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Effect of Training and Development Practices on Performance of Level 4, 5, and 6 Public Hospitals in Kenya

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Abstract
The purpose of the study was to assess the effect of training and development practices on the performance of level 4, 5, and 6 public hospitals in Kenya. Descriptive survey research design and stratified simple random sampling techniques were used. The research philosophy was based on pragmatism. The targeted population consisted of 180 public hospitals (level 4-6 public hospitals) in Kenya. A sample size of 123 public hospitals. Data collection tools consisted of questionnaires. Frequencies and percentages were used for descriptive data analysis while inferential statistics was analyzed using as analysis of variance (ANOVA), Pearson correlation, and Statistical packages for social science (SPSS) version 22. Diagnostic analysis was done using multicollinearity, normality, outliers, homoscedasticity, and autocorrelation tests. Data was presented using frequency distribution tables and charts. Results showed that training development practices had a positive and significant effect on public hospital performance. The study further concluded that commitment to learning by employees' yields a higher level of job satisfaction and hence positive effect on their performance. In addition, holding workshops and seminars for employees in organization helps to improve employees' skills. In addition, most hospitals has had off – the job training in the past year and its improved communication and team work. The study recommended that public hospitals ought to have an effective training system to their employees so as to enhance their performance. The hospital management also need to frequently provide their employees with opportunities of training and development. Organizations also ought to make sure their employees are fully satisfied with their induction training. This is because training of employees' yields a higher level of job satisfaction and hence positive effect on their performance.

Key Words: *Training, development, performance, public hospital.*

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I. Introduction

Training and development practices refers to the enhancement of employee ability for the better performance of the employee and theentire organization. The direct link between employee training and development with performance is key since highly trained and developed employees are more satisfied with their jobs and hence leading to organization performance.

1.1 Background of the Study

Performancerefers to the achievement of practical results in a work situation. Measurement of organizational performance in empirical studies reveals a multi-dimensional approach. Scholars have adopted different models informed by the objectives and scope of their studies. For instance, Atuahene-Gima (2005) used financial indicators ratio of new product performance. Lee and Huang (2012) measured firm performance in terms of return on assets (ROA). Katuti (2018) measured in terms of customer loyalty, sales growth,

profitability and return on investment. Fabi et al (2015) devised a more precise scale of measure of organizational performance relevant in HR domain, and the scale has gained widespread adoption in HRM literature (Katou & Budhwar, 2010, Patel, 2013). According to Sink and Turtle model (1989) organization performance indicators include effectiveness, quality of product/service, productivity level, and quality of employee relations. International best practice emphasizes on investing in employee growth and development to enable employees reach their full potential and attain superior performance standards. The direct link between employee development and performance is key since highly developed employees are more satisfied with their jobs and hence organization effectiveness. According to Kuye (2017) organizations only remain competitive when training and development of employees is emphasized. An exploratory study carried out by Onyango and Wanyoike (2014) titled investigation on the effect of training on health workers performance in Siaya County, findings revealed that training positively influences employee performance.

Kenya's first service delivery indicators of 12th July, 2013 revealed that the country does better on the resources availability such as equipment and physical facilities than it does on the provision of knowledge. Significantly more investment is needed on "software" (trained personnel) alongside the available "hardware". Report by HRM Mombasa County strategic plan of July 2015- June -2018 revealedthat public health providers followed less than half (44%) of the correct treatment action needed for the management of maternal and neonatal complications. In addition, significant gap exists among both private and public providers in the health sector. Only 58% of public health providers could correctly distinguish common conditions (such as diarrhea and dehydration or aneamia with malaria). Despite this better performance has been observed in public hospitals although the country has lagged behind various international benchmark such as WHO goals and the 2001 Abuja declaration (KIPPRA, 2017). Child survival has improved over the last five decades with a reduction of infant and maternal mortality rates of less than five years, this may be attributed to improved nutritional status of children with significant difference in the arid and semi- arid counties (KIPPRA, 2018).

The average length of stay in the hospital which is an indicator of efficiency in the provision of inpatient healthcare in the hospital, fell from 8.9 days in 2015/2016 to 8.6 days in 2016/2017 in Kenya. However in the year 2017/2018 there was a prolongation due to industrial action by cadres of health personnel, this affected health service delivery and performance (GoK, 2018). Human resources for health (HRH) is perquisite for providing quality health services and results. Efficiency in service delivery can be achieved if HRHis distributed appropriately and fairly (KPPRA, 2017). Some problems such as unequal distribution of workforce and unfriendly working environment still remains. In addition, HRH across counties lack effective training, capacity building and overall human resource development which is common to all categories of healthcare professionals (KIPPRA, 2017).

Health service quality delivery is significantly related to customer satisfaction, customer retention, loyalty, cost, and service guarantee and organization growth. A comparative analysis of performance of private hospitals and public hospitals revealed that former entities provide better quality healthcare service compared to the latter (Wilson, 2012). Public hospitals in Kenya have been associated with poor state of customer service, this has led to high turnover, less motivated health workforce and by extension difficulty in guaranteeing 24-hour coverage of health service delivery. Additionally, this has led to problems with patient care, rising operation costs, mainly caused by inefficiencies in health service delivery, compelling some patients to seek for alternative providers and speak ill of public hospitals, this discourages potential clients and by extension potential growth of hospitals This situation is further worsened by poor and unresponsive healthcare systems which they interact with as they seek for healthcare services for example internal processes, interaction with doctors, nurses or other support staffs.

Despite many attempts to improve the situation according to the GoK (2010) report, little has been achieved in promoting the quality of service in public health institutions. This occurrence has been aggravated by scarcity of information on factors that affect service quality delivery in Kenya's public health sector. A study of Moi Teaching and referral hospital (MTRH) in Eldoret by Kinanga,(2014) established poor result with respect to low quality service delivery, inadequate staff competency, high costs of operation and technological issues associated with poor file and record management. In addition, the gap between employee performance appraisals initiatives has not been adequately addressed Kananga (2014), leading to an increase in the number of complaints from the public.

1.2 Statement of the Problem

In organizations where HPWP's are practiced the results include: efficient service delivery, quality outcome and minimal complaints from customers. In Kenya, public hospitals' efficiency and effectiveness have fallen below expectations. In 2015, the Ministry of health revealed that 61% of top management were inadequately skilled, lacked knowledge and expertise through mismanaged health facilities, resulting to loss of lives and finances. Additionally, a WHO report of 2012 indicated that the performance of health workforce in Kenya is below 50%. Study results in Kenya show a dire need for better services: Mwanga (2013) observed that 33.7 % of respondents experienced delay at specialized clinics at KNH while that done by Bisanju (2016), rated

the waiting time satisfaction at a pharmacy, 96% and at the doctor 63%. In Bungoma County, hospitals facilities did not have formal, regular internal feedback system on operational procedures, work cultures or staff complaints. It is further noted that maternal mortality rate stood at 120/100000 deliveries in 2015/2016 but increased to 163/100000 in 2017/2018 (GoK, 2018). Critically, the average length of stay in the hospital which stands at 8.9 days against ideal average time of 5 days (Ayieko, 2009). The above situation has led to decline in hope and trust in public hospitals, brain drain of medical personnel, dilapidated facilities and unnecessary deaths. This study seeks to determine the effect of training and development practices on the performance of level 4-6 public hospitals in Kenya.

1.3 Objectives

To assess the effect of training and development practices on the performance of level 4, 5, and 6 public hospitals in Kenya.

II. Literature Review

This chapter reviews experimental and theoretical literature relevant to training and development practices and performance of level 4, 5, and 6 public hospitals in Kenya. The RBV theory of the firm was pioneered by Barney (1991) and cited by Mwangi (2019). It opines that competitive advantage is created when there is alignment between HR systems and firms strategy. It specifies that organizations contrasts in their unique bundles of assets and capabilities Barney, (2007) advanced by (Hilda, 2017). Barney further argues that a firm becomes competitive by securing, creating and assigning resources more viably so as to add unique value (Mwangi, 2018). In that way HPWP is capable of improving employee's knowledge, skills and abilities and even other resources of the organization resulting to competitive advantage.

The relevance of the theory to this study is that it places emphasis on organizational future resources which are the foundation for competitive strength if well and properly exploited. Furthermore, the theory addresses key independent variables in this study such as training and development meant for employee skills, abilities and knowledge enhancement.

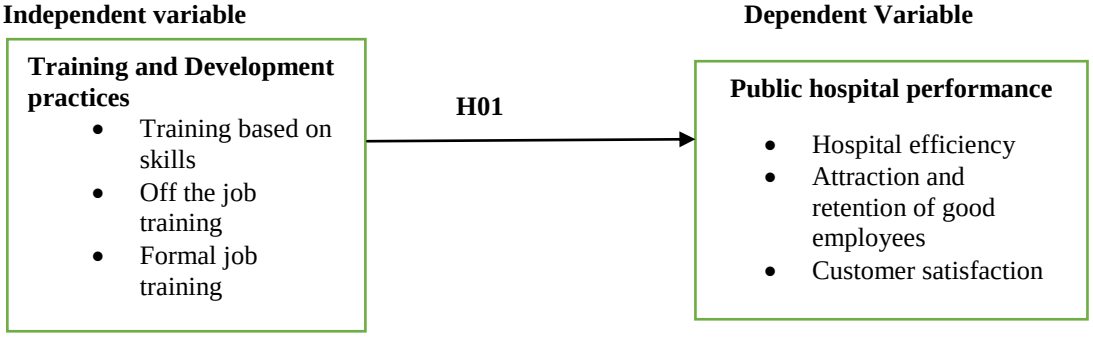
2.2 Empirical Studies

Training and development is a significant variable in increasing organizations productivity and efficiency (Miguel, 2019).The purpose of training is to improve skills, increase efficiency, knowledge, expand the quality of work, understanding behaviors and attitude, it improves development of employees and guarantee the productivity of the organization. According to Kyule (2017), organizations only remain competitive when training and development of employees is emphasized. Training is a learning process that enables an employee to acquire knowledge, skills, experience and attitudes for better performance of their jobs and achievement of their organization goals. Issahaku, (2013) conducted a study on enhancement of employee performance through training in a case of Tamale teaching hospital in Ghana. Target population was 1597 employees with a sample size of 160 Staff categories that included doctors, nurses, pharmacists, biomedical scientists and support staffs and it supported the assertion that training improves employee performance with recommendation that there is need for emphasis on training program to be intensified.

Employee development refers the development of employees' ability and the entire organization. The direct link between employee development and performance is key since highly developed employees are more satisfied with their jobs and hence organization effectiveness (Abdul & Waheed 2011). Studies conducted by Kamau and Omondi (2015), Boadu (2014), Kheamba (2017), Onyango and Wanyoike (2014), Himabindu (2016) all established that training and development practices is positively correlated with employee performance.

Results from the correlation analysis suggested that, there is strong relationship between employee training and organizational performance that employee training has a huge effect on organizational performance. Yet as Kun (2014) found out in his study on the impact of training and development on employee performance in South Africa certain areas such as management support, training activities, training evaluation, the provision of feedback to employees, and budgeting for continuous training must be looked into. Employee needs for training should be forecasted a head of time so as to reduce the problem of sudden and rush planning which have adverse effect on organizational performance.

2.3 Proposed conceptual framework



Source: Ogola, Ngure and Sang (2023)

Figure 1: Conceptual framework

Hypothesis

The above conceptual framework is drawn and informed by the following hypothesis:

H01: There is no statistically significant effect of training and development practices on performance of level 4,5 and 6 public hospital in Kenya.

III. Research Methodology

This chapter describes methodology of this study, highlighting research design, target population, sample size and sampling technique, data collection instruments and procedures, pilot study, methods of data analysis and presentation. Descriptive survey research design and stratified simple random sampling techniques were used. The research philosophy was based on pragmatism. The targeted population consisted of 180 public hospitals (level 4-6 public hospitals) in Kenya. A sample size of 123 public hospitals with a total of 369 respondents whereby in each and every unit of analysis three (3) respondents classified in the category of top, middle and lower level management were selected. Sample size was computed using Fischer's formula (n=Z2pq/d2, where n= desired sample size, Z= Normal standard deviation corresponding to 95%, P=Proportion of the population estimated to have desired characteristics, Q= proportion of population not having the particular characteristics, d= Level of statistical significance usually set at 0.05 level. The empirical model for relationship between independent and dependent variables was determined using multiple regression analysis. Data collection instruments consisted of use of questionnaires while data collection method consisted of drop and pick method. Pilot study was conducted on 37 employees across different levels of management, this represented 10% at most of the actual sample size. This was done to fine tune data collection tools. Frequencies and percentages were used for descriptive data analysis while inferential statistics was analyzed using as analysis of variance (ANOVA), Pearson correlation, and Statistical packages for social science (SPSS) version 22. Factor analysis was carried out using exploratory factor analysis (EFA) and Confirmatory Factor analysis (CFA). Diagnostic analysis was done using multicollinearity, normality, outliers, homoscedasticity, and autocorrelation tests. Data was presented using frequency distribution tables and graphs.

IV. Discussions And Interpretation Of Results

This chapter majorly focuses on study outcome as stated in the research objective. Response rate outcomes revealed that out of 369 respondents, 259 (70.90%) responded while 110 (29.81%) did not respond. Reliability of results revealed that all variables were reliable in the study and have good internal consistency Apha coefficient values above 0.7.Construct validity result for all variables revealing KMO value exceeding 0.5 implying that they were all valid.

Response rate

Table 1: Response rate outcome

Response	Frequency	Percentage
Returned	259	70.19%
Non-returned	110	29.81%
Total	369	100%

Source: Ogola, Ngure and Sang (2022)

Reliability results

Table 2: Reliability results

Variable	Cronbach's Alpha	Number of items	Comment
Training and Development practices	0.715	9	Reliable

Source: Ogola, Ngure and Sang (2022)

Validity results

Table 3: Construct validity results

Variable	KMO	Chi-square	Sig
Training and Development practices	0.556	135.181	0.000

Source: Ogola, Ngure and Sang (2023)

4.1 Descriptive Results

4.1.1 Training and Development Practices

Descriptive results of this study were presented in Table 1.

Table 4: Descriptive Analysis for Training and Development practices

Statement	Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Mean	Std.Dev
In our public hospitals (4-6) employees are rarely trained in skills related to their jobs.	7.00%	20.50%	0.40%	36.00%	36.00%	3.74	1.32
In our public hospitals (4-6) employees often get always extensive training on specific and generic skills.	11.20%	14.70%	9.70%	36.40%	27.90%	3.55	1.33
In our public hospitals (4-6) seminars and workshops are oftenly done to staffs to enhance their abilities.	15.90%	8.50%	8.10%	43.00%	24.40%	3.52	1.37
In our public hospitals (4-6) staffs are often been equipped with various skills and can do more than one task.	8.10%	17.80%	5.80%	42.60%	25.60%	3.60	1.27
In our public hospitals (4-6), the core group of workers has had off the job training which has enhanced team work.	8.10%	25.20%	10.90%	39.90%	15.90%	3.30	1.24
In our public hospital (4-6) hardly give workers official training on the premise.	13.60%	23.30%	5.00%	24.40%	33.70%	3.41	1.48
In our public hospital (4-6) employee training is good and operative.	5.80%	19.00%	10.90%	36.00%	28.30%	3.62	1.24
In our public hospital (4-6) manager hardly provide employees with opportunities for training and development.	5.40%	33.30%	8.90%	21.70%	30.60%	3.39	1.36
In our public hospitals (4-6) staffs are contented with training done during orientation.	9.30%	14.00%	13.60%	37.20%	26.00%	3.57	1.27
Average						**3.52**	**1.32**

Source: Ogola, Ngure and Sang (2023)

The statements with the highest mean included; employees are rarely trained in skills related to their jobs (Mean=3.74, Std. Dev=1.32), employee training in public hospitals (4-6) is good and operative (Mean=3.62, Std. Dev=1.24), employees in public hospitals (4-6) have oftenly been equipped with various skills and can do more than one task (Mean=3.60, Std. Dev=1.27).

The statements with the lowest means include; core group of workers in our public hospital (4-6) has had off – the job training in the past year and it improved communication and team work (Mean=3.30, Std. Dev=1.24), In our public hospital (4-6) managers hardly given employees with sufficient opportunities for on the job training and development provides them with sufficient opportunities for training and development

(Mean=3.39, Std. Dev=1.36). In our public hospitals (4-6) workers are hardly given official job training on the premise.(Mean=3.41, Std. Dev=1.48).

This implied that most public hospitals provided the employees with training opportunities. However, though the training opportunities equipped the employees with variety of skills, the training did not focus on their specific jobs. In addition, the training did not equip them with networking skills.

4.1.2 Performance of Public Hospital

Descriptive statistic for public hospital performance is presented in Table 5.

Table 5: Descriptive Analysis for Public Hospital Performance

Statement	Strongly disagree	Disagree	No opinion	Agree	Strongly agree	Mean	Std. Dev
Our public hospital (4-6) is able to pay all its bills in time	9.30%	14.70%	12.40%	45.00%	18.60%	3.49	1.22
Our public hospital (4-6) is able to attract qualified and competent employees.	8.10%	15.10%	10.50%	51.20%	15.10%	3.50	1.16
Our public hospitals (4-6) is able to retain essential employee	7.00%	18.60%	8.10%	44.20%	22.10%	3.56	1.22
Our public hospitals (4-6) has high degree of Customer satisfaction	10.50%	18.60%	8.10%	46.50%	16.30%	3.40	1.25
Our public hospitals (4-6) is able to offer good and quality services to its customers	9.30%	9.30%	11.20%	47.30%	22.90%	3.65	1.20
Customers complains have been reducing in the last five years	7.00%	8.10%	7.40%	62.80%	14.70%	3.70	1.04
The number of patients served annually has been increasing in the last five years.	3.10%	13.20%	8.10%	43.00%	32.60%	3.89	1.10
Staffs working in public hospital (4-6) are very efficient	3.90%	8.10%	5.80%	51.20%	31.00%	3.97	1.02
Average						**3.65**	**1.15**

Source: Ogola, Ngure and Sang (2023)

The statements with the highest mean included; Our public hospitals (4-6) has very efficient staffs (Mean=3.97, Std. Dev=1.02). In our public hospitals (4-6) the number of patients served annually has been increasing in the last five years (Mean=3.89, Std. Dev=1.10), In our public hospitals (4-6) customers complaints have been reducing in the last five years (Mean=3.70, Std. Dev=1.04), our public hospitals (4-6) is able to offer good and quality services to its customers (Mean=3.65, Std. Dev=1.20). This implied that the respondents were in agreement with the above statements.

The statements with the lowest mean included; the public hospitals has high degree of Customer satisfaction (Mean=3.40, Std. Dev=1.25), our public hospitals (4-6) is able to pay all its bills in time (Mean=3.49, Std. Dev=1.22). This implied that the respondents had no opinion about the statements. The finding above infers that though there are some aspects of performance that were improving in public hospitals (4-6), others were not pleasing. For example, most public hospitals have had an increase in number of customers they are receiving but they were not able to pay all their bills. The customers were also not satisfied with the services offered by the public hospitals.

4.2 Factor Analysis

This analysis was done to reduce on the number of statements in each variable. KMO measure of sampling adequacy for factorability tests and communalities for each of variable were extracted and those variables with values less than 0.4 were deemed insignificant and therefore dropped from any further analysis. The extraction of the eigen values indicated the number of factors upon which the variables scoring more than 0.4 could be clustered into one factor. Finally, a scree plot was done to determine how many factors to be included in the final analysis of the study.

4.2.1 Factor Analysis for Training and development practices

a) Factorability Test for Training and Development Practices

The results of the KMO and Bartlett's Test are summarized in Table 6.

Table 6: Kaiser-Meyer-Olkin Measure of Training and development practices

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**0.696**
Bartlett's Test of Sphericity	Approx. Chi-Square	367.92

	Df	36
	Sig.	0.000

Source: Ogola, Ngure and Sang (2023)

The KMO test results using the Bartlett's Test of Sphericity was 0.696 at Chi-square = 367.92 with 36 degree of freedom, at $p < 0.05$ were highly significant. The results provided a good justification to conduct further statistical tests by extracting the employee training and development practices communalities.

b) Communalities for Training and Development Practices

The communalities for employee training and development practices were presented in Table 7.

Table 7: Communalities for Training and Development Practices

	Initial	Extraction
In our public hospitals (4-6) employees are rarely trained on skills related to their jobs.	1	0.571
In our public hospitals (4-6) employees often get extensive training on hospitals specific and generic skills.	1	0.679
In our public hospitals (4-6) seminars and workshops are oftenly held for staffs to enhance their abilities.	1	0.555
In our public hospitals (4-6) staffs have often been equipped with various skills and can perform more than one task	1	0.658
In our public hospitals, (4-6) core group of workers has had off –the job training in the past year and its improved communication and team working.	1	0.595
In our public hospitals (4-6) workers are hardly given official job training on the premise.	1	0.729
In our public hospital (4-6) Employee training in my organization is good and operative.	1	0.334
In our public hospital (4-6) my manager hardly provide employees with sufficient opportunities for on the job training and development.	1	0.399
In our public hospitals (4-6) staffs are contented with the training done during orientation.	1	0.459

Source: Ogola, Ngure and Sang (2023)

From the statements above, two statements were rejected since they had a factor loading less than 0.4.

c) Total Variance for Training and Development Practices

Table 8 presents the results of the rotated component for training and development practices.

Table 8: Results of Total Variance forTraining and Development practices

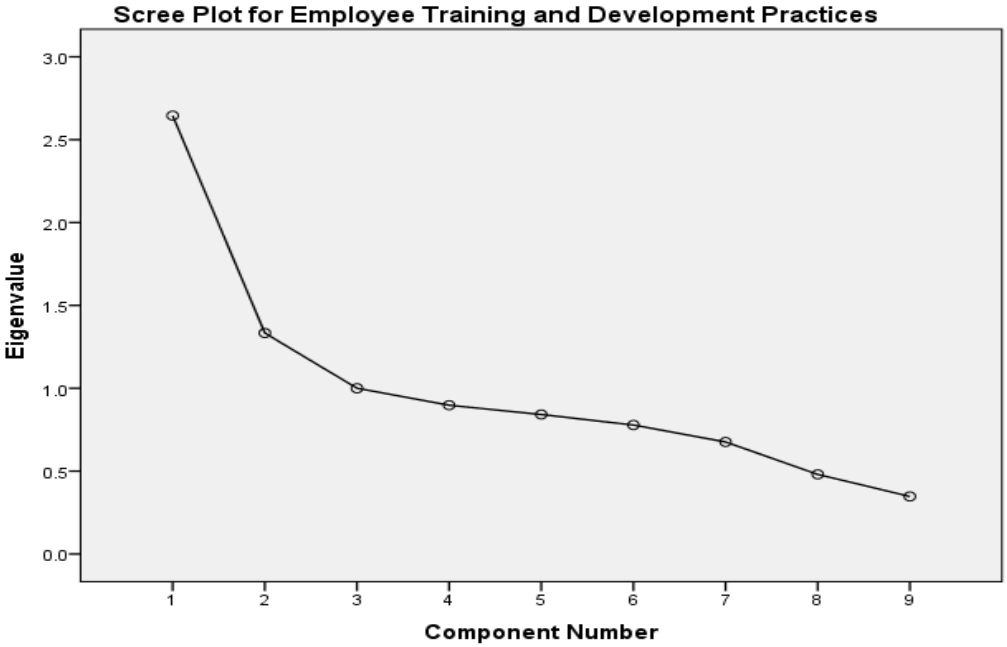
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.645	29.39	29.39	2.645	29.39	29.39
2	1.334	14.818	44.209	1.334	14.818	44.209
3	1	11.112	55.321	1	11.112	55.321
4	0.898	9.974	65.295			
5	0.842	9.355	74.65			
6	0.778	8.647	83.297			
7	0.676	7.51	90.807			
8	0.48	5.337	96.144			
9	0.347	3.856	100			

Source: Ogola, Ngure and Sang (2023)

Results showed that three components were rotated based on the eigenvalues greater than one criterion. The first component accounted for 29.39% of variance, the second component is 14.818% while the third component accounted for 11.112% of the variance. The total variance explained by the three components extracted is 55.321%. This conveys that components 1 to 3 are the ones to focus on as indicated by their high Eigenvalues.

d) Scree plot for Employee Training and Development Practices

In order to physically visualize the components that are important to retain a scree plot was generated.



Source: Ogola, Ngure and Sang (2023)

Figure 2: Scree Plot for training and development practices

From the figure above three components can be retained since the curve is leveling off after the three. The scree plot thus confirms retaining three components as observed in the total variance explained. The point of interest is where the curve starts to flatten (the Elbow). The curve in the figure above has started to flatten from the second statement.

e) Rotated Component Matrix for Training and Development Practices

Table 9 shows the rotated component Matrix for employee training and development practices, it is generated to show the rotated loading of the component, with loading less than 0.4 suppressed.

Table 9: Results of Rotated Component Matrix for Employee Training and Development Practices

	1	2	3
In our public hospitals (4-6) seminars and workshops are oftenly done for staffs to enhance their abilities.	0.725	-0.098	-0.138
In our public hospitals (4-6) staffs have oftenly been equipped with various skills and can do more than one task.	0.727	-0.229	0.277
In our public hospitals (4-6) core group of workers has had off – the job training in the past year and its improved communication and team Working?	0.753	-0.162	-0.034
In public hospitals (4-6) staffs are contented with training done during orientation.	0.633	0.238	-0.039
In our public hospitals (4-6) employee training is good and operative.	0.52	0.188	0.168
In our public hospitals (4-6) employees are rarely trained on skills related to their jobs.	-0.19	0.659	-0.318
In our public hospitals (4-6) my manager hardly give employees opportunities for training and development.	0.037	0.629	0.044
Our public hospital (4-6) workers are hardly given official job training on the premise.	0.169	0.518	0.657
In our public hospitals (4-6) employees receive extensive training in hospital specific skills (e.g. task specific training and generic skills e.g. problem- solving communication skills e.t.c)	0.534	0.235	-0.582

Source: Ogola, Ngure and Sang (2023)

The results above showed that employee training and development practices can be grouped into three factors. The first factor contains 5 statements, the second factor contained of 2 statements while the third factor contained of 2 statements as well. This infers that the first five statements can be grouped into one factor while the last 2 statements can also be grouped into another separate factor.

4.2.2 Factor Analysis for Performance of Public Hospitals

a) Factorability Test for Performance of Public Hospitals

The results of the KMO and Bartlett's Test are summarized in Table 7.

Table 10: Kaiser-Meyer-Olkin Measure of Performance of Public Hospitals

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**0.840**
Bartlett's Test of Sphericity	Approx. Chi-Square	1024.130
	Df	28
	Sig.	0.000

Source: Ogola, Ngure and Sang (2023)

The KMO test results using the Bartlett's Test of Sphericity was 0.840at Chi-square = 1024.130 with 28 degree of freedom, at $p < 0.05$ were highly significant. The outcome provided a good justification to conduct further statistical tests by extracting the performance of public hospitals communalities.

b) Communalities for Performance of Public Hospitals

The communalities for performance of public hospitals were presented in Table 8.

Table 11: Communalities for Performance of Public Hospitals

	Initial	**Extraction**
Our public hospitals (4-6) is able to pay all its bills in time	1	0.598
Our public hospitals (4-6) is able to attract qualified and competent employees.	1	0.756
Our public hospital (4-6) is able to retain essential employee	1	0.82
Our public hospital (4-6) has high degree of Customer satisfaction	1	0.815
Our public hospital (4-6) is able to offer good quality services to its customers	1	0.78
In our public hospitals (4-6) customer complaints have been reducing in the last In our public hospitals (4-6) Customers complains have been reducing in the last five years	1	0.45
In our public hospitals (4-6) the number of patients served annually has been increasing in the last five years.	1	0.563
The staffs working in our public hospitals (4-6) are very efficient	1	0.347

Source: Ogola, Ngure and Sang (2023)

From the statements above, one statement was rejected since they had a factor loading less than 0.4.

c) Total Variance for Performance of Public Hospitals

Table 12 presents the results of the rotated component for HRMP Act.

Table 12: Results of Total Variance forHRMP Act 2012 perceived compliance

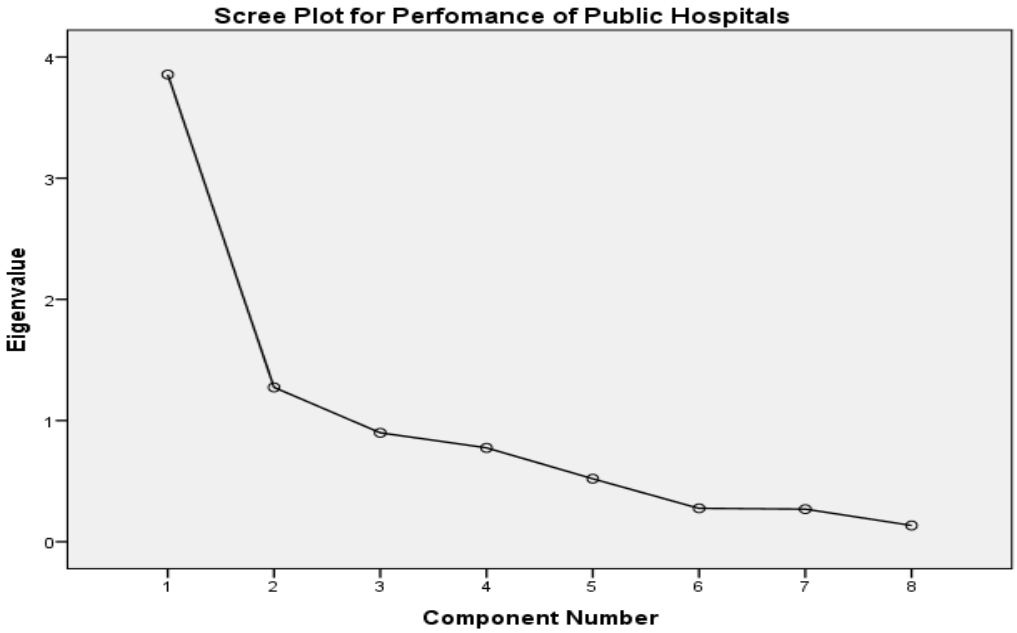
Component	**Initial Eigenvalues**			**Extraction Sums of Squared Loadings**		
	Total	**% of Variance**	**Cumulative %**	**Total**	**% of Variance**	**Cumulative %**
1	3.855	48.191	48.191	3.855	48.191	48.191
2	1.274	15.921	64.112	1.274	15.921	64.112
3	0.899	11.235	75.347			
4	0.775	9.682	85.029			
5	0.52	6.495	91.524			
6	0.275	3.444	94.967			
7	0.269	3.36	98.328			
8	0.134	1.672	100			

Source: Ogola, Ngure and Sang (2023)

Results showed that two components were rotated based on the eigenvalues greater than one criterion. The first component accounted for 48.191% of variance while the second component accounted for 15.921% of the variance. The total variance explained by the two component extracted is 64.112%. This implies that components 1 and 2 are the ones to focus on as indicated by their high Eigenvalues.

d) Scree plot for Performance of Public Hospitals

Scree plot for Performance of Public Hospitals was presented in Figure 2.



Source: Ogola, Ngure and Sang(2023**)**

Figure 3: Scree Plot for Performance of Public Hospitals

From the figure above two components can be retained since the curve is leveling off after the first two components. The scree plot thus confirms retaining two components as observed in the total variance explained with eigenvalues >1. The point of interest is where the curve starts to flatten (the Elbow). The curve in the figure above has started to flatten from the second statement.

e) Rotated Component Matrix for Performance of Public Hospitals

Table 13 shows the rotated component Matrix for Performance of Public Hospitals

Table 13: Results of Rotated Component Matrix for Performance of Public Hospitals

	1	2
Our public hospitals (4-6) is able to pay all its bills in time	0.766	-0.106
Our public hospitals (4-6) is able to attract qualified and competent employees.	0.869	0.027
Our public hospitals (4-6) is able to retain essential employee	0.891	-0.16
Our public hospitals (4-6) has high degree of Customer satisfaction	0.886	-0.174
Our public hospitals(4-6) is able to offer good quality services to its customers	0.883	0.029
In our public hospitals (4-6) Customers complaints have been reducing in the last five years	0.068	0.667
The number of patients served annually has been increasing in the last five years.	0.16	0.733
The staffs working our public hospitals (4-6) are very efficient	0.353	0.472

Source: Ogola, Ngure and Sang (2023)

The results above showed that HRMP Act 2012 perceived compliance can be grouped into two factors. The first factor contains 5 statements while the second factor contained of only three statements.

4.3 Correlation Results

To understand the connection between the independent variables and the dependent variable correlation analysis was performedto show the strength of the relationship of the independent variable and the dependent variable. Results were presented in Table 11.

Table 14: Correlation Results

		Public hospital performance	Training and Development Practices
Public hospital performance	Pearson Correlation	1.000	
	Sig. (2-tailed)		
Training and Development Practices	Pearson Correlation	.781**	1.000
	Sig. (2-tailed)	0.000	

Source: Ogola, Ngure and Sang (2023)

Results showed that employee training and practices have a positive and significant correlation with public hospital performance (r=0.781, p=0.000). This implied that employee training and practices had a strong correlation with public hospital performance.

4.4 Regression Results

The objective of the study was to determine the effect of employee training and development practices on the performance of level 4, 5 and 6 public hospitals in Kenya**.** The results presented in Table 12 present the fitness of model.

Table 15: Model Fitness for Employee Training and Development Practice

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.781a	0.611	0.609	0.46857

Source: Ogola, Ngure and Sang (2023)

Employee training and development practices were found to be good enough in explaining performance of level 4, 5 and 6 public hospitals in Kenya. This is supported by coefficient of determination also known as the R^2 of 0.611. This means that the model fitness found out that employee training and development practice explain 61.1% of the variations in the dependent variable (all other factors held constant) which is performance of level 4, 5 and 6 public hospitals in Kenya. To determine the suitability of extensive employee training and development practice as a predictor for performance of public hospitals the ANOVA was computed. Table 13 presents the results.

Table 16: ANOVA Results

	Sum of Squares	df	Mean Square	F	Sig.
Regression	88.107	1	88.107	401.298	.000b
Residual	56.206	256	0.22		
Total	144.313	257			

Source: Ogola, Ngure and Sang (2023)

Table 16 indicated that employee training and development practices was a good predictor of performance of public hospitals as represented by an F statistic of 401.298 and the reported p value of 0.000, which was less than the conventional probability of 0.05 significance level. This implies that the employee training and development practices have statistically significant effect on performance of public hospitals at a 95% confidence level. Based on these results the study rejected the $H_0$2hypothesis that stated that there is no statistically significant effect of employee training and development practices on performance of level 4, 5 and 6 public hospital in Kenya and concluded that there is a statistically significant effect of employee training and development practices on performance of level 4, 5 and 6 public hospitals in Kenya.

Regression of Coefficient significance of employee training and development practices and performance of public hospitals was presented in Table 14.

Table 17: Regression of Coefficient for Employee Training and Development Practices

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.432	0.163		2.651	0.009
Employee Training and Development	0.913	0.046	0.781	20.032	0.000

Source: Ogola, Ngure and Sang (2023)
Regression of coefficients showed thatemployee training and development practices and performance of public hospitals were positively and significantly related (β=0.913, p=0.000).
Performance of public hospitals = 0.432 + 0.913 training and development practices

V. Conclusions And Recommendations

The study concluded that commitment to learning by employees' yields a higher level of job satisfaction and hence positive effect on their performance. In addition to that, holding workshops and seminars for employees in organization helps to improve employees' skills. In addition, most hospitals has had off – the job training in the past year and its improved communication and team work. The study also concluded that among the four variables, training and development practices had the highest influence on performance of level 4,5 and 6 public hospitals in Kenya (β=0.456). The study further concluded that commitment to learning by employees' yields a higher level of job satisfaction and hence positive effect on their performance. In addition to that holding workshops and seminars for workers in an entity helps to improve employee skills.

VI. Recommendations

The study recommended that public hospitals ought to have an effective training system to their employees so as to enhance their performance. The hospital management also need to frequently provide their employees with opportunities for training and development. Organizations also ought to make sure their employees are fully satisfied with their induction training. This is because training of employees' yields a higher level of job satisfaction and hence positive effect on their performance.

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