



JOB DESIGN CHARACTERISTICS AND THEIR EFFECTS ON EMPLOYEE WELLBEING: A SURVEY OF DISTRICT HOSPITALS IN KITUI COUNTY, KENYA

Gideon Manundu Katua

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Katua G, Manundu Jomo Kenyatta University of Agriculture and Technology (JKUAT), Nairobi Kenya
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Kamure, B. , Kenya Institute of Management (KIM), Nairobi Kenya

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ABSTRACT

The purpose of this research project was to find out the effects of job design characteristics on health workers wellbeing. The study sought to establish if there was any relationship between the job design characteristics selected and the wellbeing of employees in the health sector in Kenya. The independent variables were job skill variety, task identity, task significance, autonomy and feedback. The dependent variable was employee wellbeing.

The Republic of Kenya was recently faced by strikes of the employees in the health sector. In 2011, doctors went on strike complaining of poor remuneration, poor working conditions and lack of equipment. The lower cadre employees went on strike complaining of same issues. It was not clear how such issues really affected their wellbeing

The objective of the study was to determine the effects of job design characteristics on health workers' wellbeing in District hospitals in Kenya. The study used descriptive survey design targeting health care workers in two district (level 4) and seven sub district hospitals (level 3) in Kitui County. A stratified sampling technique was used to gather data from the hospital administrators, heads of departments and the lower cadre employees. A sample size of 150 employees out of a total of 210 workers was used. Data was collected by use of self administered questionnaires and analyzed using descriptive statistics. This study observed that a third of all health workers felt that duties were not delegated and allocated according to their skills. Many workers were not satisfied with duties allocation and their capacity was underutilized. Majority of health care workers were frustrated by failure to practice their skills while others did what they were not trained for and registered dissatisfaction with their working hours. They found their work too much for their position and were underpaid. Although majority said there was room for advancement in their career, 45% were

frustrated by lack of advancement and 36% had no autonomy in decision making. Half of the respondents were depressed by lack of delegation, stressed at the end of the day and 29% felt threatened and insecure. Many found their work strenuous and stressful. Feedback was provided to all respondents equally but 69.1% did not find their quality of work life fulfilling.

The study concluded that many health workers were frustrated by failure to practice and utilize their skills. The tasks assigned were depressive, strenuous and stressful. Task significance indicated drained energies, limited time to socialize and poor work life fulfillment. Although majority of health workers had autonomy and were consulted in decision making, a few reported mistreatment and poor relationships at work. Overwhelming majority of health workers reported underpayment, lack of career advancement and others felt threatened and insecure. The feedback provided did not meet the psychological rewards desired of achievement and responsibility. There is no doubt that job design characteristics really affect health workers wellbeing. Personal health, social life and the quality of work life were greatly affected.

Following the results of the study it was recommended to consider health workers skills and competencies when allocating duties. Job description for all positions should be stipulated and communicated before deployment. Stress management strategies should be incorporated in the health sector. There was need to improve the work environment through staffing, provision of equipment and social welfare. Capacity building in management skills for those in management positions be facilitated and actively involve health workers in decision making especially in matters that concern duty allocation and staff welfare. Feedback should be enhanced through promotions, career advancement and better remuneration in relation to prevailing market rates. Autonomy and decision making required enhancement through employee empowerment.

Key Words: Job Design, Health Sector, Duties Allocation, Career Advancement, Stress Management Strategies.

INTRODUCTION

A greater part of modern life is spent at the workplace where the individual employee interacts with colleagues, supervisors, subordinates, clients and the workplace environment. Experiences at work affect employee's feelings and their interaction with families and friends, use of leisure time and anxiety about their future. This makes the workplace a factor in individual health and wellbeing (Watson, 2010).

All businesses strive to be in a healthy state, and if employees are not in a good state of health and wellbeing the success of the enterprise will be affected (MacDonald, 2005). Cutting edge companies that have invested deeply in the wellbeing of their workforce are now reaping benefits (Peccei, 2004).

Studies on the relationship between job design characteristics and employee wellbeing have established the relationship with high significance levels. Some of the job design characteristics that affected employee wellbeing include skill variety, task identity, task significance, autonomy and feedback.

Job design characteristics in the health sector have presented health care workers with challenges that eventually affect their wellbeing. Individual employee's health and wellbeing vary depending on the coping and attribution styles of the employee (Wadsworth, Chaplin, Allen and Smith, 2010). Negative coping behaviors were associated with high levels of depression, anxiety and low job satisfaction while positive coping behaviors were significantly associated with lower levels of depression, anxiety and high job satisfaction. Research on job design

characteristics indicate negative job outcomes such as stress and dissatisfaction, with physical and mental health problems.

Employee wellbeing is a subject of interest because it is seen as predictor of various workplace behaviors (Jonge and Schaufeli, 1998). Mental and physical exhaustion among employees were associated with job related factors which include pressure, bad communication with supervisors, difficulties in harmonizing demands and expectations of employees and supervisors. A healthy workforce means the presence of positive feelings in the worker and should result in happier and more productive workers (Harter, Schmidt and Keyes, 2002).

Statement of the Problem

The Kenya Health Sector Satisfaction Survey Report 2009 (MOMS and MOPHS, April 2010) showed that there were insufficient measures to address occupational risk, exposure to occupational risk, poor working environment and insufficient training to equip the staff with skills needed. Employees in public hospitals were working too many hours as compared to other health facilities. The workload in public hospitals was great to the extent that by the end of a shift an employee did not feel like working the following day (MOMS and MOPHS, 2010). The survey indicated that supervisors and colleagues were causing stress and excessive pressure among the health workers. Inadequate supplies, poor working conditions and lack of support for traumatized staff in public hospitals as observed in the report were likely to cause anxiety, depression, stress and other adverse occupational health outcomes among the health workers. The subsequent

behaviors associated with unhealthy employee wellbeing include alcoholism, absenteeism, negative actions and chronic illnesses.

This research project intended to examine various job design characteristics and their effects on employee wellbeing in District hospitals in Kitui County, Kenya. Findings of the study will assist the Ministries concerned in policy formulation and help administrators in hospitals in staff allocation of duties, supervision and empowerment.

Objectives of the study

The key objective of the study was to determine the effect of job design characteristics on health workers' wellbeing in District hospitals in Kitui County, Kenya. The other objectives were to investigate the effects of skill variety on health workers' wellbeing, to find out how task identity affects the wellbeing of health workers, to establish the effects of task significance on the wellbeing of health workers, to determine whether autonomy at the work environment affects health workers' wellbeing and to establish the effects of feedback on health workers' wellbeing in District hospitals in Kitui County, Kenya.

Research Questions

1. What are the effects of skill variety on health workers' wellbeing in District hospitals in Kitui County, Kenya?
2. What are the effects of task identity on the wellbeing of health workers in District hospitals in Kitui County, Kenya?
3. What are the effects of task significance on health workers'

wellbeing in District hospitals in Kitui County, Kenya?

4. Does autonomy have any effects on health workers' wellbeing in District hospitals in Kitui County, Kenya?
5. What are the effects of feedback on health workers' wellbeing in public District hospitals in Kitui County, Kenya?

Scope of the study

The study focused on health workers in District hospitals (level 3 and 4) in Kitui County, Kenya. Out of 268 hospitals managed by the Ministry of medical services, District hospitals constitute 26% which translates to 70 hospitals. Kitui has 5 district hospitals and 6 sub-district hospitals, which were used in this study. A representative sample of 10% of the population was selected for the study.

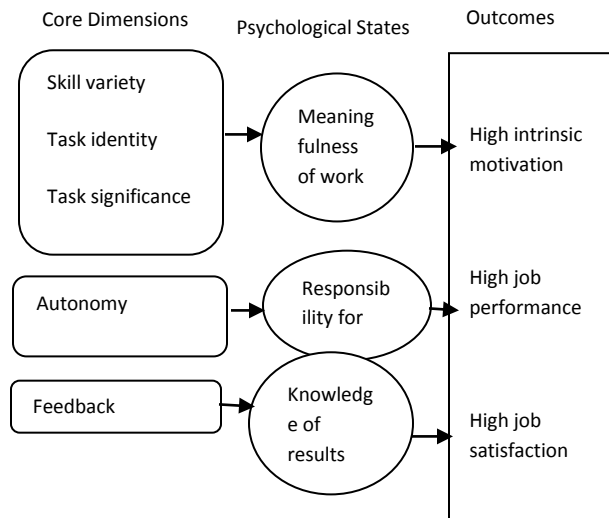
LITERATURE REVIEW

Employee wellbeing is seen as a concept of the employee's ability to work, which is a product of health and balance between the individual's qualifications and demands of work. Wellbeing requires balancing work and personal life, time and workload management and the physical work environment (Stoyko and Gaudes, 2002). Many scholars agree that healthcare systems are extraordinarily stressed throughout the world. Patients are struck by illness at any and all hours, babies are born at unpredictable times, trauma is prevalent and infectious diseases can break out and become widespread in a matter of days (Morrow, Schirmer and Nguyen, 2009). Healthcare workers have no control over any of this and a sense of helplessness in the face of such uncertainty and unpredictability can be overwhelming (Morrow, *et al.*, 2009).

Hackman and Oldham's job characteristics model and Fredrick Herzberg's two-factor theory illustrate how job characteristics influence employees' wellbeing.

a) Hackman and Oldham's job characteristics model

Figure 1 Hackman & Oldham's Job Characteristics Model



Source: Oldham, G.R. and Hackman, J. R., 2005.

b) Herzberg's two Factor Theory

Herzberg developed the motivation-hygiene theory to explain the job satisfiers as motivators, and the dissatisfiers as hygiene factors. The table below presents the top six factors causing dissatisfaction and the top six factors causing satisfaction.

Table 1 Factors Affecting Job Attitudes

Hygiene factors – leading to dissatisfaction	Motivator factors – leading to satisfaction
Company policy	Achievement
Supervision	Recognition
Relationship with superiors	Work itself (challenging or stimulating)
Work conditions	Responsibility
Salary/ wages/financial remuneration	Advancement
Relationship with peers	Growth
Job security	

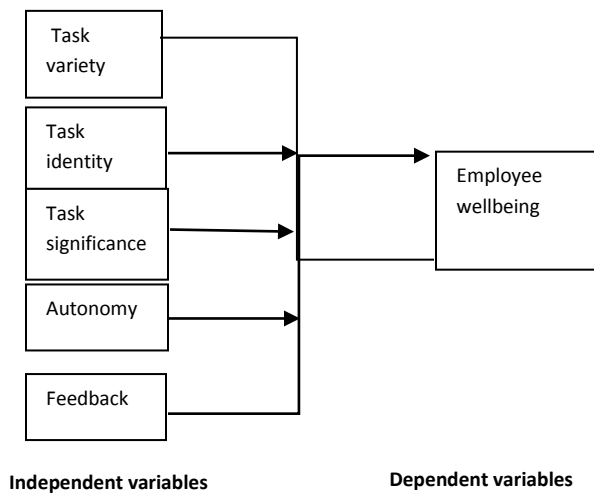
Employees desire to work for psychological rewards associated with the work itself such as achievement and responsibility. Herzberg terms the hygiene factors such as company policy, salary, interpersonal relationships, working conditions and supervision as extrinsic while the motivator factors such as achievement, recognition for achievement, responsibility and advancement as intrinsic. Randolph (2005) found that intrinsic factors such as professional growth and a work environment in line with personal values were more significant in predicting wellbeing and desire to stay on the job than pay.

De-motivated employees in an organization lead to low productivity, poor production or service quality, strikes or industrial disputes, breakdowns in employee communication and relationships, and complaints about pay and working conditions. According to Herzberg,

management should focus on rearranging work so that motivator factors can take effect.

Conceptual Framework

Figure 2 Conceptual framework



Skill Variety

This involves use of an appropriate variety of skills and talents in performance of duties by employees. Too many skills might be overwhelming while too few could be boring. An employee does different tasks using different valued skills, abilities and talents. Skill variety is the degree to which a job requires a variety of challenging skills and abilities.

Healthcare workers like workers in other industries experience significant difficulty in juggling work and family responsibilities which put them in direct conflict with personal and family needs (Morrow, *et al.* 2009). They continuously confront work and schedule demands that require use of a variety of skills some of which might be lacking due to inadequate training and

specialization. Job enrichment and job rotation are the two ways of adding variety and challenge. Due to shortage in staffing and increased workloads, the few employees become more stressed by sometimes doing what they have not specialized in.

Task Identity

Task identity involves doing a complete job from the beginning to the end. The whole job is performed by a specific employee rather than bits and pieces done by several workers. It refers to the degree to which a job requires completion of a whole and identifiable piece of work. The task itself is paramount to employee motivation and wellbeing. A boring and monotonous job stifles motivation to perform well, whereas a challenging job enhances motivation. Those physical, psychological, social or organizational aspects of job that require sustained physical, psychological, cognitive and emotional effort; and are therefore associated with certain physiological costs (Shahrul *et al.* 2011).

Different tasks involve physical, mental and psychological demands. Physical demands include energetic, aerobic or biochemical static or dynamic demands on musculoskeletal system. Mental demands require input from the cognitive domains such as concentration, memory, decision-making or attention. Psychological demands involve emotional demands, interpersonal relations, autonomy, time pressure, irregular working hours or the appraisal of extreme environment (Shahrul *et al.*, 2011).

Empirical Review

Employee wellbeing is a complex context which consists of individuals, community and the environment. The concept of wellbeing implies more than the mere absence of

negatives in one's life. It is intended to imply a positive, well-lived and thriving life. Wellbeing includes physical wellbeing, economic wellbeing, social wellbeing, personal development and activity, emotional wellbeing, psychological wellbeing, life satisfaction and engaging activities and work (Deiner, 1999).

Employees' mental and physical exhaustion have been found to be associated with job related factors such as pressure, bad communication with supervisors and difficulties in harmonizing demands and expectations of employers and supervisors (Shahrul, *et al.* 2011).

Wellbeing involves employees having meaningful and challenging work to do with an opportunity to apply their skills and knowledge, working effectively with colleagues and managers, and a work environment that is safe and healthy, that is respectful of individuals and their different circumstances including the need for work/life balance, and where people have the tools they need to get their work done. Being fairly compensated in terms of salary and benefits and having learning opportunities and possibilities to achieve career aspirations (Stoyko and Gaudes, 2002).

Various employers may use results of measuring wellbeing to enhance the wellbeing of workers to improve service and performance towards attaining institutional goals (Deiner, 1999). Stoyko and Gaudes (2002) observed that employee wellbeing has to do with physical, emotional, spiritual, intellectual and social aspects. Physical wellbeing involves the maintenance of healthy and energetic bodies and making healthy choices about exercise, diet and stress management; while emotional

wellbeing includes the peace of mind, confidence and self-respect achieved by coming to terms with range of feelings. Spiritual wellbeing is the purpose, fulfillment and meaning that result from having a sense of connection to superior beings than individuals. Intellectual wellbeing refers to the mental acuity that result from keeping minds active, alert, open, curious and creative; and social wellbeing results from the peace that comes from maintaining a rich web of relationships with family, friends and colleagues.

Shahrul *et al.* (2011) observed that psychological and physical job characteristics affect employee's health and productivity. The characteristics included skill variety, task identity, task significance, autonomy and feedback. Variety, autonomy and decision authority are three ways of adding challenge to a job.

Critique of Existing Literature

Thorpe (2011) cites only negative effects on the employee as a result of their work environment while Sharul *et al.*, (2011) and, Stoyko and Gaudes (2002) contend that wellbeing is a predictor of various workplace behaviors, especially productivity and performance. Wellbeing is seen in three ways as assessment of life or quality of work life, ability to work, and balance between individual's qualifications and demands of work (Stoyko and Gaudes, 2002). Wellbeing involves balancing work and personal life, time and workload and the physical environment. Sharul *et al.*, (2011) pointed out work pressure, bad communication with superiors and difficulties in harmonizing demands and expectations as the job characteristics that affect employees' wellbeing. Gaudes and Stoyko (2002)

considered fair compensation in salary and satisfaction with work conditions and environment, as crucial for the wellbeing of employees.

Sharul *et al.*, (2011) classified job characteristics into physical and psychological aspects which include the job demand, job control, social support accorded, safety and job security, while Stanfield and Candy (2006) looked at factors like job strain, decision latitude, social support, psychological demands, effort-reward imbalance and job insecurity as a major cause of mental disorders. Stoyko and Gaudes (2002) concluded that employees exposed to high demand, low control, high effort and low reward experienced more heart problems and back pain, and mental health problems. Work balance was necessary in promoting employee wellbeing and an environment which is flexible and responsive to employees needs. Thorpe (2011) emphasized a work environment where employees had manageable amount of work, flexibility in work, and a friendly and effective communication systems. Unhealthy workplaces resulted in unhealthy workers. Without job satisfaction employees were likely to be anxious, stressed and have mental problems (Hanly, 2011).

The most observed health problems among healthcare workers were burnout, stress, depression, coronary heart diseases. Job stress was associated with coronary heart disease, absence from work, job and life dissatisfaction (North, *et al.*, 1996). All the studies indicated health problems as a result of work environment, job demands, poor rewards and lack of employee support among health workers. Ndeti *et al.*, (2008) emphasized the importance of increasing healthcare workers for effective functioning

of healthcare systems in developing countries.

However, same results were observed among other employees in other sectors of employment like the police (Rothmann, 2008 and Allisey, Rodwell and Noblet, 2008), where employees experienced both physical and mental health problems just like the healthcare workers. Stoyko and Gaudes (2002) compared the incidence of employee wellbeing in terms of depression, excessive stress, and chronic absenteeism. Workers experience job demands, job strain, poor working conditions, inadequate remuneration and low decision making in all sectors of economy. These conditions lead to job dissatisfaction, negative attitude towards work and consequently to psychological and physical affects which impact on employee wellbeing. Burnout, depression, stress and suicidal ideation might be triggered by the work environment in employees who have personal and genetic traits vulnerable in such conditions. Research suggests that the impact of job stress will depend on an employee's personality attributes, such as ability to cope with pressure, as well as factors and aspects of the work environment (Medibank, 2008).

Research Gaps

Many studies have been done on employee wellbeing all over the world. Healthcare and medical practitioners' wellbeing has been studied in many parts of the world but not in Kenya. Njoroge (2007) did an investigation on health and safety of workers in hospitals while Tura (2006) studied notification rates and risk factors for tuberculosis disease among health care workers. Maina (2004) looked at the utilization of HIV post exposure prophylaxis among health care workers in

Kenya. Ndetei *et al.*,(2008) emphasized the need for effective health care systems.

There is therefore a great need to study health care workers wellbeing in relation to work skills, task identity, significance, autonomy and feedback in the work environment by supervisors, colleagues and juniors, compensation and opportunities for promotion. The exposure to a variety of job characteristics is likely to affect health care workers' wellbeing and consequently affect their performance.

RESEARCH METHODOLOGY

Research Design

This research employed descriptive survey design. Descriptive survey design was chosen because it is appropriate for educational fact finding and provides a great deal of information which is accurate. Mugenda and Mugenda (2003) described descriptive survey as collecting data in order to test hypothesis or to answer questions concerning the current status of the subject of study. The research aimed at gathering accurate information and characteristics that are observable in hospital settings that influence health workers' wellbeing.

Target Population

For the purpose of the study two district and five sub-district hospitals in Kitui County were used. Each of these hospitals had an average of 20 workers who included doctors, nurses, clinical officers, nutritionists and support staff giving a total target population of 150 employees. The target population was divided into three categories; senior management, middle level and support staff.

Sampling Frame and Sampling Technique

A list of all population from which the sample is drawn makes the sampling frame (Sekaran, 2003). The sampling frame comprised of all health care workers in district and sub-district hospitals in Kitui County and the findings of the research were generalized for the whole population. The hospitals in the county were chosen due to their proximity and accessibility to the researcher.

Stratified random sampling technique was used to select 150 healthcare workers drawn from seven district and sub-district hospitals in Kitui County, representing 76% of the study population. Stratified random sampling was used since it is a technique whereby every member of a strata or group has equal chance of being selected (Mugenda and Mugenda, 2003).

Data Collection Instruments and Procedure

Self administered questionnaires were used to collect data. The questionnaires had closed-ended items in a Likert scale. Closed ended was meant to provide structured responses which facilitated ease of tabulation and analysis (Kothari, 2009).

The researcher secured a letter of introduction from Jomo Kenyatta University before proceeding to the field for data collection. Personal visits to hospitals were done. The questionnaires were filled by health care workers as the researcher waited.

To establish reliability of research instruments, a pilot study was conducted on health care workers in 2 hospitals. The researcher verified accuracy, consistency and effectiveness of the research instrument for the purpose of improving clarity and remove ambiguities. Those involved in the pilot study did not participate in the final study.

Data Analysis Procedures

Descriptive and inferential statistics were used to analyze data and describe the features of the survey. It was an easy way of getting people's opinions. Frequency distribution tables, bar graphs, pie charts and percentages were used in the analysis.

FINDINGS AND DISCUSSION

Demographic Characteristics of the Respondents

The demographic characteristics covered in this section include; gender, age and marital status of the respondents. Also covered is the length of service in years, level of education, position currently held in hospital and terms of appointment.

Gender

The study sought to establish the gender of the respondents and the results were that, 52.2% were female and 47.8% were male. These results could be attributed to the fact that most nurses are female and contribute the majority of health workers.

Age

The research investigated the age of the respondents and the findings were that majority of the respondents, 42.6% were in the age group 31-40 years, 32.4% were 20-30 years, 20.6% were 41-50 years only 4.4% were 51-60 years. Perhaps the predominance of the 31-40 age groups is due to increased government expansion of employment in the civil service during the last 10 years.

Marital status

The study sought to establish the marital status of the respondents and the results

were that, 42.6% were married, 32.4% are single, 20.6% were separated and 4.4% were widowed.

Length of service

The study sought to find out the length of service of the respondents. The findings were that 42.6% of the respondents had 4-10 years experience, this was followed by 32.4% who had 0-5years, 20.65 had 11-15 years while 4.4% had above 16 years experience.

Level of education

The study investigated the level respondents' level of education and the findings are provided in Figure 3

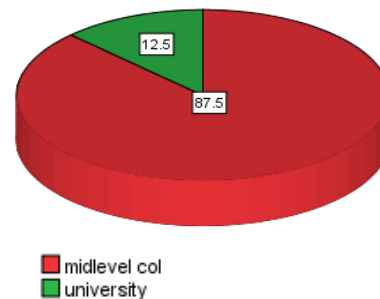


Figure 3 clearly indicates that majority of the respondents, 67.5% had middle level college level of education and 12.5% had university level of education. These could be due to the reason that most duties in hospitals do not call for highly qualified personnel but requires mid-level training.

Position held

It was important to find out the position currently held by the respondents. The findings were that 71.3% of respondents held ordinary positions, 22.1% were heads of departments, only 6.6% held senior positions. The majority of respondents holding ordinary

positions could be attributed to their having middle level college qualifications.

Terms of appointment

The study found out that the terms of appointment of the respondents were 69.1% of the respondents were permanent, 22.15% were on contract and 8.8% were on temporarily terms of appointment. This is in agreement with most government appointment which usually are on permanent basis unless in special circumstances.

Skill Variety

The study sought to find out the effects of skill variety on health workers' well being. Skill variety was measured by 10 items on a likert type scale ranging from strongly agreed (SA), agree (A), undecided (U), disagree (D) and strongly disagreed (SD). The findings are presented in Table 1

Table 1 Health Workers Skill Variety

	SA	A	U	D	SD
	%	%	%	%	%
Assigned duties according to their skills	15.4	74.3	2.2	5.9	2.2
Had adequate skills for work done	34.6	61.0	2.2	2.2	-
Duties were delegated appropriately	8.1	57.4	2.2	26.5	5.9
There was room for teamwork	16.2	65.4	4.4	14.0	-
Adequate staff with skills	2.2	20.6	-	36.8	40.4
Satisfied with duties allocated	8.1	50.0	7.4	28.7	5.9
Workers' abilities were fully utilized	12.5	58.8	8.1	20.6	-
workers were trained for multi-tasking	8.1	50.7	39	17	-
Workers do what they were not trained for	5.9	27.2	-	40.4	26.5
Job demands further training	28.7	66.2	-	-	5.1

Table 1 shows that majority, 95.6% of the workers agreed that they had adequate skills for the work that they did, 94.9% agreed that job demands further training, 83.9% said they

were assigned duties according to their skills, 81.6% agreed that there was room for teamwork, 71.3% agreed that the workers' knowledge and abilities were fully utilized, 66.5% said that duties were delegated appropriately, 58.8% of the respondents agreed that they were trained for multi-tasking, 58.1% were satisfied with duties allocated, 33.1% of the respondents said they did what they were not trained for and 22.8% indicated that they had adequate staff with skills. These findings are in agreement with Morrow, *et al.* (2009) who observed that healthcare workers like workers in other industries experience significant difficulty in juggling work and family responsibilities which put them in direct conflict with personal and family needs. They continuously confront work and schedule demands that require use of a variety of skills some of which might be lacking due to inadequate training and specialization.

The study investigated the correlation between the workers wellbeing and skill variety. The findings are presented in Table 2

Table 2 Correlations between skill variety and wellbeing

Correlation is significant at the 0.01 level (2-tailed).

		Skill variety	Well being
Skill variety	Pearson Correlation	1	.969**
	Sig. (2-tailed)		.000
	N	136	136

** . Correlation is significant at the 0.01 level (2-tailed).

Table 2 clearly shows that the Pearson correlation index of 0.969 between the workers skill variety and wellbeing was obtained. This indicates that the workers wellbeing strongly improved with improvement of skill variety.

Task identity

The research sought to find out the effects of workers task identity on health workers wellbeing. Task identity was measured using 10 items on a likert type scale ranging from strongly agreed (SA), agree (A), undecided (U), disagree (D) and strongly disagreed (SD). The findings are presented in Table 4.3

Table 3 Health Workers Task Identity

	SA	A	U	D	SD
	%	%	%	%	%
Conducive working conditions	-	34.6	2.0	30.7	21.6
Adequate resources and equipment	-	5.2	3.9	30.7	49.0
Identify with work at hand	2.0	70.6	4.6	9.8	2.0
Proud with outcome of own effort	2.0	34.0	-	30.7	21.6
Hours spent at work were appropriate	3.9	32.7	5.2	30.7	16.3
There was room for consultation	7.2	75.8	2.0	3.9	-
There was room for advancement	5.2	55.6	-	20.9	7.2
Were team players at work	23.5	56.2	-	7.2	2.0
Too much work for their position	52.3	44	28.8	2.0	3.9
Feel underpaid for their training	30	19.6	78	51.0	3.9

Table 4.3 indicates that the respondents disagreed that there were adequate resources and equipment (79.9%), conducive working conditions (52.3%), identify with work at hand (52.3%), felt underpaid for their training (41.3%), disagreed that there was room for advancement (28.1%), hours spent at work were appropriate (14.4%). Other responses are indicated in the same Table. Shahrul *et al.*, (2011) stated that a boring and monotonous job stifles motivation to perform well, whereas a challenging job enhances motivation. Different tasks involve physical, mental and psychological demands. Physical demands include energetic or dynamic demands on musculoskeletal system. Mental demands require input from the cognitive domains such as concentration, memory, decision-making or attention. Psychological demands involve emotional demands, interpersonal relations, autonomy, time pressure, irregular working hours or the appraisal of extreme environment

Table 4 Correlations between task identity and wellbeing

		Wellbeing	Task identity
Wellbeing	Pearson Correlation	1	.932**
	Sig. (2-tailed)		.000
	N	136	135

** . Correlation is significant at the 0.01 level (2-tailed).

The Pearson's correlation r is 0.932. There is a strong relationship between task identity and the well being of workers. The relationship is positive and strong. A test for significance shows that the P-Value is less

than 0.01 at 99% confidence level. This shows that the linear relationship between the two variables is significant.

Table 5 The co-efficient of determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.979 ^a	.959	.957	.15251

a. Predictors: (Constant), feedback, task significance, autonomy, skill variety, task identity

$R^2=0.959$. The variations in the well being of workers can be predicted and is explained by changes in the independent variables. 95.9% of the variations in the well being of workers can be explained by the changes in feedback, task significance, autonomy, skill variety and task identity.

Table 6. Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	70.116	5	14.023	60.945	.000 ^b
	Residual	3.000	12	.250		
	Total	73.117	17			

a. Dependent Variable: wellbeing

b. Predictors: (Constant), feedback, task significance, autonomy, skill variety, task identity

Table 6 indicates that there is a joint effect of feedback, task significance, autonomy, skill variety and task identity on well being. The effect is significant as shown by the computed p-value (0.000) which is less than 0.

Deiner (1999) noted that employees who reported high levels of wellbeing were less vulnerable to infection, healed more quickly, smiled more frequently, reported better sleep quality, were less likely to attempt suicide in the future and less likely to become depressed.

SUMMARY OF FINDINGS

The research sought to find out the effects of skill variety on health workers’ well being. Majority of the workers agreed that; they had adequate skills for the work that they did, that job demands further training, were assigned duties according to their skills, there was room for teamwork, that the workers' knowledge and abilities were fully utilized, that duties were delegated appropriately, they were trained for multi-tasking, were satisfied with duties allocated, did what they were not trained for and that they had adequate staff with skills. Healthcare workers like workers in other industries experience significant difficulty in juggling work and family responsibilities and continuously confront work schedule demands that require a variety of skills which might be lacking (Morrow,et al., 2009).The correlation analysis between the workers wellbeing and skill variety indicated that the workers wellbeing strongly improved with improvement of skill variety.

The study investigated the effects of workers task identity on health workers wellbeing and found out that majority of the respondents disagreed that there were adequate resources and equipment, conducive working conditions, identify with work at hand and felt underpaid for their training. Majority of the respondents disagreed that there was room for advancement and that hours spent at work were appropriate. Shahrul, et al.,(2011)

observed that some aspects of a job require sustained physical, psychological, cognitive and emotional effort. The Pearson correlation analysis of workers task identity on wellbeing found out that there is a strong positive relationship and significant between task identity and the well being of workers.

Conclusions

From the findings of this study it can be concluded that the wellbeing of healthcare workers strongly improved with the improvement of skill variety. Many health care workers had skills which were not fully utilized and therefore were frustrated by failure to practice.

The study found a strong positive relationship and significant between task identity and wellbeing of healthcare workers. Some tasks were depressive, strenuous and stressful. In fact some healthcare workers reported stress at the end of the day. It was evident that healthcare workers were lacking conducive working conditions and adequate resources and equipment.

Recommendations

Based on the findings and conclusions of this study, the following recommendations can be made:-Healthcare workers skills and competencies need to be considered when allocating duties. Each individual worker's skills should be matched appropriately with job descriptions for their position.

There is need to facilitate capacity building in management skills for those in management positions. Finally there is need to address task identity in areas such as; provision of conducive working conditions, adequate resources and equipment and ensuring those hours spent at work.

Suggestions for further study

This study only focused on the District hospitals in Kitui County. Similar studies could be carried out in other geographic regions in Kenya to establish if the results would be the same. Since the study focused only on District hospitals (level 3 and 4) some other studies could focus on other hospitals and health centers to establish how job design characteristics impact on the wellbeing of their healthcare workers. As well, similar studies could be carried out in private and mission hospitals. Such health facilities were not captured in this study.

Although from the study it seems that majority of health workers' wellbeing was influenced by their job design characteristics to a great extent, it is not clear why this was as such. This could be an area for another study.

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