



Effect of employee involvement strategies in decision-making on employee performance in level four and three public health facilities in Vihiga County, Kenya

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ABSTRACT

Although the government has invested heavily in the health sector, public health institutions continue to operate below the expected standards, as highlighted in the 2023 report by the Kenya Medical Practitioners. Similarly, the World Health Organization observed that the quality of healthcare services provided in Kenya's public health system falls short of the essential principles of quality care, which emphasize privacy, dignity, choice, safety, autonomy, and fulfillment. This study examined the effect of employee involvement strategies in decision-making on employee performance in level four and three public health facilities in Vihiga County. The study was guided by unitary theory. The study adopted a mixed research approach comprising a descriptive and causal research design. The study targeted a population of 765, that is, 499 from level four and 266 staff from level three. These were the healthcare workers comprising 318 nurses, 70 clinical officers, 31 medical officers, 47 laboratory technicians, 18 pharmacists, 11 nutritionists, 21 public health officers, 107 administrative officers, and 142 support staff. The study's total sample size was 263, using the Yamane formula. The study applied stratified, proportionate, and simple random sampling techniques. Structured questionnaires aided in data collection. A pilot study was done at Malava Sub-County Hospital in Kakamega County using 26 respondents as 10% of the sample population. Reliability was tested using Cronbach's Alpha, while validity was tested using content validity. The study analyzed data using both descriptive and inferential statistics, where descriptive statistics included frequency, mean, standard deviation, and percentages. Inferential statistics entailed Pearson correlation and regression analysis. Data was presented using tables and graphs. A positive effect was significant ($\beta = 0.694$, $p < 0.05$), where employee participation was responsible, as employees felt more motivated and more responsible when they were engaged in decision-making. The discussion has determined that strategic industrial relations are key drivers of employee performance in healthcare institutions. Employee involvement brings about ownership and motivation. County health administrators are advised to institutionalize participatory decision-making. The research suggests that public health institutions must institutionalize effective collective bargaining mechanisms that ensure equity and transparency in employment relations. There should be increased participation of employees through providing inclusive platforms where the staff can have a say in major decisions. The conflict resolution systems should be formal, transparent, and regular to reduce workplace conflicts in order to ensure peace. The communication systems need to be improved through encouraging open and timely, as well as feedback-based, channels that increase trust and accountability.

Keywords: Employee Involvement, Employee Performance, Public Health Facilities, Vihiga County, Kenya

I. INTRODUCTION

Human resources are vital to the operation of public health facilities and their involvement in decision-making processes affects their performance and the quality of health care services (Gabčanová, 2011). Strategic industrial relations (SIR) offer a framework for deploying employee involvement strategies, such as participatory decision-making, collective bargaining, joint consultations, and formal processes for handling grievances, to engage employees and align their efforts with strategic objectives (Musundi & Nzulwa, 2018). Such strategies boost employee voice, ownership in decision-making, and motivation, which are all important elements of performance. Decision-making with employee involvement is influenced by interactions between stakeholders: employees, employers, trade unions and state institutions. In Kenya, where labour policies and practices in the public health sector are guided by international labour standards (International Labour Organization [ILO], 2023; Republic of Kenya, 2018), these interactions shape labour policies and practices. Good engagement practices, such as policy dialogue and consultative forums, have been linked to enhanced employee performance and institutional effectiveness (Musau, 2026).



Internationally, there is growing recognition of the effectiveness of employee involvement strategies in improving performance, but with variations. For example, in the United States and Brazil, decentralized systems focus on direct employee involvement at the enterprise level, with a strong emphasis on flexibility and productivity (Rather & Sharma, 2020). By contrast, in countries like Germany and Sweden, indirect involvement is encouraged through institutional arrangements such as co-determination and collective bargaining, which promote collaboration and innovation (Telljohann, 2015). These international lessons show that employee involvement in decision-making is vital for better workplace performance. In the Kenyan public service sector, especially in health, lack of employee participation in decision-making has led to industrial conflict, demoralisation, and underperformance (Waithaka et al., 2020). In contrast, counties that have mechanisms for employee participation such as joint consultative committees and participatory policy processes have improved performance, fewer disputes and improved service delivery (Waithaka et al., 2020). This highlights the need to consider employee engagement approaches as part of industrial relations practices.

In Vihiga County, the situation is dire in level four and three public health facilities, which are the main service delivery points. These are plagued by issues of under-staffing, lack of resources, poor promotions and low employee involvement in decision-making (Vihiga County Government, 2024). Consequently, there are high levels of staff dissatisfaction, absenteeism and strikes, which impact on performance and patient care. In this instance, employee performance is quantified in regards to the quality of service, responsiveness, productivity and teamwork. Research shows that, through participation in decision-making processes through consultative meetings, effective communication and participatory management, staff motivation and commitment increases and so does performance (Makhamara, 2017).

The challenges in Kenya's health sector, such as lack of funding, human capital and infrastructure, also highlight the significant role of employee involvement strategies (MOH, 2023). In decentralised systems like Vihiga County, where performance of frontline health workers has implications on health service delivery, employee involvement in decision-making is critical for enhancing performance and health service delivery. In summary, employee involvement strategies in decision-making are crucial to improving employee performance in level four and three public health facilities in Vihiga County. Enhancing participatory processes in strategic industrial relations frameworks can boost employee morale, minimise industrial relations tension and ultimately enhance health service delivery.

1.1 Statement of the Problem

Employee participation in decision-making is acknowledged as an important element of industrial relations and a decisive factor in employee performance in the public health sector. The literature on strategic human resource management highlights that participatory management strategies boost employee engagement, morale and performance, with a positive impact on service delivery (Armstrong & Taylor, 2023). Likewise, research shows that social dialogue and participatory decision-making enhance industrial harmony and organisational efficiency (Odhong et al., 2014). Yet, in Kenya, the public health sector continues to face challenges such as high industrial unrest, low workforce morale and less-than-optimal performance (Ministry of Health, 2023). This evidence implies a disconnect between the policy objective and the practice of employee involvement strategies in decision-making processes in health institutions. Notably, in some instances, health workers report a lack of involvement in decisions related to their working conditions, career advancement, and operational processes, which has demotivation and poor performance outcomes.

This is especially the case in Vihiga County, a densely populated but poorly endowed county with low funding compared to others in the region (Commission on Revenue Allocation, 2024). These factors compound workforce issues such as staff shortages, workload and recruitment and retention of skilled staff (Mwangangi, 2023). Despite attempts to upgrade health infrastructure, employee performance is not steady, partly because of poor industrial relations practices and low employee involvement in decision-making (Kipkemoi & Moi, 2023).

While previous research has explored industrial relations and employee performance, there is a need for more empirical evidence on the effect of strategies for employee involvement in decision-making processes on employee performance in rural and resource-constrained contexts like Vihiga County. As such, this research aims to contribute to this literature by investigating the impact of employee involvement strategies in decision-making on employee performance, in level four and three public health facilities in Vihiga County, towards improving policies and practices that boost workforce productivity and health service delivery.

1.2 Research Objective

The general objective of the study was to examine the Effect of employee involvement strategies in decision-making on employee performance in level four and three public health facilities in Vihiga County.



1.3 Research Hypothesis

H₀₁: Employee involvement does not significantly affect employee performance in level four and three public health facilities in Vihiga County Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Unitary Theory

The unitary theory of industrial relations presupposes that organizations are integrated and harmonious entities with members having common goals, values, and interests. In this school of thought, conflict is deemed as abnormal and is caused by poor communication, misunderstandings, or personal misbehaviors, but not structural issues (Armstrong & Taylor, 2023). The applicability of this theory in leadership of contemporary public organizations has been discussed by the recent scholars. As an example, Sparrow et al. (2016) contend that the unitary perspective helps to gain employee loyalty and alignment to organizational objectives where leaders create effective communication, purpose, and consistent leadership. Moreover, it promotes centralized decision-making and a paternalistic leadership approach that fosters a high level of organizational identity (Bennett, 2023).

The unitary approach can be useful in reducing conflict in the situation of the public health sector, especially in counties such as Vihiga due to the creation of a cohesive workplace culture. Some of the values it advocates include collaboration, mutual respect and coordination at the top-down to enhance efficiency and performance. However, opponents of this theory note that it can ignore valid employee complaints and stifle plurality in large institutions of the public (Kipkoech, 2018). Although it is weak in explaining industrial conflict, the Unitary Theory helps defend the variable of employee performance by stressing the role of good leadership, communication, and goal congruence. The unitary perspective in a well-functioning public health system can lead to the establishment of high-performance culture by establishing clarity in the roles and the direct interaction between the managers and the staff. This has resulted in a boost in the level of morale of employees and conflict reduction in health care environments when coupled with supportive leadership (Omolo, 2025).

The unitary theory is however a result of an extreme simplification of the dynamics at the workplace, and it fails to recognize the multiplicity of interests and structural imbalances of power that characterize labor relations, especially within a unionized or bureaucratic context like the public sector. In this way, it might not reflect the actual reasons of labor unrest and disengagement (O'Brien, 2017).

2.2 Empirical Review

The involvement of employees in the decision-making process is widely referred to as one of the major motivation factors of employee performance in any organizational environment. The existing studies still prove that participative decision-making improves not only the personal productivity but also job satisfaction, organizational commitment, and the ability to innovate (Chukwuemeka, 2020). When workers are granted a voice over strategic or operational issues, they tend to feel a sense of ownership and this leads to accountability and organizational orientation. The present-day empirical research proves that the participation in decisions is positively associated with the employee performance in the industry, both governmental and business. As an example, Wainaina et al. (2014) discovered that employee participation in organizational decision-making within the public institutions resulted in a higher level of job satisfaction, less absenteeism, and better delivery of services. In their research involving Ethiopian government service institutions, they found that an inclusive leadership approach that supported employee contributions had a significant impact on morale and quality of work.

Similarly, when Nwachukwu et al. (2019) studied the public health institutions in Nigeria, they found that consultative meetings and collaborative planning as the mechanisms of participatory decision-making led to higher engagement levels, team cohesion, and better performance outcomes. The authors believe that employees who perceive their views to be important tend to perform beyond their intended roles hence positively influencing performance of the institution. Participative management is also becoming engrained in the reforms of the Kenyan perspective in the field of management. Kuria (2017) argue that decision-making in the county health facilities where employees are engaged has resulted in improved congruence between the policies of the institutions and realities on the front lines. The involvement of healthcare workers in the decision-making process in the facilities in such counties as Vihiga and Kakamega has been found to increase motivation and the quality of the services.

Generally, the current literature is very strong in its assertion that employee involvement in decision making is not only a motivational technique, but an operational tool of enhancing performance, particularly in service-based industries such as public health. The success of these strategies however, is usually determined by the organizational culture, leadership style and how much the participation is authentic and not ceremonial.

Choi et al. (2020) conducted a study in South Korea to determine how participative decision making influences employee creativity and performance in knowledge-based industries. The findings indicated that employee participation in decision making greatly improved their intrinsic motivation and increased work results. Nevertheless, the research concentrated more on knowledge workers and thus indicated that there is a need to expand the discussion to other fields including public health and education. In the same way Nawafah et al., (2020) sought to examine how employee involvement affects job performance in Nigerian service organizations. They discovered that commitment, innovation, and productivity of employees significantly improved when employees actively participated in the decision-making process. However, the research was restricted to organizations in the private sector, and this lacks a comprehension of the dynamics of employees in the public sector.

In the country, a study conducted by Maundu et al. (2020) investigates how employee involvement in decision-making affects performance in the public hospitals in Kenya. Their results indicated that when employees were consulted on operations and strategic issues, they exhibited improved job satisfaction and improved service delivery. Nonetheless, the research was primarily based on nurses, clinical officers, but it did not include administrative and support staff, which may also play a significant role in institutional performance. Koech and Namusonge (2012) evaluated the connection between employee participation and organizational performance in Kenyan state corporations in another study. They found that employee engagement resulted in enhanced communication, innovation, and employee morale, which were some of the factors that enhanced the overall performance of the institutions. In spite of this finding, the research mainly focused on academic departments in which decision-making structures might not be similar.

The research conducted by Thanh and Quang (2022) on Vietnam's public sector found that the consulted staff was more committed and accountable in their operational decisions. On the same note, Motyka (2018) communicated that tokenistic participation- when employees are involved without a actual impact. This then translated to distrust and poor morale. These results indicate that the worth of participation will have a significant influence on the existence of the participation mechanisms.

In summary, current empirical data shows that the employee involvement practices in decision making are important factors that affect employee performance in different industries. Although the results can be described as overall positive, the current research indicates the presence of serious gaps, especially in terms of inclusivity among various employee groups and holistic assessments in particular fields such as public health. Future studies should hence place emphasis on industry-specific and systemic studies to gain a better insight on how the involvement of decision-making can be streamlined to improve employee performance. These findings support the notion that participative management is not only viable but also performance-improving, but additional contextualization of the findings in the health sector of the county managed by the Kenyan government is necessary.

III. METHODOLOGY

3.1 Study Area

The study was conducted in Vihiga County, located in the Western region of Kenya. The focus of the research was the level four and level three public health facilities in the county that provide a variety of specialized and general healthcare services. These facilities were selected because they employ multidisciplinary teams (clinical, nursing, administrative, support staff) therefore; employ the largest proportion of public health workers at county level as compared to Level 1 and 2. They also serve the majority of the population as compared to Level 1 and 2. Moreover, they experience direct implementation of HR policies, collective bargaining agreements (CBAs), and labor relations practices and have the Highest Exposure to Industrial Relations Dynamics.

3.2 Research Design

The study adopted a descriptive research design. A descriptive survey design was appropriate because it allowed the researcher to collect, analyze, and present information on the current status of phenomena without manipulating variables. It was particularly suitable for studying employee involvement strategies and their influence on employee performance in level four and level three public health facilities, as it facilitated the collection of quantitative and qualitative data from a broad cross-section of employees (Mugenda & Mugenda, 2003).

3.3 Target Population

The target population was healthcare workers in the public Level 4 and Level 3 health facilities in Vihiga County, both the technical and non-technical staff. The total workforce as of 2025 included 765 employees, including 499 in Level 4 facilities and 266 in Level 3 facilities, comprising diverse professional cadres, such as medical consultants, medical officers, clinical officers, nurses, laboratory technologists, pharmacists, nutritionists, public health officers, and administrative and support employees (Vihiga County Department, 2024).



Distribution wise, nurses occupied the first position with 318 staff (207 in Level 4, 111 in Level 3) followed by clinical officers with 70 staff (46 in Level 4, 24 in Level 3). Other cadres were 31 medical officers/consultants (20 Level 4, 11 Level 3), 47 laboratory technologists (31 Level 4, 16 Level 3), 18 pharmacists (12 Level 4, 6 Level 3), 11 nutritionists (7 Level 4, 4 Level 3), and 21 public health officers (14 Level 4, 7 Level 3). Also, administrative staff (70 Level 4, 37 Level 3) and support staff (92 Level 4, 50 Level 3) were 107 and 142 respectively. In general, Level 4 facilities reflected more concentration of staff across all cadres than did Level 3 facilities.

3.4 Sampling Size

The study employed stratified random sampling to ensure proportionate representation of both technical and non-technical personnel across different cadres. Within each stratum, simple random sampling was used to select the respondents. Sample size determination was guided by Yamane’s (1967) formula at a 95% confidence level and significance level of $P = 0.05$:

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

Substituting the values:

$$n = \frac{765}{1 + 765(0.05)^2} = \frac{765}{1 + 765(0.0025)} = \frac{765}{2.9125} = 262.6$$

The computed sample size was approximately 262.6, which was rounded up to 263 respondents.

3.4.1 Proportionate Stratified Sampling by Cadre

The total sample size of 263 was proportionally distributed across all staff cadres. Allocation within each cadre was further divided between Level-4 and Level-3 facilities using the formula:

$$n_{\text{Level-4},i} = \text{round}(n_i \times (N_{\text{Level-4},i} / N_i))$$

$$n_{\text{Level-3},i} = n_i - n_{\text{Level-4},i}$$

where:

n_i = sample size allocated to cadre i

N_i = total population of cadre i

$N_{\text{Level-4},i}$ = population of cadre i in Level-4 facilities

$n_{\text{Level-4},i}$ = sample allocated to Level-4 facilities for cadre i

$n_{\text{Level-3},i}$ = sample allocated to Level-3 facilities for cadre i

This approach ensured that each cadre’s sample was fairly allocated according to the relative size of its population in Level-4 and Level-3 facilities. The use of rounding allowed for whole respondents while maintaining the overall total of **263**, thereby preserving proportional representation across all groups.

Table 1
Sampling Frame

| Stratum (Cadre) | Population (N _i) | Level 4 (N ₄) | Level 3 (N ₃) | Sample (n _i) | Level-4 Sample (n _{4,i}) | Level-3 Sample (n _{3,i}) |
|--------------------------------|------------------------------|---------------------------|---------------------------|--------------------------|------------------------------------|------------------------------------|
| Nurses | 318 | 207 | 111 | 109 | 71 | 38 |
| Clinical Officers | 70 | 46 | 24 | 24 | 16 | 8 |
| Medical Officers / Consultants | 31 | 20 | 11 | 11 | 7 | 4 |
| Laboratory Technologists | 47 | 31 | 16 | 16 | 11 | 5 |
| Pharmacists | 18 | 12 | 6 | 6 | 4 | 2 |
| Nutritionists | 11 | 7 | 4 | 4 | 3 | 1 |
| Public Health Officers | 21 | 14 | 7 | 7 | 5 | 2 |
| Administrative Staff | 107 | 70 | 37 | 37 | 24 | 13 |
| Support Staff | 142 | 92 | 50 | 49 | 32 | 17 |
| Total | 765 | 499 | 266 | 263 | 173 | 90 |

Source: Vihiga County Department (2024)

3.5 Data Collection Instrument

The researcher used structured questionnaire as the research instrument. The questionnaire was divided into three major sections in order to fit the study objectives and variables. Background information was captured under section A and contained the demographic characteristics of the respondents which included age, gender, level of



education, level of hospital level, number of years of experience and job title. Section B was based on the independent variable which is, employee involvement strategies. Section C collected information concerning the dependent variable, employee performance, based on such indicators as the quality of work, timeliness and punctuality, task completion, and the results of service delivery. Section B and C included all closed-ended questions, which were meant to increase consistency in the response and made it easier to perform quantitative analysis (Mugenda & Mugenda, 2003).

3.6 Data Collection Procedure

This research adopted a systematic and properly coordinated process of data collection. This was in order to guarantee accuracy, reliability and integrity of the research findings. Before the fieldwork, the researcher was able to obtain an introductory letter of the host institution, which was used to authorize and legitimize the data collection process in the study area. To facilitate the speedy administration of the research tools, the researcher enlisted the services of four trained research assistants who assisted the administration and retrieval of questionnaires. The research utilized drop-and-pick-later method in order to give the respondents time to fill out the questionnaires whenever they wanted. This is because of the hectic schedules of majority of respondents in the healthcare sector. The technique was selected in order to enhance response rates but with minimum disturbances to regular functions.

3.7 Validity and Reliability

Pilot study was done at Malava Sub-County Hospital in Kakamega County because it is similar to the main study area and helping to identify potential challenges in data collection, clarity of questions and logistics. The research instruments and procedures were tested using a small stratified sample of clinical and administrative and support staff. The pilot study feedback was used to make adjustments to enhance the clarity, accuracy, and the overall quality of the questionnaire. Expert review (content validity) was used to ensure validity because it was necessary to make sure that the tool was adequately capturing the constructs of the study. Cronbach alpha coefficient was used to measure reliability with a threshold of 0.7 as recommended in the literature on methods (Tavakol & Dennick, 2011). All constructs were above this threshold, which means that all of them have high internal consistency and the instrument is suitable to study the topic in dispute in the main study.

3.8 Data Analysis and Presentation

The research used descriptive and inferential statistics to process the quantitative data that was gathered through questionnaires. The data patterns were summarized by descriptive statistics including means, standard deviations, frequencies and percentages and inferential statistics were adopted to make conclusions about relationships between variables. In particular, Pearson correlation analysis was employed to determine the intensity and the orientation of linear relationships between elements of strategic industrial relations and performance of employees. The study used regression analysis, Simple Linear Regression and Multiple Regression Analysis to ascertain the predictive effects of the independent variables on the dependent variable. These models were useful in isolating individual and combined effects of the independent variables. The SPSS version 25 was used to analyze the data, and the data were presented in the form of tables and figures to make the findings easier to understand and interpret. The application of sophisticated statistical software, such as SPSS, allows the researcher to create reliable insights and make decisions based on evidence using the empirical data.

3.9 Ethical Considerations

The researcher adhered strictly to recognized ethical standards all through the research process. All the necessary approvals were obtained before the onset of data collection and included an official introductory letter of Masinde Muliro University of Science and Technology, research authorization by the National Commission of Science, Technology and Innovation (NACOSTI), and the approval of the Vihiga County Department of Health Services. The administration of the survey instruments gave more priority to informed consent. The aim of the study was explained to all the participants, and the voluntary nature of participation was emphasized. The respondents had the freedom to pull out of the study at any time without any repercussion. The privacy and confidentiality of the participants were maintained in the research. The dataset did not include personal identifiers, and all the data obtained was handled in the most confidential manner. Sampling bias and error were also attempted to be regulated, in order to guarantee the integrity of the data. In addition, data manipulation or alteration was also highly avoided and the findings of the research report accurate reporting of the responses gathered. Proper citation of all secondary sources that were used in the study was done in accordance with the APA referencing style. These steps were taken to guarantee the ethical and scholarly integrity of the research.



IV. FINDINGS & DISCUSSION

4.1 Response Rate

A total of 263 questionnaires were administered to the health care workers in level four and three public health facilities of Vihiga County based on the calculated sample size using Yamane's formula. Out of these, 232 questionnaires were duly completed and returned, yielding a response rate of approximately 88.2%. This response rate is considered excellent for quantitative data analysis and generalization of findings, as response rates above 80% are widely accepted as robust in survey-based research, and rates above 90% are considered exceptional (Taherdoost, 2017).

Table 2

Questionnaire Return Rate

| | Frequency | Percent |
|--------------|------------|--------------|
| Returned | 232 | 88.2 |
| Not Returned | 31 | 11.8 |
| Total | 263 | 100.0 |

4.1.1 Employee Participation

The results of Table 2 show that employee participation is a widely acknowledged determinant of workplace outcome in Level 3 and Level 4 public health facilities in the Vihiga County.

Table 3

Descriptive Statistics Results on Employee participation

| Description | N | SA (%) | A (%) | FA (%) | D (%) | SD (%) | Mean | Std |
|-------------------------------------------------------------------------------------------|-----|--------------|---------------|--------------|--------------|-------------|------|------|
| Employee participation in decision making processes affects their work | 232 | 53 (22.8) | 102 (44.0) | 40 (17.2) | 25 (10.8) | 12 (5.2) | 3.73 | 1.05 |
| Employees are engaged in organizational matters through structured consultative platforms | 232 | 40 (17.2) | 92 (39.7) | 50 (21.6) | 32 (13.8) | 18 (7.8) | 3.45 | 1.12 |
| Management encourages employees to voice their opinions on workplace matters | 232 | 31 (13.4) | 88 (37.9) | 55 (23.7) | 38 (16.4) | 20 (8.6) | 3.31 | 1.14 |
| Participation has enhanced employee motivation and commitment | 232 | 49 (21.1) | 100 (43.1) | 45 (19.4) | 28 (12.1) | 10 (4.3) | 3.65 | 1.07 |
| Suggestion systems for improvement of service delivery are effective | 232 | 25 (10.8) | 85 (36.6) | 60 (25.9) | 40 (17.2) | 22 (9.5) | 3.22 | 1.12 |
| Employees feel that their input is valued | 232 | 39 (16.8) | 95 (40.9) | 48 (20.7) | 35 (15.1) | 15 (6.5) | 3.47 | 1.08 |
| Source: Field Data, (2025) | | | | | | | | |

Most of the respondents agreed (44.0), or strongly agreed (22.8) that they are influenced by their work by taking part in the decision-making processes ($M = 3.73$, $SD = 1.05$). This implies that the employees feel that they should be included in the decision-making process as something significant to their performance and the work experience. In the same vein, 39.7 and 17.2 percent of the respondents affirmed and strongly affirmed respectively that employees are participating in organizational issues via institutional consultative platforms. Nonetheless, 21.6% of the respondents were neutral and another 21.6% disagreed ($M = 3.45$, $SD = 1.12$) that is, although consultative mechanisms are available, they are not applied uniformly in the facilities. This inconsistency indicates that the opportunities to participate might be contingent on the styles of leadership and management practices in the facilities.

Concerning management support on participation, 37.9 and 13.4 percent of the respondents agreed and strongly agreed respectively that the management supports employees to give their opinions. However, there was a significant percentage of 25.0% who disagreed ($M = 3.31$, $SD = 1.14$), who cited gaps in inclusive leadership practices. These results suggest that, despite the idea of participatory being acknowledged, it is not equally applied in the public health facilities. The findings also indicated that there is a close correlation between employee participation and motivation. In particular, 43.1% of the respondents responded in the affirmative and 21.1% strongly in agreement that participation improves employee commitment and morale ($M = 3.65$, $SD = 1.07$). The result confirms the discussion that participatory workplaces contribute to the development of psychological ownership and involvement among the workers which is critical in enhancing performance in service oriented organizations like health institutions.



But there were more negative attitudes towards the effectiveness of suggestion systems. Although 36.6% of the respondents agreed and 10.8% strongly agreed that suggestion mechanisms enhance service delivery, a significant number of respondents (26.7) disagreed ($M = 3.22$, $SD = 1.12$). This shows that it is weak in utilizing employee feedback that could restrict the usefulness of participation programs. Lastly, majority of the respondents believed their contribution was important to the management with 40.9% of the respondents agreeing and 16.8% strongly agreeing ($M = 3.47$, $SD = 1.08$). This implies that even with the current problems, employees feel that their efforts are important to their organizations.

These results are in line with the literature that was reviewed in Chapter Two. Mwangangi (2023) found that involvement of employees in the work of public hospitals improves the work done by them contributing to commitment and accountability. Likewise, Wainaina et al. (2014) and Nwachukwu and Chladkova (2019) concluded that participative decision-making has a positive impact on the performance of the organization in the context of public institutions. However, the differences in consultative forms and feedback systems corroborate the findings of Chukwuemeka (2020), who claim that any participation initiative cannot provide the best results unless the management supports it entirely. Thus, the results indicate that employee involvement is very important in motivating and promoting work in Level 3 and Level 4 public health facilities in the county of Vihiga. However, the success of participative activities is limited by the lack of consistent managerial support and a developed system of suggestions. Consultative platforms can be reinforced and meaningful use of employee input guaranteed to improve employee performance and service delivery in any public health facility.

Table 4

Descriptive Statistics on Employee Performance

| Description | N | SA (%) | A (%) | FA (%) | D (%) | SD (%) | Mean | Std |
|----------------------------------------------------------------------------------------|-----|--------------|---------------|--------------|--------------|-------------|------|------|
| Tasks assigned to employees are completed within expected timelines. | 232 | 46 (19.8) | 104 (44.8) | 42 (18.1) | 28 (12.1) | 12 (5.2) | 3.62 | 1.06 |
| Employees demonstrate high levels of accountability and responsibility in their roles. | 232 | 52 (22.4) | 104 (44.8) | 40 (17.2) | 26 (11.2) | 10 (4.3) | 3.70 | 1.05 |
| Quality standards in service delivery are consistently maintained. | 232 | 43 (18.5) | 99 (42.7) | 44 (19.0) | 32 (13.8) | 14 (6.0) | 3.55 | 1.08 |
| Training and development opportunities are available to enhance my performance. | 232 | 37 (15.9) | 97 (41.8) | 46 (19.8) | 34 (14.7) | 18 (7.8) | 3.44 | 1.11 |
| Feedback mechanisms are available for employees to share concerns. | 232 | 40 (17.2) | 99 (42.7) | 48 (20.7) | 30 (12.9) | 15 (6.5) | 3.52 | 1.09 |
| My work environment enables me to perform effectively. | 232 | 48 (20.7) | 105 (45.3) | 40 (17.2) | 28 (12.1) | 11 (4.7) | 3.65 | 1.07 |
| Assigned tasks are completed fully and accurately | 232 | 66 (28.4) | 118 (50.9) | 40 (17.2) | 25 (10.8) | 13 (5.6) | 3.76 | 1.07 |

Table 3 shows that the majority of the respondents evaluated employee performance positively in the different dimensions in the level four and level three public health facilities in Vihiga County. In particular, 44.8 percent of the respondents responded that tasks were accomplished within the anticipated timelines, and 19.8 percent reported that they highly agreed, and the mean was 3.62 ($SD = 1.06$) which indicates efficient service delivery. In line with this, 44.8% and 22.4% suggested that employees displayed accountability and responsibility in their roles ($M = 3.70$, $SD = 1.05$), implying that they had a strong sense of ownership of their responsibilities.

In terms of quality of services, 42.7% of the respondents agreed and 18.5% strongly agreed that there was a consistency in standards ($M = 3.55$, $SD = 1.08$) though 19.8% disagreed, suggesting that there was inconsistency across the facilities. The opportunities of training and development were rated less, as 41.8% responded agree and 15.9% strongly agree ($M = 3.44$, $SD = 1.11$), which revealed gaps in supporting professional growth. Feedback mechanisms were also moderately approved, 42.7 per cent agreed and 17.2 per cent strongly agreed ($M = 3.52$, $SD = 1.09$). The greatest level of endorsement was recorded on the work environment, where 45.3 percent agreed and 20.7 percent strongly agreed that their environment allowed them to perform well ($M = 3.65$, $SD = 1.07$).

Hence, these results indicate that the performance of employees in the Vihiga County of the public health facilities is best in accountability, completion of tasks on time, and favorable working conditions. Nonetheless, further investment is needed in such areas as professional development and the regular maintenance of the quality of the provided services to maximize the efficiency of the workforce. The findings are consistent with the literature that highlights supportive working conditions, effective accountability frameworks, and the execution of tasks on time as key determinants of employee performance in the public sector (Armstrong, 2020). On the other hand, training gaps



and uniform quality of the services indicate the issues identified by Khan et al. (2021), Kersop (2019), who state that continuous professional growth and quality control systems are required to maintain high performance in the healthcare facilities.

4.3 Hypothesis Testing

The study sought to establish the effect of employee participation on employee performance in public health facilities in Vihiga County. A simple linear regression analysis was conducted to test the following null hypothesis at a significance level of 0.05:

H₀: Employee participation does not significantly affect employee performance in public health facilities in Vihiga County.

Table 5
Employee Participation and Employee Performance in Public Health Facilities

| 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 | .645 ^a | .416 | .413 | .57436 | .416 | 115.72 | 1 | 231 | .000 |
| a. Predictors: (Constant), Employee Participation | | | | | | | | | |
| ANOVA ^a | | | | | | | | | |
| Model | Sum of Squares | | df | Mean Square | F | Sig. | | | |
| 1 | Regression | 36.852 | 1 | 36.852 | 115.72 | .000 ^b | | | |
| | Residual | 56.116 | 231 | .216 | | | | | |
| | Total | 92.968 | 232 | | | | | | |
| a. Dependent Variable: Employee performance | | | | | | | | | |
| b. Predictors: (Constant), Employee Participation | | | | | | | | | |
| Coefficients ^a | | | | | | | | | |
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | | | |
| | | B | Std. Error | Beta | | | | | |
| 1 | (Constant) | .901 | .265 | | 3.400 | .001 | | | |
| | Employee Participation | .694 | .064 | .623 | 10.759 | .000 | | | |

a. Dependent Variable: Employee performance

The findings in Table 4 indicate that the R value was 0.645, showing a strong positive correlation between employee participation and employee performance. The R-square value was 0.416, meaning that 41.6% of the variation in employee performance in public health facilities in Vihiga County can be explained by employee participation. This implies that almost half of the differences in employee performance can be attributed to the extent of employee involvement in decision-making and organizational processes.

The ANOVA results further support the model’s significance, with a regression sum of squares of 36.852, an F-statistic of 115.72, and a p-value of 0.000 ($p < 0.05$). These results confirm that employee participation is a statistically significant predictor of employee performance in level four hospitals. The coefficients table revealed that the unstandardized coefficient (B) for employee participation was 0.694, with a standard error of 0.064, yielding a t-statistic of 10.759 and a p-value of 0.000 (<0.05). This suggests that a unit increase in employee participation leads to a 0.694 increase in employee performance. The constant term ($\beta_0 = 0.901$) indicates that in the absence of employee participation, the base level of employee performance would stand at 0.901 units. Thus, the regression equation becomes:

$$Y = 0.901 + 0.694(\text{Employee Participation})$$

It was thus established that there is a positive and statistically significant effect of employee participation on employee performance in the public health facilities. The null hypothesis was rejected and the alternative hypothesis that is, employee participation has a significant effect on employee performance was thereby accepted. The results are in line with the recent literature. Kuria (2017) discovered that participation in decision-making by employees led to the increased accountability and commitment in Kenyan public hospitals, which subsequently increased service delivery. Equally, it was observed that employee involvement leads to ownership, less resistance to change, and higher productivity (Adeniji et al., 2020). In a broader perspective, Adhitama and Riyanto (2020) found out that participatory practices within healthcare facilities enhanced teamwork, minimized turnover intentions, and increased the efficiency of employees. Nevertheless, Koech and Namusonge, (2012) warned that participation can fail to bring significant performance change unless it is supported by the leadership as employees might perceive that their input is merely symbolic and not meaningful



V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

With regards to employee participation and employee performance, the research indicated that although the employees were sometimes consulted in decision-making, there were limited structured and inclusive platforms that allowed employees to participate in the same on a regular basis. Participation was not always uniform and was also not practiced in all the departments. However, in cases where employees were engaged, they were empowered and motivated and more responsible to results. In the study, it is emphasized that the participation of staff in the operational and strategic decision making process leads to a feeling of belonging, increased creativity, and teamwork. Participation helps in enhancing the performance of individuals and institutions by making employees feel like they own the organizational goals, and are not merely implementing, but contributing.

5.2 Recommendations

The research suggests that the public health institutions must institutionalize effective collective bargaining mechanisms that ensure equity and transparency in employment relations. There should be increased participation of employees through providing inclusive platforms where the staff can have a say in major decisions. The conflict resolution systems should be formal, transparent, and regular to reduce workplace conflicts in order to ensure peace. The communication systems need to be improved through encouraging open and timely, as well as feedback-based channels that increase trust and accountability. It should also employ training and capacity-building programs to impart negotiation, communication and conflict management skills to the managers and employees to maintain industrial harmony.

Declaration of Interest

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REFERENCES

- Adeniji, A., Osibanjo, A., Salau, O., Atolagbe, T., Ojebola, O., Osoko, A., ... Edewor, O. (2020). Leadership dimensions, employee engagement and job performance of selected consumer-packaged goods firms. *Cogent Arts & Humanities*, 7(1), Article 1801115.
- Adhitama, J., & Riyanto, S. (2020). Maintaining employee engagement and employee performance during the COVID-19 pandemic at PT Koexim Mandiri Finance. *Journal of Research in Business Management*, 8, 6–10.
- Armstrong, M. (2020). *Armstrong's handbook of human resource management practice* (15th ed.). Kogan Page.
- Armstrong, M., & Taylor, S. (2023). *Armstrong's handbook of human resource management practice: A guide to the theory and practice of people management* (16th ed.). Kogan Page.
- Bennett, R. E. (2023). Toward a theory of socioculturally responsive assessment. *Educational Assessment*, 28(2), 83–104.
- Choi, E., Kim, C., & Lee, K. C. (2021). Consumer decision-making creativity and its relation to exploitation–exploration activities: Eye-tracking approach. *Frontiers in Psychology*, 11, Article 557292. <https://doi.org/10.3389/fpsyg.2020.557292>
- Chukwuemeka, S. O. (2020). Employee participation in decision making and organizational performance in public organizations in Anambra State, Nigeria. *International Journal of Business & Law Research*, 8(3), 79–88.
- Commission on Revenue Allocation. (2024). *CRA annual report and financial statements FY2022/23*. <https://cra.go.ke/wp-content/uploads/2024/04/CRA-ANNUAL-REPORT-AND-FINANCIAL-STATEMENTS-FY2022-23.pdf>
- Gabčanová, I. (2011). The employees—the most important asset in organizations. *Human Resources Management & Ergonomics*, 5(1), 30–33.
- International Labour Organization. (2023). *Trends in social dialogue and industrial relations in Africa*. International Labour Organization.
- Kersop, S. J. (2019). *The influence of leadership style on employee engagement in a manufacturing company in the North West Province of South Africa* (Doctoral dissertation, North-West University).



- Khan, M. M., Mubarik, M. S., Ahmed, S. S., Islam, T., Khan, E., Rehman, A., & Sohail, F. (2021). My meaning is my engagement: Exploring the mediating role of meaning between servant leadership and work engagement. *Leadership & Organization Development Journal*, 42(6), 926–941. <https://doi.org/10.1108/LODJ-08-2020-0320>
- Kipkemoi, K., & Moi, E. (2023). Empowerment as a tool in public participation and socioeconomic development. *East African Journal of Arts and Social Sciences*, 6(1), 378–388. <https://doi.org/10.37284/eajass.6.1.1263>
- Kipkoech, K. V. (2018). *Flexible working arrangements on employee performance in Kericho County Referral Hospital, Kenya* (Master's thesis, Kenyatta University).
- Koech, P. M., & Namusonge, G. S. (2012). The effect of leadership styles on organizational performance at state corporations in Kenya. *International Journal of Business and Commerce*, 2(1), 1–12.
- Kuria, L. K. (2017). *Influence of employee participation on performance of government healthcare institutions in Kenya* (Doctoral dissertation, Jomo Kenyatta University of Agriculture and Technology).
- Makhamara, F. H. (2017). *Influence of strategic human resource management practices on employee performance in level five public hospitals in Kenya* (Doctoral dissertation, Jomo Kenyatta University of Agriculture and Technology).
- Maundu, M., Namusonge, G. S., & Simiyu, A. N. (2020). Effect of transactional leadership style on employee engagement. *The Strategic Journal of Business & Change Management*, 7(4), 963–974.
- Ministry of Health. (2023). *Kenya health sector strategic plan 2023–2027*. Government Printer.
- Motyka, B. (2018). Employee engagement and performance: A systematic literature review. *International Journal of Management and Economics*, 54(3), 227–244. <https://doi.org/10.2478/ijme-2018-0018>
- Mugenda, O. M., & Mugenda, A. G. (2003). *Research methods: Quantitative and qualitative approaches*. Acts Press.
- Musau, M. M. (2026). *The influence battle: How perceived risk, organizational trust, and social influence shape employee intentions to adopt AI* (Doctoral dissertation, University of North Carolina at Charlotte).
- Musundi, C. W., & Nzulwa, J. (2018). Influence of employee relations strategies on performance of selected firms in the telecommunication sector in Kenya. *Journal of International Business, Innovation and Strategic Management*, 2(3), 311–331.
- Mwangangi, C. K. (2023). *Influence of talent management strategies on employee performance in the food and beverage sector in Nairobi County* (Master's thesis, Strathmore University). <http://hdl.handle.net/11071/13455>
- Nawafah, S., Naqrash, M., & Al-Amaera, A. (2020). The role of leadership in supporting employee performance during the COVID-19 quarantine. *Test Engineering and Management*, 83, 3304–3319.
- Nwachukwu, C., Hieu, M. V., Chládková, H., & Fadeyi, O. (2019). Strategy implementation drivers in correlation with strategic performance. *Management and Marketing Journal*, 17, 19–38.
- O'Brien, P. R. (2017). The historical presidency: A theoretical critique of the unitary executive framework: Rethinking the first-mover advantage, collective-action advantage, and informational advantage. *Presidential Studies Quarterly*, 47(1), 169–185.
- Odhong, A. E., Were, A., & Omolo, J. (2014). Effect of human capital management drivers on organizational performance in Kenya: A case of Investment and Mortgages Bank Ltd. *European Journal of Business Management*, 2, 341–356.
- Omolo, J. W. (2025). Systematic review: Association between green human resource management and sustainable competitive edge. *African Journal of Empirical Research*, 6(2), 221–231. <https://doi.org/10.51867/ajernet.6.2.20>
- Rather, R., & Sharma, V. (2020). Journey of engagement: From personal engagement to employee engagement—A conceptual review. *International Journal of Advanced Science and Technology*, 29(3), 10622–10638.
- Republic of Kenya. (2018). *Kenya health sector strategic plan 2018–2023*. Ministry of Health.
- Sparrow, P., Brewster, C., & Chung, C. (2016). *Globalizing Human Resource Management* (2nd ed.). Routledge. <https://doi.org/10.4324/9781315668611>
- Sparrow, P., Brewster, C., & Chung, C. (2016). *Globalizing human resource management* (2nd ed.). Routledge. <https://doi.org/10.4324/9781315668611>
- Taherdoost, H. (2017). Determining sample size: How to calculate survey sample size. *International Journal of Economics and Management Systems*, 2, 237–239.
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2, 53–55. <https://doi.org/10.5116/ijme.4dfb.8dfd>
- Telljohann, V. (2015). Coordinated interest representation along the automotive value chain as a response to social dumping practices. In M. Bernaciak (Ed.), *Market expansion and social dumping in Europe* (pp. 157–170). Routledge.



- Thanh, N. H., & Quang, N. V. (2022). Transformational, transactional, laissez-faire leadership styles and employee engagement: Evidence from Vietnam's public sector. *SAGE Open*, 12(2), Article 21582440221094606. <https://doi.org/10.1177/21582440221094606>
- Vihiga County Government. (2024). *Department of health services annual sector report 2023/2024*. <https://vihiga.go.ke/departments/health-services>
- Wainaina, L., Iravo, M., & Waititu, A. (2014). Effect of teachers' participation in decision making on organizational commitment amongst academic staff in private and public universities in Kenya. *International Journal of Advanced Research in Management and Social Sciences*, 5(18), 278–292.
- Waithaka, D., Kagwanja, N., Nzinga, J., Tsofa, B., Leli, H., Mataza, C., ... Molyneux, S. (2020). Prolonged health worker strikes in Kenya: Perspectives and experiences of frontline health managers and local communities in Kilifi County. *International Journal for Equity in Health*, 19(1), Article 23.
- Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.