EMPLOYEE RELATIONS MANAGEMENT AND ORGANIZATIONAL COMMITMENT AMONG MEDICAL DOCTORS IN COUNTY REFERRAL HOSPITALS WITHIN WESTERN REGION, KENYA

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A Thesis Submitted to the School of Business and Economics in Partial fulfillment of the Requirements for the Award of the Degree of Master of Science in Human Resource Management of Masinde Muliro University of Science and Technology

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DECLARATION

This thesis is my original work prepared with non-other than the indicated sources and has not been presented elsewhere for award of a degree or any other award.

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DEDICATION

Special dedication to my dear parents John Ajuoga Ong'ou and Susan Adhiambo Agola, brothers Duncan Otieno Ajuoga, Brian Omondi Ajuoga and Derick Oluoch Ajuoga and sisters Beatrice Achieng Ajuoga, Lavenda Awuor Ajuoga, Mitchelle Pendo Ajuoga and Stecy Sharon Ajuoga and to my friends Moses Omollo, Tom Omollo, Godwin Kasanga, Milka Ogola and Dr. David Barasa for their positive thoughts, prayers and encouragement.

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ABSTRACT

Report from the Health Sector Working Group done in 2018-2019, 2020-2021 and 2022-2023 have indicated a lack of harmonious and committed workforce in hospitals with the witnessed unending medical doctors' strikes and poor service delivery across the county referral hospitals. This is despite the hospitals' management working round the clock to ensure the welfare of the medical doctors is managed and their utmost commitment realized. The study focused on Employee Relations Management and its effect on Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya. Employee welfare management, organizational trust and employee grievance management were constructs of Employee relations management with organizational commitment measured through affective, continuance and normative commitment. Specific study objectives were to determine the effect of employee welfare management practices on organizational commitment, organizational trust on organizational commitment, grievance management practices on organizational commitment and the moderating role of management style on the interaction between employee relations management practices and organizational commitment among medical doctors in County Referral hospitals in Western Region, Kenya. Social Exchange, strategic choice and acceptance theories supported the research. Descriptive and correlational research design was used. The study used stratified and simple random sampling technique. Sample size was computed using Yamane's formula yielding a sample size of 116 medical doctors drawn from Kakamega, Bungoma, Vihiga and Busia County Referral hospitals. Structured questionnaires aided data collection. Validity was tested using face, construct and content validity. Piloting of the 12 questionnaires at Kisumu County Teaching and Referral Hospital using Cronbach's Alpha test aided reliability testing. Data was analyzed using descriptive like mean, frequencies, standard deviation, percentage and inferential statistical tools like simple, multiple regression, Pearson's correlation coefficient and hierarchical regression. The regression coefficient results indicated that employee welfare management ($\beta 0=0.502$, $t=6.148$, $P=0.000$), organizational trust ($\beta 0=0.749$, $t=10.039$, $P=0.000$) and employee grievance management ($\beta 0=0.570$, $t=6.630$, $P=0.000$) had a positive and significant influence on organizational commitment. The hierarchical regression results showed that management style had a positive and significant moderating effect on the interaction between employee relations management and organizational commitment ($\beta 0=0.146$, $t=3.299$, $P=0.001$). The study concluded that Employee welfare management practices, organizational trust and employee grievance management have a positive and significant effect on organizational commitment; and that management style moderates the relationship between employee relations management and organizational commitment. The study recommends that County Referral Hospitals should ensure proper institutionalization of statutory welfare, extra-mural facilities and intra-mural facilities; enhancement of organizational trust; timely addressing of employee discontentment and concerns, discipline and reward management; and that a management style that unlocks employees' full potentials and enhances their emotional attachment with the hospitals be used. Further research can enlarge the scope to include all medical practitioners, use other research design like experimental and diagnostic analytic design and comparison on the findings done.

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OPERATIONAL DEFINITION OF TERMS

Employee Relations Management:	Involves adopting various controlling and management methods and practices to regulate the relationship between employees themselves and between employer-employee.
Employee welfare management:	Refers to the identification and acknowledgment of employees' place and contribution in an organization and putting measures and mechanisms in place to manage their expectations, motivate and retain employees.
Grievance Management:	Process of solving dissatisfactions/complains raised by an individual/employee concerning workplace injustices or the way things are playing out in the workplace regarding his work.
Organizational Trust:	Refers to a discrete but concretizing process or aspect having individual behavior within an organizational setup to have a feeling of belief, accuracy, sincerity to each other and commitment.
Organization commitment:	Willingness of medical doctors to apply a veritable effort in favor of hospitals with the intention to stay for a longer period with the hospital.
Management Style:	Refers to the various aspects and ways dealing of with the subordinates in organizations.

ABBREVIATIONS AND ACRONYMS

EGM	Employee grievance management
EL	Employee loyalty
EP	Employee performance
ERM	Employee Relationship Management
ER	Employee Relations
IT	Information technology
MSE	Micro and Small Enterprises
NNPC	Nigerian National Petroleum Corporation
OC	Organizational Commitment
OCB	Organizational Citizenship Behavior
OI	Organizational Identification
OT	Organizational Trust

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

With the world undergoing rapid changes coupled with managers' need to ensure productivity, growth and sustainable future, there is an increased complexity in managing organizations (Yadav, Khanna, Sengar & Dasmohapatra, 2019). Reports from Global Human Capital Trends (2023) and the Kenyan Health Sector Working Group done in 2018-2019, 2020-2021 and 2022-2023 have indicated a lack of harmonious, seamless and committed workforce in the health sector with the witnessed unending medical doctors' strikes and poor service delivery across the major hospitals. This is despite governments through the hospital management working round the clock to ensure the welfare of the medical doctors is managed and their utmost commitment realized. According to Heras-Rosas and Herrera (2020), the dynamic and rapid transformations that current workplace environments experience mandates a prudent, well advised and continuous improvement of the socio-economic, psychological and emotional wellness and prosperity of employment contract parties to create and/or maintain a more satisfying workplace/environment for organizational commitment and increased performance.

The interaction between employee relations management and organization commitment has continually elicited debate among academicians and policy makers across the world. Given the increasing global competition, organizations are now forced to prioritize mechanism of realizing increased organizational commitment in order to boost the levels of efficiency, effectiveness and competitiveness in their procedures and processes

(Duhihlela & Rundova, 2014). Human resource management and in extension ERM is among the main functions within organizations where conditions of work, job satisfaction and employee welfare issues are valued with the aim of realizing and maintaining high levels of organizational commitment and ultimately performance (Kurtessis, Eisenberger & Ford, 2017;Tiwari & Singh, 2014). In realization of total commitment of employees in organizations, the ambience in which employee works revolves around management of employee relations.

Globally, employees immensely aid in the justifiably sustainable growth and development of organizations thus reckoned to be the most valuable component in organizations. According to Hagos and Zewdie (2018) the input of employees greatly impacts the progress made by organization. During the last decades, western organizations in Europe and United States have recorded reduced power in employees' representativeness (Kocer, 2018; Ibsen &Tapia, 2017). This continuous loss of influence has been linked to continuous changes in the laws, reported diminution of union membership, associations' reduced power/influence including existence of regulatory institutions across Europe making collective bargaining skewed toward benefiting the employer. This ultimately reduced the collective employee influence in addressing employee relations matters.

In Germany, there is witnessed combination of formal institutions into business system with high levels of coordination of institutional aspects with only corporate governance left out (Witt & Jackson, 2016). In areas of employment relations, organizational commitment is attained by the association of employers regulating working conditions through formalized employee involvement in decision-making and industry-level

collective bargaining programmes. This is done by employee representatives and workers councils on supervisory boards and managerial prerogative. Another notable trend in Germany is the wide international trajectory supporting employment relations liberalization aimed at expanding the employer's discretion and freedom to determine employee working conditions and wages (Baccaro & Howell, 2017).

Evidently, the prominence of Scientific Management style in United States of America undermined the rationale for mainstream workers to collectively negotiate and address employee relation issues. Focus is more on self-interest individualism and employee centered ERM as compared to union centered ERM (Willman, Alex & John, 2016). The German National Labor Relations Act (NLRA) is the legislated law that regulates employee relations issues in USA; and with its shortcomings, employees rely on economic weapons of strikes, go slows and lockouts in resolving stalemates during welfare programs negotiations (Malin, 2013).

In New Zealand, changes witnessed on employment legislation and practices in the past two decades emphasize the tendency of individualizing the management of employment relation. This trend is seen as pervasive with continuous increase of countervailing forces towards the promoters of individualism. On the other hand, this raises questions regarding current management approaches in such organizations given that manager relationship and senior management trust usually affect employee commitment positively in Sri Lanka (Nishanthi, 2017). The Japanese manufacturing workplace has been characterized by loyalty and commitment, lower turnover rates, industrial conflict, absenteeism, high levels of product quality and productivity; all arising from workplace

structures and management techniques that maximize commitment from Japanese workforce (Colignon, 2007).

Employee relation Management in Australia has undergone gradual transformation from Industrial Relations Reform Act of 1993 to the Workplace Relations Act of 1996. Organizations here historically showed limited and over-award negotiations with the acts establishing a concentrated, decentralized and progressive management of employee issues in institutions. Further to this, the Acts gave the green light for collective agreements with individual contracts and non-union memberships on modalities of enhancing organizational commitment (De-Turberville, 2007) The act never provided any provisions for union recognition and honest bargaining; legalizing lockouts, strikes and severely restricted the ability by parties to engage in pattern bargaining (Gray, 2005).

In Britain, the system of labor relations management was premised on the custom of pushing for and institutionalizing collective laissez-faire engagement concept starting from 20th century. The government constantly offered unconditional assistance for organizations recognizing the place of employees in the country's economic functionality (Howell, 2005). For purposes of reliance on voluntary collective bargaining the outcome showed distinctive regulatory and legislative approach aimed at achieving a normative commitment outcome. The transformation of collective bargaining processes and union role within British society was brought about by the push to have the Thatcher reforms which institutionalized rebalancing of power; creating legislation that narrowed trade dispute domain significantly including prohibiting advanced picketing thus creating tight private ordering and management model (Brown, Bryson & Forth , 2009).

Concomitantly, there was witnessed reduced commitment and dramatic reduction in private sector workplaces in the United Kingdom, where there was union recognition creating a fall in union dominance (Brownlie, 2012). In France there have been reported strikes over the suggestion to rise the pension age from 62 to 64 by President Emmanuel Macron. Stakeholders see this act as France president's move to exert autocratic management style on employees which ultimately affects the relationship of employees and employers at the workplaces (Laroche, 2023).

The African Agenda 2063 on universal principles of justice, values, the rule of law, democratic practices and human rights as read together with the UN Sustainable Development Goals has pushed for the promotion of inclusivity and peaceful coexistence of societies for a developed and sustainable economy, efficient, effective and committed workforce, provide access to justice for all as well as create inclusive and accountable institutions at all socio-economic facets including in workplaces. As a result of genuine tripartite relations and with the need to re-regulate the employment relations setup and incorporate issues of employee welfare, open door policy; new legislations have been enacted (Horowitz, 2007).

According to Gökhan and Hayter (2011), the need to ensure compatibility between new global production dynamics and labor market regulations created an emphasis on dispute resolution through peaceful grievance management and negotiations. This also involves providing clarity and simplicity of statutory and legal provisions and requirements regarding the formation and execution of new organizational collective representation with reference made to these laws. Organizations in countries like Rwanda take keen interest on commitment and ultimate performance of employees with emphasis on ERM

practices such as collective bargaining, workplace communication, health and safety, employee-administration trust, conflict and grievance resolution (Hagenimana, 2018).

Nigerian organizations major on communication, interpersonal relation between managers and subordinates as ERM tools for purposes of realizing organizational commitment (Ume & Agha, 2020). The issues of collective bargaining and industrial harmony also form important aspects of ERM practices which Nigerian institutions rely on to realize their institutional objectives. Organizational commitment is further affected by how such institutions blend the ERM aspects (Ann & Ogohi, 2020).

In Kenya, overall public and administration policy including the institutional and statutory arrangements of hospitals and other workplaces reflect a thrust of issues around employee welfare programmes, trust management, commitment of workers to these organizations, addressing of employee concerns and general tripartite cooperation/relations through proper ERM (Health Sector Working Group Report-2020-2021). In the civil society organizations, commitment is seen to be reliant on ERM practices such as employee empowerment and involvement, training & development, conflict management, employee suggestions, work compensation, work-life balance, teamwork and communication (Olivia, 2013). Emphasis on employee's inclusivity and involvement in executing their mandate with passion, utmost show of ownership and excitement also forms a strategy to realize total commitment from employees (Bedarkar & Pandita, 2018).

High-ranking organizational commitment is attained through developing and retaining dedicated, devoted and committed workers (Sharma & Dhar, 2019). Employee Relations

Management is an aspect anchored in law. The Constitution of Kenya, 2010 Article 41 and the Labour Relations Act provide the foundation for employment relations in Kenya. The Labour Relations Act (Trade Disputes Act and Trade Unions Act) form a major legal and regulatory foundation for workplace grievance management and collective bargaining (Fashoyin, 2007). The Employment Act, 2007 part II, IV and V also elaborates issues around protecting employees from discriminatory practices and harassment, laws governing hiring and firing, fair pay and social welfare management.

Employee welfare is also managed through the Occupational Safety and Health Act, No. 15 of 2007 which provides for a safe, secure and healthy workplace for employees. These laws create a more efficient, responsive, operational and managerial procedures for promoting desirable employment relations and labour related peace within Kenyan organizations (Tubey, Rotich & Bundotich, 2015). The overall performance and commitment of organizations revolve around people management. This show that developmental of commitment in organizations have direct link with how employee relations practices are executed (Smith, 2015). In the health sector, creating a positive and desirable work relationship anchored on trust, respect, value, proper welfare, grievance management and recognition of doctors' competencies and abilities play a critical role in promoting employee motivation and job satisfaction which subsequently affects the commitment levels positively thus cementing medical doctors intention to effortlessly continue working and remain devoted to their organization (Arimie, 2020).

1.2 Statement of the Problem

Across the globe, the failure by managers to understand the modern world's economic functional interrelations that exist between employment parties has caused highly rated

workers to become stressed, non-committed, loose institutional trust, underperform with others resigning and leaving the organization (Mitchell, 2017). The aspect of managing employee relations programs requires keen managerial attention in cases where organizations aim at realizing total commitment (Alserhan & Shbail, 2020). Organizational commitment in Kenyan organizations is increasingly becoming a major concern and a great challenge in public hospitals within the health care sector as reported by the Health Sector Working Group in 2018-2019, 2020-2021 and 2022-2023.

The report shows that medical doctors in these County Referral Hospitals experience reduced commitment owing to ineffective management of their emotional and psychological wellbeing. This state of dysfunctional is characterized by reduced morale, industrial disputes, strikes, massive exits, reduced organizational competitiveness and constant shutdowns. Management of hospitals cannot therefore turn a deaf ear to the unending medical doctors' strikes, disputes including litigations between medical doctors' union and the County governments concerning ERM (Masika, 2017).

Despite research on ERM and organization commitment being done, most researches focused on management trust, communication, collective bargaining and strikes as the measurable constructs under ERM (Ume & Ogohi, 2020; Arimie, 2020; James & Nicksons, 2016; Hagenimana, 2018 & Ong'ayo, 2019) This leaves an empirical gap for the use of other indicators of ERM like welfare management issues, grievance management and organizational trust. Additionally, other studies never used a moderating variable and instead examined the direct relationship between the two variables with many cases using organizational performance as dependent variable

(Marwa, Namusonge & Kilika, 2019; Ekere & Onuoha, 2021; Otieno & Adhiambo, 2020; Waititu, Kihara & Senaji, 2017; Muhammad, Farruk & Naureen, 2013).

It was also noted that studies on ERM and organizational commitment never used management style as a moderating variable (Gider *et al.* 2019; George & Nkeiru, 2021; Mwaniki *et al*. 2020 and Hagenimana, 2018), The above mentioned studies have also targeted mainly profit making organizations in urban areas with less focus given to the local context. The focus of other studies was also on analyzing strikes and its relationship with service deliver and mortality rate (Metcalfe, Chowdhury & Salim, 2015, Ong'ayo, 2019, Essex, 2022).

There are also conflicting findings, some studies found out that ERM influences commitment (Hagenimana, Ngui & Mulili, 2018, Ume & Agha, 2020, Ann & Ogohi, 2020, Gardi *et al.* 2020, Alserhan & Shbail, 2020) while others found out that some aspects of ERM have insignificant effect on commitment (Xi & Zhao 2014, Meng, Qin, Xiaoyu & Zhao, 2016). All these results show a lack of vibrancy in the operations of medical doctors in County Referral Hospitals (Ong'ayo, 2019, Essex, 2022). This study takes cognizance that medical doctors are critical in the success of health sector since they contribute immensely and play a critical role in diagnosis and prescription of drugs in hospitals. A disruption in their services due to mismanagement of their welfare can therefore lead to a cripple of service delivery in hospitals thus detrimental to lives.

To that extent, it was valuable and justifiable to examine the usefulness brought about by a new combination of ERM practices on commitment of medical doctors to the County Referral Hospitals within Western Kenya; that is grievance management, employee

welfare management and organizational trust and that moderating role of management style during the interaction between ERM and Organizational Commitment.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective was to interrogate the effect of Employee Relations Management on Organizational Commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.

1.3.2 Specific Objectives

The study was guided by the following specific objectives

i. To establish the effect of employee welfare management practices on organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.
ii. To determine the effect of organizational trust on organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.
iii. To interrogate the effect of grievance management on organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.
iv. To determine the moderating role of management style on the relationship between employee relations management and organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.

1.4 Research Hypothesis

The study sought to test the following null hypotheses;

H_{01}*:* Employee welfare management practices do not significantly affect organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.

H_{02}*:* Organizational trust does not significantly affect organizational commitment among medical doctors in County Referral Hospitals within Western Region, Kenya.

H_{03}*:* Grievance management does not significantly affect organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

H_{04}*:* Management style does not have a significant moderating effect on the relationship between employee relationship management and organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

1.5 Significance of the Study

The findings from this study offer valuable insight to the management of County Referral hospitals and other health care institutions on varied employee relation management practices which if employed can have positive impact on doctors' commitment to the hospitals. The study will help policy makers and planners in County and National governments, Government health committees and hospital managements to ensure that County Referral hospitals have enhanced medical doctors' commitment and improved output through integration of total ERM practices in their operations.

On the research aspect, researchers/scholars will use these findings and recommendations as a foundation to conduct future studies including providing new information on how other aspects of ERM affect organizational commitment. In addition, it will add information to the limited empirical knowledge about the link between ERM, management style and organizational commitment among health care service providers. Students having interest in this study area will obtain information highlighting identified research gaps that require further studies and thus take up the study from there.

1.6 Scope of the Study

The survey targeted 164 medical doctors with a sample size of 116 drawn from County Referral hospitals in Western Region, Kenya; being Kakamega, Bungoma, Vihiga and Busia County Referral Hospitals as the scope. The critical nature of the health care sector, hospitals to be precise and the witnessed continuous strikes and unrests by medical doctors orchestrated this study thus the focus on hospitals. The variables that guided the study were ERM, management style and organizational commitment. Measurable constructs under ERM were employee welfare management practices, organizational trust and grievance management practices; affective, continuance and normative commitment were used to measure organizational commitment. Management style served as a moderating variable between the ERM and OC. The study duration was three (3) months between January and March, 2024.

1.7 Limitations of the Study

There were various constricts experienced during this survey; the researcher however made necessary effort to overcome them in order to make this study valid; Reluctance of some medical doctors to provide data and delaying in answering. The researcher spent a

considerable amount of time through the use of research assistants in visiting the selected respondents to follow up the collection of the questionnaires. There was the use of calls to reach some of the respondents; Respondents refusing to fill the questionnaire for fear of publicity. The respondents were assured of confidentiality of their responses and that the research is exclusively for academic discourse.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter wholly reviewed important theoretical literature related to ERM and its effect on organizational commitment. Focus was on theoretical review, conceptual review and empirical review of ERM, employee welfare management practices, employee grievance management, and organizational trust; organizational commitment and management styles.

2.2 Theoretical Review

Notably, Social Exchange theory, Acceptance theory and Strategic Choice theory were identified to have pertinence to this specific survey as they highlighted key aspects and knowledge link with ERM and organizational commitment. A proper insight into these theories is given below.

2.2.1 Social Exchange Theory

Developed by George Homans in 1958, this theory aimed at examining the exchange nature of social behavior. Further revision has been done by Gouldne, 1960 and Gergen, 1969. He suggested that individuals and groups always relate as social systems. The theory denotes that the treatment employees receive from their employers causes an exhibition of positive or negative behavioral response. According to Gould-williams and Davies (2007), Social exchange theory provides a framework and benchmark for predicting employee motivation, commitment and retention programmes within

organization. It is therefore a central aspect and considered as the norm of reciprocity (Greenberg & Scott, 1996).

The existence of a strong social exchange relationship among the tripartite employment players helps in maintaining positive working relationships, building of trust which ultimately elicits positive sentiments such as employee satisfaction and employee commitment. The theory suggests that the commitment level of employees at work is based on employees' perceived support system and treatment they receive from their employers/organizations. Results from studies on social exchange theory shows that the degree of support and trust employees get from the organization affects employees' attitudes and behaviors (George, Aboobaker & Edward, 2020).

Organizational managers are therefore required to apply the theory in structuring proper and systemic work environment and organizational culture that aim at promoting friendliness, collegiate relationship building and peaceful coexistence which on a personal level help employees' feel connected to the organization. The theory informs managers that employees keep an internal balance sheet of rewards, costs and outcome (Miller, 2019). Organizations should seek to maximize the outcome in terms of total commitment from employees to ensure continuity of operations and service delivery.

According to Cross and Dundon (2019) several employment issues and human resource practices can be used to illustrate the application utility of social exchange theory. These include issues of welfare management, effective conflict resolution, psychological contracts and employee-employer trust. Social Exchange theory is salient in this study since workers show likelihood of relating well with the employer if they perceive that

they are receiving something worth in the long run. Commitment of employees to organizations is influenced by treatment and benefits employees derive from their employer in the form of proper welfare programmes, effective execution of the same including redressing of grievances and conflict (Kanana, 2016).

Nonetheless, social exchange theory evidently has its fair portion of criticism. It is noted to reduce employee/human relations to a completely rational mechanism or process arising from individual economic desires (Miller, 2005). The theory does not also state the role of selflessness in determining results of relationship to the extent that people do not always act in ways of self-interest for purposes of cost minimization and reward maximization. With that it ignores personal perceptions of what is considered a punishment. The aspects of unselfishness and humane actions are also not brought out (Crupanzano, Anthony, Daniels & Hall, 2017). In this study, Social Exchange theory is linked to employee relations management and organizational commitment. It gives a baseline for the need to have Management of County Referral hospitals to effectively treat and manage employees to realize their unwavering commitment towards the organizations and its goals.

2.2.2 Strategic Choice theory

Advanced by Kochan, Mckersie and Katz in 1986 in trying to explain the anomalies that led to the transformation process and systems of U.S industrial and employee relations by providing new and result oriented employee management perspectives. The theory brought about three key issues being the emergence of new institutions/sectors not covered by unions and decline in union membership; the dynamic management process and systems, labour, government and the relevance of environmental factors; It also

brought about the subject of management practices and policies as an inclusion in modern industrial relations research. This theory accommodated various contemporary modifications concerning the execution and practice of industrial and employee relations. This was an advancement of the System Concept developed by Dunlop in 1958. Apondi, (2013) explains the need to revive human resource management strategies that encourage sharing of information, performance incentive schemes, employee-employer and government cooperation, adaptive management styles, autonomous work teams and effective management of collective bargaining practices. This is justified given the relevant forces affecting employee relation arising from the external environment.

As eluded by Abott (2006), the strategic choice theory acknowledges the interelations that exist among activities and decisions in systems of different and/or all stages of industrial relations. The range of feasible options available for adjusting competitive business strategies is partially restricted by the outcomes of prior organizational and management decisions and the present power distribution within these establishments being union, external organizations and government agencies within its circle of relations. Due to this inconsistency, the continuous evolving interaction of environmental pressures and organizational response broadly affect employee relation programmes, processes and practices including outcomes like commitment of employees. In this study, the theory supports ERM and the need for County Referral hospitals to balance systematic influences between employees, employers and other stakeholders like the government for purposes of achieving utmost commitment.

2.2.3 Acceptance Theory of Authority

Acceptance theory was conceived by Chester Benard between 1886-1961. According to the theory, managers' authority is hinged on employees' assent of their right to issue commands and wait for results and compliancy. Employees have to show managers' legitimacy in giving orders to their juniors and expectation that such commands and demands will be effectively delivered. This is because workers will be disciplined for non-compliance, rewarded for compliance. They also respect their manager for his/her experience and authority in the field of concern (Baumeyer & Shinn, 2021). Managers are therefore tasked to understand their subordinates and know which management style to use. The acceptance theory follows the traditional top-down management approach while also embracing a much more contemporary philosophy of leadership that acknowledges the need to provide subordinates with a clear definition of organization's policies, initiatives and procedures (Ifeanyi, Olusadum & Juliet, 2022). As such, it seeks to foster non-blind compliance while encouraging free interaction with subordinates for them to ask questions and be guided. This supports the use of leissez-faire management style in management of employees.

Acceptance theory confirms provisions of theory X and Y by Douglas McGregor, (1960) which explained fundamental approaches to people management while combining additional people related factors such as human relations in contributing to a positive change (Touma, 2021). This implies that effective management of ERM practices leads to development of employee-employer trust and good working relationship thus driving employees from type X to Y where work is done without coercing, punishing employees or exerting authority to have work done.

The legitimacy of a supervisor's directives depends on the extent to which subordinates' accepts the supervisor (Benard, 1968). The subordinate's acceptance itself is a correlate of sound employee welfare management, discipline management, communication management and effective management style. Even though the acceptance theory of authority advocates for harmonious coexistence by managers and subordinates, it fails to recognize that employees that subscribe to theory X needs to be managed using autocratic management style. This study used acceptance theory of authority to support the moderating variable being the management style. For purposes of ensuring total commitment of employee even with the best ERM practices, managers still need to understand that not all management styles will work simultaneously.

2.3 Conceptual Review

2.3.1 Employee Relations Management Practices

Donohoe (2015) defines employee relations management as the study of the relationship that exits between employees and the employers. It involves instilling various controlling methods and practices aimed at regulating normal coexistence among employer-employee and individual employees. ERM also explains an organizations' concerted effort in adopting several mechanisms and processes to regulate employer-employee relationship with an intention of achieving organization's goals (Jing, 2013). Additionally, it is an aspect aimed at providing consistent and effective procedures and policies for rule-making, fairness in execution of welfare programmes, consistency in dealing with grievances, discipline and trust management. Improvement of morale, commitment, employee-employer trust, reduced grievances and conflicts, productivity increases and effective control of labour costs are among the distinct value-added benefits

and outcomes resulting from good employee relations. Good ERM also translates into increased employee wellbeing and performance, conflict prevention and resolution of conflicts arising from misunderstandings or misconduct, management and eradication of workplace sexual harassment, reports and complains on wrongful terminations (Verlinden, 2020; Meason, 2021 & Katreena, 2021).

Studies done on ERM have used trust, self-awareness, communication, collective bargaining, conflict resolution, grievance management, health, safety, negotiations, industrial actions, management trust and welfare programmes as indicators of ERM (Ume & Ogohi, 2020; Arimie, 2020; James & Nicksons, 2016; Hagenimana, 2018 & Ong'ayo, 2019). This study however used employee welfare management, organizational trust and employee grievance management as indicators of employee relations management. Muhammad, Farruk and Naureen (2013) studied the impact of Employee Relation on Employee Performance in Hospitality Industry of Pakistan and ascertained a medium positive correlation (R=0.529) between performance and employee relations. This study endeavored to confirm these results.

2.3.1.1 Employee Welfare Management

This refers to the identification and acknowledgement of employees' place or role in the organization and putting measures and mechanisms in place to motivate and retain them (Ekere & Onuoha, 2021). Employee welfare management relies on a number of intellectual and social policies or practices made by organizations for improving comfort of employees at the workplace (Beijer & Van-De-Voorde, 2015). Historically, the reason for employee welfare management services was to eradicate lateness, absenteeism and constant time-off caused by staff illness. However, this changed in current workplaces as

EWM is expanded to encompass all aspects of employees' personal growth, employee wellness and professional development (Manzini & Gwandure, 2011).

According to Itodo and Abang (2018) employee welfare management is a predetermined comprehensive compilation of benefits, services and facilities that supports the employer's effort and plan to provide a more comfortable and conducive work environment. Effective management of employee welfare ensures increase in organizations productivity, motivation factor and healthy employee relations which ultimately lead to maintenance of industrial peace. With industrial peace workers then develop commitment to the organization leading to reduced turnover (Mathis & Jackson, 2015; Raj & Julius, 2017). It is usually termed as an important part of individual's social welfare that involves a balance between social life, work-life and family life. (Yashik, 2014; Bhagat, Vyas & Singh, 2015).

Employee welfare practices include provision of health infrastructure, social insurance, good housing, canteen, education & training facilities, shift allowances, transport facilities, latrines & urinals, death compensation schemes, staff clubs, meeting rooms pension schemes, uniforms and protective clothing. Provision of these services ensures industrial harmony, undivided attention to work thus employee commitment (Onyekwelu & Amuluche, 2021, Otieno & Adhiambo, 2020).

Over the years, studies done on employee welfare management majored on health & safety, referral programmes, intra-mural facilities, extra-mural facilities, workplace design, compensation, leaves, social security measures and statutory welfare as indicators of welfare management (Gorge & Nkeiru, 2021, Ekere & Onuoha, 2021; Muruu, Were

& Abok, 2016; Raj & Julius, 2017; Waititu, Kihara & Senaji, 2017). This study however sought to use statutory welfare, extra-mural facilities and intra-mural facilities as constructs of ERM. Statutory welfare are benefits legally predetermined by governments with organizations legally obligated to ensure employees' interests at the workplaces are safeguarded (George & Nkeiru, 2021). Such benefits include limits on working hours, health benefits, provision of first aid facilities, sanitation, maternity and provision of clean drinking water. Extra-mural facilities are benefits that employees enjoy outside the workplace like housing/accommodation programmes, transportation, and rehabilitation while intra-mural facilities are benefits to employees at the workplace which includes changing, rest rooms, fitness centres and canteens (Otieno & Adhiambo, 2020). Additionally, results of a study by Adekunle and Chidinma (2020) showed existence of a negative significance between employee welfare and employee intention to leave Lagos State Internal Revenue Service, Nigeria. This study therefore sought to prove or counter these findings.

2.3.1.2 Organizational trust

Trust is an aspect of people displaying behaviors and traits mutually with one another in order to achieve universal moral rules. Organizational trust refers to a discrete but concretizing process or aspect having individual behavior within organizations show feelings of belief, accuracy, sincerity to each other and commitment. (Duyan *et al.,* 2016). Organizational trust is explained as the opine expression by employee that the organization will make every necessary effort to honour their commitments (Gider et al., 2019). It is deemed to serve as one of the instruments in facilitating effective relations among employee-employer and employees themselves.

The organizational trust factor has continued to receive more attention from individuals interested in behavioral sciences and administration. The shift has been occasioned by managers realizing that relationships within organizations largely succeed depending on trust levels exhibited by various parties constituting an organization's society. It is therefore important to note that the social capital invested in creating additional value to organizations relevance and worth is a key element of organizational trust. Realization of organizational social capital breeds positive and strong belief in employees touching on organizations values, goals and policies which if synchronized properly with work reflects an individual's commitment to the success of their organization (Abderrahmane Yasser, 2022).

With reference given to building the personality of the organization, OT is a powerful force since it encourages employee satisfaction, creating organizational stability thus helping in the enhancement of problem solving through effective responses and reduction of negative conflicts (Rahman *et al.,* 2021). Studies done on organizational trust have used trust in colleagues and top leadership, integrity, trust in supervisor's benevolence and trust related to organizational climate as indicators of organizational trust (Fatma-Ince, 2018, Abderrahmane Yasser, 2022, Gider, *et al.,* 2019, Duyan *et al.,* 2016, Munyoki, 2017). This study measured organizational trust using trust in supervisors, trust in colleagues and trust in administration. Trust in supervisor builds a behavioral response that positively impacts employee commitment and performance.

Development and maintenance of employee trust is observed as a central aspect in managing relationships which positively impacts functioning teams to handle unstructured and complex tasks. Trust in colleagues involves the ability of team members

to motivate each other, manage internal conflict, create effective link for stress eradication and reduction of frustration as well as build each other's confidence (Gider, *et al.,* 2019, Duyan *et al.,* 2016). This makes employees fulfill workplace social and emotional needs occasioned by the desire to be supported in work related issues that is unpredictable. This ultimately makes them build commitment to the organization. Trust in administration is vital in achievement of development and stability in the information era given the increasingly complex and uncertain working conditions. Mutual confidence and trust are needed to realize effective, coordinated and sustained actions of organizational commitment (Fatma-Ince, 2018).

2.3.1.3 Employee Grievance Management

Grievances are displays of dissatisfaction by an individual concerned about turn of events in the workplace mostly those issues regarding his work and how workplace complains are handled (Opatha, 2019). It also involves an employee raising a matter to express discontentment with the actions and behaviours of management with an aim of bringing out change (Jayathilaka, 2017). Heffernan and Dundon (2016) looked at employee grievance management as an imagined real feeling of personnel injustice. It may be caused by discrimination, unfair processes and policies, poor communication channels, mismanagement of welfare issues, unfair hiring and training (Wijesooriya, Tennakoon & Lasanthika, 2017).

An effective grievance management practice eradicates dissatisfaction among employees ensuring that grievances are addressed promptly in order to maintain commitment of employees and deliver expected results (Dhanabhakyam & Monish, 2022; Obiekwe, 2019; Gomathi, 2014 & Melchades, 2013). Studies done on grievance management have

used perceived justice, miscommunication, work overload and collective bargaining as indicators to measure employee grievance management (Gomathi, 2014; Wijesooriya, Tennakoon & Lasanthika, 2017; Dhanabhakyam & Monish, 2022, Obiekwe, 2019). This study measured employee grievance management using collective bargaining, open-door policy and discipline management. Collective bargaining involves the process where management and employees reached agreements with regard to workplace operating policies, terms and conditions regulating employment relationships like wage determination and regulations on working hours (Obiekwe, 2019).

Open-door policy is an operational setup where employees are granted unlimited access to top management offices for a discussion on issues around organization's policies and procedures, job performance, innovative ideas, co-worker complaints and conflicts resolution thereby encouraging transparency and openness from the management (Francis, 2018; Obiekwe, 2019). Discipline management refers to the measures outlined at workplaces to ensure employees conform to set standards, norms, procedures and policies of operation and behavior at workplaces. It encompasses instilling self-discipline and orderly behavior (Choudhary & Rana, 2022; Idris & Alegbeleye, 2015).

2.3.2 Organizational Commitment

Refers to an employee's devotion level to an organization including the resultant attitude they have towards that organization (Ann & Ogohi, 2020). It also shows how an individual's mental connection is with an organization. A larger percentage of organizational success elements such as citizenship conduct, work shakiness, turnover, employability, employment execution and appreciation of authority are associated with the feeling of commitment from workers (Abdullah & Othman, 2019). Studies done on

commitment have used either one or both indicators such as continuance, normative and affective commitment (Ume & Agha, 2020; Duhihela & Rundova, 2014; Mwaniki, Mwaura & Gakobo, 2020).

This study used affective, continuance and normative commitment as indicators of organizational commitment. Affective commitment denotes a constructive emotional bonding between employees and the organization causing the employee to stay longer with the same organization; continuance commitment is where the employee deems leaving an organization to be very costly in terms of the financial cost of benefits, social orientations, value of ties, salary and reputation; normative commitment is a condition of obligatory notion where employees feel the need to return the value commitment made to them over a period of time by the organization (Anwar & Shukur, 2015; Mahmood, 2020).

2.3.3 Management Style

Management style refers to various ways of dealing with and providing direction to the subordinate staff at the workplace. It involves a manager's way of planning, organizing, delegating, decision-making and coordinating their staff (Guzman, 2016). The overall managerial practices impacts organizations positively or negatively. In situations where good and effective management styles are applied, there are resultant excellent employee relations, increased motivation and commitment from employees (Arimie, 2020; Buckingham & Coffman, 2000). Studies conducted on management styles have used autocratic, transformational, visionary, delegative, persuasive, democratic and leissez-faire management styles (Guzman, 2020; Kumar & Manjul, 2017). Most of these studies however used management style as an independent variable.

This study used laissez-faire, democratic and autocratic management styles as indicators of moderating variable. Unlike other management styles, the three management styles were selected because they speak to expressive leadership which is supremely important in enhancing morale, emotional health and productive relationship between employees to realize commitment. Autocratic management style involves a top-down approach with one-way communication from managers to employees (Guzman, 2020). Democratic management style involves managers inspiring workers to contribute in decision making processes with the ultimate responsibility for the final decision resting with the manager. Here, managers and employees communicate both ways (bottom-up and top-down). Subordinates are seen to have the capability of proposing innovative ideas for purposes of making the final decision hence they are offered a chance to give suggestions and recommendations (Chaudhry, 2013). Laissez-faire management style involves a free interaction style where managers provide little or no direction and instead gives employees power, freedom and authority to resolve problems, determine goals as well as make decisions on their own (Okon & Ekaette, 2016)

2.4 Empirical Review

2.4.1 Employee Welfare Management Practices and Organizational Commitment

In the contemporary work environment, organizations strive to effectively manage staff and ensure their commitment to the organization. One way of ensuring this effectiveness is having sound welfare programmes that benefit and or cushion employees in and out of the workplace (Onyekwelu & Amuluche, 2021). The principle of employee welfare states that employees will be committed to their work if they feel that management cares and is concerned about them as individuals and not just as another employee (George & Nkeiru,

2021). Notably, these welfare programmes are meant to assist the employee break the monotony of work and manage financial burdens (Luenendonk, 2017; Mwaniki, *et al.*, 2020).

Several studies have tried to ascertain the contribution of employee welfare management practices in improving work performance through commitment, productivity and goal attainment. Raj and Julius (2017) analyzed labour and welfare measures and how it impacts employee commitment in Jyotty Laboratories Limited, India. The study focused on statutory, non-statutory and social security welfare measures as indicators of employee welfare management. Data was collected using questionnaire, multiple regression and ANOVA methods used in data analysis. The study found out that social security measures, non-enacted welfare measures and regulated welfare measures significantly impacts affective and normative commitment. Additionally, results of Social security measures explained a significant impact on continuance commitment. Non-statutory and Statutory welfare measures did not create any effect on continuance commitment unlike in the current study where statutory and non-statutory welfare programmes influenced commitment. The reviewed study left a conceptual gap which the current study examined.

Stephen (2014) studied employee welfare programmes and employee commitment among Judicial Institutions in USA using good insurance, housing and health benefit plans as indicators of employee welfare programmes. A descriptive survey approach was used. The findings showed that Judicial organizations in USA having better employee welfare programmes like housing, health benefits and good insurance schemes experienced elevated levels of employee commitment ultimately causing increased

employee retention rate. The study was done on Judicial Institutions while this study targeted medical doctors in the County Referral hospitals This study used both descriptive and correlational research design unlike the reviewed one which only used descriptive survey design.

George and Nkeiru (2021) interrogated the effect of workforce welfare on job commitment in Rivers Plate Health Ministry-Nigeria using statutory welfare and voluntary welfare as indicators of workers' welfare. Data was collected using questionnaires with descriptive survey design, Pearson product-moment correlation coefficient used to analyze data. The findings showed that voluntary welfare and statutory welfare have a very strong and positive relationship with job commitment. For data analysis, this study used descriptive survey design and Pearson product-moment correlation coefficient. The current study however used both descriptive and correlational research design and analysis done using descriptive and inferential statistics.

Ekere and Onuoha (2021) studied employee welfare management and work performance in the petroleum sector with focus given to Southern Nigeria. The study used compensation and medical insurance as constructs of employee welfare practices and productivity and goal attainment as constructs of work performance. Questionnaire method was used to collect data with analysis done through descriptive statistical tools. Findings from this survey showed that employee welfare management practices and work performance positively relate. This study looked at employee welfare practices and work performance while the current study examined employee welfare practices and organization commitment. Data analysis used both descriptive tools and inferential statistical tools unlike the reviewed one which only used descriptive statistical tools.

Onyekwelu and Amuluche (2021) studied staff welfare programmmes and service delivery among Civil Service in Anambra State-Nigeria. Descriptive survey design and questionnaires (for data collection) were adopted; data analyzed using descriptive statistical tools and hypothesis tested using one sample t-test. Findings showed staff welfare programmes had a positively significant effect on employee job satisfaction and employee commitment which invariably improves service delivery and realization of organizational goals. The reviewed study looked at employee welfare practices and service delivery while the current study interrogated employee welfare management practices and organization commitment. Descriptive statistical tools were applied for data analysis while this study utilized both descriptive and inferential statistical tools to analyze data.

Mwaniki *et al.*, (2020) interrogated employee welfare and commitment in the Judicial Service of Kenya using health benefits, stress free organizations, retirement plans and leave days as constructs under employee welfare practices. Data was acquired using questionnaires with descriptive research design adopted. Data analysis was done using descriptive and inferential statistics with the findings indicating that 98% of the variant on commitment at JSC Kenya is illustrated by employee welfare issues. This study measured employee welfare and commitment in the Judicial Service Commission while the current study targeted County Referral hospitals with respondents being medical doctors.

Otieno and Adhiambo (2020) examined employee welfare factors on performance at Roadhouse Grill, Nairobi-Kenya. The study used extra-mural facilities, intra-mural facilities and welfare programmes as indicators of employee welfare factors. Cross-

sectional survey design and structured questionnaire was employed; data analyzed using correlation and descriptive statistical tools. The results revealed that transportation facilities as well as employee performance have strong positive and significant correlation. Housing and performance of employees had a positive correlation that is insignificant. The current study used Cross-sectional survey design unlike the reviewed research that used cross-sectional design.

Muruu *et al.,* (2016) studied welfare programmes and how it causes changes in employee satisfaction at Public Service Commission-Kenya. The researcher used workers' compensation programmes, safety & health in workplace as constructs of welfare programmes. Descriptive research design and questionnaire for data acquisition was adopted with analysis employing descriptive statistics. The study found out that; workers' compensation programmes, safety and health programmes affect employee satisfaction at PSC. This study used PSC as study area with welfare programmes and employee satisfaction as variables while the current study examined employee welfare practices and organizational commitment with the scope being medical doctors in County Referral hospiotals.

Waititu, Kihara and Senaji (2017) studied how employee performance in Kenya Railways Corporation is affected by employee welfare programmes. The study indicators used under employee welfare programmes were succession planning, referral scheme, training, occupational health, development and reward policies. The research utilized descriptive survey research design with semi-structured questionnaire for data collection and analysis employing correlation, inferential statistics and regression. The study established that workforce performance at KRC was affected by the five variables of welfare programmes

but not with similar margin. Remuneration policies strongly and positively influenced employee performance, occupational health had a weak and positive influence on employee performance, training and development showed a weak and positive influence on employee performance, employee referral scheme showed a negative and weak influence on employee performance while succession plan recorded the least weak and negative influence on performance.

These findings seemed to agree with findings by Otieno and Odhiambo (2020), the current study therefore used organizational commitment instead of employee performance to test if the results agree. This was done by using structured questionnaire to collect data unlike the reviewed study which used semi-structured questionnaire. Based on research findings from existing literature, it is evidenced that attainment of organizational goals, commitment, motivation, productivity, work cultures and performance of employees is greatly dependent on welfare programmes and practices put in place by organizations. To that extent, the study of employee welfare and organizational commitment is key and justifiable.

2.4.2 Organizational Trust and Organizational Commitment

There is normally a great link arising from organizational trust and organizational commitment. This is supported by the theory on Social exchange which holds that attitudes and behaviors of employees is reliant on the level of trust and support they get from the employer/organization (George *et al*., 2020). OT is considered the most important entraining factors when aiming at the realization of organizational commitment and organizational success. Since organizational commitment is considered to be providing a strong bond shared by organizations and individual, there has to be trust

between the organization and its individual employees. The relative strength determining an individual's identification with an organization and their involvement in therein explains organizational commitment (Rahman *et al.,* 2021). Several studies have been carried out to prove this relationship.

Fatma-Ince (2018) studied how organizational trust affects organizational toxicity and performance among secondary school teachers in Turkey. The study used toxicity and trust in supervisor, colleagues and organization as measurable constructs. The study utilized descriptive design and structured questionnaire for data acquisition; analysis was done using mean, t-test, correlation and regression analysis methods. The study revealed that organizational toxicity is negatively affected by organizational trust, while positively affecting performance. This study examined OT and organizational toxicity while the current study used OT as construct of ERM with organizational commitment being dependent variable.

Gider, *et al.*, (2019) examined how job satisfaction in Training and Research hospitals in Istanbul, Turkey is affected by organizational trust and employee commitment. Questionnaire was used to collect data with descriptive methods used for analysis. The results showed existence of significant relationships among commitment, job satisfaction and trust in the Training and Research Hospitals in Istanbul, Turkey. Continuance commitment was also found to significantly predict job satisfaction; trust significantly predicted employee commitment. Here, OT was used as independent variable and employee commitment as a moderator; the current study however used organizational commitment as dependent variable and OT as a construct under ERM practices.

Dai, Tang, chen and Hou (2022) examined the influence of organizational trust on organizational citizenship behavior using employee loyalty and organizational identification as moderating variable in India. The study used multi-source, multistage and longitudinal study design with questionnaires for collecting data and descriptive statistics for data analysis. The correlation between the variables was tested using Pearson's correlation coefficient with results showing a significant effect of OT on Organizational citizenship behavior, organizational identification mediated the interaction between OT and OCB, employee loyalty plays a mediating role between OT and OCB, OI and EL showed a significant chain-mediating role on OT and OCB. Multistage, longitudinal and multi-source research design was used while for the current survey, descriptive and correlational research design was used.

Rahman *et al.,* (2021) studied the effect of Organizational Trust on Employee's Performance in Mobile Phone Companies in Egypt using Organizational Commitment as a Mediating Variable. Descriptive analytical method was adopted with questionnaires used for data collection. Normality test, standard deviation, exploratory factor analysis, Cronbach's alpha, confirmatory factor analysis, multiple and simple linear regression were all statistical analysis used. The findings proved that organizational trust significantly caused an effect on employee's performance with Organizational Commitment mediating this relationship. The results also showed significant correlation between organizational trust, employee performance and Organizational Commitment; organizational commitment and employee performance also recorded significant correlation. This study looked at the mediating role of OC on OT and employee

performance unlike the current survey that used OT as a construct under ERM while examining the mediating role of management style on ERM and OC.

In the Kenyan small and medium enterprises (SMEs), Sivanandam and Chaturvedi (2017) investigated the presumptive of organizational trust using benevolence, integrity and employee related ability. Descriptive research design was adopted and data collected using a pretested structured questionnaire; descriptive and regression analysis methods used. The study realized that benevolence and organizational trust positively and significantly coexisted; no significant relationship existed between employee ability, integrity and organizational trust. The scope of this study was Kenyan SMEs while the current study examined OT among medical doctors in the County Referral hospitals.

Mugane (2016) examined the Correlation between Organizational Trust and Employee Job Satisfaction among Subordinate Staff at East African Breweries Limited, Ruaraka Nairobi. The study used causal research design with data collected using questionnaires. Statistical Package for Social Science (SPSS) program and Microsoft excel was used during analysis. The results proved existence of a direct correlation between organizational trust and job satisfaction. It was further realized that loyalty affects the level of job satisfaction with most respondents having difficulties with leaving the organization due to the feeling of being involved more in the day to day activities of their organization. This further enhanced their commitment to work in East African Breweries Limited. This study used causal research design while the current study used descriptive and correlational research design. The available literature clearly shows that for purposes of instilling commitment among employees, it is prudent that organizational trust is taken seriously since trust is what will make employees take into action all the other employee

relation programmes like welfare, addressing of grievances, discipline management mechanisms and work-life balance programmes.

2.4.3 Employee Grievance Management and Organizational Commitment

Employee grievance management practices are considered the most significant Human Resource strategy for creating and maintaining industrial harmony, organizational effectiveness and commitment. This is because if employees are dissatisfied and they raise a complain which in turn isn't addressed or resolved, there is a likelihood of employee-employer conflict, job burnout, lack of interest to work and employee turnover (Dhanabhakyam & Monish 2022). In the modern legislative work environments where employees have channels and systems of expressing their grievances and concerns to management, organizations are given a wakeup call in terms of restructuring their operating procedures and processes to accommodate their employees' opinions, views and feelings in order to gain the employees' loyalty, trust and whole-hearted commitment (Obiekwe 2019). According to Juneja (2018), employee's morale and commitment are adversely affected when grievances occur at workplaces. This even become worse if such grievances are not addressed leading to conflicts and litigation.

Several studies have been done to prove the existence of relationships between employee grievance management, employee commitment and other aspects of HRM practices. Dhanabhakyam and Monish (2022) examined employee grievance management strategies and its role on organizational justices and job commitment among Information Technology employees in India. The study used quality circles, grievance committees and team management as grievance management indicators. The study used empirical and descriptive research design including survey and observation data collection

methods. Data analysis used correlation, independent t-test and regression analytics. Interpretation revealed a significant impact on job commitment and organizational justice brought about by employee grievance management strategies. This study used IT employees while the current study used medical doctors are respondents

Sivanandam and Chaturvedi (2020) studied the management of employee grievance and its impact on employee productivity in Chennai TN-India with innovation, employee contentment and work responsibilities as employee grievance management indicators. Data collection used survey and questionnaire and statistical tools like frequency and mean for analysis. The study found out strong believes from employees that effective grievance handling had a major effect on their job productivity. Ukokhe and Florah (2022) examined collective bargaining and industrial disputes management in Kenya. Grievance handling and joint consultations management were indicators used to test the independent variable. The findings were that joint consultation committees and proper grievance handling mechanisms significantly affected industrial dispute management.

Silva and Malalage (2021) looked at how employee performance is impacted by workplace employee grievances. The study area was Apparel Companies in Pandura, Sri-Lanka. Constructs used were aggressive supervisory behavior, overloaded work, training gap and miscommunication as indicators of employee grievance management. Data collection was done using structured questionnaire and analyzed using regression analysis method. All the indicators of employee grievance management tested except training gap showed significant association with employee performance. This study tested EGM and EP while the current study examined EGM and OC.

Obiekwe (2019) theoretically studied employee grievance management and organizational performance Port Harcourt, Nigeria using open-door policy and collective bargaining as indicators of grievance management. The study noted that effective grievance management is key in ensuring harmonious workplace relations, bolstering of employee commitment, loyalty and improvement of the overall organizations' performance and productivity. This study only reviewed existing literature without involving any collection and analysis of statistical data; the current study however reviewed existing literature and further collected relevant data for analysis and interpretation. Organizational commitment was also used as a dependent variable unlike the reviewed study that used organizational performance.

The study was supported by findings from Akhaukwa, Byaruhanga and Maru (2013) who studied the change effect of collective bargaining process on employee relations environment within Kenyan Public Universities. Collective bargaining was assessed through willingness by management to undertake negotiations, honesty of the process, acceptance of other team's view, negotiation completion duration and time, level of members' involvement, compromise level and implementation of agreed terms. Industrial relations environment was measured using reciprocal regard for each other, management-union cooperation, readiness of management to facilitate union operations, readiness of parties to deliberate, dispute resolution, shared decision making by members and management's disposition towards the employee union.

Explanatory research design was adopted with questionnaires used for data collection; analysis was guided by descriptive and inferential statistics for both qualitative and quantitative data. Exploratory factor and linear regression analysis were employed to

disintegrate the variables for subsequent analysis and figure out how collective bargaining process causes changes in industrial relations respectively. The study concluded that collective bargaining process and industrial relations environment have significant relationship. This study was done in Kenyan Public Universities and used explanatory research design. The current study used descriptive and correlational design with scope being County Referral hospitals.

Kemuma and Simiyu (2015) studied grievance handling and organizational commitment and how they affect employees at National Hospital Insurance Fund (NHIF), Thika Branch-Nairobi-Kenya. The study used promotion, safety & health, job content and working conditions to measure grievance handling. Questionnaires were used as data collection tool and analysis done by use of descriptive analysis, frequency, Chi-square test, percentages and inferential statistics. Findings of the study showed satisfaction from employees considering the manner in which grievance were handled; this enhanced their commitment to the work and workplace. Existing literature established that organizational commitment largely depends on how managers handle issues of complains/ grievances without allowing such issues to escalate to conflicts. It therefore implies that collective bargaining processes and agreements should be handled with utmost good faith and respect for the prevailing legal provisions. Issues of employee discipline and communication in terms of timely provision of feedback needs to be instituted.

2.4.4 The Moderating Effect of Management Style on the Interaction between Employee Relations Management and Organizational Commitment

Management style has overtime been considered to significantly and inversely impact employee relation practices and commitment that employees have towards organizations. The weighty role of managers in enhancing morale, building trust, execution of proper welfare programmes, heightening productiveness and assisting staff in all rank notwithstanding the rapid and momentous modification is dependent solely on what style the managers decide to use. Different studies have continued to support this concept. In a study by Tarsik, Kassim and Nasharudin (2014) studied Transformational, Transactional or Laissez-Faire among University Librarians University Technology MARA (UiTM), Shah Alam, Malaysia. Questionnaires were used to collect data. The librarians showed acts of engaging more of transformational leadership style in their operations. This was followed by laissez-faire style and lastly transactional style being the least practiced style. Additionally, and compared to all other leadership styles, there was significant difference among age groups when practicing transactional leadership style.

The study results also noted that laissez-faire style offers employees practically much freedom but hardly provides operational direction. Managers who use laissez-faire management style usually have an assumption of employees' ability to know and handle everything and any problem respectively. This is however not the case in organizations. For effective commitment on the part of employees, managers need to maximize the use of laissez-faire management style. This will ensure good employee-employer relations since employees will not feel their suggestions are not taken into consideration for purposes of decision making.

Alkahtani (2015) studied how Leadership Styles influences Organizational Commitment in Bosnia and Herzegovina. The survey also looked at effect of Emotional Intelligence during the interaction of the above variables. The findings were that all the aspects of transformational style being intellectual stimulation, inspirational motivation, individualized consideration and idealized influence significantly relate to affective, continuance and normative commitment. It was also however discovered that transactional leadership styles consisting of active and passive management and contingent reward are weakly related to all organizational commitment aspects. This study used emotional intelligence as a moderating factor on Leadership Styles and OC whereas in the current study, management style was used as a moderator and not an independent variable.

Mclaggan, Adéle and Botha (2013) the interaction among leadership styles (transformational leadership and transactional leadership) and commitment in South African mining sector was tested. Cross-sectional quantitative study design was utilized. Data was collected using questionnaire with analysis done using Pearson product-moment correlation coefficients. The findings indicated that transactional and transformational leadership styles impact affective commitment of employees. The reviewed study utilized cross-sectional quantitative study design with analysis of data done using Pearson correlation coefficients. The current survey employed descriptive and correlational research designs and analysis done through descriptive and inferential statistical tools.

Okon and Ekaette (2016) examined Management Styles' effect on Employees Performance in Small Scale Enterprises in Nigeria. The study adopted expost-facto

research design and questionnaire for data collection. Data analysis and assumption testing was done using Pearson Correlation Coefficient on six null hypotheses. The findings established a positive interaction amongst management styles and performance save for autocratic and lasses-faire styles which showed negative results. Participative, persuasive, paternalistic and democratic styles realized a more desirable connection with workers' overall performance than other styles of leadership. The reviewed study looked at management styles and its connection with employee performance while this research majored on management style and its effects on the interaction between ERM and OC. Additionally, the current survey used descriptive and correlational study design as opposed to expost-facto research design adopted by this study.

Marwa, Namusonge and Kilika (2019) examined how leadership styles in Kenya Commercial Banks moderates the interaction exhibited by employee commitment and performance. Leadership style was measured using transformational and transactional leadership. The researcher tested the null hypothesis using multivariate technique adopting a cross-sectional research design. The interaction between employee commitment and performance in KCB was found to be moderated by transactional and transformational leadership styles. This study provides a sectorial gap as it focused on the banking sector (KCB banks) while the current study examined the variables in the Public Health sector.

Njoki, Mberia and Ngula (2021) studied Management Style's moderating effect on Employee Engagement and Internal Communication in Kenya's Technical Training Institutions. Survey design together with open and closed ended questionnaire was used. Descriptive and inferential statistical tools were employed for data analysis. There was

also existing of proof of management style moderating the interaction between employee engagement and communication. From these studies, recommendation is given for organizations to embrace favorable leadership practices and management styles for purposes of ensuring effective employee relation practices which ultimately will ensure employee develop both normative, continuance and affective commitment to the institutions. The reviewed study used management style as a moderator of Employee Engagement and Internal Communication whereas this current study used management style as moderator between ERM and OC. The current study targeted County Referral hospitals unlike the reviewed study which looked at Kenya's Technical Training Institutions.

2.5 Summary of Research Gaps

Table 2.1: Summary of Research Gaps

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
Raj and Julius (2017)	Labour welfare measures and its impact on employee commitment in Jyotty Laboratories Limited, India.	Data was collected using questionnaire and analysis done using multiple regression and ANOVA analysis.	The findings showed significant relationship between statutory welfare, non-statutory welfare, social security measures with affective and normative commitment.	In the same study, only social security measures had a significant impact on continuance commitment. Statutory and non-statutory welfare measures did not create any impact on continuance commitment.	The study left a conceptual gap which this study examined.
George and Nkeiru (2021)	Impact of workers welfare on job commitment in Rivers Plate Ministry of	The study used descriptive survey design and questionnaire	The findings showed that there is a very strong positive relationship between	The results of this study were found to be conflicting results by Raj and Julius	This leaves an empirical gap that this study addressed.

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
	Health-Nigeria	for data collection. Data analysis was done using Pearson product-moment correlation coefficient.	voluntary welfare, statutory welfare and job commitment	(2017).	
Otieno and Adhiambo (2020)	Employee welfare factors and Employee Performance at Roadhouse Grill Nairobi, Kenya	The study used Cross-sectional survey design. Structured questionnaire was used to collect data. Data was analyzed using correlation and descriptive statistical tools.	The results revealed that transportation facilities have a strong positive and significant effect on employee performance. Housing and employee performance had a positive and insignificant relationship.	The study used Employee performance as a dependent variable unlike the current study that used organizational commitment. Housing showed a positive and insignificant effect on employee performance. The study used Cross-sectional survey design unlike the current study that used descriptive and correlational research designs.	This created methodological and conceptual and empirical gap that this study filled.
Tang *et al.*, 2022	Studied how organizational trust impacts organizational citizenship behavior: Organizational identification and employee loyalty as mediators.	This study used a multistage, multi-source longitudinal study design to conduct a questionnaire at two-time points.	Employee Loyalty moderates the relationship between OT and OCB. Employee's trust affects employee loyalty	Organizational trust was used as an independent variable.	The current study used organizational trust as a construct under employee relations management thus empirical gap addressed.
Rahman, *et al.*	Effect of	Descriptive	The findings	Mediating role	This leaves a

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
(2021)	organizational trust on employee performance in Mobile Phone Companies in Egypt. Organizational Commitment as moderating variable.	analytical method was adopted.	proved that organizational trust significantly caused an effect on employee performance with organizational commitment mediating this relationship.	of OC on OT and employee performance was examined unlike the current survey that used OT as a construct under ERM to examine. Management style used a moderator of ERM and OC.	conceptual gap that this study filled.
Mugane (2016)	Examined the correlation between organizational trust and employee job satisfaction among subordinate staff at East African Breweries Limited in Ruaraka, Kenya	The study used causal research design. Data collected using questionnaires.	The results showed existence of a direct correlation between organizational trust and job satisfaction	This study used causal research design while the current study used descriptive and correlational research design	This leaves methodological on other research designs and knowledge gap on OT and OC.
Dhanabhakyam and Monish (2022)	Examined employee grievance management strategies and its role on organizational justices and job commitment among Information Technology employees in India.	The study used empirical and descriptive research design including survey and observation data collection methods.	The findings showed employee grievance management strategies to have a significant impact on job commitment and organizational justice.	This study used IT employees while the current study used medical doctors are respondents	This leaves empirical gap that this study filled.
Obiekwe (2019)	Theoretically studied employee grievance management and organizational	The findings were that effective grievance management is key in ensuring	This study only reviewed existing literature without involving any collection and	The current however reviewed existing literature and further collected	This leaves methodological and empirical gaps that the current filled.

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
	performance Port Harcourt, Nigeria using open-door policy and collective bargaining as indicators of grievance management.	harmonious workplace relations, bolstering of employee commitment, loyalty and improvement of the overall organizations ' performance and productivity.	analysis of statistical data.	relevant data for analysis and interpretation. Organizational commitment was also used as a dependent variable unlike the reviewed study that used organizational performance.	
Akhaukwa, Byaruhanga and Maru (2013)	Studied the change effect of collective bargaining process on employee relations environment within Kenyan Public Universities.	Explanatory research design was adopted with questionnaires used for data collection.	The study concluded that collective bargaining process and industrial relations environment have significant relationship.	This study was done in Kenyan Public Universities using explanatory research design. The current study used descriptive and correlational design with scope being County Referral hospitals. Collective bargaining process was used as an independent variable with ERM as dependent variable unlike the current study that used ERM as independent variable with collective bargaining as a measureable construct under EGM.	This leaves methodological and empirical gaps that this study filled.
Alkahtani (2015)	Studied how Leadership	Structured questionnaire	The findings were that all	This study used emotional	This leaves conceptual

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
	Styles influences Organizational Commitment in Bosnia and Herzegovina. The moderating role of Emotional Intelligence during the interaction between leadership style and OC was also studied.	was used for data collection	the aspects of transformational style being intellectual stimulation, inspirational motivation, individualized consideration and idealized influence significantly relate to affective, continuance and normative commitment.	intelligence as a moderating factor on Leadership Styles and OC whereas in the current study, management style was used as a moderator and not an independent variable.	and methodological gaps that this studied examined.
Mclaggan, Adéle and Botha (2013)	Studied the interaction among leadership styles (transformational leadership and transactional leadership) and commitment in South African mining sector	Cross-sectional quantitative study design was utilized. Questionnaire aided data collection.	The findings indicated that transactional and transformational leadership styles affects affective commitment of employees	The study utilized cross-sectional quantitative study design while the current survey employed descriptive and correlational research designs. The current study used management style as a moderator.	This leaves methodological and empirical gaps that this study examined.
Njoki, Mberia and Ngula (2021)	The moderating effect of Management Style on Internal Communication and Employee Engagement in Technical Training Institutions in Kenya.	The study was conducted using survey research design and data collected using open and closed ended questionnaire. Data analysis was done by use of descriptive	The study established that management style had a moderating effect on the relationship between internal communication and employee engagement.	The study used communication as an independent variable unlike the current study that used ERM as independent variable with Open-door policy (communication) as a construct under	This provided conceptual, methodological and sectorial gap which this study filled.

Name & Year	Study Title	Methodology & Research Design	Finding(s)	Knowledge Gap	Gaps
		and inferential statistics.		employee grievance management The scope of the reviewed study was tertiary education sector unlike the current one which targeted County Referral Hospitals being health sector.	

Source: Literature Review (2024)

2.6 Conceptual Framework

This was built from ERM as independent variable and Organizational Commitment as dependent variable. Measurable constructs under employee relations management were employee welfare management, organizational trust and employee grievance management. The measurable constructs under organizational commitment were affective, continuance and normative commitment. The study also used management style as the moderating variable with Laissez-faire, autocratic and democratic management styles as indicators.

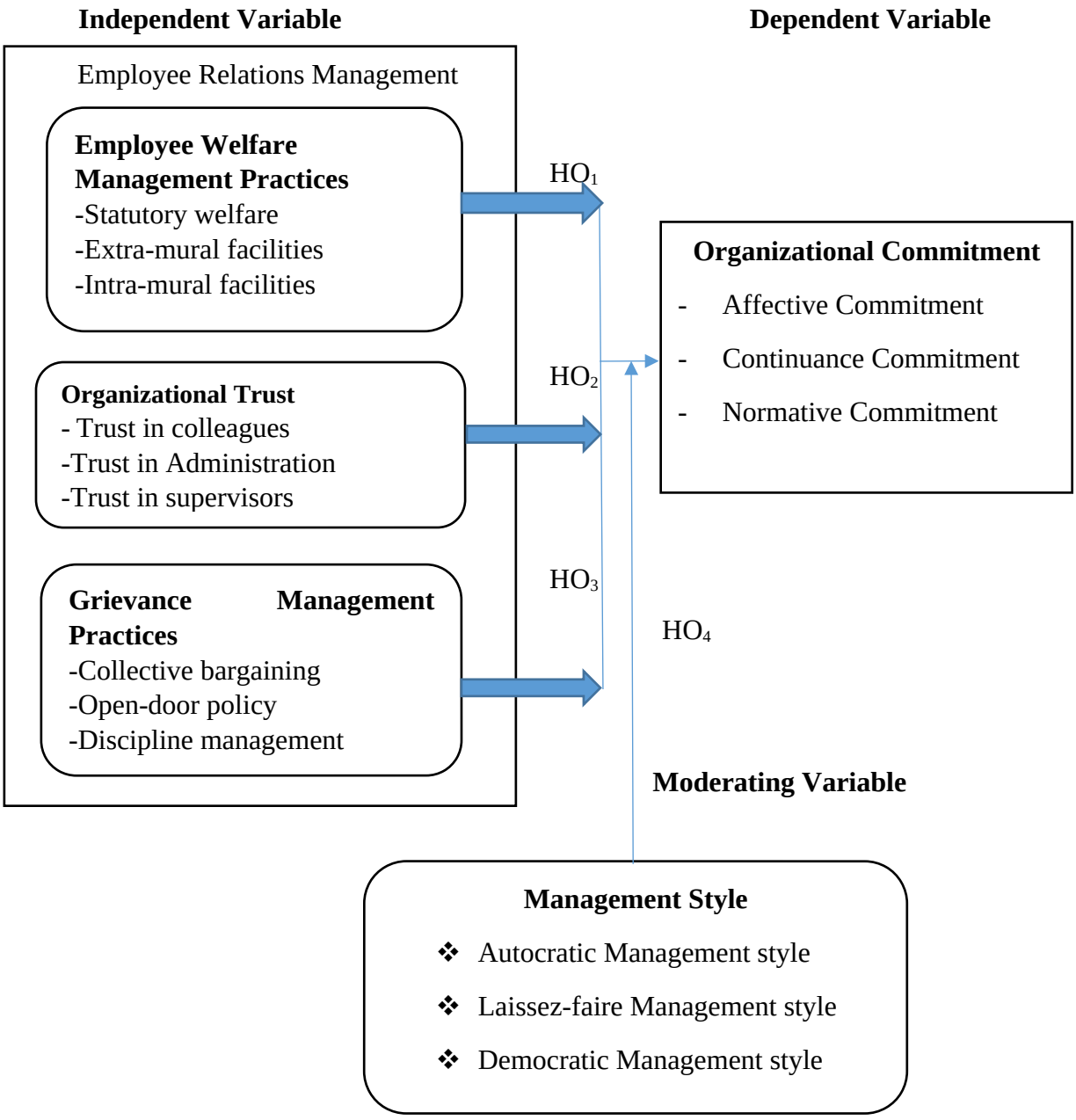


Figure 2.1 Conceptual Framework

Source: Adapted from other studies (Amessa & Drakeb, 2018, Kanana, 2016, Nkeobuna & Ugoani, 2020, Nishanthi, 2017, Otieno & Adhiambo, 2020).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter highlights the methodology utilized in achieving the stated research objectives. It involved specific techniques adopted during the process of data collection and analytics. Areas examined and recorded in this chapter include the research survey area, population targeted, sample size, research design, sampling techniques, pilot study area and general data analytics procedures and techniques. Issues of ethical standards and regulations were also included in this chapter.

3.2 Area of Study

The research was undertaken in County referral hospitals within Western region of Kenya comprising Kakamega, Bungoma, Vihiga and Busia County Referral hospitals. These hospitals offering comprehensive medical services and were purposely selected because of their locality hence characterized by poor workers morale, unavailability of health workers, poor medical services and lack of trust in the hospital managements among others (Ocholla *et al.,* 2020).

3.3 Research Design

Correlational and descriptive study designs were used to enhance a comprehensive review of how ERM affects organizational commitment. This was not only restricted to fact-finding but focus was also on providing solutions to significant problems and formulation of important principles of knowledge regarding employee management (Hagenimana *et al.,* 2018).

Descriptive survey design was used to identify characteristics, frequencies, trends and categories. Correlational research design explains a non-experimental study design that involves measurement of two variables having statistical relations assessed without any interference from non-essential variable. Correlational research design helped in determining the prevalence and relationships among ERM, management style and organizational commitment. It also assisted in forecasting activities from current data and knowledge. The design usually indicates -1 to +1 in range with correlation coefficient close to +1 showing that the two variables positively correlate (both variables changing in a similar direction); correlation coefficient close -1, shows negative correlation (variables changing in opposite directions). Result of close to zero shows the two variables are correlated (Boucaud, 2017).

3.4 Target Population

Refers to a member of a real or hypothetical set of people, events or objects that a researcher intends to generalize their study results (Mugenda & Mugenda 2003). This study targeted a population of one hundred and sixty-four (164) medical doctors from the four (4) County Referral hospitals within Western region. This included deneral doctors, Specialist doctors & Medical interns. This population is based on the fact that medical doctors are critical in the health sector since given the major role they play in diagnosis and prescription of drugs in hospitals. A disruption in their services due to mismanagement of their issues can therefore lead to a cripple of service delivery in hospitals thus detrimental to lives.

Table 3.2 Target Population

County Level 5 Hospital	Number of Medical Doctors
Kakamega County Level 5 Hospital	52
Bungoma County Level 5 Hospital	39
Vihiga County Level 5 Hospital	41
Busia County Level 5 Hospital	32
Total	**164**

Source: County Human Resource Information System, December, 2023

3.5 Sampling Technique and Sample Size

3.5.1 Sampling Technique

Sampling is an act of selecting individual members or subsets of the population on which statistical inferences will be made. This is used to gauge the features of the whole population (McCombes, 2019). Sampling technique refers to the selection mode of arriving at population to participate in a study. The population arrived at usually serves as a representative of the whole population. Stratified sampling technique was used to select the County Referral hospitals and simple random sampling techniques used to select medical doctors from each strata. The study also purposively sampled medical doctors only given the need to effectively manage and maintain their commitment levels to work since they play a very critical role in diagnosis and prescription of drugs to patients in hospitals.

3.5.2 Sample Size

Sample size is usually denoted by n and indicates the number of participants or observations included for the study (Brysbaert, 2019). It is also necessary in influencing estimates, precision and drawing of conclusions arising from the study. The sample size

was calculated using Yamane Taro's formula which was subsequently distributed proportionally to each County Hospital.

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

Where;

n = Sample size

N = Total population of the area under study

1 = 1 is constant

e = error limit or margin of error. It's usually accepted at 5% or 0.05.

Table 3.3 Sample Size

Sub Counties	**Number of Medical Doctors**	**Sample Size**
Kakamega County Level 5 Hospital	52	37
Bungoma County Level 5 Hospital	39	28
Vihiga County Level 5 Hospital	41	29
Busia County Level 5 Hospital	32	22
Total	**164**	**116**

Source: County Human Resource Information System, 2023

3.6 Data Collection Instrument

For purposes of obtaining data from a research subject, the topic of interest usually relies on the use of research instruments and measurement tools like questionnaires or scales (Collis & Hussey 2014). Primary (quantitative research data) was collected using structured questionnaires. According to Singh (2017), questionnaire is a research tool

having several questions intended to help in information gathering from respondents. The questionnaire employed in this study was divided into five sections covering statements on demographic information, employee relations management, organizational trust, management style and organizational commitment. It was a 5-Point Likert Scale ranging from 1-5 where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree. This was then distributed to the respondents.

3.7 Data Collection Procedures

This outlined the procedure followed when administering the questionnaire. The activities prior to information gathering involved obtaining legal, regulatory and institutional compliance from National Commission for Science, Technology and Innovation (NACOSTI), Institutional Ethics Review Committee (IREC) and the four County Referral hospitals to undertake the research. There was also the use of introductory letters from the School of Business & Economics and Directorate of Postgraduate Support, MMUST. The study also used two (2) research assistants to reach the medical doctors in the four (4) county referral hospitals. During the visit, the respondents were clearly notified and the survey purpose explained to them.

3.8. Pilot Study

This is a trial survey conducted in order to prepare for the complete study. It is specifically undertaken as a preliminary evaluation of research instrument's reliability by purposefully helping detect possible flaws in the instrument and identify unclear statements in the research protocol (Dikko, 2016). Such preliminary studies also add value and credibility to the whole research work by ascertaining whether the research tool endeavor to serve the intended purpose during the exact survey (Van, Wijk & Harrison,

2013). This follows its capability to identify potential problems and areas that need adjustments. The preliminary testing was conducted in Kisumu County Teaching & Referral Hospital using 12 respondents being 10% of the sample size. The choice of Kisumu County Teaching & Referral Hospital was based on its proximity to the four selected County referral hospitals within Western Kenya.

3.8.1 Reliability Test

Reliability in research explains the ability of a particular test to producing similar results consistently whenever the test is given out to identical respondents (Wise, 2015). The study tested reliability by use of 12 respondents out of the 116-sample size which was approximated at 10% of the total sample size. Statistical Packages for Social Sciences Software was used to compute the Cronbach's Alpha of questionnaire items after piloting. According to Taber (2018), an Alpha coefficient of 0.7 and above depicts the questionnaire to have a high internal consistency level.

3.8.2 Validity Test

In research, validity is achieved by piloting the study instruments in order to explains the process of undertaking preliminary tests aimed at determining the construct and content authenticity with reference given to the questionnaire developed. The study determined all the three aspects of validity; instrument's face validity was examined by designing the questionnaires to include all variables as per the conceptual framework thus creating meaning and appropriateness for the respondents. Collis and Hussey (2014) explained that content validity shows the whether the data collection tool generates expected and reasonable statistical outcomes. This was done through reviewing of relevant literature for purposes of identifying the items required to measure the constructs. Consultation

with supervisors was also done for veteran opinion on the validity of the instruments content. The views given were incorporated to enhance the clarity and relevance of the questions. The ability to interpret the research instrument meaningfulness in measuring features and quality shows a sense of construct validity. It also assesses how the theories have been translated and transformed into actual measures. This was tested by reassessing the study's empirical and theoretical literature.

3.9 Data Analysis

Data sorting and cleaning was done followed by the use of descriptive and inferential statistical tools to conduct analysis. The mean, percentage, frequency and standard deviation were used to interrogate the basic characteristics of the collected data minus making predictions or inferences. Inferential statistics used are hierarchical regression, Pearson correlation, simple and multiple linear regression. The inferential testing was basically for analyzing the datasets and hypothesis therein and unmasking the link between the variables (Ali & Bhaskar, 2016).

The dataset here used in drawing conclusions was a sample of the whole population. This however was conducted with inherent uncertainty using parameter estimation and confidence interval. In testing the hypothesis, simple linear regression analysis and Pearson correlation were used with outcomes presented using tables (Lind, Marchal & Wathan, 2017). The moderating variable was tested using hierarchical regression.

The simple and multiple linear regression models were as follows:

$y= \beta_0 + \beta_1 X_1 + \varepsilon$ ……Equation 3.1

$y= \beta_0 + \beta_2 X_2 + \varepsilon$ ……Equation 3.2

$y = \beta_0 + \beta_3 X_3 + \varepsilon$ ……Equation 3.3

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$……..….. …Equation 3.4

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + M + \varepsilon$…….....Equation 3.5

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + M + \beta_1 X_1 M + \beta_2 X_2 M + \beta_3 X_3 M + \varepsilon$…….....Equation 3.6

$Y = \beta_0 + ERM + \varepsilon$…….…...Equation 3.7

$Y = \beta_0 + ERM + M + \varepsilon$……..….. …Equation 3.8

$Y = \beta_0 + \beta_1 ERMM + \varepsilon$…….……..….. …Equation 3.9

Where Y denotes organizational commitment, X represents employee relations management, β_1- β_3 are the unstandardized regression coefficient.

β_0 Represents the y intercept

Y Represents organizational commitment

X_1 Represents employee welfare management practices

X_2 Represents employee grievance management practices

X_3 Represents organizational trust

M Represents management style

ERM Represents Employee Relations Management

ε Represents error term

3.9.1 Diagnostic Tests

Diagnostic analytics was included and it involved taking the insights found from descriptive analytics and drilling down to find the causes of those outcomes. This was done through normality test, linearity/homoscedasticity test and multicollinearity test.

3.9.1.1 Normality Test

Normality postulates a normal sampling distribution of the mean or that the means across the samples are distributed on a normal curve (Ghasemi & Zahediasl, 2012). Essentially, the assumption proposes that if a researcher collects many random samples that are independent within a population, calculating a sample mean and creating a histogram will have the distribution of sample means along a perfect bell curve. Verification of the existence of a normal distribution in the research data was done using the normality test (Mishra, 2019).

3.9.1.2 Homoscedasticity Test

Homoscedasticity was tested using a scatterplot to analyze the linearity relationship between Employee Relations Management and Organizational Commitment among medical doctors in county hospitals of western region, Kenya. This used the line of fitness to further confirm the assumption therein with concentration towards the line of fitness indicating non-violation of the homoscedasticity assumption. In the event of having scattered data point away from the linear line, then heteroscedasticity would be present hence the researcher could not proceed with regression analysis (Lind *et al.*, 2017).

3.9.1.3 Multicollinearity Test

This was done to ascertain the perfect or near-perfect linear relationship that exists among independent variables using Pearson's correlation. Multicollinearity is non-existent when the independent variables show coefficient of correlation less than 0.8.

3.10 Ethical Consideration

Surmiak (2018) explains the need to have researchers make ethical consideration in their entire research processes. To guarantee that the study meet ethical standards, the researcher sought prior approval and clearance by NACOSTI and IREC to enable data collection exercise. An introduction letter was also used to elaborate the need and voluntary nature of the respondents' participation. The respondents were also assured of confidentiality, their identity kept anonymous and their contribution not linked to them.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter highlights the analysis of respondents' demographic background information, descriptive statistical analytics, inferential statistics and diagnostic tests. The study findings were also interpreted with regard to the research objectives and discussions made on each analysis done.

4.2 Response Rate

One hundred and sixteen (116) questionnaires were distributed out of which 85 were returned representing 73.3% response rate with 26.7% non-response rate. This reinforces the assertion by Mugenda and Mugenda (2012) who recommended that 70% response rate or more are appropriate for an effective data analysis and presentation. The results of the response rate are shown in table 4.1.

Table 4.4 Response Rate

Questionnaires	Frequencies	Percentages
Returned	85	73.3%
Not Returned	31	26.7%
Total	116	100%

Source: Research Data, (2024)

4.3 Pilot Test

Pilot study was conducted where twelve (12) questionnaires were distributed to staff within Kisumu County Teaching & Referral Hospital. Out of the 12 questionnaires, 10 were returned representing 83.33% response rate. The pilot test data was analyzed

through the use of SPSS Version 23 and the responses were tested for reliability using Cronbach's Alpha formula.

4.3.1 Reliability Test Results

The research undertook the research tool's reliability's internal consistency using Cronbach Alpha. The results of the reliability test are shown in Table 4.2.

Table 4.5 Reliability Test

Item Statistics			
Study Variables	Items	Cronbach Alpha Results	Remarks
Grievance Management	6	.827	Accepted
Organizational Trust	6	.739	Accepted
Employee Welfare	11	.739	Accepted
Management Style	8	.704	Accepted
Organization Commitment	11	.866	Accepted

Source: Research Data, 2024

In testing reliability of the data collection tool, the Cronbach's Alpha formula was chosen following its effectiveness in measuring internal consistency. As cited by Surucu and Maslakci (2020), scales with coefficient alpha scores of 0.6 indicate a fair reliability with scores of 0.7 or higher considered sufficient to ascertain reliability. The study obtained an Alpha coefficient of 0.860. This showed that the questionnaire would give the same results under the same methodology thus considered to be reliable if its results were used to make conclusions from the general population. As shown in Table 4.2 there was a strong Cronbach's alpha coefficients results for all the variables. The Cronbach's alpha

showed a range of 0.725 to 0.900, indicating a high reliability nature of the items in terms of measuring expected variables.

4.3.2 Validity Test

The study tested face, construct and content validity with face validity showing the probability of having misinterpreted or misunderstood a question (Surucu & Maslakci, 2020). Construct validity was tested by reassessing the study's empirical and theoretical literature. On the other hand, Content validity brought out extent of a measure depicting all aspects of a particular social construct. To test for content validity, the researcher subjected the questionnaires to the peer review and guidance of the research supervisor for critique and reassurance of instruments level of meaningful interpretation. The major intention of undertaking validity testing was to ensure the research tool maintains accuracy and consistency and that the study objectives do not veer off the intended purpose. Upon professional review and critique, the statements or questions which were ambiguous were reframed or deleted to aid in clarity. This was necessary to ensure all questions were standardized for effective analysis of the research data.

4.4 Demographic Analysis

The respondents' demographic profile based on age, gender, education level and length of services was tested with results shown below.

4.4.1 Gender

The study established the age distribution of the respondents with findings shown in Table 4.3.

Table 4.6 Gender of the Respondents

Respondents' Gender	Frequency	Percent
Male	58	68.2
Female	27	31.8
Total	**85**	**100**

Source: Research Data, (2024)

From the findings shown above male gender constituted the majority at 68.2% while the female gender stood at 31.8%. This implies a fair representation of both genders in this study as provided in the Constitutional threshold on two-thirds gender rule.

4.4.2 Age Bracket

The age bracket of the respondents was analyzed with results shown in Table 4.4.

Table 4.7 Age of the Respondents

Age Bracket	Frequency	Percent
21-30 years	22	25.9
31-40 years	47	55.3
41-50years	9	10.6
51-60 years	7	8.2
Total	**85**	**100**

Source: Research Data, (2024)

The study established that 55.3% of the respondents were between the ages of 31-40 years, followed by 25.9% who were between the ages of 20-30 years, 10.6% were between the ages of 41-50 years, and 8.2% who were between the ages of 51-60 years. These findings indicate that the study managed to gather data across all range of ages of the respondents. This denoted the ability of the younger and older employees to enhance problem-solving abilities and possess a diverse pool of knowledge thus enabling the researcher to grasp information from all perspectives.

4.4.3 Education Level of the Respondents

The study established the respondents' level of education with results shown in Table 4.5.

Table 4.8 Education Level of the Respondents

Education Level	Frequency	Percent
Bachelors'	43	50.6
Master's	30	35.3
Post graduate	8	9.4
Fellowship	3	3.5
Any other(specify)	1	1.2
Total	85	100.0

Source: Research Data, (2024)

The findings indicated that the majority of medical doctors at 50.6% had Bachelor's Degree, 35.3% had Masters Degree, Post graduate (9.4%), Fellowship (3.5%) and Any other (specify) (1.8%). These findings imply that data was collected from the respondents with standard education. These medical doctors possessed knowledge about the study thereby aiding obtaining insightful information on employee relations management and

its effects on organizational commitment among medical doctors in the County Referral hospitals within Western Region, Kenya.

4.4.4 Respondents Length of Services

The respondent's length of service was established with results shown in Table 4.6.

Table 4.9 Years of experience

Interval	Frequency	Percent
Less than 1 year	15	17.6
1-5 years	33	38.8
6-10 years	18	21.2
11-15 years	14	16.5
16-20 years	4	4.7
Over 20 years	1	1.2
Total	85	100.0

Source: Research Data, (2024)

From the results, respondents with years of experience ranging from 1-5 years accounted for the majority (38.8%), followed by those whose years of experience were between 6-10 years (21.2%), followed by those with less than 1 year experience (17.6%), followed by those whose experience ranged between 11-15 years (16.5%), followed by those whose years of experience were 16-20 years at (4.7%) and lastly followed by those whose years of experience were over 20 years (1.2%). These findings indicate that the participants in this research had an invaluable expertise required to cement insights regarding employee relations management and organizational commitment among medical doctors in County Referral hospitals within western Region, Kenya. These

results generally show high turnover rate with Medical Doctors not working in the same hospital consistently for a longer period of time.

4.5 Results of Descriptive Analysis

The study obtained quantitative data that were represented using mean and standard deviations as forms of descriptive statistics with analysis done through the Statistical Package for Social Sciences (SPSS, Version 23). Display of results was guided by the study objectives.

4.5.1 Descriptive Results for Employee Welfare Management Practices

The study established the effect of employee welfare management practices on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya. Table 4.7 summarized the descriptive results regarding Employee Welfare Management Practices.

Table 4.10 Descriptive results for Employee Welfare Management Practices

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
My hospital provides spacious houses for medical doctors to enable them live comfortably	18 (21.2%)	12 (14.1%)	14 (16.5%)	15 (17.6%)	26 (30.6%)	3.22	1.54
For those not housed by the hospital, my employer provides a generous house allowance	21 (24.7%)	20 (23.5%)	13 (15.3%)	12 (14.1%)	19 (22.4%)	2.86	1.51
The hospital allows for flexible work schedules with shift allowances paid in	8 (9.4%)	14 (16.5%)	3 (3.5%)	38 (44.7%)	22 (25.9%)	3.61	1.29

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
case of such arrangements to avoid burnout							
My organization allows workers to form social welfare groups to assist staff meet social needs e.g. Saccos	6 (7.1%)	14 (16.5%)	22 (25.9%)	29 (34.1%)	14 (16.5%)	3.36	1.15
My hospital offers transport facilitation in cases of emergency, recalls and assignments outside the hospitals to ensure efficiency in provision of medical services.	8 (9.4%)	12 (14.1%)	31 (36.5%)	24 (28.2%)	10 (11.8%)	3.19	1.12
My hospitals provide uniform allowances to medical doctors making it easier for hospital staff to comply with the dress code	13 (15.3%)	14 (16.5%)	26 (30.6%)	22 (25.9%)	10 (11.8%)	3.02	1.23
My employer gives me a comprehensive medical insurance scheme to ensure any medical problem of self and family are catered for	10 (11.8%)	17 (20.0%)	34 (40.0%)	12 (14.1%)	12 (14.1%)	2.99	1.18
My hospital addresses doctors' welfare issues in a manner that ensures long term positive image of our hospital	7 (8.2%)	11 (12.9%)	26 (30.6%)	14 (16.5%)	27 (31.8%)	3.51	1.29
The way complaints from staff are addressed in my hospital ensures long term positive image	2 (2.4%)	6 (7.1%)	32 (37.6%)	27 (31.8%)	18 (21.2%)	3.62	.98
Our trade union	2 (2.4%)	1 (1.2%)	15	36	31	4.09	.89

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
represents our interests in a manner that ensures hospitals the long-term continuity and positive image			(17.6%)	(42.4%)	(36.5%)		
The way my hospital handles discipline cases ensures staff remain peaceful and focused for our hospital continuity in the long run	12 (14.1%)	14 (16.5%)	18 (21.2%)	32 (37.6%)	9 (10.6%)	3.14	1.24

Source: Research Data, (2024)

My hospital provides specious houses for medical doctor to enable them live comfortably (M=3.22, SD=1.54) and for those not housed by hospital, my employer provides a generous house allowance (M=2.86, SD=1.51). The hospital allows for flexible work schedule with shift allowances paid in case of such arrangements to avoid burnout (M=3.61, SD=1.29) and my organization allows workers to form social welfare groups to assist staff meet social needs e.g. Saccos (M=3.36, SD=1.15). My hospital offers transport facilitation in cases of emergency recalls and assignments outside the hospital to ensure efficiency in provision of medical services (M=3.19, SD=1.12).

Further results on my hospital provides uniform allowances to medical doctors making it easier for hospital staff to comply with the dress code showed (M=3.02, SD=1.23), My employer gives me a comprehensive medical insurance scheme to ensure any medical problem of self and family are catered for (M=2.99, SD=1.18), My hospital addresses doctors welfare issues in a manner that ensure long term positive image of our hospital

(M=3.51, SD=1.29), the way complaints from staff are addressed in my hospital ensures long term positive image(M=3.62, SD=.98), Our trade union represents our interest in a manner that will ensure long term continuity in positive image of our hospital (M=4.09, SD=0.89) and the way my hospital handles discipline cases ensure staff remain peaceful and focused for our hospital continuity in the long run (M=3.14, SD=1.24).

From the results (Table 4.7), the respondents felt that employee welfare management practices had an effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya. The average mean of 3.86 implied that most medical doctors agreed with welfare issues raised by this study. The findings support results of Muruu *et al.,* (2016) and Stephen (2014) who established that employee welfare management practices positively affected employee satisfaction and commitment respectively. Similarly, the findings further align with results from Mwaniki *et al.,* (2020) who established that employee welfare practices explains the 98% variation seen on employee commitment at JSC, Kenya.

It was found that the County Referral hospitals embrace proper and effective employee welfare management practices. The findings are corroborated by Otieno *et al.,* (2020) who used extra-mural facilities, intra-mural facilities and welfare programmes to examined employee welfare factors on performance at Roadhouse Grill, Nairobi-Kenya with the results revealing existence of a strong positive and significant correlation between welfare programs and employee performance which ultimately affects commitment of employees.

4.5.2 Descriptive Results for Organizational Trust

This showed test for organizational trust and against organizational commitment.

Table 4.11 Descriptive Results for Organizational Trust

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
My organization implements hospital policies and procedures as agreed.	18 (21.2%)	14 (16.5%)	17 (20.0%)	23 (27.1%)	13 (15.3%)	2.99	1.38
I have confidence in the leadership of this hospital	0 (0.0%)	11 (12.9%)	15 (17.6%)	39 (45.9%)	20 (23.5%)	3.80	.95
The hospital allows doctors to engage in debate around ideas on improvement of service delivery	2 (2.4%)	5 (5.9%)	12 (14.1%)	41 (48.2%)	25 (29.4%)	3.96	.94
I trust in management's ability in addressing my work-related concerns.	12 (14.1%)	9 (10.6%)	13 (15.3%)	36 (42.4%)	15 (17.6%)	3.39	1.29
My organization provides equal opportunity for employees to participate in confidence and skills development	1 (1.2%)	4 (4.7%)	25 (29.4%)	34 (40.0%)	21 (24.7%)	3.82	.90
My colleagues support my progress and helps me overcome obstacles to progress.	0 (0.0%)	2 (2.4%)	17 (20.0%)	44 (51.8%)	22 (25.9%)	4.01	.75

Source: Research Data, (2024)

My organization implements hospital policies and procedures, the respondents disagreed (M=2.99, SD=1.38), the respondents fairly agreed that they have confidence in the leadership of this hospital (M=3.80, SD=0.95). The respondents fairly agreed that the

hospital allows doctors to engage in debate around ideas on improvement of service delivery (M= 3.96, SD= 0.94), respondents fairly agreed that there exists trust in management's ability in addressing their work-related concerns (M= 3.39, SD= 1.29). The respondents fairly agreed that their organization provides equal opportunity for employees to participate in confidence and skills development (M=3.82, SD=0.90) and lastly the respondents agreed that their colleagues support their progress and help them to overcome obstacles to progress (M=4.01, SD=0.75).

As indicated in Table 4.8, (M= 3.66), the respondents concurred that organizational trust had an effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya. These results are consistent with the findings of Mugane (2016), Cho, Yoon Jik and Park, Hanjun (2011) and Munyoki (2017) whose research used organizational trust as a variable and indicated that it had a positive influence on organizational commitment. Findings from this analysis demonstrate a substantial relationship between trust and Organizational Commitment with County Referral hospitals' managements encouraged to ensure there is trust between employees and to the administration and its welfare policies.

4.5.3 Descriptive Results for Employee Grievance Management Practices

The impact of grievance management on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya was examined with the descriptive analysis results for grievance management recorded in Table 4.9.

Table 4.12 Descriptive results for Employee Grievance Management

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
My organization has an elaborate policy on how complaints of employees against management are handled.	4 (4.7%)	18 (21.2%)	16 (18.8%)	34 (40.0%)	13 (15.3%)	3.40	1.13
My organization promptly addresses any complaints I may have against fellow employees (Senior or junior)	17 (20.0%)	19 (22.4%)	24 (28.2%)	20 (23.5%)	5 (5.9%)	2.73	1.19
My organization gives prompt feedback on how they have handled any complaint I may have raised	4 (4.7%)	11 (12.9%)	25 (29.4%)	37 (43.5%)	8 (9.4%)	3.40	.99
My hospital allows and encourages open communication between employees and management	12 (14.1%)	12 (14.1%)	22 (25.9%)	33 (38.8%)	6 (7.1%)	3.11	1.18
My hospital allows doctors union to operate freely in discharging the mandate for which they are elected	9 (10.6%)	23 (27.1%)	29 (34.1%)	19 (22.4%)	5 (5.9%)	2.86	1.07
My organization fully implements Collective bargaining agreements (CBAs) negotiated and signed between the hospital and doctor's union	12 (14.1%)	23 (27.1%)	24 (28.2%)	25 (29.4%)	1 (1.2%)	2.76	1.07

Source: Research Data, (2024)

The respondents agreed that their hospitals have an elaborate policy pertaining how complaints of employees against management are handled (M=3.40, SD=1.13), respondent disagreed that their organization promptly addresses any complaints they may have against fellow employees (Senior or Junior) (M=2.73, SD= 1.19), the respondents agreed that the organization gives prompt feedback on how they have handled any complaint they may have raised (M=3.40, SD=0.99).

The respondent agreed that the hospital allows and encourages open communication between employees and management (M=3.11, S.D=1.18), respondent disagreed with the statement that the hospital allows doctors union to operate freely in discharging the mandate for which they are elected (M=2.86, SD=1.07) and when asked about whether their organization fully implements the negotiated and signed collective bargaining agreements by the hospital and doctor's union, the respondents disagreed (M=2.76, S.D=1.07).

As illustrated by the descriptive results above (M= 3.04), the respondents agreed with the fact that grievance management affected organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya. The findings are consistent with that of Obiekwe (2019) whose study established that grievance management positively interacts with performance of organizations; characterized by peaceful workplace coexistence, employee loyalty and commitment.

These findings also align with that of Dhanabhakyam and Monish (2022) who examined employee grievance strategies, job commitment and organizational justices among Information Technology employees in India with the findings showing that employee

grievance management strategies significantly influenced job commitment and organizational justice. It is therefore paramount for County Referral hospitals to put in place proper communication and feedback mechanisms, discipline management and wholly implement the agreed collective bargaining agreements in order to ensure ultimate organizational commitment.

4.5.4 Descriptive Results for Management Style

The moderating effect of management style on the interaction between employee relations management and organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya was tested with resultant descriptive findings shown in Table 4.10.

Table 4.13 Descriptive results for Management Style

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
I feel that supervisors provide the necessary tools and resources needed for me to perform my duties.	0 (0.0%)	10 (11.8%)	29 (34.1%)	39 (45.9%)	7 (8.2%)	3.51	.81
There is elaborate freedom given by my supervisor to solve problem and make decisions on my own.	4 (4.7%)	5 (5.9%)	29 (34.1%)	29 (34.1%)	18 (21.2%)	3.61	1.04
There is close monitoring of employees by supervisors to enhance good performance.	4 (4.7%)	10 (11.8%)	11 (12.9%)	42 (49.4%)	18 (21.2%)	3.71	1.08
My supervisor isn't flexible recognize, understand and adapt to individual needs and views.	3 (3.5%)	11 (12.9%)	17 (20.0%)	37 (43.5%)	17 (20.0%)	3.64	1.06
My supervisor offers	3 (3.5%)	10	39 (45.9%)	26	7 (8.2%)	3.28	.91

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
reward or punishment for doctors' motivation and enhancement of commitment.		(11.8%)		(30.6%)			
My Supervisor consults others before deciding on doctors related issues.	0 (0.0%)	0(0.0%)	21(24.7%)	39 (45.9%)	25 (29.4%)	4.05	.74
I feel my supervisor and senior colleagues are supportive of my work.	1(1.2%)	7(8.2%)	26(30.6%)	34 (40.0%)	17 (20.0%)	3.69	.93
My supervisor involves employee to determine what to do and how to do it. However, he maintains the final decision-making authority	0(0.0%)	5 (5.9%)	21 (24.7%)	40 (47.1%)	19 (22.4%)	3.86	.83

Source: Research Data, (2024)

The respondents agreed that they feel their supervisor provides the tools and resources needed to perform their duties (M=3.51, S.D=0.81), respondents agreed that their supervisor gives them complete freedom to solve problem and make decision on their own (M=3.61, SD=1.04), respondents agreed that there is close monitoring of medical doctors by supervisors to ensure good performance (M=3.71, S.D=1.08). The respondents agreed that their supervisor is not flexible in recognizing, understanding and adapting to individual needs and views (M=3.64, SD=1.06).

Similarly, the respondents agreed that their supervisor gives a reward or punishments in order to motivate employees and enhance doctors commitments (M=3.28, S.D=0.91), the respondents agreed that their supervisor consults with others before making decisions on medical doctors' related issues (M=4.05, S.D=0.74), the respondents agreed that they feel

that their supervisor and senior colleagues are supportive of their work (M=3.69, S.D=0.93), and lastly the respondents agreed that their supervisor involves employee to determine what to do and how to do it, however, the supervisor maintains the final decision-making authority (M=3.86, S. D=0.83).

As illustrated in table 4.10 above, management style was discovered to have an effect on the relationship between employee relations management and organizational commitment among medical doctors in County Referral hospitals within Western region, Kenya as affirmed by an average mean score of 3.67. These results are consistent with those of Marwa *et al.,* (2019) who studied how leadership style moderates employee commitment and performance of KCB employees with the results establishing that the interaction of employee commitment and performance at KCB employee is moderated by transformational and transactional leadership styles.

This is similar to those conducted by Mclaggan *et al.,* (2013), Alkahtani (2015) & Njoki *et al.,* (2021) whose studies show similar results. Generally, the findings reveal that the association between employee relations management and Medical doctors' commitment to County Referral hospitals is affected by the Management Style used by these hospitals. Proper management styles should therefore be used my hospital managers in administration of employee relation programmes to ensure total organizational commitment on the part of employees.

4.5.5 Descriptive Results on Organizational Commitment

The existence of organizational commitment among medical doctors in County Public Hospitals within Western Kenya was tested. The descriptive findings are shown in Table 4.11.

Table 4.14 Descriptive Results for Organizational Commitment

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
I am proud of working for this hospital	0 (0.0%)	3 (3.5%)	10 (11.8%)	58 (68.2%)	14 (16.5%)	3.98	.65
I talk well of my hospital to other people I meet in meetings and other social gatherings	6 (7.1%)	11 (12.9%)	20 (23.5%)	32 (37.6%)	16 (18.8%)	3.48	1.15
My supervisor considers my contribution and demonstrates an interest in my well being	6 (7.1%)	11 (12.9%)	32 (37.6%)	24 (28.2%)	12 (14.1%)	3.29	1.09
I feel part of a team in this hospital and will be glad to work the remaining bit of my career with this hospital	14 (16.5%)	31 (36.5%)	16 (18.8%)	17 (20.0%)	7 (8.2%)	2.67	1.21
My employer has supported me in many ways to the extent that I feel guilty applying to leave this organization	14 (16.5%)	12 (14.1%)	33 (38.8%)	21 (24.7%)	5 (5.9%)	2.89	1.13
Even though I am not happy with my current job here, I feel obligated to continue working for this organization	10 (11.8%)	17 (20.0%)	24 (28.2%)	27 (31.8%)	7 (8.2%)	3.05	1.15
My employer supports the education of my children hence I cannot leave this organization to avoid disruption of my life plans	0 (0.0%)	4 (4.7%)	29 (34.1%)	34 (40.0%)	18 (21.2%)	3.78	.84
I have never imagined	3 (3.5%)	12	23	33	14	3.51	1.04

	Frequency (Percentage)						
RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA	Mean	S. D
myself working for another organization although my organization is not the best		(14.1%)	(27.1%)	(38.8%)	(16.5%)		
Leaving my job here for another organization will destabilize my family	4 (4.7%)	11 (12.9%)	19 (22.4%)	41 (48.2%)	10 (11.8%)	3.49	1.02
If I left my job here to go work for another organization, I will lose financially	16 (18.8%)	21 (24.7%)	13 (15.3%)	30 (35.3%)	5 (5.9%)	2.85	1.26
I continue working for my current employer because I fear losing friends and colleagues here whom I am used to	13 (15.3%)	16 (18.8%)	30 (35.3%)	17 (20.0%)	9 (10.6%)	2.92	1.19

Source: Research Data, (2024)

The respondents agreed that they feel proud of working for the hospital (M=3.98, S.D=0.65), respondents agreed that they talk well about their hospital to other people they meet in meetings and other social gatherings (M=3.48, S.D=1.15), the respondents agreed that the supervisor considers their contribution and demonstrates an interest in their wellbeing (M=3.29, S.D=1.09), the respondents agreed that they feel part of a team in this hospital and will be glad to work the remaining bit of their career with the hospital (M=2.67, S.D=1.21), additionally, the respondents felt the employer's support in many ways to an extent that they feel guilty applying to leave the organization (M=2.89, S.D=1.13), the respondents felt obligated to continue offering services to their organization even though they are not happy with their current job there (M=3.05, S.D=1.15), the respondents agreed that their employer supports the education of their

children hence they cannot leave the organization to avoid disruption of their life plans (M=3.78, S.D=0.84).

The respondents agreed that they have never imagined working for another organization although their organization is not the best (M=3.51, S.D=1.04), the respondents agreed that leaving their job for another organization will destabilize their family (M=3.49, S.D=1.02), the respondents fairly agreed that if they leave my job to go work for another organization, they will lose financially (M=2.85, S.D=1.26), similarly, the respondents agreed that they continue working for their current employer because they fear losing friends and colleagues there whom they are used to (M=2.92, S.D=1.19)

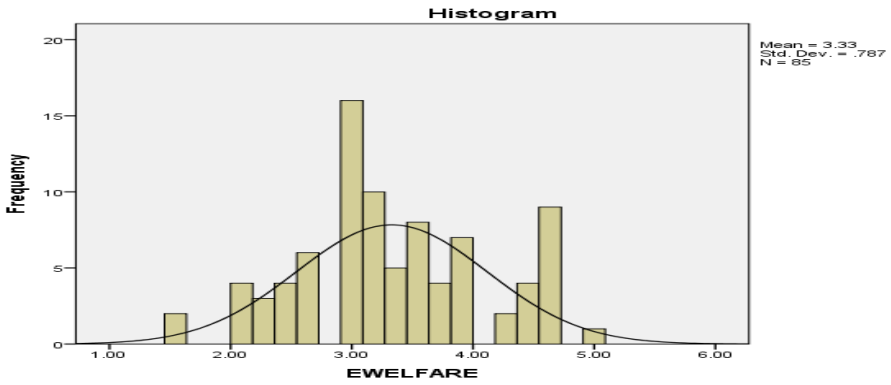
As indicated on Table 4.11(M=3.26), the respondents concurred that organizational commitment exists among medical doctors in County Referral hospitals within Western Region, Kenya. This is consistent with the findings of Ume and Agha, (2020); Duhihela and Rundova, 2014 & Mwaniki, *et al.,* (2020) who studied affective, continuance and normative commitment and found that they positively and significantly affect workforce management. Hospital managements should therefore ensure that focus on implementing programmes that boost medical doctors' commitment.

4.6. Assumptions of Regression

4.6.1 Normality Test

4.6.1.1 Normality Test Results for Employee Welfare Programs

Figure 4.1 Normality test results for Employee Welfare Programs



Source: Research Data, (2024)

The histogram was generated to visualize the data on employee welfare management practices among medical doctors in County Public Hospitals within Western Kenya provided insightful results. The mean score of 3.33, representing the average perception of these practices, was prominently centred in the distribution, suggesting that most doctors rated the welfare management practices around this average value. The bell-shaped curve observed in the histogram indicated a normal distribution closely followed by the data. The symmetry around this mean implied balanced positive and negative deviations, with few doctors giving ratings that were much higher or lower than the average score.

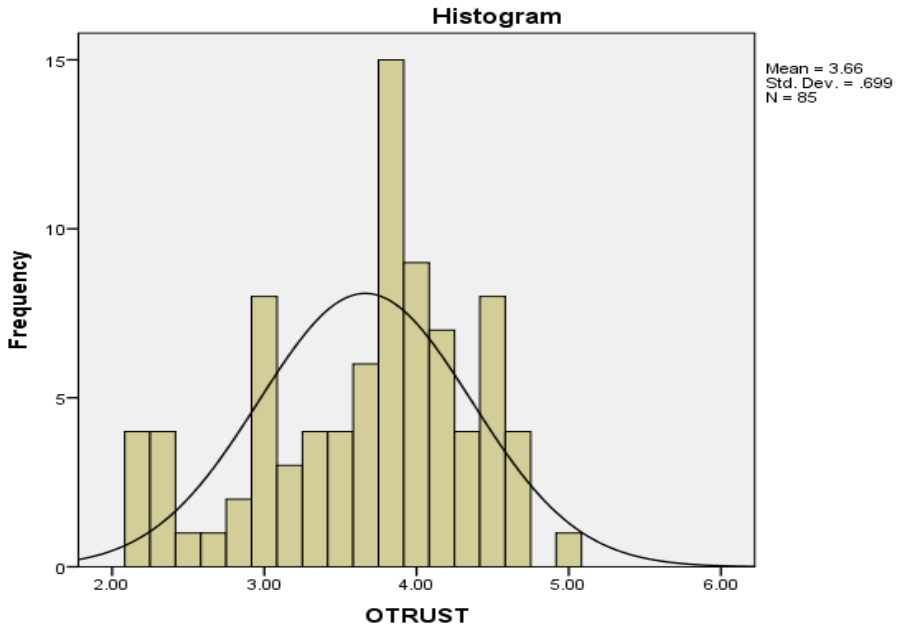
There was no wide spread of the responses (S.D=0.787) reflecting a moderate degree of variability. Most of the doctors' ratings fell within a narrow range around the mean,

specifically between approximately 2.54 and 4.12 (mean ± 1 standard deviation). This concentration suggested that perceptions of the welfare management practices were relatively consistent among the medical doctors. However, a few outliers were noted, with some isolated bars at the extremes of the distribution. These outliers indicated that certain doctors had significantly different experiences or perceptions compared to the majority, either much more positive or more negative.

The approximate normality of the distribution, as seen in the histogram, supported further analysis using parametric tests, affirming that the assumption of normality was reasonably met.

4.6.1.2 Normality Test Results for Organization Trust

Figure 4. 2 Normality Test Results for Organizational Trust



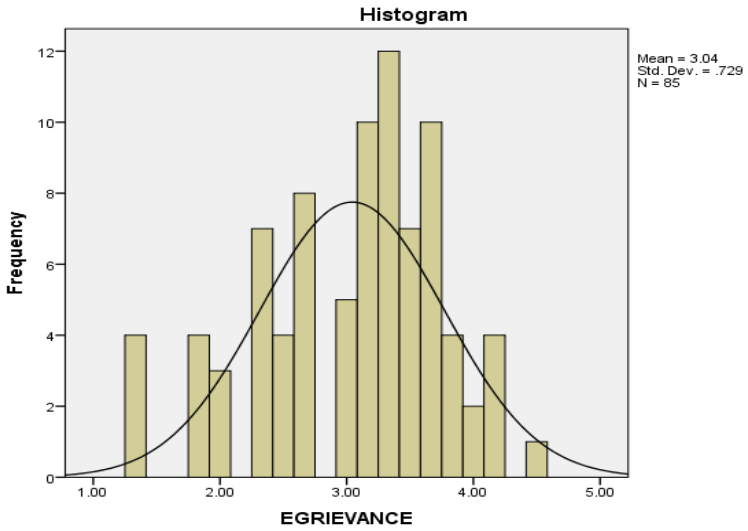
Source: Research Data, (2024)

The mean score of 3.66 representing the average perception of Organizational trust was prominently centred in the distribution, suggesting that most doctors rated the organization trust around this average value. The bell-shaped curve observed in the histogram indicated a normal distribution closely followed by the data. The symmetry around this mean implied balanced positive and negative deviations with few doctors giving ratings that were much higher or lower than the average.

There was no wide spread of responses (S.D=0.699) reflecting a moderate degree of variability. Most of the doctors' ratings fell within a narrow range around the mean, specifically between approximately 2.54 and 4.12 (mean ± 1 standard deviation). This concentration suggested that perceptions of the organization trust were relatively consistent among the medical doctors. However, a few outliers were noted, with some isolated bars at the extremes of the distribution. These outliers indicated that certain doctors had significantly different experiences or perceptions compared to the majority, either much more positive or more negative.

4.6.1.4 Normality Test Results for Employee Grievance Management Practices

Figure 4.3 Normality test results for Employee Grievance Management Practices

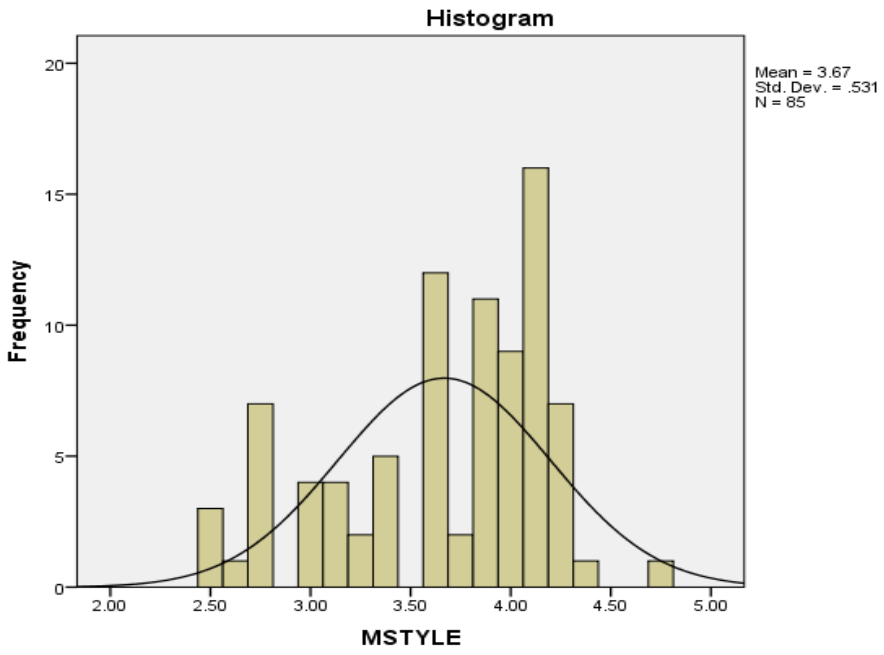


Source: Research Data, (2024)

The mean score of 3.04, reflecting doctors' perceptions of grievance management practices, stood out prominently in the distribution indicating that most medical doctors rated grievance management around this average. The histogram's bell-shaped curve suggested a normal distribution, with balanced positive and negative deviations from the mean, though some doctors rated significantly higher or lower than average. With a standard deviation of 0.729, responses showed moderate variability, clustered closely around the mean, implying consistent perceptions of management practices among doctors. Despite this, a few outliers at the distribution's extremes signaled diverse experiences or perceptions among some doctors.

4.6.1.5 Normality Test results for Management Style

Figure 4.4 Normality Test Results for Management Style

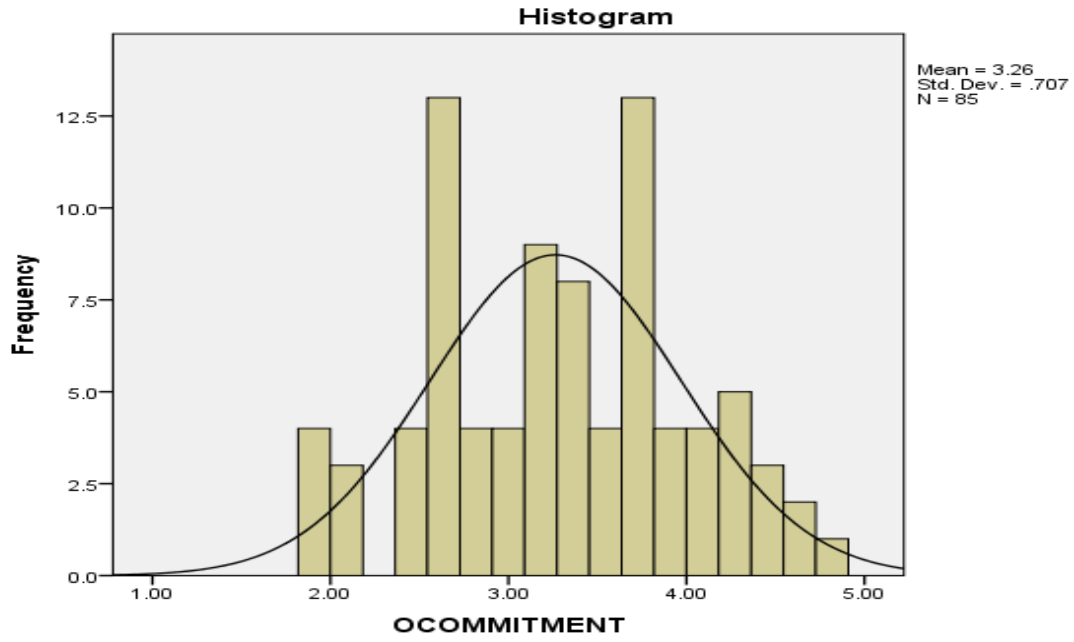


Source: Research Data, (2024)

Figure 4.4 shows a mean score of 3.67 reflecting doctors' perceptions of management style, stood out prominently in the distribution, indicating that most doctors rated management style around this average. The histogram's bell-shaped curve suggested a normal distribution, with balanced positive and negative deviations from the mean, though some doctors rated significantly higher or lower than average. With a standard deviation of 0.531, responses showed moderate variability, clustered closely around the mean, implying consistent perceptions of management style among doctors.

4.6.1.6 Normality Test Results for Organization Commitment

Figure 4.5 Normality Test Results for Organization Commitment



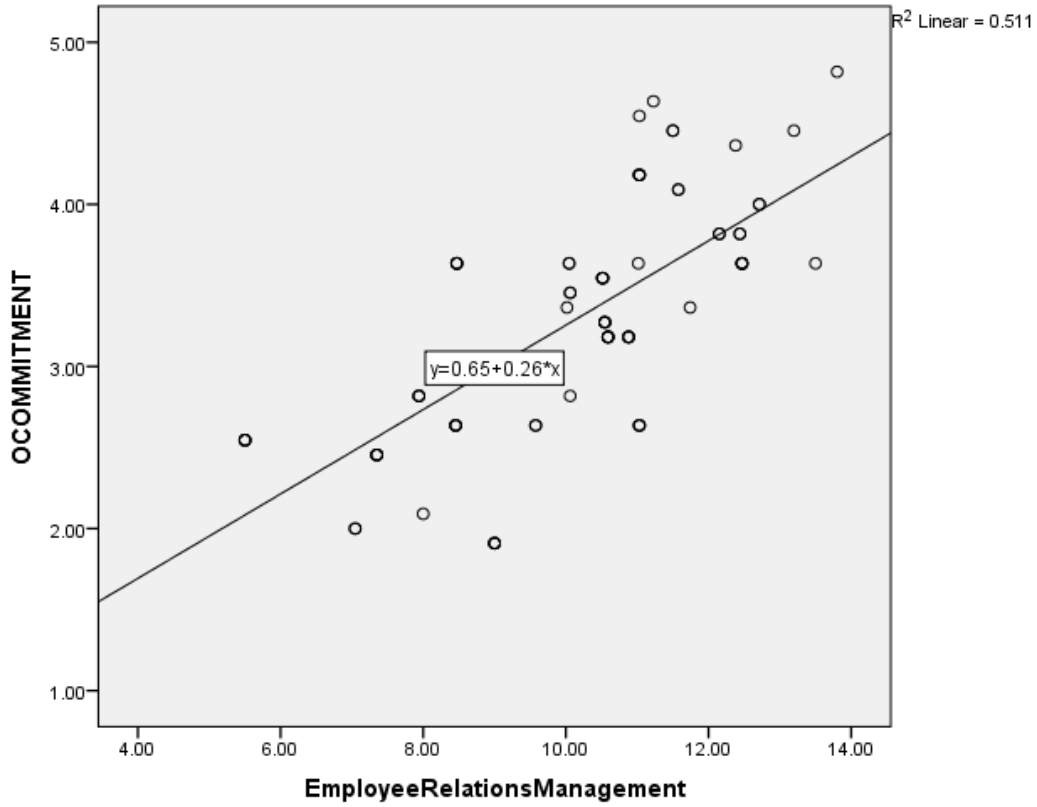
Source: Research Data, (2024)

The mean score of 3.26, reflecting doctors' perceptions of Organizational commitment, stood out prominently in the distribution, indicating that most doctors' Organizational commitment falls around this average. The histogram's bell-shaped curve suggested a normal distribution, with balanced positive and negative deviations from the mean, though some doctors rated significantly higher or lower than average. With a standard deviation of 0.707, responses showed moderate variability, clustered closely around the mean, implying consistent perceptions of Organizational commitment among doctors.

In summary, the results of the normality tests showed existence of a normal distribution or research data thus paving way for regression test analysis of the data.

4.6.2 Homoscedasticity Test

Figure 4.6 Homoscedasticity Test



Source: Research Data (2024)

Scatterplot was used to test homoscedasticity with results from analysis showing that Employee Relations Management has a linear relation to Organizational Commitment among medical doctors in county hospitals within western, Kenya. The line of fitness further confirms this assumption indicating 0.52X as the slope of the line and 3.18 as the intercept constant basing on the variables sum of scores. There was also concentration of the points towards the line of fitness showing non-violation of homoscedasticity's assumption. If the data points were scattered away from the linear line, then

heteroscedasticity would be present hence the researcher could not proceed with regression analysis.

4.6.3 Multicollinearity Test

Correlation analysis was undertaken to investigate the degree of relation between Employee Relationship Management practices and Organizational Commitment. Correlation tests the magnitude of the strength and the direction that the study variables exhibit during their interaction. The degree of the association is illustrated through correlation coefficient, usually referred to as the Pearson coefficient r. The correlation coefficient scale of r varies from 1 to -1 (Abu-Bader, 2021). Values of -1 or +1 denote a complete correlation whereby a stronger correlation is indicated by a value that is close to either -1 or +1.

The analysis presented in Table 4.12 provided crucial insights into the presence of multicollinearity among the variables; Employee Welfare, Grievance Management, Organizational Trust and Organizational Commitment utilizing Pearson correlation coefficients.

In this context, the correlation analysis revealed noteworthy findings: the correlation coefficient between Employee Welfare and Grievance Management was 0.666, between Employee Welfare and Organizational Trust, it was 0.613 and 0.559 between Employee welfare and Organizational Commitment. Additionally, the correlation coefficient between Grievance Management and Organizational Trust was calculated to be 0.673 and 0.588 between Grievance management and organizational commitment. Existence of correlation between organizational trust and organizational commitment was recorded at

0.741. Each of these correlation coefficients was found to have a significant level of 0.05 (2-tailed). Interpretation of results elucidated that while some correlations, such as that between Grievance Management and Organizational Trust, organizational trust and organizational commitment exhibited moderately strong values, none surpassed the critical threshold of 0.80 indicative of high multicollinearity.

Table 4.15 Pearson's Correlation Analysis Results

		Employee Welfare	Grievance Management	Organizational Trust	Organizational Commitment
Employee Welfare	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	85			
Grievance Management	Pearson Correlation	.666**	1		
	Sig. (2-tailed)	.000			
	N	85	85		
Organizational Trust	Pearson Correlation	.613**	.673**	1	
	Sig. (2-tailed)	.000	.000		
	N	85	85	85	
Organizational Commitment	Pearson Correlation	.559**	.588**	.741**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	85	85	85	85

**. Correlation is significant at the 0.05 level (2-tailed).

Source: Research Data, (2024)

With reference given to the coefficients of correlations obtained above, the study variables were related with none of them exhibiting a strong correlation coefficient

greater than 0.8. This suggested that the constructs under employee relations management practices being the independent variable were not excessively correlated, thereby ensuring the reliability and accuracy of subsequent regression analyses aimed at understanding their effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

4.7 Inferential Analysis (Regression Analysis Results)

4.7.1 Objective 1: Employee Welfare Management practices and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

Table 4.16 Model Summary for EWM Practices and OC

					Change Statistics				
Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig.F Change
1	.559a	.313	.305	.58926	.313	37.797	1	83	.000

a. Predictors: (Constant), Employee Welfare

Source: Research Data, (2024)

The findings from the above model summary table 4.13 shows the value of R square at 0.313 implying that 31.3% of change on commitment of Medical Doctors in County Referral hospitals within Western Region, Kenya was affected by employee welfare management practices put in place by the management of these Hospitals. The remaining 68.7% can be elaborated by disparate factors not explained by the study.

Table 4.17 ANOVA for EWM Practices and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.124	1	13.124	37.797	.000b
	Residual	28.820	83	.347		
	Total	41.944	84			

a. Dependent variable: Organizational Commitment

b. Predictors: (Constant), Employee Welfare

Source: Research Data, (2024)

Results from the above ANOVA table 4.14 found that Employee Welfare Management practices are important when predicting Organizational Commitment as shown by an F value of 37.797 and significance value of .000, which is less than 0.05 significance level.

Table 4.18 Coefficients for EWM Practices and OC

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.592	.279		5.698	.000
	Employee Welfare	.502	.082	.559	6.148	.000

a. Dependent Variable: Organizational Commitment

Source: Research Data, (2024)

Results from the coefficient table 4.15 indicates a significant and positive statistical relationship between Employee Welfare Management practices and Organizational Commitment. This means that for every unit increase in Employee Welfare Management practices, Organizational Commitment among medical doctors is estimated to increase by 0.502 units, all other variables remaining constant. Thus, the equation $y= \beta_0 + \beta_1 X_1 + \varepsilon$ becomes $Y=1.592+0.502X_1+ \varepsilon$

The null hypothesis that employee welfare management practices does have a significant effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya is therefore rejected as employee welfare management practices was found to affect organizational commitment (β=0.502, t=6.148, P=0.00). These findings are similar to that of Raj and Julius (2017), Stephen (2014) and George and Nkeiru (2021) who established that employee welfare positively and significantly influenced employee commitment. These results are further corroborated by Otieno and Odhiambo (2020) and Ekere and Onuoha (2021) who confirmed that employee welfare practices influenced performance in the hotel sectors in Kenya and Petroleum sector in South Nigeria respectively. However, the findings conflict with those of Waititu, et.al. (2017) who established that occupational health programme and employee referral scheme had a weak positive influence and a weak negative impact respectively on employee performance in Kenya Railways Corporation. Additionally, these results contradict results by Adekunle and Chidinma (2020) that proved existence of a negative significance between employee welfare and employee intention to leave Lagos State Internal Revenue Service, Nigeria.

4.7.2 Objective 2: Organizational Trust and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

Table 4.19 Model Summary for OT and OC

Model	R	R^2	Change Statistics

			Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig.F Change
1	.741a	.548	.543	.47772	.548	100.791	1	83	.000

a. Predictors: (Constant), Organizational Trust

Source: Research Data, (2024)

The findings from the above model summary table 4.16 displayed illustrate the value of R square as 0.548 implying that 54.8% of changes in Organizational Commitment are caused by organizational trust among medical doctors in County Referral hospitals within Western Region, Kenya. Thus, the remaining 45.2% can be explained by other factors not covered by this research.

Table 4.20 ANOVA for OT and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.002	1	23.002	100.791	.000b
	Residual	18.942	83	.228		
	Total	41.944	84			

a. Dependent Variable: Organizational Commitment

b. Predictors: (Constant), Organizational Trust

Source: Research Data, (2024)

Results from the ANOVA table 4.17 showed that Organizational Trust is necessary in predicting Organizational Commitment as indicated by an F value of 100.791 and significance value of .000, a value that is less than 0.05 significance level.

Table 4.21 Coefficients for OT and OC

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.

		B	Std. Error	Beta		
1	(Constant)	.521	.278		1.872	.065
	Organizational Trust	.749	.075	.741	10.039	.000

a. Dependent Variable: Organizational Commitment

Source: Research Data, (2024)

The coefficient table 4.18 indicates that each unit increase in Organizational Trust causes a resultant corresponding increase of 0.749 units in Organizational Commitment holding all other factors constant. Thus, the regression model $y= \beta_0 + \beta_2X_2+\varepsilon$ becomes $Y=0.521+0.749X_2+\varepsilon$. Consequently, the reported null hypothesis that Organizational trust does not have a significant effect organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya is rejected, affirming that Organizational Trust positively and significantly influence Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

The findings conform to expositions by Fatma-Ince (2018) and Gider *et al.*, (2019) who established that organizational trust had a positive and significant effect on employee performance, commitment and job satisfaction among teachers in Turkey and in hospitals offering Training and Research in Istanbul, Turkish hospitals respectively. The results are further corroborated by Dai *et al.,* (2022) and Rahman *et al.,* (2021) who established that OT has a positive and significant effect on organizational citizenship and Employee's Performance in India and Mobile Companies in Egypt respectively.

However, these findings contradict those of Munyoki (2017) who did not establish any significant relationship between integrity, employee ability and organizational trust in the

Kenyan MSE's. Additionally, in Fatma-Ince (2018) organizational trust was found to have a negative effect on organizational toxicity.

4.7.3 Objective 3: Grievance Management practices and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

Table 4.22 Model Summary for GM Practices and OC

					Change Statistics				
Model	R	R Square	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig. F Change
1	.588a	.346	.338	.57480	.346	43.953	1	83	.000

Predictors: (Constant), Grievance Management

Source: Research Data, (2024)

The findings from the above model summary table 4.19 illustrates that the value of R square is 0.346 implying that 34.6% of variation in Organizational Commitment was caused by Grievance Management practices among medical doctors in County Referral hospitals within Western Region, Kenya. The remaining 65.4% can be explained by other aspects that are not examined by the study.

Table 4. 23 ANOVA for GM Practices and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.522	1	14.522	43.953	.000b
	Residual	27.422	83	.330		
	Total	41.944	84			

a. Dependent Variable: Organizational Commitment

b. Predictors: (Constant), Grievance Management

Source: Research Data, (2024)

From the above ANOVA table 4.20, the results demonstrate Grievance Management practices are important in predicting of Organizational Commitment as indicated by an F value of 43.953 and significance value of .000, a value that is less than 0.05 significance level.

Table 4.24 Coefficients for GM Practices and OC

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.529	.269		5.684	.000
	Grievance Management	.570	.086	.588	6.630	.000

a. Dependent Variable: Organizational Commitment

Source: Research Data, (2024)

The coefficient table 4.21 reveals a significant and positive relationship between Grievance Management practices and Organizational Commitment among medical doctors. It indicates that for every unit increase in Grievance Management practices, there is a corresponding increase of 0.570 units in Organizational Commitment among medical doctors, holding all other factors constant. Thus, the equation $y= \beta_0 + \beta_3 X_3 + \varepsilon$ becomes $Y=1.529+0.570X_3+\varepsilon$. The study therefore rejects the null hypothesis that states that Grievance management practices does not significantly affect organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya since grievance management was found to positively and significantly influence organizational commitment.

These findings have been corroborated by several studies for instance Dhanabhakyam and Monish (2022), Silva and Malalage (2021), Obiekwe (2019) & Sivanandam and Chaturvedi (2020) who established that employee grievance management practices have a significant and positive influence on job commitment, organizational justice, employee performance and productivity respectively. However, the results here disagree with Longe (2015) which indicated dominating style as an aspect of grievance management practice which causes a significantly negative impact on performance of organizations. Similarly, results of Malalage and Silva (2021) on training gap as a construct of grievance management showed a negative relationship with employee performance thus contradicting results in this study.

4.7.4 Multiple Regression for Employee Relations Management and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya

Table 4.25 Model Summary for ERM and OC

					Change Statistics				
Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig.F Change
1	.756a	.571	.555	.47125	.571	35.958	3	81	.000

a. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management

Source: Research Data, (2024)

The Model Summary statistics shown in table 4.22 reveal that with an R-squared value of 0.571, Organizational Commitment approximated variance of 57.1% can be explained by Employee Relations Management Practices which include Employee Welfare Practices,

Employee Grievance Management Practices and Organizational Trust. The remaining 42.9% can be elaborated by other aspects not covered by the study.

Table 4.26 ANOVA for ERM and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.956	3	7.985	35.958	.000b
	Residual	17.988	81	.222		
	Total	41.944	84			

a. Dependent Variable: Organizational Commitment

b. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management

Source: Research Data, (2024)

The ANOVA results presented in table 4.23 indicate a significant regression model for predicting Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya. The regression model yielded a significant F-value of 35.958 ($p<0.001$), indicating that the predictors Organizational Trust, Employee Welfare Management Practices and Grievance Management Practices collectively explain a significant amount of variance in Organizational Commitment.

Table 4.27 Coefficients for ERM and OC

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	T	Sig.
1	(Constant)	.382	.283		1.352	.180
	Employee welfare	.113	.092	.126	1.230	.222
	Grievance management	.103	.106	.106	.970	.335
	Organizational trust	.599	.104	.592	5.741	.000

a. Dependent Variable: Organizational Commitment

Source: Research Data, (2024)

Multiple regression analysis results in the coefficient table 4.24 revealed that employee welfare had a positive and insignificant influence on commitment (β= 0.113, t=1.352 at P> 0.05). Further, grievance management had a positive and insignificant influence on organizational commitment (β=0.103, t=0.970 at P>.0.05). Organizational trust had a positive and significant influence on organizational commitment (β=0.599, t=5.741 at p<0.05). Thus, the equation $Y=\beta_0+\beta_1X_1+\beta_2X_2+\beta_3X_3+\varepsilon$ becomes $Y=0.382+0.113\ X_1+0.103\ X_2+0.599\ X_3+e$.

These findings are similar to those of Verlinden, (2020), Meason, (2021), Katreena, (2021), Ume and Ogohi, (2020), Arimie, (2020), James and Nicksons, (2016), Hagenimana, (2018) and Ong'ayo, (2019) who affirmed that effective and consistent ERM practices like proper procedures for rule-making, consistency in dealing with grievances, employee-employer trust, fairness in execution of welfare programmes, discipline management, trust management leads to improvement of employee morale and commitment thus contributing to increased employee wellbeing and performance. However, these results disagree with Muhammad *et al.,* (2013) who ascertained medium positive correlation (R=0.529) between performance and employee relations in hospitality industry in Pakistan.

4.7.5 Hierarchical Regression Analysis

4.7.5.1 Objective 4: The moderating role of Management Style on the relationship between Employee Relations Management and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya(Separately testing the Constructs).

Table 4.28 Model Summary for Management Style, EWM, OT, EGM and OC

					Change Statistics				
Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig.F Change
1	.756a	.571	.555	.47125	.571	35.958	3	81	.000
2	.779b	.608	.588	.45358	.036	7.432	1	80	.008
3	.825c	.680	.651	.41725	.073	5.846	3	77	.001

a. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management

b. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management, Mstyle

c. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management, MSTYLE, EWMSTYLE, EGMSTYLE, OTMSTYLE

Source: Research Data, (2024)

The analytics results of the moderating effect of Management Style on the interaction between Employee Relations Management and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya is summarized in the Model Summary table. The table provides key statistical indicators to understand the relationships and changes observed in the models.

In the first model, which includes Employee Relations Management variables (Organizational Trust, Employee Welfare, Grievance Management) as predictors, the R

Square value is 0.571, indicating that these predictors explain 57.1% of the variance in Organizational Commitment. In the second model, Management Style (MSTYLE) is added as a predictor, resulting in a slight increase in R Square to 0.608, indicating that this model explains 60.8% of the variance in Organizational Commitment. The inclusion of MSTYLE leads to a significant increase in R Square ($p = 0.008$).

The third model further includes interaction terms between Employee Relations Management variables and Management Style (EWMSTYLE, EGMSTYLE, and OTMSTYLE). This model has an R Square of 0.680, suggesting that it explains 68.0% of the variance in Organizational Commitment. The inclusion of interaction terms results in a significant increase in R Square ($p = 0.001$).

Table 4.29 ANOVA for Management Style, EWM, OT, EGM and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.956	3	7.985	35.958	.000b
	Residual	17.988	81	.222		
	Total	41.944	84			
2	Regression	25.485	4	6.371	30.968	.000c
	Residual	16.459	80	.206		
	Total	41.944	84			
3	Regression	28.538	7	4.077	23.417	.000d
	Residual	13.406	77	.174		
	Total	41.944	84			

a. Dependent Variable: Organizational Commitment

b. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management

c. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management, Mstyle

d. Predictors: (Constant), Organizational Trust, Employee Welfare, Grievance Management, MSTYLE, EWMSTYLE, EGMSTYLE, OTMSTYLE

Source: Research Data, (2024)

The ANOVA results in table 4.26 show significant findings regarding the regression models tested on the moderating role of Management Style on the relationship between Employee Relations Management and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

In Model 1, the regression analysis established a significant overall effect, with a sum of squares of 23.956 and a corresponding F-value of 35.958 ($p < .001$). This suggests that the Organizational Trust, Employee Welfare and Grievance Management collectively are good predictors of the variance in Organizational Commitment among medical doctors.

Model 2 introduced an additional predictor, MSTYLE (Management Style), resulting in an increased sum of squares of 25.485 and a higher F-value of 30.968 ($p < .001$). This indicates that the inclusion of Management Style further enhances the explanatory power of the model, highlighting its potential effect as a predictor of Organizational Commitment.

In Model 3, three interaction terms EWMSTYLE (Employee Welfare Management Style), EGMSTYLE (Employee Grievance Management Style) and OTSTYLE (Organizational Trust Management Style) are added alongside the main predictors and Management Style. This model shows a significant overall effect, with a sum of squares of 28.538 and an F-value of 23.417 ($p < .001$). The inclusion of these interaction terms

suggests that keen consideration should be given to specific management styles and their role in the relations between Employee Relations Management and Organizational Commitment.

Table 4.30 Coefficients for Management Style, EWM, OT, EGM and OC

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.382	.283		1.352	.180
	Employee welfare	.113	.092	.126	1.230	.222
	Grievance management	.103	.106	.106	.970	.335
	Organizational trust	.599	.104	.592	5.741	.000
2	(Constant)	-.276	.364		-.759	.450
	Employee welfare	.169	.091	.188	1.863	.066
	Grievance management	.045	.104	.046	.431	.667
	Organizational trust	.428	.118	.423	3.619	.001
	MSTYLE	.347	.127	.261	2.726	.008
3	(Constant)	6.356	1.658		3.833	.000
	Employee welfare	.415	.546	.463	.762	.449
	Grievance management	-.696	.771	-.718	-.903	.369
	Organizational trust	-1.079	.746	-1.067	-1.446	.152
	MSTYLE	-1.641	.498	-1.233	-3.295	.001
	EWMSTYLE	-.080	.160	-.415	-.498	.620
	EGMSTYLE	.218	.212	1.121	1.028	.307
	OTMSTYLE	.448	.205	2.480	2.190	.032

a. Dependent Variable: Organizational Commitment

Source: Research Data (2024)

The regression analysis as presented in table 4.27 provides important insights into the moderating influence brought about by management style on the interaction between Employee Relations Management (ERM) and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

In Model 1, the variables Employee Welfare, Employee Grievance, and Organizational Trust were assessed. The coefficient for Organizational Trust was 0.599 with a significance value of 0.000, indicating a strong positive interaction between organizational trust and commitment. However, the coefficients for Employee Welfare and Grievance Management were not significant ($p = 0.222$ and $p = 0.335$, respectively), suggesting that these factors did not significantly influence organizational commitment in as much as they were positive.

Model 2 introduced the variable MSTYLE (Management Style). The coefficient for MSTYLE was 0.347 with a significance value of 0.008, showing that management style had a positive and significant effect on organizational commitment. Organizational Trust remained significant ($p = 0.001$), although its coefficient decreased to 0.428. Employee Welfare and Grievance Management both had a positive and insignificant influence on organizational commitment.

Model 3 included interaction terms to explore the moderating effects. The significant coefficient for the interaction term OTMSTYLE (Organizational Trust * MSTYLE) was 0.448 with a p-value of 0.032, indicating that management style had a positive and significant moderating effect on the relationship between organizational trust and commitment. For interaction EWMSTYLE (Employee Welfare * MSTYLE) the

significant coefficient for interaction term was -0.080 and p-value of 0.620 indicating a negative and insignificant relationship. EGMSTYLE (Grievance Management *MSTYLE) showed interaction term at 0.218 and p-value of 0.307 indicating a positive and insignificant interaction. The regression equation $Y=\beta_0+\beta_1X_1+\beta_2X_2+\beta_3X_3+M+\beta_1X_1M+\beta_2X_2M+\beta_3X_3M+\varepsilon$ therefore becomes $Y=6.356+0.415\ X_1-0.696\ X_2-1.079\ X_3-1.641-0.080\ X_1+0.218\ X_2+0.448\ X_3+\varepsilon$.

Thus, Management style moderates the relationship between Organizational trust and Organizational Commitment (β=0.448, t=2.190, P=0.032). However, Management style did not moderate the interaction between Employee welfare and Organizational commitment (β= -0.080, t=0.498, P=0.620). Management style also never moderated the relationship between Grievance management and Organizational commitment (β=0.218, t=1.028, P=0.0307).

4.7.5.2 The moderating role of Management style on the relationship between Employee relations management and organization commitment (Combining all the Independent variables)

Table 4.31 Model Summary for Management Style, ERM and OC

					Change Statistics				
Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	R^2 Change	F Change	df1	df2	Sig.F Change
1	.715a	.511	.505	.49719	.511	86.676	1	83	.000
2	.764b	.584	.574	.46131	.073	14.414	1	82	.000
3	.796c	.633	.620	.43580	.049	10.882	1	81	.001

a. Predictors: (Constant), Employee Relations Management

b. Predictors: (Constant), Employee Relations Management, MSTYLE

Predictors: (Constant), Employee Relations Management, MSTYLE, Interaction

Source: Research Data, (2024)

The table 4.28 above indicated the contributions of each variable towards organization Commitment. In the first model, Employee Relations Management has an R Square value of 0.511, indicating that it can explain 51.1% of the variance in Organizational Commitment. In the second model, Management Style (MSTYLE) is added as a predictor, resulting in a slight increase in R Square to 0.584, indicating that this model explains 58.4% of the variance in Organizational Commitment. Notably, the inclusion of MSTYLE leads to a significant increase in R Square (p = 0.000).

The third model further includes interaction term between Employee Relations Management and Management Style (Employee Relations Management * Management Style). This model has an R Square of 0.633, suggesting that it explains 63.3% of the variance in Organizational Commitment. The inclusion of interaction terms results in a significant increase in R Square (p = 0.001).

Table 4.32 ANOVA for Management Style, ERM and OC

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	21.426	1	21.426	86.676	.000b
	Residual	20.518	83	.247		
	Total	41.944	84			
2	Regression	24.494	2	12.247	57.549	.000c
	Residual	17.450	82	.213		
	Total	41.944	84			
3	Regression	26.561	3	8.854	46.617	.000d
	Residual	15.384	81	.190		

	Total	41.944	84

a. Dependent Variable: OCOMMITMENT

b. Predictors: (Constant), Employee Relations Management

c. Predictors: (Constant), Employee Relations Management, MSTYLE

d. Predictors: (Constant), Employee Relations Management, MSTYLE, Interaction

Source: Research Data, (2024)

The ANOVA results presented in table 4.29 show significant findings regarding the regression models tested during the study concerning the moderating role of Management Style on the relationship between Employee Relations Management and Organizational Commitment among medical doctors in County Public Hospitals within Western Kenya.

In Model 1, the regression analytic results revealed an overall significant effect with a sum of squares of 21.426 and a corresponding F-value of 86.676 ($p < .001$). This suggests that the model is fit for testing between Employee relations management and Organizational Commitment among medical doctors.

Model 2 introduces an additional predictor, MSTYLE (Management Style), resulting in an increased sum of squares of 24.494 and a higher F-value of 57.549 ($p < .001$). This indicates that the model is still fit for testing the moderating role of Management Style on the relationship between employee relations management and Organizational Commitment.

In Model 3, one interaction term (Employee Relations Management * Management Style) was added alongside the main predictors and Management Style. This model shows a significant overall effect, with a sum of squares of 26.561 and an F-value of 46.617 ($p < .001$). The inclusion of these interaction terms suggests that the moderating effects of

specific management styles on the relationship between Employee Relations Management and Organizational Commitment are worth considering.

Table 4.33 Coefficients for Management Style, ERM and OC

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.652	.286		2.282	.025
	Employee Relations Management	.260	.028	.715	9.310	.000
2	(Constant)	-.277	.361		-.767	.445
	Employee Relations Management	.195	.031	.536	6.283	.000
	MStyle	.431	.114	.324	3.797	.000
3	(Constant)	4.510	1.490		3.026	.003
	Employee Relations Management	-.313	.157	-.859	-1.995	.049
	MStyle	-.970	.438	-.729	-2.214	.030
	Interaction	.146	.044	2.173	3.299	.001

Dependent Variable: Organization Commitment

Source: Research Data, (2024)

The regression analysis presented in table 4.30 above provides important insights into the moderating role of management style on the relationship between Employee Relations Management (ERM) and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

In Model 1, Employee Relations Management was assessed. The coefficient for Employee Relations Management was 0.260 with a significance value of 0.000,

indicating a significant positive relationship between Employee Relations management and Organizational commitment.

Model 2 introduced the variable MSTYLE (Management Style). The coefficient for MSTYLE was 0.431 with a significance value of 0.000, indicating that management style positively and significantly impacted organizational commitment.

Model 3 included interaction terms to explore the moderating effects. The significant coefficient for the interaction term (Employee Relationship management * MSTYLE) was 0.146 with a p-value of 0.001, indicating that management style positively and significantly moderated the relationship between Employee Relations Management and Organization commitment. The regression equation $Y=\beta_0+\beta_1 ERM+\varepsilon$ therefore becomes $Y=4.510+0.146ERM+\varepsilon$.

Thus, Management style moderates the relationship between Employee relations management and Organizational Commitment ($\beta=0.146$, $t=3.299$, $P=0.001$). These results agree with those of Mclaggan *et al.,* (2013), Okon and Ekaette (2016) and Marwa *et al.,* (2019) who established that management style have a positive effect on employee affective commitment and employees' performance respectively. This is further corroborated by Njoki *et al.,* (2021) who established that internal communication and employee engagement in Technical Training Institutions in Kenya is moderated by management style.

These findings however contradict those of Alkahtani (2015), Tarsik *et al.,* (2014) who established that laissez-faire and transactional leadership styles are weakly related to the three dimensions of organizational commitment. Additionally, Singh (2013) established a

negative implication between style of management (bureaucratic) and strict adherence to rules and individual creativity.

Table 4.34 Summary of Hypothesis

	Hypothesis	Sig. value (5% sig)	Decision
$\mathbf{H_{01}}$	Employee welfare management practices does not have a significant effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.	P=0.00	Reject null hypothesis
$\mathbf{H_{02}}$	Organizational trust does not significantly affect organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya	P=0.00	Reject null hypothesis
$\mathbf{H_{03}}$	Grievance management practices does not significantly affect organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.	P=0.00	Reject null hypothesis
$\mathbf{H_{04}}$	Management style does not have a significant moderating influence on the relationship between employee relations management and organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.	P=0.00	Reject null hypothesis

Source: Research Data (2024)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes study findings with respect to the objectives formulated. The findings are placed in the context of extant literature, analysis of the data collected and conclusions drawn. Consequently, conclusions and recommendations were made including suggestions for subsequent research work.

5.2 Summary of Findings

Focus was on an assessment of the effect of Employee Relations Management on Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya. The findings are summarized below as per the study objectives.

5.2.1 Employee Welfare Management Practices and Organizational Commitment

Majority of the employees agreed that the hospital provides specious houses for medical doctor to enable them live comfortably (M=3.22), the hospital allows for flexible work schedule with shift allowances paid in case of such arrangements to avoid burnout (M=3.61), the organization allows workers to form social welfare groups to assist staff meet social needs e.g. Saccos (M=3.36), the hospital offers transport facilitation in cases of emergency recalls and assignments outside the hospital to ensure efficiency in provision of medical services (M=3.19).

Further results on my hospital provides uniform allowances to medical doctors making it easier for hospital staff to comply with the dress code (M=3.02), the hospital address doctors welfare issues in a manner that ensure long term positive image of our hospital

(M=3.51), the employer gives me a comprehensive medical insurance scheme to ensure any medical problem of self and family are catered for (M=3.62), the trade union represents doctors interest in a manner that will ensure long term continuity in positive image of hospital (M=4.09) and the hospital handles discipline cases in a way that ensure staff remain peaceful and focused for hospital continuity in the long run (M=3.14). With a mean score of 3.86, respondents felt that employee welfare practices had an effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

Correlation results indicated that employee welfare management practice have a positive and significant correlation to organizational commitment (R=0.599, P=0.000). For simple linear regression, the model summary findings on welfare management indicated that 31.3% of change in organizational commitment resulted from welfare management practices. Further, the coefficient results indicated that welfare management had a positive and significant influence on organizational commitment (B= 0.502, t= 6.148, P= 0.000).

5.2.2 Organizational Trust and Organizational Commitment

In examining OT and OC, many respondents agreed to having confidence in the leadership of this hospital (M=3.80), the hospital allows doctors to engage in debate around ideas on improvement of service delivery (M=3.96), the respondent agreed that they trust in management ability in addressing their work-related concerns (M=3.39), the respondents agreed that their organization provides equal opportunity for employees to participate in confidence and skills development (M=3.82) and that their colleagues support their progress and help them to overcome obstacles to progress (M=4.01). The

average mean score of 3.66 shows the respondents concurred that organizational trust had an effect on organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

Correlation results indicated that organizational trust has a positive and significant correlation to organizational commitment (R= 0.741, P= 0.000). For simple linear regression model summary, findings on organizational trust indicated that 54.8% of variation in organizational commitment was explained by organizational trust. Further, the coefficient results indicated that organizational trust had a positive and a significant influence on organizational commitment (B=0.749, t=10.039, P=0.000).

5.2.3 Grievance Management Practices and Organizational Commitment

The respondents agreed to their organization having an elaborate policy on how complaints of employees against management are handled (M=3.40), the respondents agreed that organization gives prompt feedback on how they have handled any complaint they may have (M=3.40), the respondent agreed that hospital allows and encourage open communication between employees and management (M=3.11). The average mean of 3.04 from the descriptive analysis shows that the respondents agreed that grievance management practices affected organizational commitment among medical doctors in County Referral hospitals within Western Region, Kenya.

For correlation results, grievance management practices showed a positive and significant correlation to organizational commitment (R=0.588, P=0.000). For simple linear regression, model summary, findings on employee grievance management indicated that 54.8% of variation in organizational commitment was explained by employee grievance

management. Additionally, the coefficient results indicated that employee grievance management had a positive and significant influence on organizational commitment (B=0.570, t=6.630, P=0.000).

5.2.4 The Moderating Effect of Management Style on the Relationship between Employee Relations Management and Organizational Commitment

Majority of the respondents agreed that their supervisor provides the tools and resources required in performing their duties (M=3.51), the respondents agreed that their supervisor allows absolute problem solving and decision-making freedom on their own (M=3.61), the respondents agreed that supervisors prioritize close monitoring of employees for purposes of enhancing performance (M=3.71).

Similarly, the respondents agreed that their supervisor gives a reward and punishments in order to motivate employees and ensures doctors commitments(M=3.28), the respondents agreed that their supervisor consults with others before making decisions (M=4.05), the respondents agreed that they feel that their supervisor and senior colleagues are supportive of their work(M=3.69) and most agreed that there is employee involvement in determining work and work procedures with the final decision-making authority resting upon the supervisor (M=3.86). The average mean score was 3.67.

In the hierarchical regression findings; the first test for individual constructs, the interaction term for Employee welfare management and management style was negative and insignificant; grievance management and management style was positive and insignificant whereas for organizational trust and Management style the result was positive and significant. When the variables were combined as ERM and tested,

Management style showed a positive and significant effect on the interaction between employee relations management and organizational commitment. This result implies that management styles moderates the relationship between Employee relations management and Organizational Commitment of medical doctors within western Region, Kenya (B=0.146, t=3.299, P=0.001).

5.3 Conclusion

In relation to the first objective, the study established a positive and significant relationship between employee welfare management practices and organizational commitment among Medical Doctors in County Referral Hospitals within Western Region, Kenya. This can be achieved through proper institutionalization of statutory welfare, extra-mural facilities and intra-mural facilities. The statutory welfare aspects supported by this study include limits on working hours, health benefits, provision of first aid facilities, sanitation, maternity and provision of clean drinking water. Extra-mural facilities suggested for realization of commitment include housing/accommodation programmes, transportation, and rehabilitation while intra-mural facilities include changing and rest rooms.

Similarly, the study discovered a positive and significant relationship between organizational trust and organizational commitment. In ensuring high level commitment of medical doctors to the hospitals, this can be realized through ensuring that there is trust among colleagues, among employees and supervisors and among employees and administration. This leads to ability of medical doctors and other organization teams to manage internal workplace conflicts, become motivation factor for each other, build confidence among individual employees, create effective and worthy bonds and work

towards mitigating stress and frustration. This makes employees to begin seeking fulfillment of social and emotional needs at work due to the desire to be supported in a work context that is unpredictable thus ultimately making them built commitment to the organization.

In relation to the third objective, employee grievance management was noted to command a positive and significant impact on organizational commitment among medical doctors within County Referral Hospitals in Western Region, Kenya. This can be achieved through provision of channels of expressing discontentment and concerns, existence of procedure aiding resolving of misunderstanding (open-door policy), proper discipline management, management of CBA negotiation processes and implementation of collective bargaining agreements.

With regards to the moderating role of management style on employee relations management and organizational commitment, the survey concluded that management style has a positive and significant moderating role on the relationship between employee relations management and organizational commitment among medical doctors within County Referral Hospitals in Western Region, Kenya. It was therefore noted that autocratic, democratic and laissez-faire Management styles have a role to play in building employee trust and commitment to the hospitals.

5.4 Recommendations

With reference made to the study objectives and findings therein, the recommendations made were as follows:

i. The study recommends that County Referral Hospitals put more focus on creating an effective, achievable and sustainable employee relations pragrams that will guarantee medical doctors employed in those hospitals are professionally happy to avoid constant work unrests, unjust service delivery, exits and low commitment to the work and to the hospital. This can be achieved through provision of spacious houses for medical doctors to enable them live comfortably, provision of a generous house allowance for medical doctors not housed, allowing flexible work schedules with shift allowances paid in case of such arrangements to avoid burnout.

ii. Employee welfare management is key for commitment thus the hospitals should allow workers/medical doctors to form social welfare groups to assist staff meet social needs e.g. Saccos, offer transport facilitation in cases of emergency recalls and assignments outside the hospitals to ensure efficiency in provision of medical services. Hospitals should also provide uniform allowances to medical doctors to make it easier for hospital staff to comply with the dress code, procure a comprehensive medical insurance scheme to ensure any medical problem of staff and family are catered for and also handle discipline cases/complains/concerns to ensure staff remain peaceful and focused on the hospital's operations and continuity in the long run.

iii. With the realization that the success of workplace alignments, relationships and commitment largely depends on the trust levels between employees and employers, organization should make every explicit effort to act as per the commitments stated during initial engagements by facilitating effective relations

among employee-employer and employees themselves. This will enhance proper work relations resulting to creation of a positive confidence in employee intentions, organizational programmes and ultimately commitment to the purpose of the organization.

iv. Trust in colleagues will provide team members the ability to manage internal individual, group concerns and conflict, offer a motivating spirit for team members, create effective bonds that will ensure stress and frustration are mitigated. This makes employees be driven towards seeking achievement of utmost social and emotional needs at work due to the desire for support in modern unpredicted and complex workplace environment. This ultimately makes employees build commitment to the organization.

v. Facilitating trust in administration by organizations is vital in achieving workplace stability and development more so in the current information age given the increasingly uncertain and complex work conditions. Organizations can achieve trust through employees building confidence in the leadership of this hospital by allowing medical doctors to engage in debate around ideas on improvement of service delivery, addressing employee work-related concerns, provision of equal opportunity for employees to participate in confidence and skills development and enabling colleagues' support in overcoming obstacles to progress in life and career.

vi. A more robust approach should be taken in ensuring employee grievances are addressed in order to sustain a peaceful coexistence and build commitment of employees to an institution. This can be achieved through having elaborate policy

on how complaints and discontent of employees against peers and management are handled, giving prompt feedback on how management have handled any complaint they may have received, allowing and encouraging open communication between employees and management.

vii. Managers should employ a management style that promotes problem solving, freedom and flexibility in recognizing efforts, understanding and adapting to individual needs, reward for good performance and punishment of impunity including involvement in decision making across the institutions' processes undertaken. Autocratic management style will work well for managers by involving employees in solving organization's problem and decision making including offering supervisory role in monitoring employees' work and performance.

5.5 Contribution of the Study

5.5.1 Contribution to Management Practice

The findings from this study offer valuable insight to the management of County Referral hospitals and other health care institutions on varied employee relation management practices which if employed can have positive impact on doctors' commitment to the hospitals. The study informs managements of the need to include issues of welfare, grievance and conflict management, adherence to and implementation of collective bargaining agreements at the workplace to ensure employees' wellbeing is properly managed and their commitment to organizations achieved. This ultimately will inform positive performance and productivity.

5.5.2 Contribution to Policy

The study will help policy makers and planners in County and National governments, Government health committees and hospital managements to ensure policies and procedures developed at/for workplaces operationalize and integrate employee relations management practices. This contributes to proper management of medical doctors and running of the County Referral hospitals.

5.5.3 Contribution to Scholars

On the research aspect, researchers/scholars will use these findings and recommendations as a foundation to conduct future studies including providing new information on how other aspects of ERM affect organizational commitment. In addition, it will add information to the limited empirical knowledge about the link between ERM, management style and organizational commitment among health care service providers. Students having interest in this study area will obtain information highlighting identified research gaps that require further studies and thus take up the study from there.

5.6 Recommendations for Future Research

Work environment in the Public Health Sector preferably on medical doctors is a relatively wide area for research. There has been a tendency of sustained success in privately owned hospitals in Kenya as opposed to the public hospitals. This comparative study needs to be undertaken. The current study focused on unmasking how specific aspects/approaches of Employee Relations Management affect Organizational Commitment of Medical Doctors in County Referral Hospitals within Western Region, Kenya. However, the significance of absolute Human resource Management to the success or failure of public owned hospitals in Kenya needs to be further investigated.

Further research can enlarge the scope and interrogate employee relations management on organizational commitment among health practitioners (Clinical Officers, Nurses and Medical Doctors). The study used descriptive and correlational research designs to undertake a comprehensive review of ERM and organizational commitment. Further research should use other methods of research design like experimental and diagnostic research designs and comparison on the findings done. Lastly, further studies can be undertaken in a different study area preferably in National Hospitals using the same or different variables.

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APPENDICES

APPENDIX I: INTRODUCTION LETTER

Dear respondent,

My name is Phelix Okoth Ajuoga, a student at Masinde Muliro University of Science and Technology undertaking a Master of Science in Human Resource Management. I am carrying out a research on **'Employee Relations Management and Organizational Commitment among medical doctors in County Referral hospitals within Western Region, Kenya'.** The purpose of this research is for partial fulfillment for the requirement of the award of a degree of Master of Science in Human Resource Management. Literature reviewed showed that the commitment and performance of medical doctors to hospitals is reliant on varied programmes within the human resource management setup including rewards.

This study seeks to find out whether other HR support systems and programmes like effective welfare programmes, grievance management practices, employee-employer trust and management style play a role in ensuring medical doctors are committed to these public hospitals. In this regard you have been identified as one of the respondents for this study. I guarantee that this research will be used for purely academic purpose and any information you give will be handled with total confidentiality. You will also not be required to identify yourself by name. I kindly request your participation in this study by completing the attached questionnaire to the best of your knowledge.

In case of any enquiries please me through:

Contact: 0715037720

Email: ajuogahphelix@gmail.com

Thank you.

Yours faithfully,

Ajuogah

Phelix Okoth Ajuoga

APPENDIX II: QUESTIONNAIRE

This study focuses on Employee Relations Management and Organizational Commitment amongst medical doctors in County Referral hospitals within Western Region, Kenya. The study, including the questions asked are purely for academic purposes. You are also assured that your responses will also be treated with utmost confidentiality and your details kept anonymous. Your cooperation in answering the questions will therefore be appreciated.

QUESTIONNAIRE NUMBER

SECTION A: DEMOGRAPHIC INFORMATION

Kindly put a tick (√) against the correct choice.

1. Gender

Male	[ ]	Female	[ ]

2. Age bracket

21 -30 years	[ ]	31 -40 years	[ ]
41 -50 years	[ ]	51 -60 years	[ ]

3. Highest level of education?

Bachelors'	[ ]	Post graduate	[ ]
Masters	[ ]	Fellowship	[ ]

Any other (Specify) [----------]

4. Which County hospital do you work?

Kakamega County Referral Hospital [ ]

Bungoma County Referral Hospital [ ]

Vihiga County Referral Hospital [ ]

Busia County Referral Hospital [ ]

5. How long have you worked as a medical doctor in your current workstation (hospital)?

Less than 1 year	[ ]	11-15 years	[ ]
1-5 years	[ ]	16-20 years	[ ]
6-10 years	[ ]	Over 20 years	[ ]

SECTION B: EMPLOYEE RELATIONS MANAGEMENT

PART I: EMPLOYEE WELFARE MANAGEMENT PRACTICES

Please, indicate to what extent you agree with the following statements on Employee Welfare Management practices by ticking as appropriate where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree.

S/No.	RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA
1.	My hospital provides spacious houses for medical doctors to enable them live comfortably					
2.	For those not housed by the					

	hospital, my employer provides a generous house allowance					
3.	The hospital allows for flexible work schedules with shift allowances paid in case of such arrangements to avoid burnout					
4.	My organization allows workers to form social welfare groups to assist staff meet social needs e.g. Saccos					
5.	My hospital offers transport facilitation in cases of emergency recalls and assignments outside the hospitals to ensure efficiency in provision of medical services.					
6.	My hospitals provide uniform allowances to medical doctors making it easier for hospital staff to comply with the dress code					
7.	My employer gives me a comprehensive medical insurance scheme to ensure any medical problem of self and family are catered for					
8.	My hospital addresses doctors' welfare issues in a manner that ensures long term positive image of our hospital					
9.	The way complaints from staff are addressed in my hospital ensures long term positive image					
10.	Our trade union represents our interests in a manner that will ensure the long-term continuity and positive image of our hospital					
11.	The way my hospital handles discipline cases ensures staff remain peaceful and focused for our hospital continuity in the long run					

PART 2: EMPLOYEE GRIEVANCE MANAGEMENT PRACTICES

Please indicate to what extent you agree with the following statements on Employee Grievance Management practices by ticking as appropriate where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree.

S/No.	RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA
1.	My organization has an elaborate policy on how complaints of employees against management are handled.					
2.	My organization promptly addresses any complaints I may have against fellow employees(Senior or junior)					
3.	My organization gives prompt feedback on how they have handled any complaint I may have					
4.	My hospital allows and encourages open communication between employees and management					
5.	My hospital allows doctors union to operate freely in discharging the mandate for which they are elected					
6.	My organization fully implements CBAs negotiated and signed between the hospital and doctor's union					

PART 3: ORGANIZATIONAL TRUST

Please indicate to what extent you agree with the following statements on Organizational Trust by ticking as appropriate where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree.

S/No.	RESPONSE ITEM	1 SD	2 D	3 FA	4 A	5 SA
1.	My organization implements hospital policies and procedures as agreed.					
2.	I have confidence in the leadership of this hospital					

3.	The hospital allows doctors to engage in debate around ideas on improvement of service delivery					
4.	I trust in management's ability in addressing my work-related concerns.					
5.	My organization provides equal opportunity for employees to participate in confidence and skills development					
6.	My colleagues support my progress and helps me overcome obstacles to progress.					

SECTION C: MANAGEMENT STYLE

Please, indicate to what extent you agree with the following statements on Management Style by ticking as appropriate where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree.

S/No.	**RESPONSE ITEM**	**1 SD**	**2 D**	**3 FA**	**4 A**	**5 SA**
1.	I feel that my supervisor provides the necessary tools and resources needed in performing my duties.					
2.	My supervisor gives me complete freedom for problem solving and decision making on my own					
3.	My supervisor undertakes close monitoring of employees to ensure good performance					
4.	My supervisor is not flexible in recognizing, understanding and adapting to individual needs and views					
5.	My supervisor gives a reward or					

	punishment in order to motivate employees and ensure doctors' commitment					
6.	My Supervisor consults with others before making decisions.					
7.	I feel my supervisor and senior colleagues are supportive of my work.					
8.	My supervisor involves employee to determine what to do and how to do it. However, he maintains the final decision-making authority					

SECTION D: ORGANIZATIONAL COMMITMENT

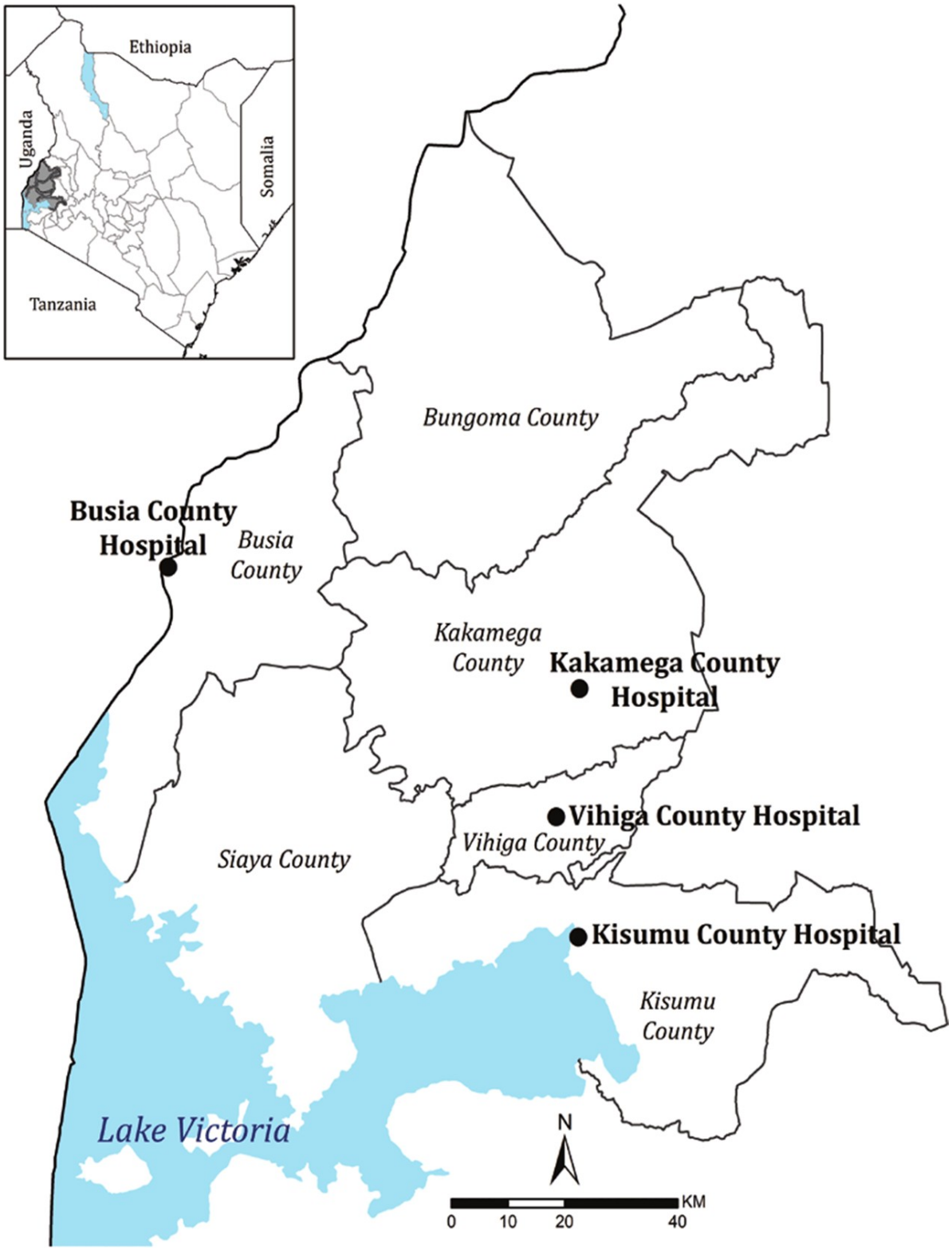
Please, indicate to what extent you agree with the following statements on Organizational Commitment by ticking as appropriate where 1= strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree.

S/No.	**RESPONSE ITEM**	**1 SD**	**2 D**	**3 FA**	**4 A**	**5 SA**
1.	I am proud of working for this hospital					
2.	I talk well of my hospital to other people I meet in meetings and other social gatherings					
3.	My supervisor values my opinion and demonstrates an interest in my well being					
4.	I feel part of a team in this organization and will be happy to spend the rest of my career with this hospital					
5.	My employer has supported me in many ways to the extent that I feel guilty applying to leave this organization					
6.	Even though I am not happy with my current job here, I feel obligated to continue working for this organization					
7.	My employer supports the					

	education of my children hence I cannot leave this organization to avoid disruption of my life plans					
8.	I have never imagined myself working for another organization although my organization is not the best					
9.	Leaving my job here for another organization will destabilize my family					
10.	If I left my job here to go work for another organization, I will lose financially					
11.	I continue working for my current employer because I fear losing friends and colleagues here whom I am used to					

THANK YOU FOR YOUR PARTICIPATION!

APPENDIX III: MAP OF THE STUDY AREA



APPENDIX IV: INSTITUTIONAL SCIENTIFIC AND ETHICS REVIEW COMMITTEE LETTER (ISERC)

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Tel: 056-31375
Fax: 056-30153
E-mail: ierc@mmust.ac.ke
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P. O. Box 190,
50100.
Kakamega,
KENYA

Institutional Scientific and Ethics Review Committee (ISERC)

REF: MMU/COR: 403012 Vol 6 (01) Date: June 6th, 2023

To: Mr. Phelix Okoth Ajuoga

Dear Mr.

RE: EMPLOYEE RELATIONS MANAGEMENT AND ORGANIZATIONAL COMMITMENT AMONG MEDICAL DOCTORS IN COUNTY PUBLICHOSPITALS WITHIN WESTERN KENYA.

This is to inform you that the ***Masinde Muliro University of Science and Technology Institutional Scientific and Ethics Review Committee (MMUST-ISERC)*** has reviewed and approved your above research proposal. Your application approval number is **MMUST/IERC/166/2023.** The approval covers for the period ***June 6th, 2023 to June 6th, 2024.***

This approval is subject to compliance with the following requirements;

i. Only approved documents including informed consents, study instruments, MTA will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***MMUST-ISERC.***
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***MMUST-ISERC*** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***MMUST-ISERC*** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to ***MMUST-ISERC.***

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed

Yours Sincerely,

Prof. Gordon Nguka (PhD)
Chairperson, Institutional Scientific and Ethics Review Committee

Copy to:
- The Secretary, National Bio-Ethics Committee
- Vice Chancellor
- DVC (PR&I)

APPENDIX V: APPROVAL LETTER

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

Tel: 056-30870
Fax: 056-30153
E-mail: directordps@mmust.ac.ke
Website: www.mmust.ac.ke

P.O Box 190
Kakamega – 50100
Kenya

Directorate of Postgraduate Studies

Ref: MMU/COR: 509099

31st May 2023

Phelix Okoth Ajuoga
BHR/G/01-53183/2018,
P.O. Box 190-50100,
KAKAMEGA.

Dear, Mr. Ajuoga

RE: APPROVAL OF PROPOSAL

I am pleased to inform you that the Directorate of Postgraduate Studies has considered and approved your Masters proposal entitled '***Employee Relations management and Organizational Commitment among Medical Doctors in County Public Hospital within Western Kenya'*** and appointed the following as supervisors:

1. Prof. Robert Egessa - SOBE, MMUST
2. Dr. Jackline Odero - SOBE, MMUST

You are required to submit through your supervisor(s) progress reports every three months to the Director Postgraduate Studies. Such reports should be copied to the following: Chairman, School of Business and Economics Graduate Studies Committee and Chairman, Business Administration and Management Science Department. Kindly adhere to research ethics consideration in conducting research.

It is the policy and regulations of the University that you observe a deadline of two years from the date of registration to complete your Master's thesis. Do not hesitate to consult this office in case of any problem encountered in the course of your work.

We wish you the best in your research and hope the study will make original contribution to knowledge.

Yours Sincerely,

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
DIRECTORATE OF POSTGRADUATE STUDIES
P.O. Box 190 - 50100, KAKAMEGA (K)
Date:..... Signi:.....

Prof. Stephen O. Odebero, PhD, FIEEP
DIRECTOR, DIRECTORATE OF POSTGRADUATE STUDIES

APPENDIX VI: RESEARCH CLEARANCE PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **404908**

Date of Issue: **30/June/2023**

RESEARCH LICENSE

This is to Certify that Mr.. PHELIX OKOTH AJUOGA of Masinde Muliro University of Science and Technology, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Bungoma, Busia, Kakamega, Vihiga on the topic: EMPLOYEE RELATIONS MANAGEMENT AND ORGANIZATIONAL COMMITMENT AMONG MEDICAL DOCTORSIN COUNTY PUBLIC HOSPITALS WITHIN WESTERN KENYA for the period ending : 30/June/2024.

License No: **NACOSTI/P/23/27020**

404908

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License, To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions