examined the role high performance work practices on organization performance among the listed state corporations in Nairobi stock exchange. Mugo *et al.,* (2014), investigated the effects of strategic HRM in health sector in Kenya. Gathogo and Kiiru, (2121), assessed the role of high-performance work practices on employee performance within firms in aviation industry in Kenya. None of the above studies have been on the health care workers. Therefore, this study sought to bridge the existing gap by focusing on the effect of High-Performance Work Practices on performance of health care workers in public hospitals in Kenya.

III.   High performance work practices

Zhu *et al.,* (2018) in their study of the relationship between HPWP and corporate performance through the moderating role of entrepreneurial orientation, gathered data by surveying high level executives from the firms in the manufacturing or service industries. They found out that HPWP can improve corporate performance through entrepreneurial orientation. They also found out that when an organization has a high level of learning capability, employees will acquire, utilize, and share knowledge more actively. In this way, HPWP can be more effectively implemented. In contrast, a lower level of organisational learning will weaken the effects of HPWP on corporate performance. This study explored the effects of HPWP on corporate performance at the organizational level. However, past researchers have found that HPWP can as well influence individual performance such as employee satisfaction, turnover rate, employee creativity etc. The study suggested that future studies may add employee performance as individual-level variables.

Shin & Konrad, (2016) investigated the causality between High-Performance Work Systems and organizational performance. The HPWP used in the study were: training and development, incentive compensation, employee involvement or empowerment and participative work design. To test causality between HPWS and performance, the researchers tested a cross-lagged panel model, with structural equation modeling (using AMOS). The study found out that there is positive feedback between HPWP and organizational performance and an increase in one results in an increase in generating a virtuous performance cycle.

IV.   Theoretical Review

The study was guided by Human Capital Theory, Goal Setting Theory, Expectancy Theory and Strategic Choice Theory.

Human Capital Theory

The human capital theory was proposed by Schultz in 1961 (Schultz, 1961) and Becker further developed the theory in 1964 (Blaug, 1976). According to the theory, education of employees and training in the Organization significantly raises the overall productivity by introducing new skills and knowledge. Resick (2007) states that human capital signifies the combined intelligence and experience of staff as a source of competitive advantage that cannot be imitated by rivals. The theory shows that individuals and society benefit from investing in people (Sweetland 2015). Becker, (2002) recognizes that education and training are the most important component of human capital investment and that the performance of a better trained person is normally good. The theory is relevant in this study because it considers training and development as a factor that affects employee performance and for this case the performance of nurses in public hospitals in Kenya.

Goal Setting Theory

Goal setting theory developed in 1960 is the brainchild of Locke and Latham (2015). They intended to understand and analyze how set goals of an individual interact with their performance of specific tasks. They then surmounted that an individual's performance can be gauged by taking account of the goals set, within such a context goals can be referred to as objects or aims of action (Locke & Latham, 2019). Theory stipulates that the origin of any job motivation is a given goal. It further stipulates that these goals should be realistic and challenging. Another feature of the goal setting theory is that better and appropriate feedback results to higher performance as it helps to regulate goal difficulties and enables employees to work with more involvement and greater job satisfaction. Locke and Latham (2013) posit that goal theory envisages people will put in more effort to achieve their goals, and eventually improve their overall performance. Theory suggests that the individual goals established by an employee play an important role in motivating the employee for superior performance. This implies that performance refers to accomplished targets or goals set by employees with the help of their superiors in the course of their duties.

According to Salaman et al., (2005), great performance outcomes may be realized by setting clear, challenging and realistic goals and the provision of feedback. The theory further proposes that human beings are more motivated to act when there is a reward at the end of the performance of a task or behaviour. The goal theory proposes that a reward at the end of a task or behaviour acts as a motivation for the performance of that said task or behaviour. This theory is relevant to this study as it suggests that the individual goals established by an employee play an important role in motivating the employee for superior performance.

According to Malik & Aslam, (2013) an organization's performance appraisal system can be a practical tool for employee motivation and development when employees perceive their performance appraisals as accurate and fair. The appraisal process can also become a source of frustration and extreme dissatisfaction when employees perceive that the appraisal system is biased, political or irrelevant (Mensah, 2016). Therefore, public hospitals should put up performance appraisal systems that is fair and accurate so as to achieve a desired outcome which is nurse's performance.

Expectancy Theory

Expectancy theory was proposed by Victor Vroom, (1964), it assumes that motivation to apply effort is conscious choice process. According to this theory people choose to put their effort into activities that they believe they can perform and that will produce desired outcomes. It argues that decision about which activities to engage in are based on combination of three set beliefs, expectancy, instrumentality and valence. Expectancy beliefs represent the individual's judgment about whether applying (or increasing) effort to a task will result in its successful accomplishments. The theory implies that employees always have certain expectations of their jobs and this is always attached to certain outcomes. Employees should be recognize for their hard work and be rewarded as per the job grades and scales they have been placed. This theory through management development can also offer a way to diagnose performance problems and then suggest how these problems can be overcome.

In line with the HRM practices, Expectancy perspective ensures that employees make their jobs interesting and enjoyable for rewards of desirable performance outcomes (Cole, 2002). The relevance of this theory to the study is that Public hospitals have initiated rewards and compensation that are supposed to be attractive so as to achieve a desired outcome among the health care workers. Thus employees have to exert effort in their work that will lead to a certain level of performance desirable by management, which will then result to a reward.

Strategic Choice Theory

Kochan, Katz and McKersie's (1986) strategic choice theory is a pluralist theory that endevoured to accommodate contemporary issues in the way employee relations is being handled at the organsational level. An important element of this theory is that it recognises the interrelationship between decisions and activities across different levels of the industrial relations system.

According to the theory, the decline of trade unionism, the increasing decentralisation of bargaining processes and the advancement of human resource management practices have caused a redistribution of decision making authority over workplace relations. In this regard orthodox industrial relations specialists are held to have lost significant power to human resource and line managers when dealing with issues in this area. The growing popularity of unitarist ideas in techniques used by human resource managers have encouraged organisations to take a more proactive approach to the management of employees.

The theory as well takes into account the effects of strategic decisions on different actors in the system. This theory relates to the employee relations in that it recognizes the importance of all the actors of the divide in the industrial relations system which include, the hospitals, the government and the employees and that the human resource process is very vital in maintaining the relationship between the workers and the management as well as the government.

V. Conceptual Framework

The conceptual framework depicts independent, dependent and the moderating variables. The independent variables were; Training and development, Reward and compensation, Performance appraisals and Employee relation. The Dependent variable was employee performance and moderator perceived organization support.
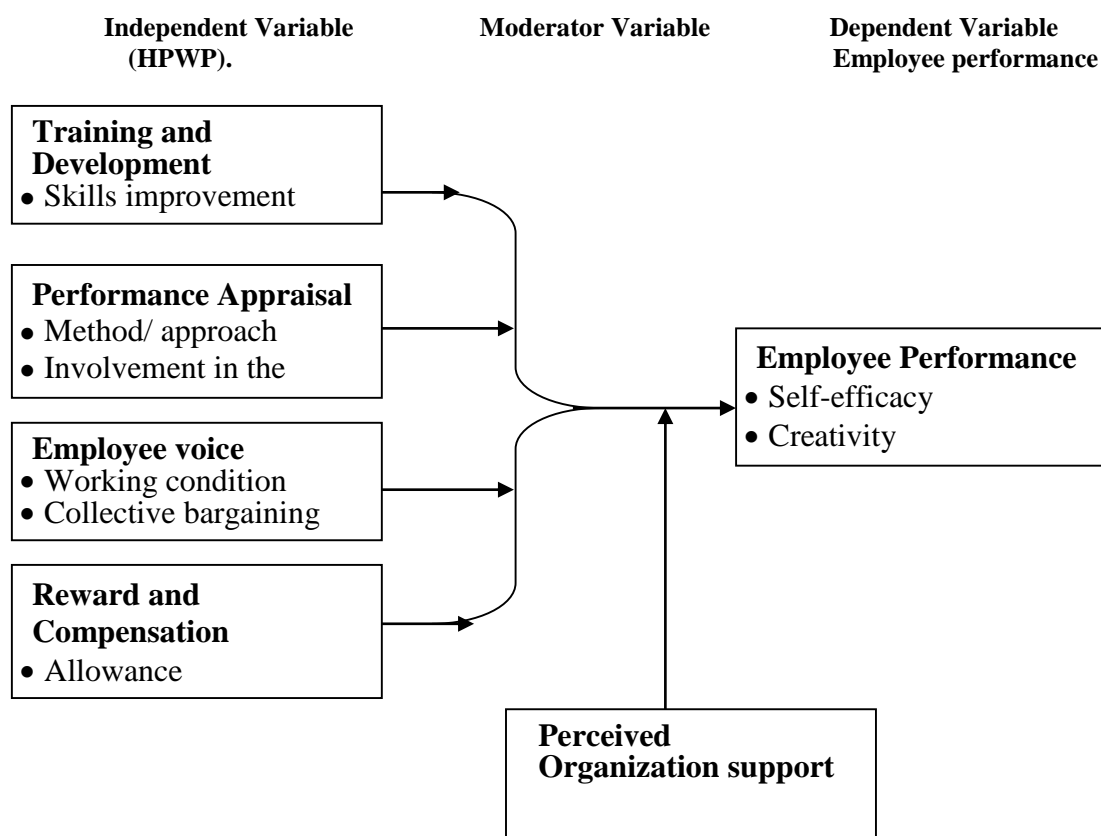
Figure 1: Conceptual Framework

VI.   Empirical Review

This section described past studies that linked the dependent and independent variables. Dependent variable being employee performance. The independent variables are: training and development, performance appraisal, employee voice and compensation and reward.

Training and Development practices and performance of health workers

Hafeeza and Akbar, (2015), assed the impact of training on employees performance in pharmaceutical companies in Karachi, Pakistan. Four pharmaceutical companies were selected. A survey of 356 employees via self-administrated questionnaire with the help of random sampling technique is conducted with the response rate of 96%. The analysis showed a positive significant relationship between training on employee's performance. The results reveal that the more the employee gets training, the more efficient their level of performance would be.

Halawi & Haydar, (2018), analysed the effects of Training on Employee Performance. The study collected primary data from a sample of 303 respondents. The researcher visited a sample of respondents from their workstations to administer questionnaires. The findings, however, showed that the two companies from Lebanon design different training programs. The two companies design training programs that focuses on short-term skills and development programs for long-term abilities. Employees cited that they were able to develop inner satisfaction, received positive evaluation feedback, understood how to achieve a quality output, and developed career beyond classwork. Nevertheless, management noted that they experienced challenges of implementing training programs because of fear to spend more resources, communication, bureaucracy, less support from top-level managers, and failure to have structures.

Sendawula *et al.,* (2018), investigated the effects of Training, Employee engagement and employee performance evidence from Uganda's health sector. Then study collected the data from 150 respondents from four Catholic founded hospitals that is Kamuli Mission Hospital, Buluba Mission Hospital, St. Benedict Mission Hospital and Budini Mission Hospital. Data were analyzed using SPSS. Regression analysis results indicated that training and employee engagement significantly predict employee performance by 44.7% and employee engagement was found to be a major predictor of employee performance as compared to training. Correlation analysis results indicate that there is a significant positive relationship between training and employee performance. Correlation analysis results further indicate that there is a significant positive relationship between employee engagement and employee performance.

Hee & Jing, (2018), analysed the Influence of human resource management practices (Compensation and Benefits, Work-life Policies, Performance Appraisal and Training and Development) and employee performance in the manufacturing sector in Malaysia. Data was collected through questionnaire from 161 employees of a manufacturing company in Johor, Malaysia. The results of the multiple regression analysis showed that performance appraisal and training and development were significantly related to employee performance. The findings suggested that training and development is the most important factor that positively influences employee performance followed by performance appraisal.

Onyango, & Wanyoike, (2014), researched on the effects of training on employee performance: a survey of health workers in Siaya County, the general objective of this study was to assess the effect of the training on the performance of staff in the public health institutions in Kenya. The target population is the doctors, clinical officers, nurses and subordinate staff serving in public health facilities within Siaya County. The data was collected through administration of questionnaires. The questionnaires included both open ended and closed questions. The researcher took a sample size of 20% giving a sample size of 56 respondents, employing a stratified sampling technique. The researcher distributed the questionnaires and collected them after two weeks which was sufficient for the respondents to have filled them adequately and duly. Then the data was then entered by coding into a computer program, SPSS to facilitate analysis. From our study it shows there is a strong positive relationship between training of employees and performance.

Performance Appraisal and Performance of health care workers

Kariuki (2017), analysed the effect of Performance Appraisal on Employees' Performance in Barclays Bank of Kenya. The objectives of the study were; to determine the effect of job satisfaction on employee's performance, find out the effect of employee motivation on employee's performance and to identify the effects of career progression on employee's performance. The study adopted a descriptive study in which it targeted all the 479 staff from 51 branches. The study sampled 144 respondents. The study used self-administered questionnaires to collect data. The study established that the performance appraisal practices have enhanced employee motivation through the performance reward system, fair compensation and the working environment. The results revealed that performance appraisal enhanced the employee career progression through career growth, link between performance and employee goals in the organization and the link between reward and performance. The study recommended that: the organization should look for best practices of performance appraisal that was appealing to the employees.

Mwema, & Gachunga, (2014), researched on the effects of performance appraisal on employee productivity in the World Health Organization focusing on Kenya Country Office. The findings, the study concluded that organizations should appraise their employees often through utilized targets, accomplishments, organization goals, time management and efficiency for performance measure purposes as it would lead to increase in employee's productivity. The study concludes that organizations should establish and adopt performance appraisal systems to aid in providing opportunities to the management in identifying staff training needs, help employees meet performance targets, offer poor performers a chance to improve, help employees on time management through planning and setting of deadlines, enable managers to make informed decisions about promotions and assignments based on applicable facts, improve employee's synergies. The study recommends that organizations should appraise the staff to enhance employees' productivity.

Moraa & Datche, (2019), analysed the effect of performance appraisal on employee performance in the national health insurance fund. The study specifically sought to establish the effect of goal setting, performance planning, performance review and feedback on employee performance. The target population of the study comprised of 306 employees working in NHIF Head office in Nairobi County. Data was collected using structured questionnaires based on the research hypotheses. The study established that there is a positive relationship between performance review and employee performance.The coefficients also showed a positive relationship between all the variables and employee performance. The study concludes that the organization develops goals which are realistic and attainable. The study recommends that the organization should develop goals which are realistic and attainable. Also the organization managers should involve all employees in every rank when setting up goals as this made the employees own the process and minimize resistance.

Wanyama & Kimutai, (2015), assessed the influence of performance appraisal on employee performance in commercial banks in Trans Nzoia County, Kenya. The study adopted descriptive survey research design. A total of 178 research subjects were drawn from the target population using the stratified and the simple random sampling technique. 120 respondents' questionnaires were completed and returned. The findings showed that there is a significant relationship between performance appraisal and worker's performance.

Employee voice and performance of health care workers

Sequeira, & Dhriti, (2015). conducted a study to find out the impact of Employee voice on employee performance. Primary data collection was conducted by undertaking convenient sampling. Relationship were found by statistical testing of formulated hypothesis. In the research conducted it was identified that employee voice had a direct impact on the performance of employees in the organization. Employees with higher level of satisfaction with the existing organization practices where more productive and resistive towards changing the current organization. The study also revealed that improving the employee relations practices an organization can improve the performance of employees and thereby the overall productivity of the organization**.**

Chaudhry *et al.,* (2013) researched on the Impact of employee voice on employee performance in hospitality industry of Pakistan. Data was collected through Assessment Questionnaire sent to 241 employees of total 28 hotel organizations running with at least 4 operational and one Employee Relations Department of 3-star, 4 star and 5 star category hotels. Conflict Handling and Union & Collective Bargain Agreement are positively and significantly correlated. Conflict Handling and Participative Leadership are positively and significantly correlated. Union & Collective Bargain Agreement and Participative Leadership are positively and significantly correlated. This study finds overall support for the hypothesis that Employee voice Impact positively on Performance of Employees working in Hospitality Industry of Pakistan.

Compensation and Reward practices on performance of nurses

Hameed *et al.,* (2014), assed the Impact of compensation on employee performance from banking sector of Pakistan. A questionnaire was designed to collect the data on the factors related to compensation like salary, rewards, Indirect Compensation and employee performance. The data was collected from different banks of Pakistan. The results showed that Compensation has positive impact on employee performance. It is proved from correlation analysis that all the independent variables have weak or moderate positive relationship to each other. Regression analysis shows that all the independent variables have insignificant and positive impact on employee performance. Descriptive analysis also reveals that all the independent variables have positive impact on employee performance. ANOVA results reveal that education have not same impact on employee performance.

Omuya, (2018) sought to evaluate the influence of compensation and reward on employees' performance in public universities in Kenya. The target population included all the HR workers in selected public universities with a sample of 125 HR employees. Structured questionnaire was used as the main primary data collection instrument while secondary data was obtained from literature developed by scholars. The findings established that most respondents strongly agreed or agreed that good compensation and reward have contributed to employee performance. The study recommends that public universities should adhere all the guidelines stipulated in the HRM Practices to enhance employee performance and productivity.

Edirisooriya, (2014), examined the impact of rewards on employee performance in a public sector organization in Sri Lanka. Hence, this study has examined the relationship between extrinsic reward, intrinsic reward and employee performance in Electric Co. 100 employees were taken as the sample by means of stratified random sampling method and self-designed questionnaire was used as the primary data collection method. The data was analyzed using descriptive statistics and inferential statistics. Hypotheses were developed and tested based on the conceptual frame work. The results revealed that there is a positive relationship between extrinsic reward, intrinsic reward and employee performance. Further the findings showed that among all independent variables pay and recognition were most important and more influential variables on employee performance.

Njoroge, & Kwasira, (2015) analysed the influence of Compensation and Reward on performance of employees at Nakuru County Government. A survey was carried out within the 11 sub-counties in Nakuru County Government with the study adapting a descriptive research design. Stratified random sampling technique was employed on a target population of 6,400 respondents from the same geographical area of study. Simple random sampling was used to select the respondents that formed a sample size of 98 respondents. Primary data was collected using questionnaires and interview schedules with a combination of open and closed questions. The findings indicated that there was a strong relationship compensation and reward on employee performance in the county government of Nakuru. The researcher therefore recommended training needs and other nonmonetary rewards practices in order to enhance employee performance.

Okeke & Ikechukwu, (2019), examined the effects of Compensation Management and Employee Performance in Nigeria. The study aimed at investigating the influence of performance based compensation, competency-based-compensation and equity based-compensation on employee performance. The population of the study comprises 257 public secondary schools in Anambra State. The study concludes that compensation management has significance effect on employee performance in Nigeria organization. The study recommends that every organization should make equity-based compensation as compulsory policy since equity-based compensation are used more extensively in firms for ensuring maximum performance. Based Compensation, Competency-Based-Compensation, Equity Based Compensation and Employee Performance.

Perceived Organizational Support and Employee Performance

According to the reciprocity rule of social exchange, organizational support encourages employees to work hard to repay the organization, so perceived organizational support should significantly increase employee performance. This has been confirmed by many empirical studies (Zhong et al., 2016). In HRM practices with high performance, perceived organizational support had a significant impact on employee innovative performance (Kehoe and Wright, 2013). Similarly, in a rapidly changing organizational context, employees perceived organizational support can also have an impact on employee performance (Cullen et al., 2014).

According to the theory of perceived organizational support (POS), employees attribute personality, prioritizing contributions to the organization to achieve a high level of welfare. Employees want to keep and take care of the benefits and financial relationships they feel in a reciprocal relationship (Park, Newman et al., 2016). In POS theory, when employees feel that they are supported by the organization, their sense of responsibility for the organization's welfare and goals increases (Park et al., 2016). Employees with high organizational support perform greater and superior creativity (Shantz et al., 2016), higher commitment (Gupta et al., 2016), and optimal performance (Vatankhah et al., 2017).

Employees who felt greater organizational support in their work tended to show affective commitment to the organization, which in turn, their affective commitment would lead to better and greater performance (Xiu et al., 2019). Employees with high organizational support show greater creativity (Shantz et al., 2016), higher commitment (Gupta et al., 2016), optimal performance (Vatankhah et al., 2017). Therefore, when frontline workers receive positive organizational support (increased salary, bonuses, etc.), their feeling of obligation to help the organization will be enhanced. As a result, frontline workers with high reinforcing organization support should engage in greater efforts such as learning new skills and working proactively resulting in enhanced performance (Kurtessis et al., 2017).

Abdallah et al., (2021), in their conceptual review on Jordanian hospitals found out that HPWP had an effect on employees' behavioural factors. This included task performance and contextual performance. Their review improved on the AMO which claims that the HPWP is a combination of key practices, such as continuous training and development to improve ability levels, performance-based compensation, result oriented performance appraisal to improve motivation, and empowerment based employee relations that improve opportunities to contribute. Their study had job stress as the moderating role in the relationship between HPWS and employee performance.

VII.   Research Gap

Whereas various researchers as depicted in the literature review have highlighted that increasing finances allocated to the health sector, equipping health facilities with medical products, vaccines and technologies improves service delivery, the HPWP influencing performance of health workers has not been assessed in totality. HPWS that are of concern in the current study include, Training and Development, Employee voice, Performance Appraisal and Reward and Compensation and their effect on Performance of health workers.

The research gaps describe how the study deviates from other studies. The study has departed from the empirical studies reviewed in previous discussions in various ways: Even though the studies have been done on employee performance few have looked into Public hospitals in Kenya. Secondly, most studies in Kenya are limited to organisations and general HRM. Sendawula *et al.,* (2018), investigated the Effects of Training, Employee Engagement and Employee Performance Evidence from Ganda's health sector. Rahahleh *et al.,* (2019), researched on the impact of Performance Appraisal on Employee Performance in Banks Operating in the South of Jordan. Samwel, (2018), analysed the Effects of Employee voice on Employee Performance and Organizational Performance-Study of Small Organizations in Tanzania. Hameed *et al.,* (2014), assessed the Impact of Compensation on Employee Performance from Banking Sector of Pakistan. The above studies have shown that little has been done in Kenya.

Wanyama & Kimutai, (2015), assessed the Influence of Performance Appraisal on Employee Performance in Commercial Banks in Trans Nzoia County–Kenya. Omuya, (2018), sought to evaluate the Influence of Compensation and Reward on Employees' Performance in Public Universities in Kenya. Onyango, & Wanyoike, (2014), researched on the Effects of Training on Employee Performance Among Health Workers in Siaya County. Abura, (2018) assessed the Influence of Employee Relations Strategies on Employee Performance in Public Universities in Western Kenya. The above studies have shown that little has been done in the health sector in Kenya. The above studies have clearly demonstrated that the health sector in Kenya has limited studies hence there is need to fill the gap. The current study assessed the Effects of High-Performance Work Practices on the performance of health care workers in county referral hospitals in North Rift Kenya.

VIII. Research Methodology

The research methodology refers to the system of techniques or systems utilized as a part of sampling and collecting information needed for specific research. Explanatory research was used in this study. This design endeavors to determine the relationship between variables it goes for recognizing how one variable influences the other; it looks to give an experimental clarification to the causality and circumstances and end results connection between at least one factors, (Cooper & Schindler 2014). They are likewise utilized when the reason for the study is to answer "why" in a given setting. According to Cooper and Schindler, (2014) explanatory research focuses on why questions.

The target population is the entire aggregation of respondents that meet the designated set of criteria. The target population of the study was the health care workers working within NOREB region. The target population in this study comprised of 481 health care workers comprising of 8 Medical Officers of Health (MOH), 19 medical doctors, 65 clinical officers, 67 pharmacists and 322 nurses, drawn from eight counties.

Sampling frame is the list of elements from which the sample is actually drawn (Cooper & Schindler, 2014). A sample of the health workers from NOREB counties was obtained for the purpose of drawing conclusions about population targeted. Stratified sampling technique was used to categorize health staff into medical doctors, clinical officers, pharmacists and nurses forming a stratum. The study used purposive sampling to select 8 Medical Officers of Health. The study used simple random sampling to select 8 medical doctors, 30 pharmacists, 29 clinical officers, and 143 nurses.

Sample size measures the number of individual samples measured or observations used in a survey experiment. From the target population of 481, Yamane Taro (1973) sample size formula was used to select a sample size of 218 respondents shown below;

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

Where; **n** = the sample size, **N** = the population size; **e** = the acceptance sampling error
Thus, sample size was as follows:
$481/(1+481(0.05)^2) = 218$

The researcher used questionnaires instruments for primary data collection. The questionnaires consisted of closed ended questions. Before the actual data collection exercise took place, the researcher undertook preliminary survey within the private hospitals in Eldoret town in order to test the instruments and also make appointments with the concerned authorities.

Cooper and Schindler (2014) noted that, for most student questionnaires, the minimum number for pilots is 10 responses, while between 100 and 200 responses are typical for broad surveys. Simon (2011) argued that the sample of 10-20 percent of the sample size for the actual study is be a fair number of participants to consider enrolling in the pilot. The study pre-tested the data collection instruments and detected a few issues with the questionnaire which the researcher corrected with the help of the supervisor.

Reliability refers to extent to which a measurement instrument is able to yield consistent results each time it is applied under similar conditions. In this study, since the questionnaire items were adopted from previous studies but tailored to hospital context, it was prudent to conduct a pilot test to refine the instrument. As a result, a pilot study was carried out in order to test and remove confusing words and improve the clarity of the questions items and strengthen its reliability. Again, statistically, the Cronbach's alpha was used to assess the reliability of an instrument.

A Cronbach alpha test was conducted to check the reliability of the responses from the pilot test. Cronbach's alpha reliability coefficient ranges between 0 and 1. Cronbach's alpha coefficient was used to assess the internal consistency or homogeneity among the questionnaire items. The highest Cronbach's alpha was observed in organization support with a Cronbach's alpha coefficient of 0.867 and the lowest coefficient was for performance appraisal (0.713) as shown in Table 1. Training and development had a Cronbach's alpha coefficient of 0.824, employee performance had a coefficient of 0.803, employee voice 0.795 and compensation practices had a coefficient of 0.838. The study variables depicted an overall Cronbach's Alpha coefficient of 0.888 from 48 statements used.

Table 1: Reliability Statistics

	Cronbach's Alpha	N of Items
Training and development	.824	6
Performance appraisal	.713	11
Employee voice	.795	8
Compensation practices	.838	9
Employee performance	.803	8
Organization support	.867	6
Overall	**.888**	**48**

The coefficient for individual variables and when all the constructs were combined was above 0.7. The coefficient revealed that the indicator used in the questionnaire were reliable in all the measurement scales achieving the recommended reliability level of above 0.7 (Hair *et al*., 2009). This implied that the scales used had a high degree of internal consistency among the measurement items.

Validity refers to the extent to which the instrument measures what it intends to measure (Heale, & Twycross, 2015). Face validity was established by pilot study. Construct validity measures how statistically meaningful the items are in measuring a construct. This form of validity was established through the statistical measurements in this research. Content validity of an instrument is improved through expert judgment. The feedback obtained was used to revise the questionnaire before administering it to the study respondents, for construct validity exploratory factor analysis of the constructs was carried out, this helped in identifying usable items for each study construct.

After all data have been collected, the data was coded and entered in the computer for analysis using the Statistical Package for Social Sciences (SPSS v26). Quantitative techniques such as descriptive statistics and inferential statistics were used to understand relationships between different variables. The descriptive statistical analysis used included mean, percentages, standard deviation and frequencies. Inferential statistics were used to analyze relationship between variables. This was done using correlation and linear regression analysis.

The study adopted multiple regression analysis. Gujarati and Porter (2010) defined multiple regression models is a regression model with more than one explanatory variable or control variable. The explained variable or the regress and variable, (employee performance) was regressed against the explanatory variables or regressor variables, (compensation, Performance Appraisal, Training and development and employee voice) on Employee performance. The equation of employee performance is expressed in the following multiple regression model.

Hierarchical multiple regression will further be used to establish the estimate interaction effect and test the moderating effect of organization support on the relationship between high-performance work practices and employee performance. Multiple regression analysis was used to test the Hypotheses and the regression model are as follows:

$Y = \beta_o + \beta_1 X1 + \beta_2 X2 + \beta_3 X3 + \beta_4 X4 + \varepsilon$ ………………Equation 1 (Direct effect)

$Y = \beta_o + \beta_1 X5$...Equation 2 (Moderated effect)

$Y = \beta_o + \beta_1 X1 + \beta_2 X2 + \beta_3 X3 + \beta_4 X4 + \beta_5 X5* X1 + \beta_6 X5* X2 + \beta_7 X5*X3 + \beta_8 X5*X4 + \varepsilon$ …….Equation 3 (Multiple regression)

Where;

Y = employee performance

β_o = the constant

X_1= Performance Appraisal

X_2= Training and development

X_3= Employee voice

X_4= Compensation

X_5= Organization support

ε = error term

$\beta1, \beta2, \beta3, \beta_4, \beta_5,$ = coefficient of predictors

IX. Results

Descriptive Analysis

The respondent was asked to show to what degree they agree or disagree on effects of high-performance work practices on the performance of health care workers in public hospitals in Kenya. The study used a 5-likert scale to accomplish the these, where 1= Strongly Disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5= Strongly Agree (A), 5= Strongly Agree (SA). Therefore, the mean score ranged from 1 to 5, where; 1-1.4 Strongly Disagree (SD), 1.5-2.4 Disagree (D), 2.5-3.4 Neutral (N), 3.5-4.4 Agree (A), 4.5-5 Strongly Agree (A), 4.5-5 (SA). The researcher used the frequency, percentage, mean and standard deviation to present the descriptive findings.

Employee Performance in public hospitals in Kenya

The study sought to understand the employee performance in public hospitals in Kenya as the dependent variable during the study. The respondent was asked to indicate to what extent they agreed with various aspects of employee performance in public hospitals using a 5-likert scale. A total of eight items were used to explore the respondent's views on the employee performance in public hospitals in Kenya and findings are presented in Table 2.

Majority of the respondents 156(79.6%) agreed that they love their job and always go beyond what is assigned to, with 26(13.3%) disagreed and 14(7.2%) were undecided (*M=4.13; SD=1.03*). Most of the respondents 190(96.9%) agreed that they understand their job well and do it with minimal time and effort and

6(3.1%) disagreed (*M=4.56; SD=0.66*). Majority of the respondents 178(90.8%) agreed that they frequently encounter and solve new challenges in their job, 12(6.2%) disagreed and 6(3.1%) were undecided (*M=4.31; SD=0.91*). Majority of the respondents 188(95.9%) agreed that they manage to plan their work and adequately complete assigned duties and 8(4.1%) disagreed and (*M=4.38; SD=0.82*).

Table 2: Employee Performance in public hospitals in Kenya

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
I love my job and always go beyond what is assigned to me	8	4.1	6	3.1	26	13.3	68	34.7	88	44.9	4.13	1.03
I understand my job well and do it with minimal time and effort			6	3.1			68	34.7	122	62.2	4.56	0.66
I frequently encounter and solve new challenges in my job.	6	3.1	6	3.1	6	3.1	82	41.8	96	49.0	4.31	0.91
I manage to plan my work so that I adequately complete assigned duties	6	3.1	2	1.0			92	46.9	96	49.0	4.38	0.82
I am dependable in handling patients service problems	20	10.2	4	2.0	12	6.1	82	41.8	78	39.8	3.99	1.21
I keep patients informed about when services were performed	8	4.1			10	5.1	90	45.9	88	44.9	4.28	0.89
I am able to inspire trust and confidence among patients	8	4.1	10	5.1	14	7.1	68	34.7	96	49.0	4.19	1.05
The equipment and other physical facilities are modern and appealing to patients	4	2.0	8	4.1	24	12.2	92	46.9	68	34.7	4.08	0.90
Overall mean											**4.24**	**0.61**

Majority of the respondents 160(81.6%) agreed that they dependable in handling patients service problems, with 24(12.2%) disagreed and 12(6.1%) were undecided (*M=3.99; SD=1.21*). Most of the respondents 178(90.8%) agreed that they kept patients informed about when services were performed and 8(4.1%) disagreed (*M=4.28; SD=0.89*). Majority of the respondents 164(83.7%) agreed that they able to inspire trust and confidence among patients, 18(9.2%) disagreed and 14(7.1%) were undecided (*M=4.19; SD=1.05*). Most of the respondents 160(81.6%) agreed that the equipment and other physical facilities are modern and appealing to patients, 12(6.1%) disagreed and 24 (12.2%) were undecided and (*M=4.08; SD=0.90*).

A total of eight items were used to explore the respondent's opinion on the employee performance. The overall mean response score among the respondents with regard to employee performance was 4.24 and standard deviation of 0.61. This mean lies in the interval which implies that respondents agreed on the statements used to measure employee performance in public hospitals in Kenya.

From the descriptive results on employee performance in public hospitals in Kenya the study found out that the employees love their job and always go beyond what is assigned to and they understand their job well and do it with minimal time and effort. The employees frequently encounter and solve new challenges in their job, manage, plan their work and adequately complete assigned duties. Majority of the employees were dependable in handling patients service problems and kept patients informed about when services will be performed. The employees were able to inspire trust and confidence among patients and ensure that the equipment and other physical facilities are modern and appealing to patients.

Influence of Training and development on employee performance

The first objective sought to establish the influence of Training and development on employee performance. A total of six statements were used to determine influence of training and development on employee performance in public hospitals in Kenya and responses elicited on a 5-point likert scale are presented in Table 3. Majority of the respondents 164(83.6%) agreed that their hospital provides the opportunity to improve their skills, with 10(5.1%) disagreed and 22(11.2%) were undecided (*M=4.11; SD=0.94*). Most of the respondents 160(81.6%) agreed that there is lot of chances and opportunities to practice new skills they have learnt in hospital, with 30 (15.3%) undecided and 6(3%) disagreed (*M=4.08; SD=0.78*).

Table 3: Training and development in public hospitals in Kenya

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
My hospital provides me the opportunity to improve my skills.	8	4.1	2	1.0	22	11.2	92	46.9	72	36.7	4.11	0.94
There is lot of chances and opportunities to practice new skills I have learnt in this hospital.	2	1.0	4	2.0	30	15.3	100	51.0	60	30.6	4.08	0.79
My hospital frequently arranges training programs for the employees	8	4.1	22	11.2	40	20.4	86	43.9	40	20.4	3.65	1.05
I receive training evaluation and feedback from my supervisors	14	7.1	10	5.1	38	19.4	100	51.0	34	17.3	3.66	1.05
Workshops and seminars are always held for employees in my organization to improve their skills.	20	10.2	18	9.2	32	16.3	88	44.9	38	19.4	3.54	1.20
Employees in my organization are fully satisfied with organizational induction/orientation/job	6	3.1	32	16.3	60	30.6	66	33.7	32	16.3	3.44	1.04
Overall mean											**3.75**	**0.74**

Majority of the respondents 126(64.3%) agreed that their hospital frequently arranges training programs for the employees, 30(15.3%) disagreed and 40(20.4%) were undecided (*M=3.65; SD=1.05*). Majority of the respondents 134(68.3%) agreed that they receive training evaluation and feedback from their supervisors, with 38(19.4%) undecided and 24(12.2%) disagreed and (*M=3.66; SD=1.65*). Majority of the respondents 126(64.3%) agreed that workshops and seminars are always held for employees in the hospital to improve their skills, with 38(19.4%) disagreed and 32(16.3%) were undecided (*M=3.99; SD=1.21*). Most of the respondents 98(50%) agreed that employees in their organization are fully satisfied with organizational induction/orientation/job, with 60 (30.6%) undecided and 38(19.4%) disagreed (*M=3.44; SD=1.04*).

A total of six items were used to explore the respondent's opinion on the training and development in public hospitals. The overall mean response score among the respondents with regard to employee performance was 3.75 and standard deviation of 0.74. This mean lies in the interval which implies that respondents agreed on the statements used to measure training and development in public hospitals in Kenya. On training and development variable the findings showed that the public hospital provided the opportunity to employees to improve their skills and there was lot of chances and opportunities to practice new skills, they have learnt in hospital, The public hospital frequently arranged training programs for the employees and employees receive training evaluation and feedback from their supervisors. The workshops and seminars were always held for employees in my organization to improve their skills and the employees working in the public hospitals were fully satisfied with the induction/orientation/job.

Influence of performance appraisal on employee performance
The second objective sought to determine the influence of performance appraisal on employee performance. A total of eleven statements were used to determine influence of performance appraisal on employee performance in public hospitals in Kenya and responses elicited on a 5-point likert scale are presented in Table 4. Majority of the respondents 136(69.4%) agreed that performance appraisal system was fair, just and accurate in terms of content and purpose, with 28(14.2%) disagreed and 32(16.3%) were undecided (*M=3.72; SD=1.13*).

Most of the respondents 138(70.4%) agreed that targets given to employees are achievable, with 30(15.3%) undecided and 28(14.3%) disagreed (*M=3.65; SD=1.09*). Majority of the respondents 110(56.1%) agreed that employees take part in the formulation of the performance appraisal system, 34(17.4%) disagreed and 52(26.5%) were undecided (*M=3.47; SD=1.00*). Majority of the respondents 126(64.2%) agreed that performance evaluation system provides effective feedback, with 46(23.5%) undecided and 24(12.3%) disagreed and (*M=3.70; SD=1.03*).

Majority of the respondents 134(68.3%) agreed that organization always appraises staff on performance, with 32(16.4%) disagreed and 30(15.3%) were undecided (*M=3.71; SD=1.05*). Most of the respondents 102(52%) agreed that performance appraisal is rarely used tool for promotion in my organization, with 50(25.5%) undecided and 44(22.4%) disagreed (*M=3.30; SD=1.13*). Majority of the respondents 160(81.6%) agreed that hospital had well documented procedures on how employees in the organization are supposed to operate, 16(8.1%) disagreed and 20(10.2%) were undecided (*M=4.12; SD=1.09*).

Majority of the respondents 144(73.4%) agreed that hospital had clear adopted policies that create conducive environment to support strategic implementation, with 36(18.4%) undecided and 16(8.2%) disagreed and (*M=3.92; SD=0.88*). Majority of the respondents 132(67.3%) agreed that the hospital, appraisal is done with the involvement and participation of every employee, with 28(14.3%) disagreed and 36(18.4%) were undecided (*M=3.71; SD=1.05*).

Table 4: Performance Appraisal in public hospitals

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
Performance appraisal system is fair, just and accurate in terms of content and purpose.	14	7.1	14	7.1	32	16.3	88	44.9	48	24.5	3.72	1.13
The targets given to employees are achievable	16	8.2	12	6.1	30	15.3	104	53.1	34	17.3	3.65	1.09
Employees take part in the formulation of the performance appraisal system	8	4.1	26	13.3	52	26.5	86	43.9	24	12.2	3.47	1.00
The performance evaluation system provides effective feedback	8	4.1	16	8.2	46	23.5	82	41.8	44	22.4	3.70	1.03
My organization always appraises staff on performance	6	3.1	26	13.3	30	15.3	90	45.9	44	22.4	3.71	1.05
Performance appraisal is rarely used tool for promotion in my organization	20	10.2	24	12.2	50	25.5	82	41.8	20	10.2	3.30	1.13
The hospital has well documented procedures on how employees in the organization are supposed to operate.	4	2.0	12	6.1	20	10.2	119	60.7	41	20.9	4.12	1.09
The hospital has clear adopted policies that create conducive environment to support strategic implementation.			16	8.2	36	18.4	92	46.9	52	26.5	3.92	0.88
In the hospital, appraisal is done with the involvement and participation of every employee.	8	4.1	20	10.2	36	18.4	88	44.9	44	22.4	3.71	1.05
The hospital holds regular review meetings chaired by senior departmental officers and the outcomes of such meetings used as a scorecard for employee development.	2	1.0	20	10.2	46	23.5	88	44.9	40	20.4	3.73	0.93
The hospital has a fair performance appraisal scheme for all employees.	22	11.2	38	19.4	24	12.2	68	34.7	44	22.4	3.38	1.32
Overall mean											**3.68**	**0.69**

Most of the respondents 128(65.3%) agreed that hospital holds regular review meetings chaired by senior departmental officers and the outcomes of such meetings used as a scorecard for employee development, with 46(23.5%) undecided and 22(11.2%) disagreed (*M=3.73; SD=0.93*). Majority of the respondents 112(57.1%) agreed that hospital has a fair performance appraisal scheme for all employees, with 60(30.6%) disagreed and 24(12.2%) were undecided (*M=3.38; SD=1.32*).

A total of eleven items were used to explore the respondent's opinion on the performance appraisal in public hospitals. The overall mean response score among the respondents with regard to employee performance was 3.68 and standard deviation of 0.69. This mean lies in the interval which implies that respondents agreed on the statements used to measure performance appraisal in public hospitals in Kenya.

On performance appraisal variable the results indicated the performance appraisal system was fair, just and accurate in terms of content and purpose. The performance appraisal targets given to employees were achievable as the employees sometimes take part in the formulation of the performance appraisal system. The performance evaluation system provided effective feedback and always appraises staff on performance. The performance appraisal was rarely used tool for promotion and the public hospital had well documented procedures on how employees are supposed to operate. The public hospital had clearly adopted policies that create conducive environment to support strategic implementation. The public hospitals held regular review meetings chaired by senior departmental officers and the outcomes were used as a scorecard for employee development. The public hospital had a fair performance appraisal scheme for all employees and appraisals were done with the involvement and participation of every employee.

Influence of compensation practices on employee performance

The third objective sought to determine the influence of employee compensation practices on employee performance. A total of nine statements were used to establish how compensation practices influence employee performance in public hospitals in Kenya and responses were elicited on a 5-point likert scale are presented in Table 5. Majority of the respondents 132(67.4%) agreed that hospital pay structure was fair and just, with 20(10.2%) disagreed and 44(22.4%) were undecided (*M=3.89; SD=1.03*). Most of the respondents 148(75.5%) agreed that the hospital provides allowances (risk, transport, housing), with 26(13.3%) undecided and 22(11.3%) disagreed (*M=4.00; SD=1.06*).

Majority of the respondents 98(50%) agreed that employer respects an appreciates them whenever they do beyond expectations, 70(35.7%) disagreed and 28(14.3%) were undecided (*M=3.26; SD=1.37*). Most of the respondents 112(57.3%) agreed that they work in a very good working environment, with 62(31.6%) undecided and 38(19.4%) disagreed and (*M=3.48; SD=1.12*). Majority of the respondents 102(52%) agreed that health

policy does allow switching from a department even after promotion, 54(27.5%) disagreed and 40(20.4%) were undecided (*M=3.33; SD=1.17*).

Table 5: Compensation practices in public hospitals

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
The hospital pay structure is fair and just	4	2.0	16	8.2	44	22.4	66	33.7	66	33.7	3.89	1.03
The hospital provides allowances (risk, transport, housing)	6	3.1	16	8.2	26	13.3	72	36.7	76	38.8	4.00	1.06
The hospital provides additional pay for good work	34	17.3	56	28.6	36	18.4	38	19.4	32	16.3	2.89	1.35
My employer respects an appreciates me whenever I do beyond expectations	24	12.2	46	23.5	28	14.3	52	26.5	46	23.5	3.26	1.37
I work in a very good working environment	8	4.1	30	15.3	62	31.6	52	26.5	44	22.4	3.48	1.12
Our health policy does allow switching from a department even after promotion.	14	7.1	40	20.4	40	20.4	72	36.7	30	15.3	3.33	1.17
I always get overtime and uniform allowances	26	13.3	46	23.5	48	24.5	60	30.6	16	8.2	2.97	1.18
There exist a team that deals with employee rewards.	18	9.2	38	19.4	66	33.7	54	27.6	20	10.2	3.10	1.11
There exists a system in the county of compensating employees if they achieve their targets	22	11.2	40	20.4	58	29.6	48	24.5	28	14.3	3.10	1.21
Overall mean											**3.33**	**0.78**

A total of nine items were used to explore the respondent's opinion on the compensation practices in public hospitals. The overall mean response score among the respondents with regard to employee performance was 3.33 and standard deviation of 0.78. This mean lies in the interval which implies that respondents were not sure on the statements used to measure compensation practices in public hospitals in Kenya. On compensation practices variable the descriptive results indicated that hospital pay structure was fair and just and the hospital provides allowances (risk, transport, housing). The employer respects an appreciates them whenever they do beyond expectations, employees work in a very good working environment and the health policy does allow switching from a department even after promotion.

Influence of employee voice on employee performance

The fourth objective sought to determine the effect of employee voice on employee performance. A total of eight statements were used to establish how employee voice influence employee performance in public hospitals in Kenya and responses were elicited on a 5-point likert scale are presented in Table 6. Majority of the respondents 120(61.2%) agreed that they make recommendations to their supervisors concerning issues that affect work in the hospital, with 28(14.2%) disagreed and 48(24.5%) were undecided (*M=3.61; SD=1.12*).

Most of the respondents 150(76.5%) agreed that they encourage other staff to get involve in issues affecting their work in the hospital, with 24(12.2%) undecided and 22(11.2%) disagreed (*M=3.87; SD=1.04*). Majority of the respondents 128(65.3%) agreed that they always communicate their opinions about the work issues to others in the hospital, 36(18.7%) disagreed and 32(16.3%) were undecided (*M=3.49; SD=1.18*). Majority of the respondents 112(57.3%) agreed that the upward communication channels provide avenues to voice their views to management, with 36(18.4%) undecided and 48(24.5%) disagreed and (*M=3.39; SD=1.19*).

Table 6: Employee voice in public hospitals

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
I make recommendations to my supervisors concerning issues that affect my work in the hospital	14	7.1	14	7.1	48	24.5	78	39.8	42	21.4	3.61	1.12
I encourage other staff to get involve in issues affecting their work in the hospital	10	5.1	12	6.1	24	12.2	98	50.0	52	26.5	3.87	1.04
I always communicate my opinions about my work issues to others in the hospital	24	12.2	12	6.1	32	16.3	100	51.0	28	14.3	3.49	1.18
Upward communication channels provide avenues to voice our views to management.	18	9.2	30	15.3	36	18.4	82	41.8	30	15.3	3.39	1.19
Our unions provide protection, support and advice to its members.	22	11.2	18	9.2	48	24.5	68	34.7	40	20.4	3.44	1.23
Union providing legal services to members whenever appropriate.	28	14.3	20	10.2	32	16.3	74	37.8	42	21.4	3.42	1.32
This voice exhibited in trade unions enhances employee performance by bringing a conducive working environment within an organization.	10	5.1	14	7.1	30	15.3	86	43.9	56	28.6	3.84	1.08

										Mean	Std Dev
Voice gives opportunities to me to have their say and exert some influence over work place decisions and speaking up on important issues in the hospital.	8	4.1	16	8.2	34	17.3	68	34.7	70	35.7	3.90	1.10
Overall mean										**3.62**	**0.74**

Majority of the respondents 108(55.1%) agreed that unions provide protection, support and advice to its members with 40(20.4%) disagreed and 48(24.5%) were undecided (*M=3.44; SD=1.23*). Most of the respondents 116(59.2%) agreed that union providing legal services to members whenever appropriate, with 32(16.3%) undecided and 48(24.5%) disagreed (*M=3.42; SD=1.32*). Majority of the respondents 142(72.5%) agreed that voice exhibited in trade unions enhances employee performance by bringing a conducive working environment within an organization, 30(15.3%) disagreed and 24(12.2%) were undecided (*M=3.84; SD=1.08*). Majority of the respondents 1138(70.4%) agreed that employee voice gives them opportunities to have their say and exert some influence over work place decisions and speaking up on important issues in the hospital, with 34(17.3%) undecided and 24(12.3%) disagreed and (*M=3.90; SD=1.10*).

A total of eleven items were used to explore the respondent's opinion on the performance appraisal in public hospitals. The overall mean response score among the respondents with regard to employee performance was 3.68 and standard deviation of 0.69. This mean lies in the interval which implies that respondents agreed on the statements used to measure performance appraisal in public hospitals in Kenya.

On the variable employee voice in in public hospitals the results indicated that employees make recommendations to their supervisors concerning issues that affect work in the hospital and encourage other staff to get involve in issues affecting their work in the hospital. The employees always communicate their opinions about the work issues to others in the hospital and there were upward communication channels provide avenues to voice their views to management.

The unions provide protection, support and advice to its members and the union provided legal services to members whenever appropriate. The employee voice exhibited in trade unions enhanced employee performance by bringing a conducive working environment within an organization. The employee voice gave opportunities to have their say and exert some influence over work place decisions and speak on important issues in the hospital.

Organization support in public hospital

The study sought to understand the organization support in public hospitals in Kenya as the moderating variable during the study. The respondent was asked to indicate to what extent they agreed with various aspects of organization support in public hospitals using a 5-likert scale. A total of six indicators were used to explore the respondent's views on the organization support in public hospitals in Kenya and findings are presented in Table 7.

Table 7: Organization support in public hospital

	SD		D		UD		A		SA		Mean	Std Dev
	F	%	F	%	F	%	F	%	F	%		
The hospital strongly considers my goals and values	4	2.0	26	13.3	52	26.5	74	37.8	40	20.4	3.61	1.02
Help is always available from the hospital when I have problems	10	5.1	24	12.2	56	28.6	82	41.8	24	12.2	3.44	1.02
The hospital really cares about my wellbeing	12	6.1	34	17.3	58	29.6	64	32.7	28	14.3	3.32	1.11
Employers care about my welfare	5	2.6	2	1.0	1	.5	87	44.4	101	51.5	3.73	1.06
When I am in trouble, employers will help me	16	8.2	4	2.0	12	6.1	78	39.8	86	43.9	3.54	1.17
Employers are very concerned about me	14	7.1	26	13.3	58	29.6	64	32.7	34	17.3	3.40	1.13
Overall mean											**3.71**	**0.64**

Majority of the respondents 114(58.2%) agreed that hospital strongly considers their goals and values, with 30(15.3%) disagreed and 52(26.5%) were undecided (*M=3.61; SD=1.02*). Most of the respondents 106(54%) agreed that the help is always available from the hospital when they have problems, with 56(28.6%) were undecided and 34(17.3%) disagreed (*M=3.44; SD=1.02*). Majority of the respondents 188(95.9%) agreed employers care about their welfare, 7(3.6%) disagreed and 1(0.5%) were undecided (*M=3.73; SD=1.06*).

Majority of the respondents 164(83.7%) agreed that when they are in trouble, employers will help, with 12 (6.1%) and 20(10.2%) disagreed and (*M=3.54; SD=1.17*). Majority of the respondents 98(50%) agreed that employers are very concerned about them, with 58 (29.6%) were undecided and 40(20.4%) disagreed and (*M=3.40; SD=1.13*). At least 92(47%) of the respondents agreed that the hospital really cares about their wellbeing, 46(23.4%) disagreed and 58(29.6%) were undecided (*M=3.32; SD=1.11*).

A total of six statements were used to explore the respondent's opinion on organization support in public hospitals. The overall mean response score among the respondents with regard to employee performance was 3.71

and standard deviation of 0.64. This mean lies in the interval which implies that respondents agreed on the statements used to measure organization support in public hospitals in Kenya. On organization support variable, the results indicated that hospital strongly considers their goals and values and the help was always available from the hospital when they have problems. The employers care about their welfare and when they are in trouble, employers will help and were very concerned about them.

X.   Validity of the Constructs

Factor analysis was employed to help in identifying the actual number of factors that actually measured each construct as perceived by the respondents. The validity of the instrument was measured through Kaiser-Meyer-Olkin measures of sampling adequacy and Bartlett's Test of Sphericity. Kaiser- Meyer- Olkin was used as a measure of sampling adequacy and a value of 0.5 was acceptable. Bartlett's test of sphericity was used to test the adequacy of the correlation matrix and should be significant.

The component factor analysis with varimax rotation was conducted on all variables to extract factors from the scales of each construct. The principal component analysis and Varimax rotation were performed in all the items and those with factor loadings lower than 0.50 were eliminated as postulated by Hair *et al.,* (2006). According to Hair *et al.*, (2006) all items loading below 0.50 were deleted and those with more than 0.50 loading factor retained (Daud, 2014). Varimax rotation was used to validate the variables that are distinct. After performing the factor analysis for each variable, the indicators were computed to create a score and subjected to inferential analysis.

Factor Analysis for training and development

Principle Component Analysis was conducted to verify item loadings through which redundant items were identified and omitted from analysis. Six indicators were proposed to measure training and development. The KMO value of training and development was 0.800 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity (χ^2 =464.04, p<0.05) confirmed that data collected for training and development was adequate (Table 8). None of the indicators were deleted and all the six indictors were retained, computed and renamed training for further analysis. The items extracted loaded highly on one dimension component.

Table 8: Rotated Component Matrix[a] for training and development

	Component
	1
Workshops and seminars are always held for employees in my organization to improve their skills.	.835
My hospital frequently arranges training programs for the employees	.834
I receive training evaluation and feedback from my supervisors	.806
There is lot of chances and opportunities to practice new skills I have learnt in this hospital.	.726
Employees in my organization are fully satisfied with organizational induction/orientation/job	.657
My hospital provides me the opportunity to improve my skills.	.500
Kaiser-Meyer-Olkin Measure	.800
Bartlett's Test of Sphericity Approx. Chi-Square	464.040
df	15
Sig.	.000
Total Variance Explained % of Variance	54.174
Total Eigenvalues	3.250

Extraction Method: Principal Component Analysis.
 a. 1 components extracted.

Factor Analysis for Performance appraisal

Eleven indicators were proposed to measure performance appraisal. The KMO value of performance appraisal was 0.767 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity (χ^2 = 812.93, p<0.05) confirmed that data collected for performance appraisal was adequate (Table 9). Rotated component matrix for performance appraisal indicators was run. None of the indicators were deleted and all the indictors were retained, computed and renamed appraisal for further analysis. The indicators extracted loaded highly on four-dimension factors.

Table 9: Rotated Component Matrix^a for performance appraisal

	Component			
	1	2	3	4
Performance appraisal system is fair, just and accurate in terms of content and purpose.	.871			
The targets given to employees are achievable	.869			
The hospital has a fair performance appraisal scheme for all employees.	.819			
In the hospital, appraisal is done with the involvement and participation of every employee.	.698			
The performance evaluation system provides effective feedback		.841		
My organization always appraises staff on performance		.828		
Employees take part in the formulation of the performance appraisal system		.699		
The hospital has clear adopted policies that create conducive environment to support strategic implementation.		.505		
Performance appraisal is rarely used tool for promotion in my organization			.845	
The hospital holds regular review meetings chaired by senior departmental officers and the outcomes of such meetings used as a scorecard for employee development.			.697	
The hospital has well documented procedures on how employees in the organization are supposed to operate.				.927
Kaiser-Meyer-Olkin Measure	.767			
Bartlett's Test of Sphericity Approx. Chi-Square	812.930			
df	55			
Sig.	.000			
Total Variance Explained (71.31) % of Variance	26.621	21.553	13.322	9.814
Total Eigenvalues	2.928	2.371	1.465	1.080

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 5 iterations.

Factor Analysis for Employee voice

Eight indicators were proposed to measure employee voice. The KMO value of employee voice was 0.627 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity (χ^2 = 879.27, p<0.05) confirmed that data collected employee voice was adequate. None of the indicators were deleted and all the indictors were retained, computed and renamed employee voice for further analysis. The indicators extracted loaded highly on three-dimension factors.

Table 10: Rotated Component Matrix^a for employee voice

	Component		
	1	2	3
Our unions provide protection, support and advice to its members.	.920		
Union providing legal services to members whenever appropriate.	.864		
Upward communication channels provide avenues to voice our views to management.	.767		
I always communicate my opinions about my work issues to others in the hospital	.689		
This voice exhibited in trade unions enhances employee performance by bringing a conducive working environment within an organization.		.959	
Voice gives opportunities to me to have their say and exert some influence over work place decisions and speaking up on important issues in the hospital.		.915	
I encourage other staff to get involve in issues affecting their work in the hospital			.890
I make recommendations to my supervisors concerning issues that affect my work in the hospital			.841
Kaiser-Meyer-Olkin Measure	.627		
Bartlett's Test of Sphericity Approx. Chi-Square	879.27		
df	28		
Sig.	.000		
Total Variance Explained (79.23) % of Variance	34.00	23.40	21.82
Total Eigenvalues	2.720	1.872	1.746

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 4 iterations.

Factor Analysis for compensation practices

Nine indicators were proposed to measure compensation practices. The KMO value of employee voice was 0.796 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity ($\chi^2 = 663.32$, $p<0.05$) confirmed that data collected for compensation practices was adequate (Table 8). None of the indicators were deleted and all the indictors were retained, computed and renamed compensation for further analysis. The indicators extracted loaded highly on two-dimension factors.

Table 11: Rotated Component Matrix[a] for compensation practices

	Component	
	1	2
There exist a team that deals with employee rewards.	.818	
There exists a system in the county of compensating employees if they achieve their targets	.792	
My employer respects an appreciates me whenever I do beyond expectations	.749	
The hospital provides additional pay for good work	.609	
Our health policy does allow switching from a department even after promotion.	.529	
I always get overtime and uniform allowances		
The hospital pay structure is fair and just		.854
The hospital provides allowances (risk, transport, housing)		.844
I work in a very good working environment		.710
Kaiser-Meyer-Olkin Measure	.796	
Bartlett's Test of Sphericity Approx. Chi-Square	663.322	
df	36	
Sig.	.000	
Total Variance Explained (58.88) % of Variance	32.967	25.914
Total Eigenvalues	2.967	2.332

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 3 iterations.

Factor Analysis for Employee Performance

Eight indicators were proposed to measure employee performance. The KMO value of employee performance was 0.725 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity ($\chi^2 = 779.51$, $p<0.05$) confirmed that data collected for employee performance was adequate (Table 9). None of the indicators were deleted and all the indictors were retained, computed and renamed performance for further analysis. The indicators extracted loaded highly on three-dimension factors.

Table 12: Rotated Component Matrix[a] for Employee Performance

	Component		
	1	2	3
I am able to inspire trust and confidence among patients	.893		
I keep patients informed about when services were performed	.885		
I am dependable in handling patients service problems	.865		
The equipment and other physical facilities are modern and appealing to patients	.645		
I love my job and always go beyond what is assigned to me		.885	
I manage to plan my work so that I adequately complete assigned duties		.858	
I understand my job well and do it with minimal time and effort			.845
I frequently encounter and solve new challenges in my job.			.802
Kaiser-Meyer-Olkin Measure	.725		
Bartlett's Test of Sphericity Approx. Chi-Square	779.506		
df	28		
Sig.	.000		
Total Variance Explained (78.55) % of Variance	35.311	22.365	20.876
Total Eigenvalues	2.825	1.789	1.670

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

Factor Analysis for Organization support

Six indicators were proposed to measure organization support. The KMO value of organization support was 0.755 indicating that sampling was adequate. The significant chi-square value for Bartlett's test of sphericity ($\chi^2 = 710.39$, p<0.05) confirmed that data collected for organization support was adequate (Table 10). None of the indicators were deleted and all the five indictors were retained, computed and renamed support for further analysis. The indicators extracted loaded highly on two-dimension factors.

Table 13: Rotated Component Matrix^a for Organization support

	Component	
	1	2
Employers care about my welfare	.903	
When I am in trouble, employers will help me	.902	
Employers are very concerned about me	.852	
The hospital strongly considers my goals and values		.907
The hospital really cares about my wellbeing		.792
Help is always available from the hospital when I have problems		.711
Kaiser-Meyer-Olkin Measure	.755	
Bartlett's Test of Sphericity Approx. Chi-Square	710.387	
df	15	
Sig.	.000	
Total Variance Explained (80.027) % of Variance	45.081	34.946
Total Eigenvalues	2.705	2.097

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
   a.   Rotation converged in 3 iterations.

XI. Multiple Hierarchical Regression Analyses

The researcher used moderated multiple regression analysis to estimate the interaction effect and test the moderating effect of organization support on the relationship between high performance work practices and performance of health care workers in public hospitals in Kenya. The interaction variables were therefore created by multiplying the independent variable with the moderator variable. In a six-step hierarchical regression, step 1, multiple regressions were carried out on the four independent variables were entered. In step 2, the moderator variable organization support was introduced. Step 3, 4, 5 and 6 interactions of organization support and the four variables of high-performance work practices were introduced.

Model Summary on Interactions

Hierarchical regression model summary results on organization support interaction with high performance work practices and performance of health care workers in public hospitals in Kenya indicated that the four independent variables explained 39.1% ($R^2 = 0.391$) of the variance on performance of health care workers in public hospitals in Kenya and they were statistically significant as shown in model 1. The moderator organization support explained only 44.4% ($R^2 = 0.444$) of the variance on organization support as shown in Table 14. The results of regression analysis showed that high performance work practices had significant positive relationship with employee performance as shown in Model 1.

Table 14: Interaction Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.625^a	.391	.378	.48346	.391	30.642	4	191	.000
2	.667^b	.444	.430	.46291	.054	18.338	1	190	.000
3	.668^c	.446	.429	.46338	.002	.613	1	189	.434
4	.668^d	.447	.426	.46440	.000	.167	1	188	.683
5	.671^e	.450	.426	.46443	.003	.978	1	187	.324
6	.671^f	.450	.423	.46567	.000	.003	1	186	.959

a. Predictors: (Constant), Compensation, Training, Voice, Appraisal

b. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support
c. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP
d. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP
e. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP, C*SP
f. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP, C*SP, V*SP

Model summary interaction results shows that model 3 interaction of training and development and organization support explained 44.6% ($R^2 = 0.446$) of the variance on performance of health care workers in public hospitals in Kenya as shown in model 3. In addition, interaction of performance appraisal and organization support explained 44.7% ($R^2 = 0.447$) of the variance in performance of health care workers in public hospitals in Kenya as shown in model 4. The interaction of compensation practice and organization support explained 45% ($R^2 = 0.450$) of the variance in performance of health care workers in public hospitals in Kenya as shown in model 5. The interaction of employee voice and organization support explained 45% ($R^2 = 0.450$) of the variance in performance of health care workers in public hospitals in Kenya as shown in model 6.

ANOVA Results on Interactions

Results indicated by model 1, 2, 3, 4, 5 and 6 showed good model fit as illustrated by overall test of significance with p value 0.000 (< 0.05 level of significance) as summarized in Table 41. In other words, the independent variables, moderator and the four interactions were statistically highly significant predictors of performance of health care workers in public hospitals in Kenya (Table 15). Thus, models 1 to 6 were valid and fit to predict performance of health care workers in public hospitals in Kenya using interaction of the four independent variables with organization support.

Table 15 ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.649	4	7.162	30.642	.000[b]
	Residual	44.644	191	.234		
	Total	73.292	195			
2	Regression	32.578	5	6.516	30.407	.000[c]
	Residual	40.714	190	.214		
	Total	73.292	195			
3	Regression	32.710	6	5.452	25.390	.000[d]
	Residual	40.582	189	.215		
	Total	73.292	195			
4	Regression	32.746	7	4.678	21.690	.000[e]
	Residual	40.546	188	.216		
	Total	73.292	195			
5	Regression	32.957	8	4.120	19.099	.000[f]
	Residual	40.335	187	.216		
	Total	73.292	195			
6	Regression	32.957	9	3.662	16.887	.000[g]
	Residual	40.335	186	.217		
	Total	73.292	195			

a. Dependent Variable: Performance
b. Predictors: (Constant), Compensation, Training, Voice, Appraisal
c. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support
d. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP
e. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP
f. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP, C*SP
g. Predictors: (Constant), Compensation, Training, Voice, Appraisal, Support, TD*SP, A*SP, C*SP, V*SP

To measure the validity of the model, F-statistics were used. F-statistics (F = 30.64, p-value < 0.001) show that there is a significant relationship between high performance work practices and employee performance. When organization support was added into the analysis, the resulting model (Model 2) was statistically significant (F= 30.41, p-value < 0.001) suggesting that organization support is a significant predictor of employee

performance. Finally, when the product terms were introduced into the analysis (Model 3), the F-statistics (F = 25.39, p-value < 0.001), (Model 4), the F-statistics (F = 21.69, p-value < 0.001), (Model 5), the F-statistics (F = 19.10, p-value < 0.001); (Model 6), the F-statistics (F = 16.89, p-value < 0.001) Therefore the model was statistically significant suggesting that independent variables, organization support and moderated variables are significant predictors of employee performance.

Regression Coefficients of Interactions

The regression coefficients for high performance work practices and performance of health care workers in public hospitals in Kenya indicated that training and development ($\beta_1 = 0.213$, P =.000), performance appraisal ($\beta_2 = 0.275$, P =0.000); compensation practice ($\beta_2 = -0.228$, P =0.000) and employee voice ($\beta = 0.157$, P =0.000) were statistically significant as shown in Table 16. This study therefore the results met the criteria of introducing moderator.

In the model 2 it was possible to accurately assess the true impact of organization support on performance of health care workers in public hospitals in Kenya. The hierarchical regression results indicated that organization support ($\beta = .292$, P=0.000), was positive and statistically significant predictors of performance of health care workers in public hospitals in Kenya. This indicated that organization support was a moderator as it influenced performance of health care workers in public hospitals in Kenya.

Table 16: Regression Coefficients of Interactions

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.624	.255		10.281	.000
	Training	.213	.054	.258	3.914	.000
	Appraisal	.275	.061	.311	4.483	.000
	Voice	.157	.055	.190	2.838	.005
	Compensation	-.228	.047	-.290	-4.860	.000
2	(Constant)	2.393	.250		9.563	.000
	Training	.113	.057	.138	1.991	.048
	Appraisal	.215	.060	.243	3.561	.000
	Voice	.153	.053	.186	2.898	.004
	Compensation	-.302	.048	-.385	-6.282	.000
	Support	.292	.068	.304	4.282	.000
3	(Constant)	1.722	.892		1.930	.055
	Training	.292	.235	.355	1.242	.216
	Appraisal	.218	.061	.246	3.601	.000
	Voice	.154	.053	.186	2.900	.004
	Compensation	-.302	.048	-.385	-6.271	.000
	Support	.486	.257	.506	1.894	.060
	TD*SP	-.052	.066	-.366	-.783	.434
4	(Constant)	1.438	1.133		1.269	.206
	Training	.268	.243	.325	1.101	.272
	Appraisal	.325	.269	.367	1.210	.228
	Voice	.153	.053	.186	2.880	.004
	Compensation	-.304	.049	-.388	-6.265	.000
	Support	.567	.324	.590	1.747	.082
	TD*SP	-.045	.068	-.315	-.652	.515
	A*SP	-.029	.072	-.201	-.408	.683
5	(Constant)	1.754	1.178		1.490	.138
	Training	.252	.244	.306	1.035	.302
	Appraisal	.473	.307	.534	1.538	.126
	Voice	.149	.053	.181	2.800	.006
	Compensation	-.546	.249	-.696	-2.192	.030
	Support	.477	.337	.496	1.414	.159
	TD*SP	-.041	.069	-.293	-.604	.547
	A*SP	-.068	.082	-.465	-.832	.407
	C*SP	.067	.068	.446	.989	.324
6	(Constant)	1.781	1.290		1.380	.169
	Training	.255	.251	.310	1.016	.311
	Appraisal	.480	.336	.541	1.428	.155
	Voice	.132	.346	.160	.380	.704
	Compensation	-.546	.250	-.696	-2.186	.030
	Support	.470	.362	.489	1.298	.196
	TD*SP	-.042	.070	-.298	-.599	.550
	A*SP	-.070	.089	-.477	-.784	.434
	C*SP	.067	.068	.446	.987	.325
	V*SP	.005	.089	.031	.051	.959

a. Dependent Variable: Performance

The regression coefficients of interaction between training and development and organization support on employee performance (β = -0.052, P=.434). The results led to fail to reject the hypothesis H_{04a} suggesting that organization support does not moderate the relationship between training and development and employee performance. This confirmed that organization support buffered the effect of training and development on employee performance.

The regression coefficients of interaction between performance appraisal and organization support on employee performance (β = -0.029, P =.683). The results led to fail to reject the hypothesis H_{04b} suggesting that organization support does not moderate the relationship between performance appraisal and employee performance. This confirmed that organization support buffered the relationship between performance appraisal and employee performance.

The regression coefficients of interaction between compensation practice and organization support on employee performance (β = 0.067, P = 0.324). The results led to fail to reject the hypothesis H_{04c} suggesting that organization support does not moderate the relationship between compensation practice and employee performance. This confirmed that organization support buffered the effect of compensation practice on employee performance.

The regression coefficients of interaction between employee voice and organization support on employee performance (β =- 0.005, P =.959). The results led to fail to reject the hypothesis H_{04d} suggesting that organization support does not moderate the relationship between employee voice and employee performance. This confirmed that organization support buffered the relationship between employee voice and employee performance.

From the study all the independent variable and moderator were significant in the full model. The regression coefficients for high performance work practices and performance of health care workers in public hospitals in Kenya indicated that training and development, performance appraisal; compensation practice and employee voice were statistically significant.

An increase in training and development leads to an increase in employee performance. This agrees with Hafeeza and Akbar, (2015), that there was a positive significant relationship between training on employee's performance. The results reveal that the more the employee gets training, the more efficient their level of performance would be. Further concurs with Halawi & Haydar, (2018), that employees were able to develop inner satisfaction, received positive evaluation feedback, understood how to achieve a quality output, and developed career beyond classwork.

Performance appraisal had a significant influence on employee performance. This implies that for each increase in the performance appraisal, there was a rise in employee performance. This finding agrees with Hee & Jing, (2018), that performance appraisal and training and development were significantly related to employee performance. The findings suggested that training and development is the most important factor that positively influences employee performance followed by performance appraisal. This agrees with Moraa & Datche, (2019), that there is a positive relationship between performance review and employee performance. The goal setting had a significant influence on employee performance. Wanyama & Kimutai, (2015), that there is a significant relationship between performance appraisal and worker's performance. Also concurs with Mwema, & Gachunga, (2014), that organizations should appraise their employees often through utilized targets, accomplishments, organization goals, time management and efficiency for performance measure purposes as it would lead to increase in employee's productivity.

Performance-based compensation had a significant influence on employee performance. The findings concur with Omuya, (2018) that most respondents strongly agreed or agreed that good compensation and reward have contributed to employee performance., (2014), that there is a positive relationship between extrinsic reward, intrinsic reward and employee performance. The pay and recognition were most important and more influential variables on employee performance. The findings contrast Hameed *et al.,* (2014), that compensation has positive impact on employee performance. It is proved from correlation analysis that all the independent variables have weak or moderate positive relationship to each other.

Employee voice had a significant influence on employee performance. This implies that for each increase in the employee voice, there was a rise in employee performance. There is a significant positive relationship between employee engagement and employee performance. This finding agrees with Sendawula *et al.,* (2018), that training and employee engagement significantly predict employee performance. The employee engagement was found to be a major predictor of employee performance as compared to training.

When organization support was introduced into the analysis, there was a significant positive relationship between organization support and employee performance. This study's results prove that Perceived Organizational Support (POS) significantly influenced employee performance. POS can be seen as the cooperation or support needed to do the job effectively. The results of previous studies also have reinforced the finding that POS had a significant effect on affective commitment and employee performance (Caesens et al.,

2017; Gaudet & Tremblay, 2017; Liu et al., 2019; Stinglhamb et al., 2020; Yogalakshmi & Suganthi, 2020). Employees always form general beliefs regarding how much the organization values contributions and pays attention to their well-being, which in turn will further strengthen loyalty and encourage performance of employees in the organization.

When the interactions were introduced into the analysis, the resulting model showed an insignificant relationship between training and development, performance appraisal, compensation practices as well as employee voice and employee performance. This indicated that organization support had no significant moderating effect between high performance work practices and performance of health care workers in public hospitals in Kenya.

This finding agrees with Ullah et al., (2020) that employees are always committed to organizations that support their social-emotional well-being. When employees feel that the organization is very supportive and concerned about their well-being, they will make every effort to help and support the organization achieve its goals. It is done as a form of 'repay' (repayment and reciprocity) to the organization by producing more profitable work outcomes, such as higher organizational commitment and performance, as well as disobedience and lower absence behavior.

The findings agree with Kariuki (2017), that the performance appraisal practices have enhanced employee motivation through the performance reward system, fair compensation and the working environment. The results revealed that performance appraisal enhanced the employee career progression through career growth, link between performance and employee goals in the organization and the link between reward and performance.

XII. Conclusions and Recommendation

On organization support the hospital strongly considers their goals and values and the help was always available from the hospital when they have problems. The employers care about their welfare and when they are in trouble, employers will help and were very concerned about them.

The study concluded that there was no significant moderating effect on organization support on the relationship between training and development, performance appraisal, compensation practices and employee voice on employee performance. The organization support had no significant moderating effect on the relationship between high performance work practices and performance of health care workers in public hospitals in Kenya.

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