

Effect of Health Services on Teacher Performance of Public Secondary Schools in Hamisi District, Kenya

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ABSTRACT: *The purpose of this study was to examine the effect of health services on teacher performance of public secondary schools in Hamisi District in Kenya. The study employed descriptive survey research design. The study targeted 47 schools/teacher work stations, 47 head teachers, and 394 teachers, one District Education Officer, one District Quality Assurance and Standards Officer and one District Human Resource Officer. Stratified sampling technique was used to classify the public secondary schools, principals and the teachers. A sample size of 14 public secondary schools, 14 school principals and 118 teachers was used. Simple random sampling was used to sample the 14 public secondary schools, 14 school principals and 118 teachers. Questionnaires and interview schedules were used to collect data. Test, re-test method was used to test reliability of the research instruments by using Cronbach's Alpha Coefficient which yielded an alpha of 0.84. The researcher analysed the data collected using qualitative and quantitative techniques. The study established that weak positive but insignificant ($p > 0.05$) association of medical scheme of staff members on the teachers' performance. Counseling services offered to members of the staff had a marginal positive and significant ($p < 0.05$) association on the teachers' performance.*

KEYWORDS: *Health Services, Teacher Performance, Public Secondary Schools*

I. INTRODUCTION

Employment problems should normally be solved by discussion between the employee and the boss or through the organization's grievance procedure. There may be times, however, when employees have problems over inter-personal relations, or feelings of inadequacy, about which they want to take to a third party. Such counseling talks as a means of relieving feelings and helping people to work through their problems for themselves, can do a lot of good, but extreme caution must be displayed by any company officials who are involved (Armstrong, 1992). They must not cut across line management authority but, at the same time, they must preserve the confidentiality of the discussion. The most that can be done is to provide a counseling service which gives employees an opportunity to talk about their problems and allows the counselor to suggest actions the employee can take to put things right.

Armstrong (2006) argues that medical services aim to provide help to employees who get absent from work for long periods because of illness related issues. They should aim to speed the return of employee to work. Visits should be made by the managers or specialized full-or part-time sick visitor with the aim of showing employees that their firm and colleagues are concerned about their welfare and also to alleviate any loneliness they may feel. It is argued that sickness brought about by HIV and AIDS can affect an employees' performance (Nyamwamu *et al*, 2012). The loss of workers and productive time cannot be separated from other impacts such as loss of morale and increased costs. Health care costs, paid sick leave and funeral costs also add to the financial burden in dealing with HIV/AIDS. The teaching fraternity may be particularly at risk of these impacts because of the generous provision of such benefits. The obvious impact of these increased costs is that the budget for the teachers will be stretched with less money available for regular training, investment, infrastructure, and equipment (Peace, 2007). The provision of medical facilities in such cases in any organization could reduce the incidences of HIV/Aids and other illnesses among the employees (Manzini and Gwandure, 2011). Armstrong (2006) argues that organizations such as the Health and Safety Executive have identified stress, anxiety and depression as among the most commonly reported illness among employees. Stress brought about through work intensification and conflicts between home and work is related to the risks of disease and ill-health.

For instance, a study on police suicide in America found out that the police were eight times more likely to commit suicide than to be killed in a homicide and three times more likely to commit suicide than to die in job-related accidents. This shows suicide has become the most dreaded result of a police officer under stress and other problems associated with the job (Roy, Jack, and Crank, 2007). This reaffirms that the cost of stress is huge if not controlled both to the individual and to the employer. Manzini and Gwandure (2011) point out that employees experience emotional, social, political, economic and work related problems for which they need employee welfare programmes to cushion them against. In public education sector, the Kenyan Ministry of Education and Teachers Service Commission seem to have attached very little significance to the teacher welfare and health services for this matter. Teacher welfare is said not to be a core function of the school. The ministry of education only lists; Curriculum implementation, Curriculum evaluation, Provision of guidance and counseling to students, Management of discipline, Student talent development through games, sports and clubs, and Development of moral standards of the learner through spiritual nourishment as the only core functions of the school. These are the guiding policies in all public secondary schools in Kenyan districts, Hamisi district included.

II. STATEMENT OF THE PROBLEM

Cowling and Mailer (1992) and Coventry and Barker (1988) have pointed that welfare is a resume of a corporate attitude or commitment to the care of their employees. Yet, it is largely neglected in public schools, due greatly to selfishness on the part of the employer, Teachers Service Commission and the Ministry of Education, which is the Teachers service commission's line ministry. There is evidence that, workplace recreation has a positive effect on employee performance (WHO, 2003). Workplace physical activity programmes in USA have helped reduce short-term sick leave (by 32%), health care costs (by 20-55%) and increased productivity (by 52%). However, scanty empirical data is available of the situation in developing world (WHO, 2003). Reduction of such kinds of avoidable costs is potentially important, especially in the developing countries such as Kenya as it would lead to higher employee performance. However, few studies had been conducted to establish the effect of health services on teacher performance of public secondary schools in Hamisi District in Kenya.

OBJECTIVES OF THE STUDY

The specific objectives of this study were to:

- (i) Determine the effect of medical scheme of staff members on teacher performance in public secondary schools
- (ii) Examine how salary advance affect teacher performance in public secondary schools
- (iii) Establish the effect of counseling services offered to staff members on teacher performance in public secondary schools
- (iv) Assess the strategies put in place by the Ministry of Education and Teachers' Service Commission to optimise health services of staff members in public secondary schools in Hamisi District.

RESEARCH QUESTION

The study sought to answer the following question;

What are the strategies put in place by the Ministry of Education and Teachers Service Commission to optimize staff health services in public secondary schools in Hamisi District?

RESEARCH HYPOTHESIS

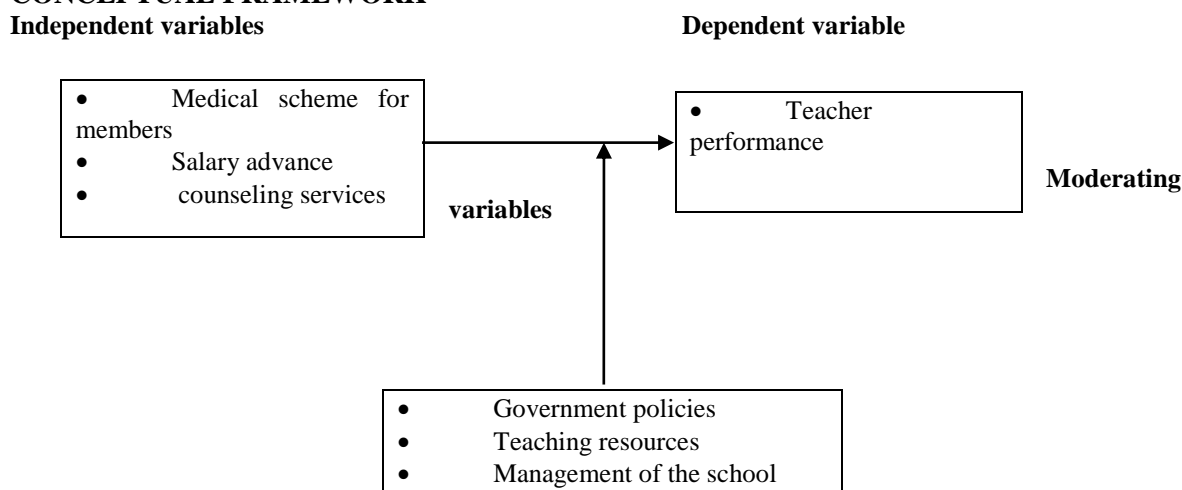
The following hypotheses guided the study:

H₀1: There is no significant effect of medical scheme of staff members on teacher performance in public secondary schools,

H₀2: There is no significant effect of salary advance on teacher performance in public secondary schools,

H₀3: There is no significant effect of counseling services on teacher performance in public secondary schools.

CONCEPTUAL FRAMEWORK



RESEARCH METHODOLOGY

The researcher adopted a descriptive survey research design. The study used questionnaires and interview schedules to collect data from respondents. The study target population consisted of 47 public secondary schools, 47 school principals, 394 teachers, one District Quality Assurance and Standards Officer, one District Education Officer (DEO) and one District Human Resource Officer in Hamisi District (DEO Staffing Statistics Report, 2012). The simple random sampling was used to select 14 public secondary schools, 14 school principals, and 118 teachers so that each and every one in the target population has an equal chance of inclusion as indicated in Table1;

Table 1: Sample Size

Study target	Sample computation	Sample size
Public secondary schools	30/100 x 47	14
School principals	30/100 x 47	14
Teachers	30/100 x 394	118

Mugenda and Mugenda (2002) define reliability as the degree to which research instruments yield consistent data or results after repeated trials. The researcher used test and re-test technique in order to test reliability of the research instruments. Research instruments were re-tested on a sample of nine respondents (three school principals and six teachers) from Hamisi District who werenot used in the final analysis, (Mulusa, 1990). A second time was done two weeks later, and the correlation between the two sets of scores computed using Cronbach’s Alpha Coefficient which yielded an alpha of 0.84.Both qualitative and quantitative analysis were used. The quantitative data was analyzed by descriptive statistics through percentages and frequencies.Statistical Package for Social Sciences (SPSS) version 19 was used in analysis. Qualitative data was analyzed using inferential statistics where simple regression analysis and Pearson Correlation Coefficient was used.

III. RESULTS AND DISCUSSION

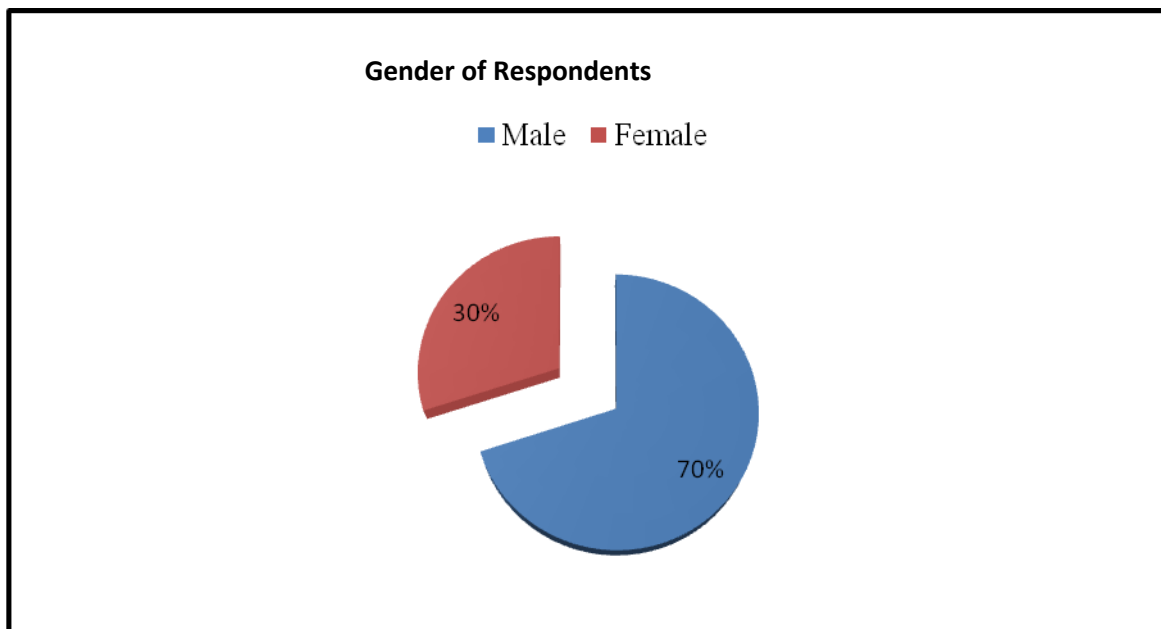
The questionnaire return rate was 90.9% since 120 questionnaires out of 132 questionnaires issued were returned.Thesocio-demographic characteristics of the respondents in terms of age, gender, working experience and education levels were captured.The results in Table 2 show that, 45% of respondents were in the age bracket of 35-47 years, 35% of respondents were in the age bracket of 25-34 years, 11.7% in the age bracket of 18-24 years while 8.3% in the age bracket of above 48 years. Results indicated that there was a significant (P<0.05) difference in the variation among age groups since the expected uniform distribution across age groups of 20% in each age bracket was not achieved.

Table 2: Age bracket of Respondents

Age bracket	Frequency	Percentage
18-24 years	14	11.7
25-34 years	42	35.0
35-47 years	54	45.0
48 years & above	10	8.3
Total	45	100.0

The differences in the age groups of the respondents show a great diversity. For example, 8.3% of the respondents were nearing the retirement age and the respondents in the age bracket of 18-34 years were mostly young people who possess a potential challenge in the job succession. Therefore, the organization has a potential payoff of developing these younger people to take over from the older (48 years and above) when the latter retire (K'Obonyo, Kiraka and Dimba, 2008).

The study sought to find out the gender distribution among the respondents in public secondary schools in Hamisi District. The results are recorded in Figure 1. The results illustrated that there was a significant ($p > 0.05$) variation in the gender distribution among the respondents since the expected 50% (gender balance) was not attained because there were more males 84(70%) than females 36(30%) who participated in the study. Therefore, gender equity among the respondents was not achieved in this study.

**Figure 1: Gender of Respondents**

This subsection sought to establish the experience the respondents have been exposed to concerning the effect of performance contracting initiative on employees' performance in public secondary schools in Hamisi District. The results are shown in Figure 2. Similarly, there was a significant ($p < 0.05$) variation in the working experience of the respondents in public secondary schools in Hamisi District, because the expected 25% in the working experience of the respondents was not realised. This finding is in support of the previous findings of Gede (2001) who arrived at the conclusion that overall job satisfaction is a function of chronological age and job experience.

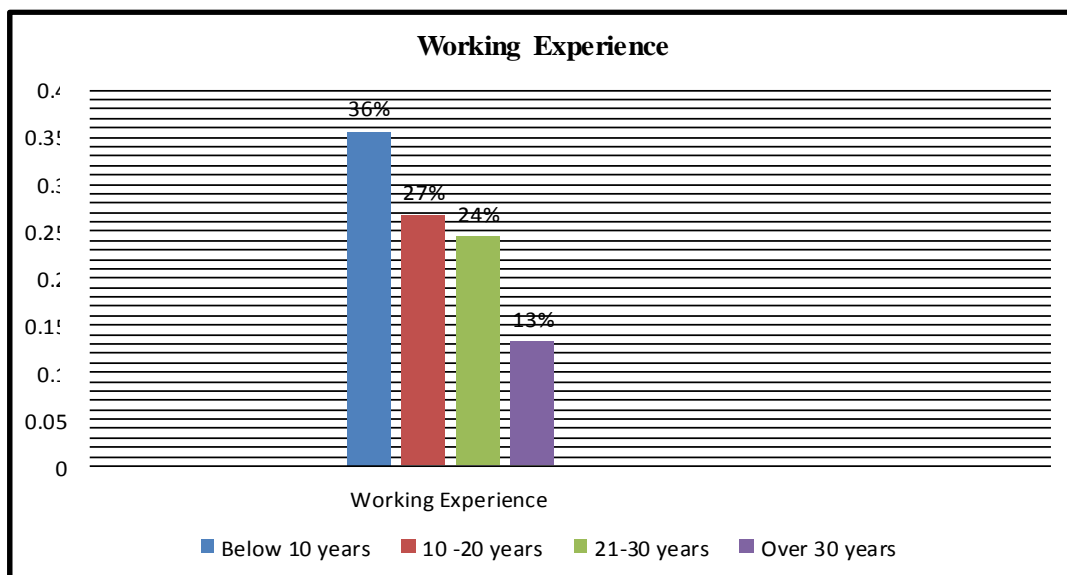


Figure 2: Working Experience of Respondents

The results in Table 3 show that there was a significant ($p < 0.05$) difference in the levels of respondents education levels, an indication of respondents' different perceptions on how staff welfare affects teacher performance of public secondary schools in Hamisi District. The results given in Table 3 show that 69.1% of respondents had achieved bachelor's degree in education, 22.5% had diploma education level, 4.2% had masters' education level and 4.2% consisted of untrained teachers and university students who were still undergoing training. This was indeed an indication of different educational levels of respondents who gave varied views on the research topic.

This was an indication that the majority of the respondents had attained minimum academic and professional qualifications required to work in the Ministry of Education in Hamisi District. Quíñones, Ford and Teachout (1995) also noted that measures of work experience had the highest correlations with measures of job performance. The results were consistent with what Krueger and Lindahl (2001) noted that there is significant scope for education to play a role in influencing the perceptions of people towards key aspects that surround them, in this study performance contracting in the Ministry of Education.

Table 3: Respondents' Level of Education

Level of Education	Frequency	Percentage
Masters	5	4.2
Bachelor's adegree	83	69.1
Diploma	27	22.5
Others	5	4.2
Total	120	100.0

n = 120; Source: Field Data

The results in Table 4 illustrate how health services can affect a teacher's performance in public secondary schools in Hamisi District.

Table 4: Health Services and Teacher Performance

Variables	Response				Mean score	
	Strongly agree	Agree	Undecided	Disagree		
Salary advance was adequate to cater for the medical services	4(3.3%)	10(8.3%)	12(10.0%)	44(36.7%)	50(41.7%)	1.95
Medical scheme of staff members was adequate	12(10.0%)	29(24.2%)	32(26.7%)	20(16.7%)	27(22.5%)	3.50

Counseling services were offered to members of the staff	6(5.0%)	11(9.2%)	21(17.5%)	42(35.0%)	40(33.3%)	2.15
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n = 120; Source: Field Data; Constant/predictor variable: Health Services; Dependent Variable: Teacher Performance

The respondents gave different views on whether the teachers' salary advance offered to the staff was adequate to cater for medical services: 3.3% of respondents strongly agreed, 8.3% of respondents agreed, 10% were undecided, 36.7% disagreed while 41.7% strongly disagreed. This question had a mean of 1.95; an indication that the teachers' salary advance offered was inadequate to cater for the medical services. On the question asked whether medical scheme of staff members was adequate, 10% of employees strongly agreed, 24.2% of respondents agreed, and 26.7% were undecided, 16.7% disagreed while 22.5% of respondents strongly disagreed. This question had a mean of 3.50. Results seem to further indicate that medical scheme of staff members was inadequate. When respondents were asked whether counseling services were offered to members of the staff, different views were raised (5.0% of respondents strongly agreed, 9.2% agreed, 17.5% of respondents were undecided, 35% disagreed while 33.3% of respondents strongly disagreed. This question had a mean of 2.15. This study finding revealed that most of the respondents did not receive counseling services which were meant to help staff members to cope with day to day challenges.

Results in Table 5 do indicate that salary advance offered had a marginally weak positive and significant ($p < 0.05$) association on teachers' performance. This was because the salary offered was not adequate to cater for all the medical services offered. There was a marginally weak positive but insignificant ($p > 0.05$) association of medical scheme of staff members on the teachers' performance. Counseling services offered to members of the staff had a marginal positive and significant ($p < 0.05$) association on the teachers' performance. It should be noted that the regression and correlation coefficient values obtained were low (below 0.5), an indication that although a relationship exists between health services and teacher performance, the relationship is weak. Armstrong (2006) argues that medical services aim to provide help to employees who get absent from work for long periods because of illness related issues. They should aim to speed the return of employee to work. The study found out that there exist a marginal weak association between health services and teacher performance.

Table 5: Health Services and Teacher Performance

Variables	Regression coefficient, b	Correlation coefficient, R	t-test	Regression Model
Salary advance was adequate to cater for the medical services	0.308, $p < 0.05$	0.285, $p < 0.05$	3.05, $p < 0.05$	$y = 0.308x + 1.183$
Medical scheme of staff members was adequate	0.013, $p > 0.05$	0.060, $p > 0.05$	0.694, $p > 0.05$	$y = 0.013x + 1.802$
Counseling services were offered to members of the staff	0.263, $p < 0.05$	0.252, $p < 0.05$	2.583, $p < 0.05$	$y = 0.263x + 1.802$

n = 120; Source: Field Data; Constant/predictor variable: Health Services; Dependent Variable: Teacher Performance

Strategies to optimise health services in Public Secondary Schools

This section gives the respondents' suggestions believed to optimise staff health services in public secondary schools in Hamisi District, Kenya. The following were suggestions on how to strategize to optimise staff health services in public secondary schools; first, the Government of Kenya through TSC and Ministry of Education is in the process of removing the medical allowance given to the teachers and replacing it with comprehensive health care. Secondly, the third salary rule; Teachers are advised not to over commit their salaries. At any given time a teacher is advised not to commit more than two thirds of his/her salary since this will make the teacher uncomfortable. If a teacher over commits his/her salary, the teacher will become broke all the time; this can lead to stress and later reduce the teacher's performance. Moreover, the Ministry of Education should provide medical care, sick leave and disability benefit cost. Thirdly, plans are under way in the county to have programs that can lead to establishment of a guidance and counseling section in the sub-county (district). A guidance and counseling specialist (counselor) will be employed to handle cases of teachers who feel shy to open up to colleagues at school level whenever they have certain personal problems.

This will reduce understaffing in schools because some of these teachers with special problems end up opting out of teaching in the name of no one in the teaching industry is able to solve their problems yet they may be lacking funds to hire a commercial counselor. Fourthly, to cushion the teacher from immediate supervisor's harassment, the government has advised school principals to treat teachers with due respect and decorum so that the teacher does not stay under frustrations. Finally, the Vihiga TSC County Director is planning to have meetings with school head teachers so that they can be in serviced/ advised on how to handle certain simple cases like a teacher who punishes a student and in the process the student sustains minor injuries.

IV. SUMMARY OF THE RESEARCH FINDINGS

The study had four objectives: Objective one was to determine the effect of medical scheme of staff members on teacher performance in public secondary schools; objective two was to examine how salary advance affects teacher performance in public secondary schools; objective three was to establish the effect of counseling services offered to staff members on teacher performance in public secondary schools and objective four was to assess the strategies put in place by the Ministry of Education and Teachers' Service Commission of Kenya to optimise staff health services in public secondary schools in Hamisi District. The results in Table 2 show that, 45% of respondents were in the age bracket of 35-47 years, 35% of respondents were in the age bracket of 25-34 years, 11.7% in the age bracket of 18-24 years while 8.3% in the age bracket of 48 years and above. Results indicated that there was a significant ($P < 0.05$) difference in the variation among age groups since the expected uniform distribution across age groups of 20% in each age bracket was not achieved. This was an indication that the respondents had varied age distribution and therefore gave different views on the effect of health services on teacher performance of public secondary schools in Hamisi District. The results illustrated that there was a significant ($p > 0.05$) variation in the gender distribution among the respondents since the expected 50% (gender balance) was not attained because there were more males 84(70%) than females 36(30%) who participated in the study. Therefore, gender equity among the respondents was not achieved in this study.

There was a significant ($p < 0.05$) variation in the working experience of the respondents in public secondary schools in Hamisi District, because the expected 25% in the working experience of the respondents was not realized. The results given in Table 3 show that 69.1% of respondents had achieved a bachelor's degree in education, 22.5% had diploma in education, 4.2% had masters' degree and 4.2% consisted of untrained teachers and university students who were still undergoing training. Results in Table 5 do indicate that salary advance offered had a marginally weak positive and significant ($p < 0.05$) association on teachers' performance. This was because the salary offered was not adequate to cater for all the medical services needed. There was a marginally weak positive but insignificant ($p > 0.05$) association of medical scheme of staff members on the teachers' performance. Counseling services offered to members of the staff had a marginal positive and significant ($p < 0.05$) association on the teachers' performance.

V. CONCLUSIONS

The following were the conclusions of the study derived from the study findings:

- i) Salary advance offered had a marginally weak positive and significant ($p < 0.05$) association on teachers' performance. This was because the salary offered was not adequate to cater for all the medical services needed. There was a marginally weak positive but insignificant ($p > 0.05$) association of medical scheme of staff members on the teachers' performance. Counseling services offered to members of the staff had a marginal positive and significant ($p < 0.05$) association on the teachers' performance. It should be noted that the regression and correlation coefficient values obtained were low (below 0.5), an indication that although a relationship exists between health services and teacher performance, the relationship is weak.
- ii) Strategies to improve teachers' health services included provision of comprehensive healthcare to the staff members, full implementation of a third salary rule so that teachers do not over commit their salaries, improvement of teacher working environment, provision and maintenance of highest degree of physical, mental and social well-being of teachers and provision of medical care, sick leave and disability benefit cost.

RECOMMENDATIONS

The following recommendations were made based on the findings and the conclusions of the study:

- i) The government of Kenya through Teachers' Service Commission and the Education ministry should remove the medical allowance given to the teachers and replace it with comprehensive health care. Achieving proper medical scheme in teaching industry has a lot of positive effect on teacher performance.
- ii) The Ministry of Education should establish a guidance and counseling section in the sub-county (district). A guidance and counseling specialist (counselor) should be employed to handle cases of teachers who feel shy to open up to colleagues at school level whenever they have certain personal problems.

AREAS FOR FURTHER RESEARCH

The following suggestions were made after research findings and discussions for they were not adequately underscored:

- i) A similar study should be conducted in other Sub-Counties (Districts) in order to compare the findings.
- ii) A comparative study should be carried out in public primary schools to ascertain if consistent results can be achieved.

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