

The role of employee incentives on performance: a survey of public hospitals in Kenya

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Abstract

The paper attempts to examine the role of employee incentives on performance in public hospitals in Kenya. In the recent past professionals in public hospitals in Kenya have participated in strikes meant to agitate for an improvement of their overall compensation system. This has been complicated further by the existing public outcry over the questionable quality and nature of healthcare services offered at the public health facilities. The study adopted a descriptive approach based on a correlation design with emphasis on a cross-sectional survey, by considering employee incentives as an independent variable and performance as a dependent variable respectively. The findings revealed that employee incentives played a key role in enhancing performance at both individual and organizational levels, while providing an opportunity for initiatives which are deemed to be instrumental in merging theory and practice in human resource management and development in the public health sector.

Keywords: Incentive; performance; public hospitals

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1. INTRODUCTION

1.1 Background of the problem

Given the global nature of the existing socio-economic challenges, it has become quite difficult for most organizations to cope with the unending employee demands, among them being the provision of an appropriate incentive scheme. Incentives provide an avenue through which management can effectively link performance and competence of the employees (Pay Review, 2013). However organizations offer varied incentive schemes for their employees (Nawab and Bhatti, 2011). According to Franco et al. (2002) an incentive is seen as an available means that is applied so as to influence the willingness of the health sector professionals to enhance their input while maintaining their effort towards attaining organizational goals.

In the recent past public hospitals' professionals in Kenya have participated in strikes meant to agitate for an improvement of their overall compensation system. This has been complicated further by the existing public outcry over the questionable quality and nature of healthcare services offered at the public health facilities (Ndeti et al., 2007, WHO, 2010). The problem is also compounded by the general understanding that individual employee performance impacts directly into organizational productivity in terms of both quality of services delivered and client satisfaction (Ndeti et al., 2008). Indeed the performance of both the individual health professional and the public health facility is very important towards the realization of some of the Millennium Development Goals and more so the Kenya Vision 2030. In a broader perspective, the overall interaction between the health professionals and their respective patients in the public hospitals is a major component on measuring performance of the public health sector in Kenya. Essentially, inadequate and lack of appropriate, relevant and effective incentive strategies in public hospitals is likely to a decline of the delivery of quality health services to the public at large (WHO, 2000).

1.2 Purpose of the study

The purpose of the study was to examine the role of employee incentive systems on performance in public hospitals in Kenya, whose findings formed a basis of a solid conceptual framework meant to guide in the designing and implementation of an effective and efficient incentive scheme for the health professionals in public hospitals.

1.3 Research objective

The research objective is to establish the effect of incentive systems on performance in public hospitals in Kenya.

1.4 Research question

What is the effect of an incentive system on performance in public hospitals?

2. LITERATURE REVIEW

2.1 The study conceptual framework

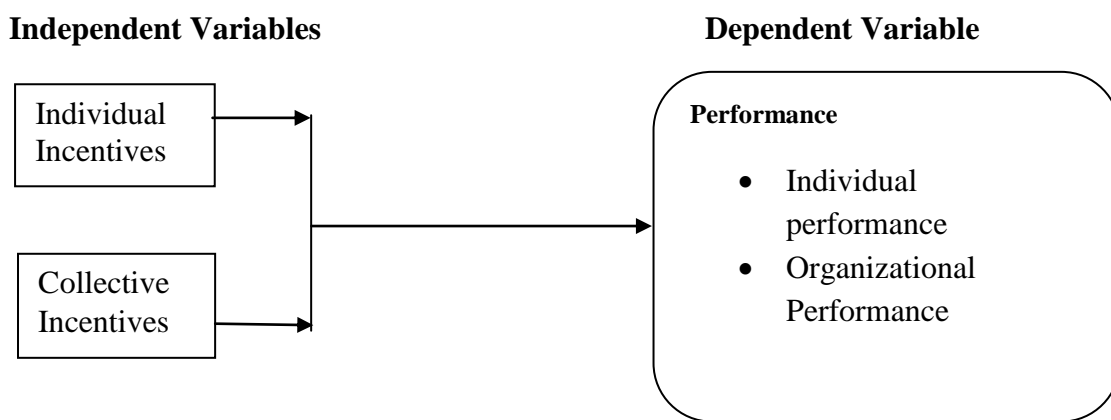


Fig. 2.1: Conceptual Framework

The study was based on a conceptual framework formulated from the available and accessed literature review. The independent variable is represented in two dimensions; first and foremost the individual incentives and secondly the collective incentives. On the other hand the dependent variable comprised of performance as seen through both individual and organizational performance perspectives (Fig. 2.1). An incentive system in the conceptual framework is viewed as a combination of both financial and non-financial incentives provided by the employer targeting both the individual singly and a group as a result of the collective responsibility by a team of health professionals in performing a task successfully. An incentive system is meant to motivate the employee in the organization (Lawler, 2003).

2.2 Expectancy theory

The expectancy theory, developed by Victor Vroom, emphasises on how employees make choices from the available options in order to influence their short-term and long-term behaviours and effort in reference to a given task (Vroom, 1964, Claydon and Beardwell,

2007 and Torrington et al., 2008). The expectancy theory is solidly founded on two variables namely, the valence, which is seen as the perceived value of the outcomes, and the expectancy on the other part which is viewed as the probability that the behaviour through action and effort will lead to a point of yielding the anticipated outcomes (Vroom, 1964). Both valence and expectancy are therefore understood to influence employee job performance. The expectancy theory therefore forms the basis upon which incentive systems justify what the public health sector professionals devote to their organizations. Based on this understanding, the employee asks herself questions such as ‘Will it make a difference by working harder?’ or ‘What is in it for me or for us?’

2.3 Employee incentives and performance

The term incentive refers to something that intends to ignite one and or calls for greater effort to act in a given manner. In the study an incentive referred to an inducement that is given to the health professionals in public hospitals in order to motivate, encourage and maintain a desired behaviour (Allen and Kilmann, 2001). According to Hicks and Adams (2003), incentives are mechanisms aimed at achieving a specific change in behaviour. Whereas performance refers to how well an employee fulfils assigned task through effort and skill, an incentive refers to an inducement for a desired action. Incentive pay is a form of compensation given to employees upon attainment of some form of job performance (Armstrong, 2009). Organizations have resorted into the adoption of relevant and appropriate incentives in order to encourage employees to elicit their best skills while increasing their effort (Yap et al., 2009). Various forms of incentive plans are offered to employees, such as commission and bonus awards. Similarly, Franco et al. (2002) identified incentives as a means applied by the employer so as to influence the health professionals’ willingness to exert and maintain effort towards attaining organization goals. In the case of public hospitals in Kenya, the provision of effective and appropriate incentives to the health professionals entirely rests on the governments and by extension other major stakeholder.

Incentives are used by organizations in order to reach certain goals, encourage a certain behavior and team-spirit for collective awards. Incentive systems are not universally applicable, but are likely to play a role in enhancing individual effort or performance where the conditions and the scheme designed are right (Manjunath and Rajesh, 2012). A balanced incentive program introduced in an organization is likely to motivate employees and as a result lead to improved performance (Petrescu and Simon, 2008). Both monetary and non-monetary incentives can be used in this case. However, it has been shown that non-monetary

incentives are proving themselves as being more effective tools in the workplace than the monetary incentives (Nolan, 2012 and Priyca et al., 2011). There is need to link the individual employee incentives to the organizational objectives in order to provide them with a touch or a feeling of ownership of their assigned jobs (Lee and Chen, 2011). Unlike individual incentives, the group incentives encourage team spirit. For example when each employee in the group realizes that they all have equal responsibility in attaining a certain performance target, they encourage one another to work harder, by virtue of the fact that one's gain depends on the partner's input to performance (Chiu et al., 2002).

The study is based on research gaps that are understood to exist due to limited literature resources regarding human resource development for health professionals in the public health sector in Kenya. It is important to understand the perceived expectations regarding incentives of the health professionals working public hospitals from their employer and possibly link their impact on the overall performance in service delivery of both the hospital as a unit and the individual staff.

3. RESEARCH METHODOLOGY

3.1 Research design

The study adopted a descriptive research design based on a correlation research approaches. A cross- section survey was used to collect data from the respondents in the field (Sekaran, 2009). The paper targeted public hospitals obtained through purposive random sampling technique in five selected counties in Kenya. A sample of 205 health professionals in the cadres of doctors, clinical officers and nurses working in public hospitals were obtained through stratified random sampling from the five randomly selected counties in Kenya. This represented at least ten percent of the population in sampled counties.

3.2 Data collection

Both qualitative and quantitative data were collected from the respondents. A questionnaire comprising of both structured and semi-structured items was adopted for the study.

3.3 Data analysis and presentation

Data collected was processed and analyzed by use of suitable techniques with the aid of the Statistical Package for the Social Science Software.

4. DATA ANALYSIS AND DISCUSSION

4.1 Demographic characteristics

Data obtained was entered, cleaned and analyzed through the Statistical Package for Social Sciences software. A total sample of 205 participants was targeted in the study. However, the researcher was able to receive 202 questionnaires from the respondents, giving a response rate of 98.53 percent. According to Hair et al. (1998), in case the response rate is more than 50 percent, it is considered to be acceptable, while if it is more than 80 percent, it is deemed to be more desirable and therefore more acceptable as was the case for this study. The demographic data analysis of the age bracket of the respondents showed that most of the participants were in the 21-30 years bracket comprising of 33.70 percent, while those above 60 years being zero percent (table 4.1).

Table 4.1: The Age Bracket of the Participants.

Age bracket (years)	Frequency (n)	Percentage (%)
21-30	68	33.70
31-40	54	26.70
41-50	49	24.30
51-60	31	15.30
Above 60	0	0
Total	202	100.00

Respondents in the age bracket of 31-40 comprised of 26.70 percent of the respondents, those in the age range of 41-50 attributed for 24.30 percent. It was observed that at least over 84.00 percent of the respondents were aged below 50 years. Based on the analysis of the staff cadres involved in the study, the respondents comprised of 57.40 percent nurses, 32.70 percent clinical officers and 9.90 percent doctors (table 4.2).

Table 4.2: Respondents per Cadre.

Cadre	Frequency (n)	Percentage (%)
Doctors	20	9.90
Clinical Officers	66	32.70
Nurses	116	57.40
Total	202	100.00

It was revealed that majority of the respondents were in the cadre of nurses, in comparison to the clinical officers and doctors as shown in table 4.2. The least number of respondents was in the cadre of doctors.

When the respondents were asked if they have had any opportunity to attend any training in their area of specialization in the last five years, so as to improve their job skills, interestingly 80.20 percent said ‘No’. Meanwhile, 19.80 indicated that they had attended at least one course in the last five years in order to enhance their job skills (table 4.3). This pointed out the existence of a training gap that can be filled by availing such opportunities and sponsorship for training of the health professionals.

On cross tabulation of the age bracket and training, it was found that 97 percent of those aged between 21 and 30 years had not attended any training in the last five years prior to the study. Notably, it was only in the age bracket of 31-40 years that at least half of the respondents had attended training while the other half had not within the same period (table 4.4).

Table 4.3: Attendance of Training in the Last Five Years.

Response	Frequency (n)	Percentage (%)
Yes	40	19.80
No	162	80.20
Total	202	100.00

Table 4.4: Cross Tabulation of Age Bracket and Attendance of Training in the Last Five Years.

Age Bracket (years)	Response		Overall Percentage (%)
	No (%)	Yes (%)	
21-30	97	3	33.70
31-40	50	50	26.70
41-50	84	7	24.30
51-60	90	10	15.30

The paper also cross tabulated the age bracket with gender, revealing that at least 88 percent of the respondents in both 21-30 and 31-40 age brackets were female, with that of 41-50 years comprising of 55 percent female. The study revealed that whereas the male health professionals outnumbered their female counterparts in the 51-60 age bracket only,

comprising of 55 percent; the number of the female professionals was higher in all other age brackets (table 4.5).

Table 4.5: Cross Tabulation of Age Bracket and Gender

Age Bracket (years)	Response		Total (%)
	Female (%)	Male (%)	
21-30	88	12	100
31-40	88	12	100
41-50	55	45	100
51-60	45	55	100

4.2 Responses on employee incentives

Whereas, 74.30 percent strongly agreed that the provision of incentives to employees motivates and encourages the staff to exhibit the desired behavior meant to enhance performance in public hospitals, two per cent were undecided while 23.80 agreed with the statement. Additionally, 82.20 percent of the respondents indicated that devotion and commitment to render services in a public hospital is greatly influenced by the compensation policy adopted in the administration of employee incentives in the sector. Concerning the incentive policy in the hospital as being a factor in influencing performance, at least 82.20 percent of the respondents strongly agreed, with 16.30 percent agreeing and 1.50 percent undecided that incentive policy had a positive impact on performance (table 4.6).

Based on further data analysis, the study revealed that a total of 99.50 percent of the respondents were of the opinion that the provision of both individual and team incentives encouraged the staff to work harder, while 0.50 percent were undecided on that view. Whereas, a total of 98 percent felt that a negotiated and well-designed incentive plan will enhance performance in the public hospitals, only 2 percent were undecided on the same (table 4.6). Incidentally, when this item was matched to the attendance of any training towards improving the job skills of the medical staff employees, it was revealed that all those who had not attended any course fell in this category. Possibly they attributed the provision of training opportunities to be an incentive towards improving their performance.

Table 4.6: Responses on Employee Incentives

Item	SD (%)	D (%)	Un (%)	A (%)	SA (%)
Providing incentives to the hospital employees motivates and	0	0	2.00	23.80	74.20

encourages them towards exhibiting the desired behavior to enhance performance.					
My devotion and commitment to render services in the hospital is greatly influenced by the compensation policy adopted.	0	0	1.50	16.30	82.20
The incentive policy in the hospital positively influences employee performance.	0	0	1.50	16.30	82.20
Providing both individual and team incentives will encourage the staff to work harder.	0	0	0.50	37.10	62.40
A negotiated and a well-designed incentive plan will enhance performance in the hospital.	0	0	2.00	24.20	73.80
Irregular provision of incentives hinders employee performance.	0	0	2.00	51.00	47.00
Incentives have an impact on employee performance.	0	0	5.00	19.30	75.70

(Key: SD- Strongly Agree, D- Disagree, Un- Undecided, A- Agree, SA- Strongly Agree)

Similarly, a total of 98 percent of the respondents agreed and strongly agreed that irregular provision of incentives hindered performance in a public hospital. The study further obtained a Spearman’s rank correlation for a number of attributes on employee incentives various variables. Data analysis results indicated that irregular provision of incentives hinders employee performance had a strong positive Spearman correlation coefficient of 0.520 with the provision of incentives so as to encourage staff towards exhibiting the desired behavior meant to enhance performance in public hospitals. Notably, a total of 95 percent agreed that an incentives have an impact on performance while 5 percent were undecided (table 4.6).

On the other hand it was observed that devotion and commitment had a very strong relationship with the existing incentive policy in the organization. Indeed it was revealed that a Spearman Rank correlation coefficient of 0.952 existed between incentive policy and performance. Thus performance will most likely improve with the presence of an appropriate incentive policy for all staff in a public hospital. The correlation is significant at 0.01 level, indicating a very strong positive relationship (table 4.7).

Table 4.7: Spearman’s Rank correlation Coefficient

Variable		Behaviour	Devotion	Incpolicy	Encstaff	Design	Irregular	Impacts
Behaviour	rho	1.000	-.231	-.237	-.398	-.349	.520	-.085
	Sig.	-	.000	.000	.000	.000	.000	.113
	N	202	202	202	202	202	202	202
Devotion	rho	-.231	1.000	0.952	.572	-.241	-.450	-.107
	Sig.	.000	-	.000	.000	.000	.000	.064
	N	202	202	202	202	202	202	202
Incpolicy	rho	-.237	.952	1.000	.572	-.234	-.450	-.097
	Sig.	.000	.000	.000	.000	.000	.000	.000
	N	202	202	202	202	202	202	202

Encstaff	rho	-.398	.572	.572	1.000	.476	.025	-.074
	Sig.	.000	.000	.000	.0000	.000	.362	.149
	N	202	202	202	202	202	202	202
Design	rho	-.349	-.241	-.234	.476	1.000	.504	.061
	Sig.	.000	.000	.000	.000	-	.000	.193
	N	202	202	202	202	202	202	202
Irregular	rho	.520	-.450	-.450	.025	.504	1.000	.008
	Sig.	.000	.000	.000	.362	.000	-	.454
	N	202	202	202	202	202	202	202
Impacts	rho	-.085	-.107	-.097	-.074	.061	.008	1.000
	Sig.	.113	.064	.085	.149	.193	.454	-
	N	202	202	202	202	202	202	202

Significant at 0.01 level (1 tailed)

Key:

1. Behaviour - Providing incentives to the hospital employees motivates and encourages them towards exhibiting the desired behavior to enhance performance.
2. Devotion- My devotion and commitment to render services in the hospital is greatly influenced by the compensation policy adopted.
3. Incpolicy- The incentive policy in the hospital positively influences employee performance.
4. Encstaff- Providing both individual and team incentives will encourage the staff to work harder.
5. Design- A negotiated and well-designed incentive plan will enhance performance in the hospital.
6. Irregular- Irregular provision of incentives hinders employee performance.
7. Impacts - Incentives have an impact on employee performance.

Similarly, there was a significant relationship between the incentive policy and the encouragement of staff to work harder as one way of improving performance at both individual and organizational levels, given by Spearman's rho of 0.572 at 0.01 level of significance. A fact that is supported with 99.50 percent of the respondents agreeing and strongly agreeing that both individual and team incentives encourage the staff to work harder in an endeavour to enhance higher performance levels.

Table 4.8: Weighted Averages for Employee Incentives

Item	SD (n)	D (n)	Un (n)	A (n)	SA (n)	$\sum f_i$	$\sum f_i w_i$	$\frac{\sum f_i w_i}{\sum f_i}$
Providing incentives to the hospital employees motivates and encourages them towards exhibiting the desired behavior to enhance performance.	0	0	4	48	150	202	954	4.7227
My devotion and commitment to render services in the hospital is greatly influenced by the compensation policy adopted.	0	0	3	33	166	202	971	4.8069
The incentive policy in the hospital positively influences employee performance.	0	0	3	33	166	202	971	4.8069
Providing both individual and team incentives will encourage the staff to work harder.	0	0	1	75	126	202	933	4.6188
A negotiated and well-designed incentive plan will enhance performance in the hospital.	0	0	4	49	149	202	953	4.7178
Irregular provision of incentives hinders employee performance.	0	0	4	103	95	202	919	4.5495
Incentives have an impact on employee performance.	0	0	10	39	153	202	990	4.9010
TOTAL	0	0	29	380	1014	1414	6691	4.7319

(Key: SD- Strongly Agree, D- Disagree, Un- Undecided, A- Agree, SA- Strongly Agree,

f_i - frequency, w_i - weights, i - number of column)

The result of weighted average for the role of incentives on performance, was 4.7319, revealing a very strong positive link. Generally, all the items under incentives scored above 4.5000 on the Likert Scale (table 4.8).

Table 4.9: A well negotiated and designed incentive plan will enhance performance in the hospital.

Response	Observed N	Expected N	Residual
3	4	67.3	-63.3
4	49	67.3	-18.3
5	149	67.3	81.7
Total	202		

The minimum expected cell frequency is 67.3 (table 4.9).

Table 4.10: Test statistics

Test	Negotiated incentive system
Chi-Square	163.614
Df	2
Asymp. Sign.	0.000

The Chi-Square Test of independence was obtained to determine whether the two variables were related, given the resultant expected and observed frequencies as shown in table 4.9.

Based on these results, it was found that employee incentives had a significant effect on performance in the public health sector. The provision of incentives to the employees as one way of enhancing performance was taken as an independent variable in the regression analysis, while performance was viewed as a dependent variable.

4.3 Discussion

The study findings show that both financial and non-financial incentives play an important role in shaping the behavior of the public health professionals just as the impact of both individual and collective incentive packages (Lee and Chen, 2011). Incentives such as an independent working atmosphere, job enrichment, satisfaction, security and promotion greatly impact on an individual's input to work. In the case of collective incentive system, the participants share the offer as stipulated in the scheme, whereas in an individual incentive system only a single beneficiary is involved (WHO, 2008). It is worthy to note that the findings revealed that when incentives are administered irregularly they are likely to hinder the overall performance of the employee. Additionally, it has been shown that an individual's devotion and commitment is influenced by the quality of the available incentive policy in the public health sector.

5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The study aimed at determining the best ways of designing and implementing employee incentives in the public hospitals and by extension in the general public sector. The study therefore, attempted to answer the question, ‘what is the effect of employee incentives on performance in the public health sector?’ A Spearman Rank Correlation coefficient of $\rho = 0.952$ was obtained between the quality and nature of the incentive policy and performance in the public hospitals due to improved devotion and commitment. This revelation confirms an earlier empirical evidence cited in past related studies (Welsh et al., 2012 and Mirabella, 1999) who also found a strong positive relationship between employee incentives and performance. Equally evident to this observation is the fact that a total of 95 percent were in agreement that incentives had an impact on performance. This meant that indeed employee incentives had a strong positive relationship with performance as shown in the study findings and agrees with an earlier study’s conclusion by (Manjunath and Rajesh, 2012). Similarly, a Spearman Correlation Coefficient of 0.572 indicated a strong positive relationship between the provision of both individual and group incentives and employee devotion and commitment in relation to their effect on performance. This observation was also arrived at through earlier studies (Lee and Chen, 2011 and Chiu, et al., 2002). Indeed, unlike the group incentives, individual incentives encourage team spirit amongst the health professionals in public hospitals.

5.2 Conclusions

The study found a strong positive relationship between employee incentives and performance. Further analysis revealed that the availability and provision of incentives to the health professionals in the sector will motivate and encourage them to exert effort so as to work an extra mile. The study findings tended to imply that for the incentives to be effective in influencing performance, their provision and administration had to be regular. This would possibly avoid the possibility of giving room to speculations and conspiracy amongst the employees. It is therefore remarkable to underscore the government’s endeavor and dedication towards the public hospitals in order to deliver to their expectations by compensating the entire workforce in the sector by putting in place appropriate incentives systems (Atambo et al., 2012). Indeed the effectiveness of proposed incentives is based on the commitment of the management to implement them well with an aim of putting theory

into practice in effective management of human resource in the sector. The public health sector should therefore embrace the understanding that incentive systems based either on reality or perception greatly impact on both individual and organizational performance.

5.3 Recommendations

The following informed recommendations have been suggested as a means to enhancing both individual and organizational performance in the public health sector based on effective policy formulation and implementation:

1. Based on the understanding that devotion and commitment of the health professionals in public hospitals is influenced by the incentives offered, it is important to propose to the government to take the initiative of ensuring that appropriate incentive systems are designed for the three cadres of health professionals, namely, the doctors, clinical officers and the nurses.
2. The paper recommends for the provision of a conducive incentive environment that is geared towards facilitating and promoting appropriate delivery of health services to the public in Kenya.
3. Further research is recommended so as to establish the effectiveness of the existing incentive policies in the public health sector with a possibility of reviewing them to ensure that they are in tandem with the prevailing global economic trends. The paper therefore proposes for a more timely and effective incentive policy framework for the health professionals in public hospitals.

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