Rewards on the Performance of Mental Health Professionals Working in Selected Psychiatric Hospitals in Kenya

Fredrick Wambu[1*], Musa Oluoch[1] & Wanja Tenambergen[2]

[1]*Kenya Methodist University, Kenya*

[2]*Riara University, Kenya*

**Corresponding author: wambufredrick2023@gmail.com*

https://doi.org/10.62049/jkncu.v6i2.611

Abstract

The management and upkeep of the employment relationship, which includes handling the pay-work agreement, handling employment practices, terms and conditions of employment, issues arising from employment, giving employees a voice, and communicating with employees, are all under the purview of employer-employee relations. This study aims to investigate the impact of rewards on mental health practitioners' performance. The study used mixed methodologies in a cross-sectional descriptive research design. Gilgil Mental Hospital and Mathari National Teaching were the study's locations. 230 mental health professionals, including consultant psychiatrists, psychiatric nurses, psychologists, occupational therapists, and medical social workers, were among the study's target group. From the target population, 146 respondents were chosen as a sample using stratified random proportionate sampling. Ten key informants, including two chief psychiatrists, psychiatric nurses, counseling psychologists, occupational therapists, and medical social workers, were chosen through the use of purposeful sampling. Questionnaires and timetables for interviewing key informants were used to gather data. Data was gathered in both qualitative and quantitative forms. While content analysis was used to study qualitative data, inferential and descriptive statistics were used to analyze quantitative data. According to the study's findings, rewards had a negligible statistical impact on mental health practitioners. There was no statistically significant increase in work performance as a result of the employee rewards ($\beta = 0.068$; p value = 0.462). According to this study, in order for mental health professionals to understand the work that hospital organizations are performing, they need be made aware of the various financial and non-financial compensation schemes.

Keywords: Rewards, Influence, Performance, Mental Health Professionals

Introduction

All incentive programs operate under the presumption that providing rewards to employees would encourage, attract, and retain talent. As a result, any reward scheme that falls short of these goals would be deemed ineffectual. Researchers in this subject have long maintained that the greatest way to encourage and boost employees' morale is through financial compensation (Adegoke, 2014). However, as of late, management has come to doubt the necessity of paying workers on time. Managers are forced to bend backward by misappropriating funds for frivolities and other purposes rather than paying employees what is owed due to institutional corruption, prejudice, and overt nepotism (Alvi, 2017).

Pay scales may be determined by long-standing systems that were established in the past and haven't been updated in response to changes in market prices or inflation. In most cases, these arrangements aren't based on discussions or agreements (Deresky, 2017). In light of this, the researchers choose to look into how performance in the Mental Hospital (MH) is affected by monetary and non-monetary rewards. Every company, but MH in particular, needs to have a strategic staff reward program. Rewards are significant in organizational settings. Monetary rewards, also known as tangible returns, comprise financial compensation in the form of bonuses, increments, short- and long-term incentives, as well as additional advantages like income protection and allowances (Mulwa, 2016).

Profit sharing, merit rating, and work appraisal are examples of monetary rewards. Profit sharing, also known as rewarding exceptional performance, is the practice of giving company profits to all of its employees based on how well they perform there (Lund, 2017). Numerous factors have been identified and used for the goal of inter-job comparison in the context of job appraisal. The wage structure is then based on the overall grade for each job. The working environment as well as the individual's physical and mental qualities were assessed. Basic salary, bonuses, merit pay, or the cost of living are other instances of financial rewards (Tahir, et al., 2014).

The amount earned as a wage or salary is known as basic pay. Merit pay, it is argued, is a basic term for any mechanism that is used to adjust salaries or provide compensation to reward higher level employee tasks in an organization (Tukunimulongo, 2016). Merit pay is used as a tool by an organization to motivate employees, so it can increase their level of performance and minimize potential conflicts and challenges from employees. Basic pay is the fixed payment paid to an employee for performing their specific job responsibilities. It is more probable that merit compensation will be viewed as an incentive scheme. Furthermore, merit pay which is the distribution of pay increases according to individual performance is one of the most widely adopted compensation strategies by the majority of private (Zumrah, 2015).

A performance bonus is a financial incentive that employers pay to staff members in accordance with their performance reviews and the success of the company. It takes skill and effort to implement a bonus plan successfully in a business (Kossek, Kalliath & Kalliath, 2017). The effectiveness of the goal-setting process and organizational performance are key components of a successful bonus plan. Employees, particularly those in lower positions, have a preference for monetary benefits in the form of bonuses, company-paid travel, merchandise from a rewards catalog, or services like paid cable or a cell phone (Dong & Li, 2017). Therefore, the term "monetary rewards" also refers to the financial incentives that companies provide to staff members in return for their recognition and contribution to the company's productivity.

Non-monetary benefits, such as recognition, status, employment security, and others, are also known as rational returns or intangible returns. Non-monetary benefits include the manager's gratitude and compliments. Thus, thanking staff members for their work. The chance to grow and learn as an employee inside the company, flexible work schedules, employer recognition, the chance to make a contribution, and independence and autonomy in their respective fields of work are a few more examples of non-monetary rewards (Challinor, 2016). Non-monetary rewards also include the manager's appreciation of the employee and their freedom to make mistakes during a learning opportunity that affects their performance. An effective strategy for raising staff morale, productivity, and performance is to acknowledge their accomplishments (Alvi, 2017).

Being recognized is a crucial aspect of making someone feel special, and it must originate from highly esteemed individuals in positions of authority, such managers. It is important to provide the employee with learning opportunities. Managing learning opportunities is crucial. When effectively handled, organizational activities can be used as a tool to raise worker performance. There are number of strategies to support employee learning, including providing training, letting them oversee facilities and other resources, and helping them create learning plans that will help them advance their careers and find new positions. Increasing the breadth of work to the maximum extent possible for each individual makes a job challenging and encourages employees to handle and do their jobs with greater vigor (Aldana, 2011). According Kossek, Kalliath, and Kalliath, (2017) in their recommendations they guarantee that employees feel both challenged and appreciative of their work, as difficult work is the first step towards staff retention. First, thoroughly check to see who shouldn't be selected to take on a challenging task at work. Second, foster originality. In order for an employee to grow and become a better performer, the employer must encourage the worker to apply creativity in handling their work. Third, assign which employer has to provide the worker with the chance to demonstrate all of their abilities by allowing them to take on more challenging tasks. Fourth, create an engaging training program that would increase employee retention. They can become skilled workers with expertise in their fields of employment through training. Finally, allow people to make mistakes while they work to improve things. Employees should be free to make mistakes because they will learn from them and grow into better people (Alvi, U. (2017).

Managers in Kenya seem to be indifferent to employees' motivation, particularly in healthcare companies. The system of rewards is frequently not particularly motivating. Low salaries and wages are occasionally not paid when they are due. These are the issues that bother the hearts and minds of laborers, and these researchers appear to be the main reason behind Kenyan laborers' carefree approach to their jobs. This appears to be the cause of Kenya's extremely low GDP as well as the country's significant brain drain (Tukunimulongo, 2016). Therefore, the purpose of this study is to precisely clarify the relationship between employee performance and monetary reward systems. The researchers are not aware of any similar studies that have been done on the aforementioned institution, but studies about other institutions that have been generalized to include but not be exhaustive.

Methodology

The study adopted cross-sectional descriptive research with mixed methods of approach in generating rich information to help fully explore the study objectives. The study was conducted in Mathari National Teaching and referral hospital and Gilgil Mental Hospital. The study targeted population includes 230 mental health professionals drawn from consultant psychiatrist, psychiatric nurses, psychologists,

occupational therapists and medical social workers. Stratified random proportionate sampling was used to select a sample of 146 respondents from the target population. Purposive sampling was utilized to select two psychiatric hospitals and ten key informants who included: two chief psychiatrists, psychiatric nurses, counselling psychologists, occupational therapists and medical social workers. Data was collected using questionnaires and Key informants interview schedules. Qualitative and quantitative data was collected and analyzed using inferential and descriptive statistics for quantitative data and qualitative data was analyzed using content analysis. Ethical approval by Kenya Methodist university and licensed by NACOSTI /P/23/26242.

Results and Discussions

Demographics Results

This section discusses the sociodemographic characteristics of the respondents to include gender, age, highest completed qualification, workstation, profession and duration worked in the hospital. See Table 1.

Table 1: Social-demographics Characteristics of respondents

Gender	Frequency(n)	Percentage (%)
Female	96	70.1
Male	41	29.9
Age		
20 to 29	32	23.4
30 to 39	40	29.2
40 to 49	25	18.2
50 and above	40	29.2
Qualifications		
Certificate	2	1.5
Diploma	49	35.8
Higher Diploma	33	24.1
Undergraduate	32	23.4
Masters	20	14.6
Doctorate	1	0.7
Work Station		
Mathari National Teaching and Referral Hospital	112	81.8
Gilgil Hospital Mental Health Unit	25	18.2
Professions		
Consultant Psychiatrist	7	5.1
Psychiatrist Nurses	103	75.2
Social Workers	5	3.6
Occupation therapist	9	6.6
Counselling psychologist	13	9.5
Tenure of Service		
1-5years	62	45.6
6-10 years	29	21.3
11-15 years	11	8.1
16-20 years	13	9.6

Over 20 years	21	15.4
Total	137	100

Out of 137 study respondents who participated in the study, 96(70.1%) were female and 41(29.9%) were male. The age of the respondents, 20-39 years, were 32 (23.4%) 30 to 39 years, 40 (29.2%) 40 to 49years, 25 (18.2 %) and those health professionals who were 50 years and above were 40 (29.2%).

It is worth noting that while 40(29.2%) of health professionals working in the selected mental health are over the age of 50 years thus the need to focus on younger professionals to ensure service delivery continuity and succession planning.The findings are corroborated by a human resource audit conducted in both county and national government in 2016 titled (CARPS).Capacity assessment and rationalization of the public service program report (MOH CARPS Report,2016) which reported that the Kenyan public service is faced with an aging workforce where 31% of staff were aged between 50 and 59 years while 30% are in the age bracket of 40 to 49 years. Regarding education status, 2(1.5%) were certificate holders, 49 (35.8%) were diploma holders and 33(24.1%) had Higher National Diploma. On further analysis, 32(23.4%) were undergraduate degree holders, 20 (14.6%) had a master's degree and 1(0.7%) had a doctorate.

Approximately 82 (60%) of the respondents had their highest qualifications at ordinary and higher national diploma level. These results tally with the health workforce survey (MOH, 2021) that reports that many frontline health workers in Kenya are trained at diploma level. Data analyzed various professions of sampled cadres of mental health professionals with reference to the respondent's profession, Psychiatrists represented 7% of the respondent's majority 103(75.2%) were nurses and 12(8.8%) were clinical psychologists furthermore 9(6.6%) were occupational therapists and 5(3.6%) were social workers.

These findings are consistent with the (Kenya health workforce survey report (2021); WHO, Health Market Labour Analysis Report, 2020; and State of World Nursing Report ,2020) which states that nurses are the backbone of healthcare systems globally and they account for more than half of all frontline health care workers. The Kenyan Health market labour analysis done by the Ministry of Health (MOH,2021) reported that Nurses account for 58% of health workforce while doctors account for 7(5.1%) of the total work force. (MOH,2021). On further analysis, 62(45.6 %) of the respondents had worked in their respective hospitals for less than five years. were, those who had worked for 6 to 10 years were 29 (21.8%), 6 to 10 years were 29 (21.2%), 11 to 15 years were 11(8.1%). Furthermore, 13(9.6%) have worked for 16 to 20 years and 21(15.4%) have for more than 20 years. Majority, 91(66.4%) have worked for less than 10 years in their respective facilities and therefore are well informed, experienced about the processes and working in mental health unit.

Performance of Health Professionals in Mental Hospitals

In this study the outcome variable was performance of health professionals in mental hospitals (See Table 2.The results on competency revealed that the respondents agreed attitude towards the care of patients was good (Mean, 4.60) and that they felt confident about their ability to do their job (Mean, 4.51).In terms of responsiveness, the respondents agreed that the health workers were always willing to address the clinical and emotional demands of the patients (Mean, 3.92) and that clients were satisfied with the quality of services that they received (Mean, 3.88).On health workers availability at the facility, results show that there was an agreement that they spend most of their time at work attending to the patients (Mean, 4.24) and that they were always present during the official working hours (Mean, 4.37).

Table 2: Performance of mental health professionals

Statement	SD n (%)	D n (%)	U n (%)	A n (%)	SA n (%)	Mean	Std. Dev
Competency							
I am confident about my ability to do my job.	5(3.6)	-	3(2.2)	44(29.9)	87(63.5)	4.51	0.861
I always improve my knowledge and skills through continuous professional education.	7(5.1)	2(1.5)	8(5.8)	52(38.0)	67(48.9)	4.25	1.009
I use my knowledge and skills to improve safety of patients.	6(4.4)	-	3(2.2)	46(33.6)	82(59.9)	4.45	0.907
My attitude towards the care of patients is good.	4(2.9)	-	3(2.2)	33(24.1)	97(70.8)	4.60	0.799
Responsiveness							
Clients are satisfied with the quality of services we provide.	5(3.6)	8(5.8)	18(13.1)	73(53.3)	32(23.4)	3.88	0.963
Clients are satisfied with the timeliness of services.	6(4.4)	13(9.5)	27(19.7)	69(50.4)	20(14.5)	3.62	1.118
Complaints from stakeholders towards individual health workers are rare.	7(5.1)	20(14.6)	21(15.3)	61(44.3)	27(19.7)	3.60	0.999
The health workers are always willing to address the clinical and emotional demands of the patients.	8(5.8)	10(7.3)	15(10.9)	53(38.7)	48(35.0)	3.92	1.144
Availability							
My department has an attendance register which is filled by every staff member.	24(17.5)	23(16.8)	12(8.8)	44(32.1)	33(24.1)	3.29	1.450
I spend most of my time at work attending to the patients.	8(5.8)	4(2.9)	3(3.3)	53(33.7)	68(49.6)	4.24	1.058
I am always present during the official working hours.	7(5.1)	3(2.2)	2(1.5)	44(32.1)	79(57.0)	4.37	1.013
Patient waiting time in our hospital is acceptable.	11(8.0)	19(13.9)	20(14.6)	53(33.7)	33(24.1)	3.57	1.227

The findings are corroborated by the Key informants:

"... we do our best for each patient despite a staff shortage in this facility, we are currently operating with almost half of our agreed establishment, we hope to get additional staff in the coming financial year...".

(KII 004, Female)

"... I can confidently say that our psychiatrists and specialized nurses are able to handle all the cases we receive in this facility ..."

(KII 008, Male)

The findings are in tandem with Goggin et al., (2018) on self-reported competency among health workers who stated that repetitive and regular application of a skill refines competency. Findings indicate agreement on spending most of their time at work attending to the patients (Mean, 4.24) and being present during the official working hours (Mean,4.37). The following are excerpts from some key informants:

"…. our patient waiting time is occasionally prolonged when we have clinic days and our counsellors are few …"

(KII 001, Female)

"…. The team we have in this facility is very cohesive and absenteeism is not a concern for us, the staff take their work seriously, monthly work plans assist us in monitoring attendance…"

(KII 005, Female).

Findings in our study are inconsistent with Tumilson et al, (2019) who stated that absenteeism in low- and middle-income countries is characterized by health workers arriving late and leaving early and this is attributed to institutional culture, infrequent supervision and dual practice.

Waithaka et al., (2020) stated that health care provider absence from workstation results in increased patient wait times and may deter patients from seeking healthcare in the future. Findings are incongruent with (WHO,2018) study that attribute health worker's absenteeism with lower rates of diagnostic testing and increased out of pocket payment.

Responses on Rewards System

The fourth objective sought to establish whether rewards play a role in the performance of mental health professionals

Table 3: Role of rewards in the performance of mental health professionals

Statement	SD n(%)	DA n(%)	U n(%)	A n(%)	SA n(%)	Mean	SD
Competitive salary							
I receive a salary as determined by the public /county service scheme of service	16(11.7)	6(4.4)	4(2.9)	56(49)	52(38.0)	3.91	1.29
My salary is paid in full and on time	11(8.0)	6(4.4)	11(8.0)	56(49)	50(36.5)	3.96	1.17
I receive my approved allowances in addition to my basic salary	14(10.2)	9(6.6)	12(8.8)	55(40.1)	46(3.8)	3.81	1.26
Staff salary increments are done regularly and motivate my performance	46(33.6)	44(24.8)	15(11.0)	32(23.5)	9(6.6)	2.44	1.34
Employee recognition							
My supervisor recognizes my good performance	16(11.4)	20(14.6)	19(13.9)	51(37.2)	28(20.4)	2.37	1.19
My supervisor writes a personal thank you note for work well done	61(44.5)	35(25.5)	13(9.5)	18(13.1)	9(6.6)	3.13	1.23

The hospital gives long service awards to employee in recognition of their years of service	43(31.4)	27(19.7)	15(10.9)	36(26.3)	15(10.9)	3.24	1.23
I am satisfied with the hospital's employee recognition program	45(32.8)	32(23.4)	26(19.0)	22(16.1)	11(8.1)	3.19	1.28
Benefits							
I get promotions in accordance with my scheme of service	53(38.7)	24(17.5	17(12.4)	27(19.7)	16(11.7)	2.48	1.46
I have a comprehensive medical cover that caters for my immediate family	17(12.4)	18(13.1)	10(7.3)	55(40.1)	34(24.8)	3.53	1.34
I have access to house, education and car loans at lower negotiated market rates	43(31.4)	40(29.2)	23(16.8)	22(16.1)	9(6.6)	2.37	1.26
I am entitled to retirement benefits including pensions/gratuities	15(10.9)	10(7.3)	12(8.8)	50(36.5)	49(35.8)	3.79	1.30

Findings on role of rewards in the performance of health workforce reveal that the respondents agreed their salaries are paid in full and on time (mean, 3.96), are determined by the public /county service scheme of service, (Mean ,3.91) received allowances as stipulated over and above basic salaries, (Mean ,3.81) and were entitled to a comprehensive medical cover for both the health professional and their family (Mean,3.53). Further findings from key informants:

"... Talking about salaries and statutory deductions, the government has tried to pay on time by the 5th of every month and since 2021 we haven't had a major challenge with salary delays...."

(KII 002 male).

"……My concern is mainly on stagnation in one job group for many years because it affects my benefits in the long run especially at retirement because the civil service structure in the county government is rigid. The majority of my colleagues who work for the ministry of health or in the referral hospitals are actually ahead by one or two job groups compared to those in the county ...." (KII 008 Male).

The findings mirror those of a study done in Calabar teaching hospital on effect of reward system on performance of health care workers which stated that monetary rewards played a role in performance and enhanced motivation and retention (Oyira et al.,2015), further the results are in consonance with a study on role of salaries and wages in the performance of civil servants in Nigeria which reported that there is a link between performance of civil servants and salary package. However, these findings contrast with those of Chowdhury (2021), who studied on effect of financial performance-based incentives on performance of community health workers in Uganda and established that large incentives significantly influenced performance more than smaller incentives and ultimately the larger performance-based incentives overshadowed community health workers and made them downplay and neglect unrewarded activities.

The respondents disagreed that they were satisfied with hospital employee recognition program (mean 3.19) and the promotions were not affected as stipulated on the scheme of service (mean 2.48) furthermore they disagreed that access to benefits like car house, education and car loan at lower negotiated market rates are availed to them (mean,2.37). The results are in tandem with sentiments of a key informant interview:

"…I am of the opinion that the government should do more incentives for the staff to access home loans at low interest rates and probably process refunds for those upgrading their training and paying from their savings because study leave is granted…"

(KII 007 Male).

''…. In my view, recognition of health workers for the work they do and sometimes going beyond the call of duty to care for patients with mental health challenges calls for the hospital management to support them……"

(KII 001, Female)

''…. I believe as supervisors sometimes we do not make time to appreciate the members of our teams on a daily basis to listen to them and understand their needs, if we did it more intentionally it does go a long way in motivating them to perform their work ....."

(KII 004, Female)

Findings resonate with Armstrong and Taylor (2014) who stated that, employee recognition is linked to performance and intrinsic rewards like delegation, empowerment and appreciation along with extrinsic rewards like salary, promotions and bonuses based on a framework of fairness and equity which then eliminates prejudices and alienation because employees when receiving rewards compare themselves with peers of similar skills and competence. This study result resonates with Matheuer (2016), who stated that increased salaries are not the ultimate solutions to low health workforce motivation but a mix of by no means sufficient to solve the problem of low motivation. More money will not automatically enhance performance but rather both financial and non-financial incentives are needed to comprehensively incentivize and boost health workers' motivation. The findings also differ with those of Biro (2015), who indicated that employee recognition is a compelling form of reward which brings celebration to both employee and department accomplishment recognition is a morale booster and resonates well to the employee in a personalized language unlike when generic financial rewards are used.

Table 4: Regression Model

Variable	B	se	T	Sig	95% CI		Tolerance	VIF
Reward	0.068	0.093	0.738	0.462	-0.115	0.251	0.683	1.464
Constant	25.824							

Response Variable: Performance

On the objective to establish whether rewards play a role in the performance of mental health professionals in Kenya. The regression analysis showed that rewards had a statistically insignificant influence on mental health professionals the employee rewards did not lead to statistically significant increase in work performance (β= 0.068; p value =0.462). This finding can be attributed to mental health professionals being dissatisfied with the financial and non-financial rewards systems.

Conclusion and Recommendations

Rewards had a statistically insignificant influence on mental health professionals. The employee rewards did not lead to statistically significant increase in work performance (β= 0.068; p value =0.462). This study recommends that mental health professionals should be sensitized on the available financial and non-financial rewards systems for them to appreciate what the hospital organizations are doing. The hospitals should also work towards ensuring timely and efficient remittance of staff financial and non-financial rewards. Measures such as team building exercises are encouraged to promote teamwork in the workforce.

References

Adegoke, T. G. (2014). Effects of occupational stress on psychological well-being of police employees in Ibadan. *African Research Review, 8*(32), 302–320.

Aldana, S. G. (2011). Financial impact of health promotion programs: A comprehensive review of the literature. *American Journal of Health Promotion, 15*(5), 296–320.

Alvi, U. (2017). The effect of psychological wellbeing on employee job performance: Comparison between the employees of projectized and non-projectized organizations. *Journal of Entrepreneurship & Organization Management, 6*(1), 8–12.

Challinor, A. (2016). Working toward mental wellness: A toolkit for employers about the Ontario Chamber of Commerce. *Mental Health in the Workplace, 3*(1), 48–62.

Deresky, H. (2017). *International management: Managing across borders and cultures*. Pearson Education India.

Development, B. D. (2019, August 2). Mental health within Brand2d. (L. Ombasyi, Interviewer).

Dictionary, B. (2018). Advertising agency. *Business Dictionary*. http://www.businessdictionary.com/definition/advertising-agency.html

Dong, Y., & Li, C. (2017). Enhancing employee creativity via individual skill development and team knowledge sharing: Influences of dual-focused transformational leadership. *Journal of Organizational Behavior, 38*(3), 439–458.

Kossek, E. E., Kalliath, T., & Kalliath, P. (2017). Achieving employee wellbeing in a changing work environment: An expert commentary on current scholarship. *International Journal of Manpower, 3*(59), 602–614.

Lund, C. (2017). Mental health in Africa: A neglected link in the development chain. *Africa Policy Review*. http://africapolicyreview.com/mental-healthin-africa-a-neglected-link-in-the-development-chain

Mulwa, S. M. (2016). *Relationship between corporate wellness programmes, employee efficiency and job performance among the middle level executives of Standard 59 Group*.