



## **Staffing Capacity and the Delivery of Healthcare Services at Lodwar County Referral Hospital**

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# Staffing Capacity and the Delivery of Healthcare Services at Lodwar County Referral Hospital

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## Abstract

Staffing capacity is becoming an increasingly critical dimension of healthcare performance in the global landscape. Healthcare settings' staffing levels, skill mix, and workforce availability plays a crucial role in shaping the quality and efficiency of healthcare delivery within hospital settings. Despite the government's efforts to provide qualified human resources to hospitals, remote facilities such as Lodwar County Referral Hospital continue to express concerns over the quality of services delivered in terms of timeliness, safety, and effectiveness. This study investigated if human resource capacity is an impediment to service delivery in the hospital by determining the influence of human resource capacity on the delivery of healthcare service delivery at Lodwar County Referral Hospital. The theory that underpins the study was Human capital theory. The study adopted a correlational case study design that targeted a population of 297 from which a sample size of 169 was selected using Krejcie and Morgan formula. A stratified random sample of 169 was engaged in responding to questionnaires and focused group discussions, which enabled the researcher to collect qualitative and qualitative data. Findings from the study revealed that staffing capacity is positively and statistically insignificant in explaining provision of healthcare service ( $\beta= 0.023$ ,  $p >0.05$ ). The study recommended that Lodwar County Referral Hospital trains health care personnel continuously as a way of enhancing their capacity, hence, the quality of services they deliver.

**Keywords:** *Staffing capacity, Lodwar County Referral Hospital, healthcare service delivery.*

## Introduction

Healthcare is a fundamental aspect in human life because it influences the quality and longevity of life. Governments across the world pay extreme attention to healthcare by training and providing highly-qualified personnel that do not put citizens' lives at stake. In Kenya, the central or devolved

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government handles the health sector. The national government in its national budget should allocate enough resources for healthcare service provision (Falchetta et al., 2020). The central government allocates financial resources to the counties. Currently, 15% of the total revenue goes to the counties, then the counties allocate the resources to various sectors, including healthcare. In some countries, the devolved units are responsible for employment and remuneration of healthcare personnel.

Existing literature supports the devolution of child healthcare services because it ensures that the future health wellbeing of the children is guaranteed (Black et al., 2020). Countries such as the United Kingdom, Scotland, and Philippines provide robust government policy guidelines and provide adequate resources to equip the medical facilities for the benefit of citizens (Mittra et al., 2019; Cuenca, 2019). Within the African continent, countries such as South Africa have successfully decentralized healthcare services to reduce the time patients take to access medical services (Maimela et al., 2019). Notwithstanding the efforts, Winchester and King (2018) acknowledge that healthcare service provision is a challenge in the developing countries.

Devolution of health services could meet its goals if the national government takes responsibility of equipping medical facilities (Bulinda & Kirithu, 2019). The responsibility of devolved healthcare is to provide quality and accessible healthcare services to the people (Okech, 2017). Effective management of human resources is a pathway toward improved healthcare outcomes, enhanced operational efficiency, and optimized healthcare financing mechanisms. It is also important that the medical personnel are adequately trained to enhance quality health service delivery (Kiik et al., 2022). Through training, the health personnel gain useful up to date skills that enable them work efficiently.

### **Problem Statement**

The Kenyan Constitution (2010) has given the counties the power to self-govern and provide critical healthcare services to their people. Since the advent of the devolved units in Kenya, much has been expected on health care service delivery. Counties have made great strides; however, more needs to be done to ensure citizens get adequate and quality delivery of healthcare services. For instance, LCRH health care service delivery is poor as indicated in LCRH monthly performance reports and county quarterly performance reports (MOH, 2021). These reports generally attributed the current status to many challenges faced LCRH in its operations and did not attempt to look at specific challenges and how they influence service delivery. Therefore, this study sought to determine the influence of finance, staffing and leadership styles on healthcare service provision at LCRH.

Moreover, studies done on devolution of health sector and delivery of healthcare services have largely concentrated on budgetary allocation on devolution, the impact of staffing on service delivery and Human resource (Lesiyampe *et al* 2021; Arale & Kiruthu 2019; & Ongori and Sire 2021). These studies have however not focused on LCRH and more specifically on the influence of finance provision, staffing capacity and leadership styles, that are key pillars of the health system in devolution playing vital role on health care service delivery at the county health facilities, Turkana County being one of them. These and more other studies present knowledge

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and contextual gaps. Hence, this study examined the influence of devolution on healthcare service delivery at LCRH to address these gaps. The findings of this study may be useful to LCRH and similar county hospitals.

### **Aim**

The study aimed to determine the influence of staffing capacity on provision of healthcare service delivery at Lodwar County Referral Hospital.

### **Significance**

The research allowed the researcher to make a recommendation of the best practices for other facilities offering healthcare services in the County and other counties. Also, the study offers useful suggestions that may serve as a valuable resource for the hospital management team to enhance service delivery to Turkana County citizens who seek care at LCRH. The information would be beneficial in identifying strategies to improve care delivery by giving hospitals enough budgetary allocations and sensitizing beneficiaries through education to policymakers, especially the Ministry of Health. Moreover, the research aimed to identify the root causes of subpar service delivery and offer suggestions for mitigating such causes. It is also hoped that the findings would be helpful to other scholars as a source of literature and for further research and reference.

### **Literature Review**

The literature review discusses the theoretical underpinnings for the study, critiques the empirical review, and presents the conceptual framework for the study.

### **Theoretical Review**

#### **The Human Capital Theory**

This theory was put forth by Schultz (1961). According to the theory, investing in people's education and training is an essential component of production. An institution can thus benefit from investing in its people. Becker (1993) adds to this theory by suggesting that education enables the use of knowledge and skills to solve problems existing in the society. This theory assumes that productivity at the workplace can be achieved through education and training. The education and training must be easily accessible to the public. Additionally, the education ought to be affordable to the public. The theory explains that there is more realizable investments in an educated workforce. Labour is very vital in the production of services and goods in an economy. There is skilled and unskilled labour. Education enhances skilled the labour work force. Human capital improvement is important in every aspect of today's lives. The continuous training of the workforce enables it to use latest technology to solve problems and challenges facing the society.

This theory was applicable to this research as it justified the importance of education and training to the healthcare workers. The theory helps to explain the impact of human resource on the provision on healthcare services at LCRH. The national government and the county governments should train medical personnel adequately. The health professionals at LCRH should undergo

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training in the medical field. Additionally, in house and on-the-job training should be enhanced. These will enable the health care workers at the LCRH to keep up with the latest trends in the health sector and apply them to solve healthcare problems. A well-trained workforce would enhance healthcare service delivery leadership.

### **Empirical Review**

Recent studies have widely drawn attention to the aspect of human resource capacities and their influence on the delivery of healthcare. Notably, the success of health services is significantly influenced by the training and responsibility sharing (Marples et al., 2017). According to a Miseda et al. (2017), there is a general shortage of nurses in the country, which has impacted on how well healthcare institutions provide services. According to Sumah and Baatiema (2019), decentralization entails the national government transferring authority to the decentralized units. They identified that decentralization of health functions to the decentralized units influenced the recruitment, human development and retention. Comparably this research established that there exists a positive correlation between staffing provision and provision of health care services in LCRH as seen in findings in chapter four of this study.

Dick-Sagoe et al. (2021) investigates public healthcare service delivery in Lesotho. He argues that decentralized health services benefit the local community as access to healthcare is made easy. Their study was qualitative. They selected a sample of 50 respondents, drawn from healthcare facilities. The findings indicated that there was improved accessibility of healthcare services due to adequate staffing. Further, the health services met the expectations of the local communities. The research recommends that the local and devolved governments should intervene in issues that regard staffing, training and remuneration of healthcare workers as this would enhance healthcare service provision. Likewise, this study established the impact of staffing capacity on the health care services provided at LCRH.

Triliva et al. (2020) carry out pilot focus group research that involved six European countries. The sample selected comprised of 49 healthcare professionals. The research examined the effect of the human resource factors on the devolved healthcare services. The findings indicated that the devolved health facilities faced challenges of poor funding, inadequate human resources and inaccessibility to medical services. The study recommends that the health workers should be provided with enough amenities to carry out their functions well. Their study, however, did not specify the effect of decentralization of various health functions on service delivery. The facilities require adequate funding and staffing to enhance health service provision. The adoption of technology is also important in ensuring that healthcare services are provided to the people. In the current research, the researcher established the impact of staffing capacity on the health services provided at LCRH; the results showed that staffing in LCRH and provision of health care services were comparatively related.

Another relevant reference is that done by Oleribe et al. (2019). It aimed to single out the challenges facing healthcare provision in Africa as well as suggest solutions. The study was carried out in 11 African counties. A sample of 93 respondents comprising healthcare personnel were selected for the study. The qualitative study results indicate that inadequate human resources,

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inadequate funding, inadequate training and capacity building for workers were the main challenges facing healthcare service provision. The research recommends that more health workers ought to be recruited, adequately trained and enough resources should be allocated to support healthcare. The healthcare systems in developing countries should be innovative to enhance service delivery. This is similar to the current results of this study in chapter four, which clearly shows that health personnel training is an important element in improving service provision and sharpening the healthcare workers' competency.

In Angola, Macaia and Lapo (2017) examine the human resource condition in the Cabinda province. In order to analyse the state of the human resources, they used mixed-methods whereby they integrated a qualitative and quantitative approaches. Key informants from public and commercial health organizations chosen through deliberate sampling filled a questionnaire and took part in an interview that was semi-structured to yield the data. In the analysis of qualitative data, content analysis was used while quantitative data was analysed using descriptive and inferential statistics. A thorough desk review was conducted to complement the study. The findings demonstrated a dramatic shift in the data related to human resources, with significant oscillations brought on by variances in migration, retirement and inadequate human resources as a result of lack of consistent public tenders that target hiring. In comparison to metropolitan areas, rural areas have a higher human resources density.

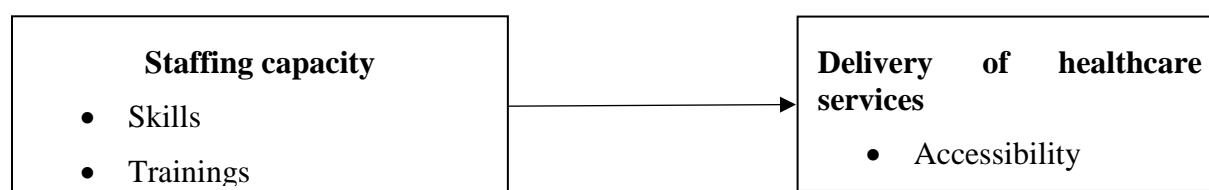
In Garissa County, Arale and Kiruthu (2019) conducted a study to explore effects of devolution on human resource performance. One hundred and eighty-four respondents were selected for the study. In the data collection and analysis, the study used mixed methods. The findings revealed that devolution impacts human resource in healthcare services at the county level. The challenges highlighted in human resources at the devolved units are: inadequate training to healthcare workers, improper recruitment methods for healthcare workers, the application of poor procurement methods in the acquisition of equipment and drugs at the health facilities. The study did not explore the effect of finance provision and leadership styles on healthcare service provision. The study recommended a raft of measures to ensure effective delivery of healthcare services, including employment of healthcare workers through effective and fair methods, hiring of technical and competent staff as healthcare workers, allocation of enough resources towards the support of healthcare services and appropriately applying the guidelines of the public procurement and disposal act in the procurement process.

Customers are satisfied just like in a business service when they receive high-quality healthcare. According to a study by Ongori and Sire (2021), Kenya's health facilities are understaffed and this is particularly true in the labour ward, where there are few nurses and doctors and numerous clients. According to the study, some mothers struggle alone and deliver dead babies. Mbugua et al. (2021) reveal that health service providers in many health facilities lack proper training and capacity building to carry out their functions effectively. Lack of adequate staffing is also a major concern. The above study findings are a replica of what is happening in Turkana County's health facilities as witnessed in staff establishment register and FTE tool which clearly shows acute shortages on staffing levels which translates to poor service delivery provision at LCRH.

A study conducted at Makueni County revealed that health care users and providers noted the lack of capacity and inadequate staffing experienced in the health facilities resulting to failure to provide 24 hours services (Essendi et al., 2015). This study reflects the importance of having adequate number of staffs in every health facility in order to offer quality health services to the public. Adequate staffing motivates the providers of healthcare services in that the number of staffing is commensurate to the workload of the facility. This is similar to this study since the researcher established how staffing capacity influences provision of healthcare service delivery at Lodwar County Referral Hospital.

### Conceptual Framework

The figure below shows the hypothesized relationship between the independent variable (human resource capacity) and the dependent variable (provision of healthcare services).



**Figure 1: The conceptual framework**

The delivery of healthcare services constitutes the dependent variable that is evaluated on the basis of effectiveness, affordability, accessibility and efficiency of the offered services. Staffing entails number of staffs employed in LCRH, staff cadres to offer diversity of services and staff unrest which interrupts the continuity of service.

### Methodology

#### Research Design

A research design is a method that is used to conduct a study (Saunders et al., 2011). A case study design was used to evaluate how the devolution of health function has affected LCRH service delivery. A case study design explores a phenomenon in a particular context (Ridder, 2017). Also, a correlational study design was utilized to ascertain the relationship between the dependent variables; finance provision, staffing provision and leadership styles and independent variable; provision of healthcare services.

#### Study Location

Turkana County is located in the former province of Rift Valley. In terms of area coverage, Turkana is the second largest County in Kenya. The research was conducted at LCRH, a public hospital in Turkana central sub county, Lodwar Township ward. This study area was selected because Lodwar County Referral Hospital is a Level 4 government hospital, which offers comprehensive specialized services and has diversity of health disciplines and serves as the only referral facility in the county.

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## Population and Sampling

The target population in this study referred to the larger population of all the critical healthcare workers working at LCRH which comprised of 297 respondents. The target population was used to identify the sample of participants who took part in the research. To determine the sample size that took part in the study, Krejcie and Morgan's (1970) formula was used. The sample size for the entire population that was interviewed comprised of 169 staff member respondents. The table below shows their distribution.

**Table 1: Target Population and sample distribution**

Categories	Population	sample
Medical Doctors	36	20
Nurses	153	87
Clinical officers	40	23
Public health officers	22	13
Lab technologists	23	13
Pharmacists	8	7
Nutritionist officers	13	5
Health administrators	2	1
<b>Total</b>	<b>297</b>	<b>169</b>

The study adopted the stratified random sampling to select the participants. The respondents in each stratum were determined by sample proportionate to the study population. This gave equal chance to the staff in each category to be selected.

## Instruments

Questionnaires, observations and focused group discussion were used in data collection. A Likert scale was included in the questionnaire. The scale tested the degree of agreement on statements related to the issue under study. There were four sections on the questionnaire. The respondents needed to complete Section 1 which sought demographic data, and the other sections which comprised the study variables. The study employed interviews to gather information from key respondents who comprised of the medical staff; this gave the respondents adequate time to contribute their opinions regarding the issues under the study's investigation. Furthermore, participant observation was used to collect extra information from the respondents on how they carried out their duties and how they provided the healthcare services to their clients.

The questionnaire was pretested; this was vital as it helped to ascertain its validity and reliability (Frankel & Wallen, 2011). A pilot study was carried out using 17 employees of the Kapenguria Referral Hospital. The hospital has a similar organisational structure and service delivery as LCRH. A pilot sample can comprise 10% of the parent study's sample (Connelly, 2008). The Cronbach Alpha Coefficient was used to evaluate the research instrument's reliability. A value of



0.7 or more was considered adequate. Further, to ascertain the questionnaire's validity, expert advice from the university supervisors was sought.

### Data Collection and Analysis

An introduction letter was obtained from Turkana University College followed by a research permit from NACOSTI to allow collection of data from the LCRH. Questionnaires were given to the respondents, then focused group discussions were conducted to the groups, and observations were utilized to obtain primary data from the chosen respondents. Respondents received questionnaires that were coded in time to enable fast response, observations made on the respondents were written on the note book. Data collected was recorded using Excel before being coded and entered into the Statistical Package for Social Sciences (SPSS). SPSS version 24 was used first to correlate the data then a regression analysis of the data was done. Using inferential statistics, each independent variable of the study was compared to the dependent variable. The research's results were presented in the form of tables, graphs and narratives as well as recommendations made that suggested ways to mitigate challenges that hinder the provision of healthcare services. Qualitative data from interview schedules were organized into themes for analysis. Thematic content analyses of the data ignored biases and established main themes as per the research objectives (Kampira, 2021). Observation data was analyzed by considering the context in which various incidences occurred.

### Research Ethics

An approval to carry out the study was sought from Turkana University College and a research permit from NACOSTI was obtained so to enable collection of data at LCRH. The study complied with the scientific research ethics of informed consent, confidentiality, and data safety.

### Findings

#### Response rate and Reliability

The study targeted a sample size of 169 that were issued with questionnaires. However, only 144 successfully filled and returned the questionnaire. Therefore, the response rate of 85% was realized, as summarized in Table 2

**Table 2: Response Rate**

Category	Sample	Response	Response Rate
Medical Doctors	20	15	75%
Nurses	87	79	91%
Clinical officers	23	18	78%
Public health officers	13	11	85%
Laboratory technologists	13	10	77%
Nutritionist officers	7	6	86%

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Pharmacists	5	4	80%
Health administrators	1	1	100%
<b>Total</b>	<b>169</b>	<b>144</b>	<b>85%</b>

A response rate of 70% and above is recommended as being excellent by Mugenda and Mugenda (2002). Consequently, the overall response rate of 85% enhanced the credibility of the study's findings. Reliability analysis revealed that the questionnaire attained a Cronbach's alpha value of 0.983, indicating the instrument was reliable.

### Demographic Characteristics

The study analyzed participants' demographic characteristics and summarized the results in table 3 below.

**Table 3: Analysis of demographic characteristics**

Variable	Characteristic	Frequency	Percent
<b>Age group</b>	18-24	50	34.7
	25-34	68	47.2
	35-44	21	14.6
	45-54	3	2.1
	55 and above	2	1.4
	<b>Total</b>		<b>144</b>
Work experience	less than 2	21	14.6
	3-6	35	24.3
	7-10	40	27.8
	11-15	20	14.2
	15-20	17	11.8
	21 and above	11	7.6
<b>Total</b>		<b>144</b>	<b>100.0</b>
Gender	Male	52	36.1
	Female	92	63.9
	<b>Total</b>	<b>144</b>	<b>100.0</b>
Marital Status	Single	36	25.0
	Married	93	64.6
	Separated	15	10.4
<b>Total</b>		<b>144</b>	<b>100.0</b>

The table shows that majority of the participants were married (64.6%) females 63.9%) aged 25-34 years (47.2%) with 7-10 years of working experience (27.8%).

### Descriptive Analysis for Human Resource Capacity

Out of the 144 respondents, 74% said that the staffing level was inadequate whereas 26% of them disputed that staffing ratio was adequate to offer the healthcare services at LCRH (Table 4).

**Table 4: Staffing Capacity and Provision of Healthcare Service Delivery**

Statement	SA %	A %	NS %	D %	SD %
The hospital's staff members are well-trained	0.0	10.4	76.4	13.2	0.0
Staff members are adequately compensated	0.0	0.0	62.5	37.5	0.0
Personnel issues are well-addressed	0.0	7.6	43.1	49.3	0.0

The results indicate that only 10.4% agreed that the hospital's staff members are well-trained; 76.4% were not sure and 13.2% disagreed. Additionally, 62.5% disagreed that staff members are adequately compensated; while 37.5% of the study participants disagreed. Out of the 144 participants, only 7.6% agreed that personnel issues are well-addressed; 43.1% were not sure and 49.3% disagreed that personnel issues are well-addressed. It can be deduced from the above findings that majority of the study participants 76.4% were not conversant with any staff training taking place for the hospital staffs, followed closely by those who disagreed that staff members' issues were well addressed.

The study sought to establish the influence of the human resource capacity on the healthcare services provided at Lodwar County Referral Hospital. The results are presented in Table 5.

**Table 5: Staff Capacity Descriptive**

Statement	N	Mean	Std. Deviation
The hospital's staff members are well-trained	144	2.97	0.487
Staff members are adequately compensated	144	2.63	0.486
Personnel issues are well-addressed	144	2.58	0.631
<b>Aggregate Mean</b>		<b>2.72</b>	

The participants disagreed that the hospital's staff members are well-trained (Mean=2.97; SD=0.487). Additionally, the participants disagreed that staff were adequately compensated (Mean=2.63; SD=0.486). Equally, the participants disagreed that personnel issues were well-addressed (Mean=2.58; SD=0.631). The overall mean of 2.72 indicates that the human resource capacity was low in LCRH. Out of the 144 respondents, 74% indicated that there was adequate staffing at LCRH while only 26% indicated that staff was adequate in the hospital. From the above results, the number of staffs working at LCRH is not a big issue; however, the problem was staff issues were not properly handled and staff members needed to be trained so as to improve their skills competency leading to improved service delivery as shown from the above mean.

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## Inferential Analysis

### Correlation Analysis

Correlation analysis revealed that the association between human resource capacity and the delivery of healthcare services is weak, but positive. Pearson correlation coefficient generated from the dataset was 0.396.

	Delivery of health services	
	Pearson Correlation	Sig.
Human resource capacity	0.396	0.000 (correlation is significant).

### Regression Analysis

Regression analysis was conducted to determine the strength of the relationship between human resource capacity and delivery of healthcare services. The results were presented using table 4 below.

**Table 4: Regression analysis**

	Unstandardized Coefficients	Std. Error	Standardized Coefficients	T	Sig.	VIF
Constant	0.869	0.294		2.956	0.004	
Human resource capacity	0.028	0.051	0.023	0.542	0.589	1.223

a. Dependent Variable: provision of healthcare services

This study's results revealed that human resource capacity is statistically insignificant in explaining provision of healthcare service ( $\beta = 0.023$ ;  $p = 0.589$ ;  $p > 0.05$ ). This indicates that an increase in human resource capacity unit would bring forth a 0.023-unit improvement in provision of healthcare services. These results collaborate those of Sagoe (2021) whose study showed that improved accessibility of healthcare services was as a result of adequate staffing. The study recommends the intervention of the local and devolved governments in the staffing, training and remuneration of healthcare workers.

Triliva et al. (2020) note that devolved health facilities face challenges of poor funding, inadequate human resources and inaccessibility to medical services. Likewise, Oleribe et al. (2019) study reveal that inadequate human resources, inadequate funding, inadequate training and capacity building for workers are the main challenges facing healthcare service provision. Similarly, from the research findings there seems to be some similarities in that finance had a positive correlation with provision of health services, followed by leadership styles and lastly staffing capacity, this clearly shows that between finance, staffing and leadership styles there exists a positive significant relationship. When the management handles staff issues well there is a possibility of staffs being

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motivated; hence, increase in their performance. Moreover, provision of incentives either monetary or non-monetary also increases staff performance in service delivery.

Effa et al. (2021) findings are also incongruent with this study. They acknowledge that many developing countries face challenges in their devolved healthcare sectors. Similar sentiments are echoed by Taderera (2021) who that human resources are important in the realization of health care provision. Arale and Kiruthu (2019) findings are not different. In fact, they highlight challenges that specifically dog the human resources at the devolved units. They include: inadequate training to healthcare workers and improper recruitment methods. Moreover, Mbugua et al. (2021) reveal that health service providers in many health facilities lack proper training and capacity building to carry out their functions effectively.

### **Conclusions**

The study's second objective sought to establish the influence of staffing capacity on provision of healthcare services at Lodwar County Referral Hospital. The findings revealed a positive and significant influence of staffing capacity on delivery of healthcare service delivery at Lodwar County Referral Hospital. The participants disagreed that the hospital's staff members are well-trained. Additionally, the participants disagreed that staff were adequately compensated. Moreover, they disagreed that personnel issues were well-addressed. Out of the 144 respondents, 74% indicated that there were adequate staffs at LCRH while only 26% indicated that staffs were adequate in the hospital to conduct service delivery. These findings indicated that the number of staffs notwithstanding, the challenge lay in the training and addressing the staff's issues so as to enhance provision of healthcare services in LCRH.

The capacity of management to handle matters is important in enhancing service delivery. The staffs of LCRH were not aware of the ministry of health's vision. Accomplishment of the hospital's goals did not involve all staff. Moreover, the county did not promote employee professional development which may lead to low staff performance; subsequently, poor provision of services. Hospitals ought to raise staff morale and organizational commitment which should be done through staff sensitization on hospital vision and mission.

### **Recommendations**

LCRH should conduct continuous training of health personnel to enhance the quality healthcare services provided at the devolved units. The County Government of Turkana should intervene in the staffing, training and remuneration of healthcare workers to enhance healthcare services provision. Staff trainings enhance staff performance as well as motivating the staff to work in their area service provision. Training of staffs will also boost staff confidence in offering healthcare service to their clients. There should be a complete overhaul of the human resources at the county and the enactment of a human resource policy to enhance quality and improved healthcare service delivery. Moreover, health workers should be provided with enough amenities and tools to carry out their functions properly.

### **Suggestions for Future Research**

The study restricted its investigations to Lodwar County Referral Hospital. Therefore, other studies could be carried out in the health sector in Kenya. This would enhance the findings of this study and give them a wider scope. A study could be done on monitoring and evaluation on how the devolved units of government have affected implementation and provision of healthcare services.

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Further research could be done to evaluate the effect of devolution of the health function in other similar health facilities in other Counties.

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