

THE ROLE OF DIRECT FINANCIAL REWARDS ON EMPLOYEE JOB SATISFACTION AMONG HEALTHCARE WORKERS IN PUBLIC HOSPITALS IN UPPER EASTERN REGION, KENYA

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ABSTRACT

Managers are concerned about human resource management outcomes such as job satisfaction, which is affected by direct financial rewards. The purpose of this study was to determine the influence of direct financial rewards on employee job satisfaction among healthcare workers in level-five public hospitals in the upper eastern region of Kenya. The hypothesis of the study was derived from the objective. The study was guided by a cross-sectional descriptive survey design and was anchored on the incentives theory and equity theory. The population consisted of 1389 healthcare workers in level five public hospitals in the upper eastern region from whom a sample of 301 was drawn. The study adopted a multi-stage sampling technique. Primary data was collected using a structured questionnaire administered through the drop-and-pick later method. Descriptive statistics were used to summarize the data into means and standard deviations. Inferential statistics employed correlation and regression analysis to test hypotheses and draw conclusions. A pilot study was carried out amongst 10 respondents from kerugoya level-five hospitals in kirinyaga county, Kenya. The data was presented using tables, charts, and graphs. Reliability was established by the use of Cronbachs' Alpha coefficient. The study's findings established that direct financial rewards had a significantly positive influence on employee job satisfaction. The finding of the study offer insight to HR managers, scholars, and practitioners\ on the situational positioning of direct financial rewards. The findings further contribute to theory, policy development, and HRM practices. The research had a few limitations; the selection of the study variables was not exhaustive as it did not cover the role of nonfinancial rewards on job satisfaction. Future research should address these limitations by including additional variables, and also using a longitudinal research.

Keywords: Direct Financial Rewards, Employee Job Satisfaction, Healthcare Workers, and Hospitals.

Introduction

In any organization employees are the key resources through which all the resources are put in productive use. When an organization invests in this important resource, it may improve Human resource management outcomes. According to Madhani (2021) when employees are satisfied, they work hard to achieve organizational goals and objectives. Employees demonstrate pleasurable positive attitudes when they are satisfied with their job (Shu, Kang & Arenius, 2022). Employee satisfaction is critical to the long-

term health and success of an organization (Mahat & Agrawal, 2019). When employees have a high job satisfaction levels, their performance improves leading to promotion and high rewards.

Employee job satisfaction has been a challenge to human resource managers. One of the solution suggested to overcome this challenge is a proper rewards systems. Potgieter (2018) assert that a well-designed rewards systems plays an important role in achieving employee [job satisfaction](#).

Direct financial reward practices linked to [job satisfaction](#) have been adopted differently by public and private enterprises. Armstrong (2020) reaffirms that every organization needs to obtain and retain skilled, committed and well-motivated workforce using different rewards systems. Tamam *et al* (2020) observed that empowerment of employees in form of rewards inspires them to a greater service and creates a superior sense of satisfaction with their work.

Agbenyegah (2019) argue that direct financial reward is, the money that organizations gives employees in exchange for work done. According to Sirait (2014) rewards are something accepted to employees, whether in form of financial reward for employee's contribution to organization. Management of rewards is a very important activity to make employees feel satisfied in their work. Direct financial rewards can acquire, create and maintain productivity. Lestari, Sugiarto and Simamora (2016) revealed that rewards consists of direct financial rewards. Munene (2019) assert direct financial rewards includes base pay, allowances, incentive pay, bonuses, fringe benefits, commissions and profit sharing.

Globally, the devolution of healthcare services has been accepted as a way of enhancing the effectiveness and efficiency of the health system. Besides, different countries have various health care policies and practices in their context (Jongudomsuk & Srisasalux, 2012). In Thailand, decentralization of health care services could not be achieved appropriately without central government support. The staffs working at the local government level were fully mentored, and their capacity strengthened by the central ministry staff with experience, to ensure they carry out their duties effectively.

In Africa, health systems have also been affected by health professionals migrating to well-paying countries in the west. Research shows that 1.3% of the world's health workforce attends individuals who face 25% of diseases globally. Most of the countries are developing, and they experience the prob-

lem of rewards and staffing in the health sectors, which profoundly affect the delivery of health services. There is an average of 2.3 medicinal services specialists in Africa for each 1000 populace, and in America, there are 24.8 social insurance labourers for every 1000 people. This indicates that in Africa, there is a problem with medical staffing. 37% and 7% of South African doctors and nurses respectively have migrated to Australia, Canada, France and Germany since 1996 (WHO, 2018).

According to universal health care (UHC) assessment report (2018) Government of Kenya has laid down a strong emphasizes on eradication, prevention and control of diseases through universal health care to its citizens. A number of strategies have been set up for implementation of universal health care through the ministry of health and other relevant government organization. Health is a devolved function managed by two levels of government – National government and County government. Level 6 hospitals are managed by National government with level 5 hospitals, sub-county hospitals, health centers and dispensaries managed by county government. All level 5 public hospitals are county referral hospitals. Health centers and dispensaries address minor illness (Ministry of Health, 2012).

In health care workers in the County hospitals are under the County Ministry of Health (MOH) since it is a devolved function and is under the county public service. They include doctors, clinical officers, nutritionist, pharmacist, nurses, public health technicians and officers, laboratory technologists and technicians and medical engineering technologists. Some of these healthcare workers are deployed in the county referral hospital and others in the county health centers' within the county. According to Nyamosi (2013), the MOH made tremendous effort to address staff shortages through diverse hiring initiatives, but the significant gaps in the health workforce remain a challenge to quality service delivery.

The health sector in Kenya has been faced with a lot of challenges ranging from employees shortage to level of employee job satisfaction. The shortage of health workers compromises service delivery and eventual health and development of a nation. According to Ministry of Health report (2015) there is shortage of medics in Kenya, whose doctor to patient ratio is 1:16,000 which is against WHO which recommends at least 23 doctors, 83 nurses and 154 midwives per 10,000 people. There has been numerous strikes and industrial unrest confirming dissatisfaction of health worker by rewards system.

According to human right watch report (2021) Kenyan government could not support health care workers fully during the Covid - 19 pandemic, despite them being front line workers and exposed them to non-avoidable risks of trauma, infection, and even death. The government's haphazard, uncoordinated response affected the welfare of thousands of health care workers, and hindered Kenya's ability to provide timely and quality health care during the pandemic. According to report the main concerns of healthcare workers were; poor working condition, lack of protective gears, working for long hours, being understaffed and unpaid allowance. Health care workers went on strike in year 2020 and early 2021 (Wambua, *et al* 2021). Five counties went on strike country wide and three Counties were from Upper Eastern Region, Kenya; Tharaka Nithi County, Meru County and Embu County were among the Counties.

Hospitals are considered as lifesaving institutions and the county government should do all what it takes to improve the quality service through the better performance of employees is an essential parameter to serve the citizens. This can be achieved if health care workers are satisfied with their job. To achieve employee job satisfaction government should consider fair and convenient direct financial rewards system which will yield effective and efficient service delivery. Failure to design appropriate rewards system may have unfavorable impact on productivity and job satisfaction and overall effectiveness of the hospitals.

2. Literature Review

The study was anchored on incentives theory. Incentive theory began to emerge during the 1940s and it was further developed and established in 1950 by psychologists Clark Hull. The incentive theory postulate that people are pulled toward behaviors that lead to rewards and pushed away from behaviors and actions that might lead to negative consequences. The main assumption of this theory is that individuals are motivated toward certain behaviour and actions by external incentives. The external incentives are rewards and punishment which motivate an individual to engage or disengage in certain behaviour and action. Rewards includes bonuses, allowances, increase in pay, promotion in job, appreciation certificates and medals. Punishment refers to demotions and other penalties. These incentives gives a feeling of pleasure and satisfaction or feeling of displeasure or dissatisfaction which serve as driving force for motivating an individual. The external incentives are motives originating from the outside of the human body. Unlike the internal motives such as hunger and thirst, these are motives which come from the outside of human body such as bonus and allowances. These incentives are designed in organizations to enhance the productivity of their employees after satisfaction. According to Hull there are two types of incentives; positive and negative incentives. Positive incentives are incentives which fulfills the needs or wants of an individual.

They give pleasure and satisfaction to the individual. They include bonuses, allowances, prizes, appreciations certificates, car-gifts, home-gift, and promotion in job, pay increases and others. Negative incentives which threaten the benefits of an individual or inflict pain on the individual such as punishment. Negative incentives gives displeasure and dissatisfaction and they include penalties, fines and demotion in the job. The value of an incentive can change over time and in different situations, writes (Franzoi, 2021). The theory was supported by the result of Al-Belushi and Khan (2017); Marwanto and Nugroho (2014) and (Hasibuan, 2013) who found that incentive has a direct effect to job satisfaction

There have been many psychological questions unanswered by the Incentive theory of motivation. For example, the theory fails to explain the motivational process when an individual tries to fulfill needs although there is no apparent incentive present, for example being paid very less to work or having an occupation that doesn't match your eligibility. The theory was essential in this study because health care workers are critical in the realization of excellent performance in the health facilities. Therefore, they need both financial and non-financial rewards to satisfy them in order to be productive. The more educated an individual, the less dependent on specific task (Montenovo *et al*, 2022).

2.1 Employee Job Satisfaction

Employee Job satisfaction is considered to be the most important element in the organization Muguna, *et al* (2022). Locke (1976) defined job satisfaction as an enjoyable and exciting emotional condition which someone gets in their work. Job satisfaction is important in increase motivation. Previous studies identified that there are different instrument for managing job satisfaction like pay, recognition and working environment (Baledi & Sead, 2017). People are more committed and more productive in their job if they are more satisfied (Al-Hussami, 2017). In order to succeed organization must keep their employees satisfied (Pepra-Mensah *et al*, 2017).

Nasurdin *et al* (2020) indicated that Job satisfaction is a significant factor in healthcare sector for better performance. If doctors are satisfied motivated toward patient care will be high and health care system outcomes was satisfactory. Job satisfaction is a combination of extrinsic and intrinsic job satisfaction. Extrinsic job satisfaction includes all the external factors like communication style, supervisor co-operation, pay and working conditions while intrinsic job satisfaction includes type of work the worker's do and the duty considered by the employee. To satisfy employees, organization provides different facilities to employees like to provide good working condition, fairness in job, give promotion and rewards to em-

ployees because these are the elements which contribute to employee satisfaction (Parvin & Kabir, 2011). Maslow theory (1970) shows that need of people starts from basic to high level. These needs are present in every human being. If there is failure to satisfy basic need then next need in hierarchy cannot be achieved.

2.2 Direct Financial Rewards

Direct financial rewards are the kind of rewards which are provided at regular consistent intervals. Components of direct financial rewards includes; base pay incentives, bonus and fringe benefits (Tomar & Sengupta, 2020).

Yaseen (2018) journal whose purpose was to find out various issues of rewards management for the doctors in civil hospitals in Pakistan and to explore if rewards has direct effect on doctor's satisfaction levels. In this research a tentative research was used, where survey was conducted in well-known civil hospitals in Punjab's main cities like Lahore, Faisalabad, Rawalpindi, Multan and Bahawalpur. Primary data was assembled through questionnaires. And secondary data collected through research papers. The findings indicated that pay, recognition, promotion opportunities, and meaningful work are factors of rewards management which have direct effect on job satisfaction on doctors. He also found main reason of doctor's dissatisfaction is, because they are not getting proper service structure and not finding their work meaningful. The researcher concluded that Government should increase satisfaction of doctors by providing this type of non-financial rewards.

In their study conducted on health workers in Lao people's Democratic Republic by Soratto *et al* (2020) on Family health strategy professional satisfaction in brazil: a qualitative study was used found that dissatisfaction with one's salary seemed to be a common issue. That is also evident in several other studies and that many managers consider that the key motivation for their employees is pay, bonuses or raises. This suggests that health-care systems should provide suitable salary and fringe benefits scheme to satisfy their workers and maintain their loyalty.

Gunawan, and Gunawan (2019) did a study on job satisfaction and morale in the Ugandan health workforce using a cross sectional research design. The study show Ugandan health workers are dissatisfied with their jobs, especially their rewards and working conditions. About one in four would like to leave the country to improve their outlook, including more than half of all physicians. The study recommends government to propose policy strategies to strengthen human resources. The policies should focus on salary and benefits (especially health coverage), working conditions and workload, facility infrastructure (including water and electricity), management, and workforce camaraderie to achieve the desire goal of health service. Irene (2016) examined the extent to which remuneration can be used as a tool of improving organizational performance among the civil servants working in the Ministry of health, County of Mombasa. The study was guided by the following objectives: to establish how satisfaction with remuneration affects workers’ performance in the health ministry; to determine the effect of employee’s perception of compensation equity on

their performance in the health ministry; to evaluate the effect of remuneration management on workers’ performance in the health ministry and to establish the relationship between compensation components and workers’ performance in the health ministry. Descriptive survey design was used in this study. The study indicate remuneration management issues affecting health workers’ performance like dissatisfying salary structure, few salary reviews in line with economic changes and delayed salaries. The above literature confirms direct financial rewards plays a key role in employee attraction and retention. Organization should consider implementation of fair and consistent of direct financial rewards to increase employee job satisfaction. However the literature shows little has been done on influence of rewards and employee job satisfaction in public health sector and hence the need for this study.

2.3 Conceptualization and Hypothesis

The conceptual framework show the relationship between Direct financial rewards and employee job satisfaction

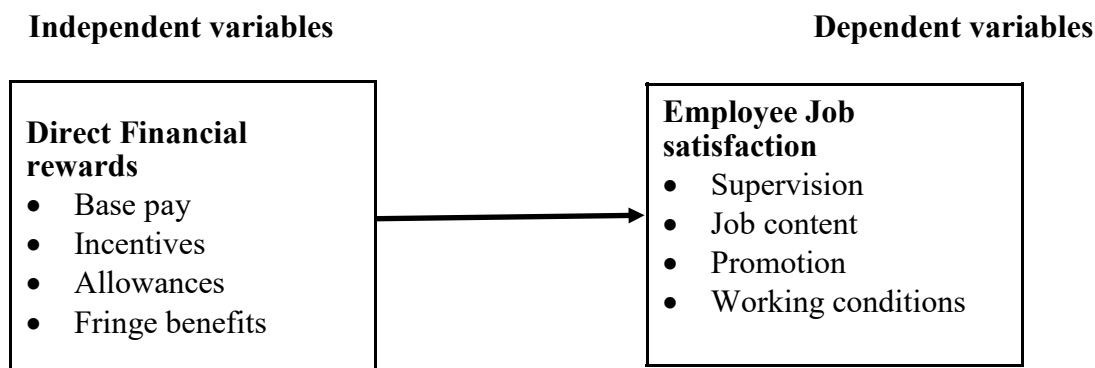


Figure 1: Relationship between Direct Financial rewards and Employee Job Satisfaction

Figure 1 is a diagrammatic explanation of the relationships among the various variables of the study. The framework suggests an interrelationship among four constructs of independent variables, namely; Base pay,

Incentives, Allowances and Fringe benefits with the dependent variable; job satisfaction.

3. Methodology

3.1 Research Design and Population.

The study adopted a descriptive cross-sectional survey research design using quantitative techniques, which entails calculating the weights of respondents' responses (Bryman & Bell, 2018). Descriptive cross-sectional survey research examines large populations by selecting and analyzing samples to learn about sociological and psychological variables' occurrence, distribution, and interrelationships (Kerlinger & Lee, 2000).

The targeted population was 1389 health care workers of level five public hospitals in Upper Eastern Region Kenya. The level five public hospitals in Upper Eastern Region Kenya were Embu level five hospital, Chuka County referral Hospital, Meru Teaching and referral Hospital, Isiolo County Referral Hospital and Marsabit Level Five hospital.

Table 1: Target Population

No	Specialization	Population size					Total
		Chuka	Embu	MeTF	Isiolo	Marsabit	
1	Nurses	140	161	168	126	117	712
2	Clinical officers	44	51	53	40	37	223
3	Dental technologist	3	4	4	3	3	16
4	Oral dental health	3	4	4	3	3	18
5	Pharmacists	2	3	4	2	2	12
6	Pharmaceutical techno.	12	13	17	11	10	60
7	Lab technician	21	25	25	19	18	106
8	Nutritionist	8	9	10	7	6	46
9	Rehabilitative service officers	17	23	24	15	14	89
10	Doctors	20	23	24	18	17	101
11	Hospital administrator	1	1	1	1	1	5
	Total	271	317	326	245	230	1389

Source: Ministry of Health HR Office, 2022

3.2 Sampling Procedure and Sample Size

Multi-stage sampling technique was used. In the first stage all the level five public hospitals in Upper Eastern Region were selected. The level five public hospitals in Upper Eastern Region included, Embu level five hospital, Chuka county referral hospital, Meru Teaching and referral hospital, Isiolo county referral hospital and Marsabit level five hospital. They had a total of 1389 health care workers. The second stage was to determine the sample size. To come up with sample size of the population Cochran formula was used. According to Cochran (2006) the following formula is recommended for smaller populations of not more than 6000 since the person drawing the samples does not manipulate the random numbers to select certain individuals and thus it is bound to give unbiased findings. It is acknowledged fact that the determination of sample size starts with calculating before handling the degree of accuracy required in the result survey. The sample size was calculated from the total population.

The following formula was used

$$n = \frac{no}{1 + \frac{no - 1}{N}}$$

Cochran formula

Where,

n_0 =minimum sample size formula for small sample size (385)

N=the total known population

Using the Cochran formula the following sample size of 301 was obtained. The third stage was to allocate 301 employee in the five level five hospitals in Upper Eastern Region. This was done on proportionate methods. The four stage was to distribute the sampled employees from each hospital to various cadres which included nurses, clinical officers, dental technologist, oral dental health, pharmacists, pharmaceuticals technologists, lab technicians, rehabilitative services officers, nutritionists, doctors and hospital administrators. The last stage was to determine the individual employee in each cadre who would be used fill the questionnaire.

Table 2: Sample size

No	Specialization	Totals Totals	Sample size					Totals
			Chuka	Embu	MeTF	Marsabit	Isiolo	
1	Nurses	712	30	34	36	25	27	152
2	Clinical officers	223	9	11	11	8	8	47
3	Dental technologist	16	1	1	1	1	1	5
4	Oral dental health	18	1	1	1	1	1	5
5	Pharmacists	12	1	1	1	1	1	5
6	Pharmaceutical techno.	60	3	3	3	2	3	14
7	Lab technician	106	5	5	5	4	4	23
8	Rehabilitative service officers	89	3	4	4	3	3	17
9	Nutritionist	46	1	2	2	1	1	7
10	Doctors	101	4	5	6	3	3	21
11	Hospital administrator	5	1	1	1	1	1	5
	Total	1389	59	68	71	50	53	301

N=1389, n= 301

3.3 Research Data and Analysis

The study used structured questionnaires, which was used to collect data from 301 health care workers in selected hospitals. The structured questionnaire had questions that was accompanied by a list of all possible alternatives from which respondents selected the answer that best describes their situation. Data was first cleaned to ensure completeness of information, and coded before feeding into a computer software Statistical Package for Social Scientists (SPSS) version 26, for data analysis. Data was analyzed by the use of descriptive and inferential statistics. Descriptive statistics like mean, percentage frequency and standard deviation were used in preliminary analysis while inferential statistics like t-test and F-test were used in hy-

pothesis testing an 5% level of significant. Multiple linear regression model was used to show the relationship between independent variable and dependent variable. The analyzed data was presented in form of tables.

4. Research Findings

4.1 Employee Job Satisfaction

Appropriate responses for each construct were analyzed using mean and error of estimate of standard deviation. Descriptive statistics for employee job satisfaction was done. The indicators of employee job satisfaction were determined from the literature review. They consisted of supervision, job content and promotion. The results were presented in table 1.

Table 1: Employee Job Satisfaction

Statements	Statistics		
	N	Mean	S.D
I am satisfied with the way my supervisor treats me	279	3.857	1.044
I am satisfied the way my supervisor provides help on difficult problems.	279	3.814	1.097
I am satisfied with The chance to try something different	279	3.631	1.041
I am satisfied with the responsibility of my job.	279	3.864	1.088
I am satisfied with being able to stay busy.	279	3.746	1.224
There is really too little chance for promotion on my job	279	3.918	1.174
Those who do well on the job stand a fair chance of being promoted	279	2.688	1.394
There is really too little chance for promotion on my job	279	3.061	1.449
I am satisfied with the current working condition in our hospital	279	3.186	1.445
Aggregate	279	3.382	1.217

Source (researcher, 2022)

The results in table 1 presents the responses on employee job satisfaction. The aggregate mean were 3.3, this implies that majority of respondents neither agreed nor disagreed with level of employees' job satisfaction received from organization. The highest mean were 3.9 indicating some respondents agreed that there is little chances of promotion in their job. The lowest mean were 2.6 indicating there were low chance of promotion if when employee performing well.

4.2: Direct Financial Rewards

The descriptive of direct financial rewards was carried out. The indicators of direct financial rewards were determined from literature review. The indicators comprised of base pay, incentives, allowances and fringe benefits. The resulted were presented in table 2.

Table 2: Direct Financial Rewards

	Statistics		
	N	Mean	S. D
I Feel satisfied with the size of basic salary	279	2.204	1.153
I am satisfied with my most resent pay rise	279	2.595	1.258
I am satisfied with the way the organization administers pay	279	2.713	1.282
I am satisfied by the way organization pay my holiday pay	279	2.581	1.328
I receive bonuses due to good performance	279	2.025	1.366
I am satisfied with allowances I receive from my organization.	279	2.362	1.239
I am satisfied with pay and benefits you receive in relation to our skills and experience	279	2.298	1.202
I believe additional pay to basic salary would encourage higher level of performance and satisfaction.	279	3.903	1.347
My organization pay shift allowance/overtime working	279	2.108	1.397
My organization pays me vacation pay	279	2.022	1.338
My organization pays me health insurance program	279	2.921	1.407
I am satisfied with commuter benefits I receiver	279	2.520	1.409
Aggregate	279	2.521	1.310

Source (researcher, 2022)

The results presented in table 2 shows highest mean were 3.9 indicating majority of the respondents agreed with statement additional pay to their basic salary would encourage higher performance and job satisfaction. The lowest mean were 2.2 showing majority disagreed with the statement ‘feel satisfaction with size of basic salary received.’ This implied that employees were not satisfied with basic salary they were receiving. The aggregate standard deviation was 1.3. The deviation from the mean indicate that most of the respondents had different opinion on satisfaction of direct financial rewards provided by the organization. The highest standard deviation were 1.4 implying majority of the respondents differed on the statement ‘my organization pays my health insurance program.’ The lowest Standard deviation were 1.1

indicating a few differed on the statement ‘I feel satisfied with the size of basic salary.’

Organization should consider restructure the basic pay because majority of the respondents are not satisfied with it.

4.3: Correlation Analysis

The correlation analysis was carried out to determine the strength and direction of the relationship between independent and dependent variables at of 5% level of significant. Pearson product moments correlation was used to determine the strength and direction of the relationship between rewards and employee job satisfaction. A value of ± 1 indicates a perfect degree of relationship between the two variables while zero indicates there no relationship. The results of correlation analysis were presented in Table 3.

Table 3: Correlation Analysis

Variables		Job Satisfaction	Direct financial rewards
Job Satisfaction	R	1	
	p-value		
	N	279	
Direct financial rewards	R	.259*	1
	p-value	0	
	N	279	279

The result presented in Table 3 shows that there was a positive and significant relationship between direct financial reward and employee job satisfaction (r=0.259, P=0.000<0.05).

4.4 Test of Hypothesis

To test hypothesis the simple regression analysis against employee job satisfaction and direct financial rewards was carried out. The results were presented in table 4.

Table 4(a): Goodness of Best Fit

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.259 ^a	.067	.0643	.63673
a. Predictors: (Constant), Direct financial rewards				

Table 4(b): Overall Significance of the Model

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	8.052	1	8.052	19.860	.000 ^b
Residual	112.302	277	.405		
Total	120.353	278			

Table 4(c): Individual Significance of the Model

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.902	.136		21.339	.000
Direct financial rewards	.231	.052	.259	4.456	.000

Source (researcher, 2022)

The result presented in table 4(a) shows the Coefficient of determination for direct financial rewards

(Adjusted R2 = 0.0643)

The finding implies that the financial rewards score explains 6.43% of the variation in employee job satisfaction for healthcare workers in level five public hospitals in the Upper Eastern Region, Kenya. The remaining variation is explained by other variables not included in this study.

Further the results presented in table 4(b) indicates that the fitted regression model linking the relationship between direct financial rewards and employee job satisfaction is statistically significant

(F = 19.860, p = 0.000 < 0.05) at 5% level of significant. This implies that the suggested model is suitable for predication purposes.

The regression results presented in table 4 (c) reveal the statistically positive linear significant relationship between direct financial rewards and employee job satisfaction in level five public hospital in Upper Eastern Region of Kenya.

(coefficient = 0.231 p = 0.000 < 0.05

) at 5% level of significant, which means one unit increase or improvement in direct financial rewards leads to significant increase in employee job satisfaction by a factor of 0.231. The null hypothesis that there is no statistically significant relationship between direct financial rewards and employee job satisfaction of health care workers in level five public hospitals in Upper Eastern Region Kenya is not supported. Based on the these results the regression model of prediction of employee job satisfaction in level five public hospitals in Upper Eastern Region of Kenya can be stated as follows:

$$Y = 2.902 + 0.231X_1$$

Where

2.902= a constant (is the expected estimate of job satisfaction when direct financial rewards is zero)

Y = employee job satisfaction

0.231 = regression of coefficient

X_1 = direct financial rewards

5. Discussions and Implication for Theory

The results obtained can be explained in a number of ways: Firstly, it addressed the concern for the study by showing that direct financial rewards influences job satisfaction significantly. The researcher observed that the findings indicate the relevance of direct financial rewards in improving employee job satisfaction. This is supported by descriptive statistics, which show that on average employees were not satisfied with the direct financial rewards they are receiving.

Secondly the results of the study that direct financial rewards influences job satisfaction is supported by incentives theory by Hull 1940. The theory postulate that monetary compensation should be fair and reasonable. Further monetary compensation improves employee job satisfaction, increases productivity and performance. This implies that fair compensation improves employee satisfaction.

Thirdly the findings of the study are in agreement with a study by Oluwabunmi, Joeseeph, Clara, Amos and Ayuba

(2019) on Perceptions of working conditions among health workers in state-owned facilities in northeastern Nigeria and the study concluded that direct pay has a positive relationship with employee job satisfaction in health sector. the findings also agrees with Muinde (2016) who did a study in ministry of health in Mombasa county, Kenya and established that remuneration like pay has direct relationship with employee level of satisfaction among civil servant in the ministry of health in Mombasa county, Kenya.

Lastly the finding indicate that direct financial rewards play a key role in achieving employee job satisfaction. Financial rewards has not be considered by many organization in implementing schemes of monetary and employee job satisfaction.

6. Conclusions and Recommendations

From the findings of the study reported, the research concludes that direct financial rewards influence employee job satisfaction in level five public hospitals in the Upper Eastern Region of Kenya. Therefore, there is a need for the level five public hospital management to provide and improve direct financial rewards to avert employee dissatisfaction in level five public hospitals in Kenya. A recommendation is made that The Government (National and County) Board and Management pay more attention to the health sector's direct financial rewards, which predict employee job satisfaction. There is need to make an effort to have improved direct financial rewards to enhance employee job satisfaction.

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