Effects of Work Life Balance on Performance of Nurses in Kenya: A Case of the Kenyatta National Hospital

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Abstract: **The study sort to examine the effects of work life balance on the performance of nurses in Kenya. This study used a probability sampling technique in form of stratified random sampling to draw a sample of 125 nurses from the target population of 1950.The study adopted a descriptive study to collect data from all the 125 nurses sampled using structured questionnaires. Data collected was analyzed using Quantitative data analysis including descriptive and inferential statistics. Descriptive statistics formed the basis of the research. Descriptive statistics included use of frequencies and percentages. Inferential statistics included use of multiple linear regression model and bivariate correlation. Results were presented in form of frequency distribution tables and pie charts. Qualitative data was analyzed through content analysis and presented in continuous prose form. The study was governed by four theories; Spill-Over theory, Job Demands-Resources Model, the Work/ Family Border theory and Ecology theory. The effect of work life balance: Working Hours, Work Load, Work Schedule and Work Environment on the Performance of nurses at KNH was deduced from the results of the study. The findings of the study revealed that that Working Hours, Work load and Work Environment have significant effect on the Performance of nurses at KNH. The study established that Work Schedule was not so much a function of work life balance but was closely related to work load hence could indirectly impact on the performance of nurses.**

Keywords: **Core Competencies, Performance, Productivity, Service Delivery, Turnover Intensions, Work Life Balance, Working Environment, Workload, Working Hours, Work Schedule.**

I.   INTRODUCTION

The concept of employee engagement has gained significance because of the many drivers which impact employee performance and well-being at workplace. Stiff competition across industries have necessitated human resource managers in companies to focus on the physical and mental well-being of employees (Bedarkar & Pandita, 2014). Employee engagement is now a powerful source of competitive advantage in the turbulent times (Demerouti, Derks, Lieke & Bakker, 2014). Bedarkar and Pandita (2014) sought to explore the concept of employee engagement to shed light on the key drivers of employee engagement by analyzing three drivers, namely communication, work life balance (WLB) and leadership. The study sought to analyze how these drivers impact on the level of employee performance and well-being at workplace. The study concluded that organizations need to give employees the liberty to make their work more exciting and create an environment for them to have an engaged work life. Demerouti, Derks, Lieke and Bakker (2014) observes that organizations have started to redesign their approach to work by integrating technological innovations in their daily practices. The study explains that employees are now asked to organize their work flexibly by deciding for themselves when they work, where they work and by which communication tool or medium they work. Akanji (2012) explored the perceptions of Work-Life Balance (WLB) practices in Nigeria. The author observed that the concept of work-life research was beginning to spread outside the western context. The study employed a qualitative approach by conducting 61 in-depth interviews with Nigerian employees working in frontline employments in the banking, telecommunications and insurance

sectors about their perceptions of WLB. Study showed that conflict situations existed in Nigeria. The study observed that role conflicts had generated various coping strategies adapted by participants of study to moderate their perceived work-life conflict. Ojo, Salau and Falola (2014) sought to investigate the concept of work-life balance (WLB) policies and practices in three sectors of the Nigerian Economy namely the Banking, Educational and Power Sector. The types of WLB initiatives were explored and the barriers to implementation of the WLB initiatives identified.

The study used quantitative methods to investigate the work-life balance practices in the three sectors of the Nigerian Economy using an in-depth case study analysis of these sectors. The study revealed that respondents perceived the concept of Work-Life Balance differently. The study showed that there existed a wide gap between corporate WLB practices and employees' understanding of the concept. The study recommended formulation of policy to aid the implementation of WLB concept in Nigeria. In South Africa, Coetzee and De Villiers (2010) sought to examine the relationship between employees' sources of job stress, work engagement and career orientations. The study also sought to examine how employees' sources of job stress, work engagement and career orientations differ with respect to gender, race, employment status and age. The study results indicated a significant relationship between the participants' sources of job stress, levels of work engagement and career orientations. Dissanayaka and Ali (2013) investigated the impact of work life balance on employee performance aiming at analysing the relationship between work life balance and employee performance. The study found a positive relationship between work life balance and employee performance. The study recommended a need for systematic effort to enhance work life balance of the employees to achieve better employee performance. Keino and Kithae (2016) found out that work life balance factors such as long working hours, overtime, lack of vacation, family responsibilities and family work conflict all negatively affects staff performance at work. The study recommended that companies in the telecommunication sector in Kenya needed to review overtime working policy; introduce rotational work; adopt use of delegation and support employees through counseling and resources to meet family expectations and responsibilities. The study suggested that future studies explore other work life balance factors that could affect staff performance.

Ngari and Mukururi (2014) observed that current human resource practices in Kenya put a great emphasis on living a successful, happy life other than simply achieving success at work. The study suggested that for employers to address work-life balance, they needed to identify ways of reducing employee workloads. The study recognized that unrealistic work demands were not sustainable over time. The study found that home demands played a big role in work life balance in organizations. The study showed that majority of employees were often not able to balance their work and family responsibilities. In Kenya, service quality to patients has become an imperative in providing patient satisfaction. Delivering quality service directly affects the patient's satisfaction. Wangari, Anyango and Wanjau (2012) opine that the public health sector should ensure patients receive the best health services. The study observes that there has been an attempt to improve service quality in the public health sector but it seems not much has been achieved in raising the quality of service in public health institutions. The study explains that this is compounded by limited information on the factors that hinder the delivery of service quality in the public health sector in Kenya. Wangari, Anyango and Wanjau (2012) sought to investigate factors affecting provision of service quality in public health sector in Kenya with specific reference to Kenyatta Hospital. The study established that high skilled personnel in the public health sectors influenced high service quality provision. The study revealed a lack of investment in technology development at KNH that affected the reliability, responsiveness and assurance in the delivery of health services in the hospital. The study showed that effectiveness of the communication channel used at KNH needed to be maintained for the satisfaction of the patients. The study established that communication was vital to delivering quality service.

Ndambuki (2013) observed that hospital staff at KNH took much time to answer questions of concern to patients and to clearly explain the medical tests and nature of treatment needed. The study established that poor financial management at KNH hindered the creation of an environment that contributed to service delivery. The study concluded that the practitioner's capacity, technology, communication channels and financial resources should needed to be improved to enhance provision of service quality in public health sector. Ndambuki (2013) observed that renal failure was on the increase and patients had to identify with renal services and centers where services for renal replacement therapies were rendered. Marete, Wasunna and Otieno (2011) revealed that Neonatal deaths, especially among the Low Birth Weight (LBW) babies were of major concern in the Newborn Unit (NBU) of Kenyatta National Hospital (KNH). The hospital was seeks to reduce Neonatal deaths among the Low Birth Weight babies significantly. Irimu, Gathara, Zurovac, Kihara, Maina, Mwangi and English (2012) observed that active dissemination of locally adapted clinical guidelines for common

serious childhood illnesses could achieve a significant impact on tasks that rely on competence of individual clinicians. The study recommended that more attention must be given to broader implementation of strategies that target institutional and organizational aspects of service delivery to further enhance quality-of-care. This study sought to determine the effect of work-life balance on the performance of nurses at Kenyatta National Hospital.

II. METHODOLOGY

This research used a descriptive study to obtain information about the status of work life balance in Kenya. A descriptive study was appropriate since it minimized bias and optimized on the reliability of data (Mugenda & Mugenda, 2008). The study population consisted of all nursing staff at Kenyatta National Hospital who are 1950 nurses. All the 1950 nurses from the various departments at KNH were sampled to investigate the effect of working hours, family demands, work schedules and job environment on their performance. This study used a probability sampling technique in form of stratified random sampling to draw a sample of 125 nurses from the target population of 1950. In this study, data was collected using closed-ended questionnaires consisting of questions that were accompanied by a list of all possible alternatives for the respondents to select an answer that best describes their situation. Structured questions helped the researcher to save a lot of time during data collection exercise. Questionnaires were used to retrieve demographic information and the opinions of the 125 respondents about how the independent variables influence the dependent variable. Data collected from the respondents in KNH formed the primary data while information collected from journals, books and reports shall formed the secondary data. Questionnaires were served to 125 nurses from the total population of 1950 at KNH and later collected after their response. Questionnaires were categorized according to the respondents' demographic information and general information about the effect of working hours, workload, work schedules and work environment on the performance of nurses at KNH. This study conducted a pilot study to test the structuring of the questions in the questionnaires to ascertain whether the questionnaire is reliable. 13 subjects were issued with questionnaires to test the reliability of the data collection instrument making 10% of the sample size of 125 nurses (Mugenda & Mugenda, 2008).

To avoid fatigue, the subjects participating in the pilot study were not be included in the final study. The research instrument was validated by collecting and analyzing data to assess its accuracy. The questions were examined by two randomly selected consultants. This ensured content validity by evaluating the questions, statements and optional responses in the questionnaire to ascertain relevance and clarity (Mugenda & Mugenda, 2008). The questions in the research instrument were adjusted as recommended by the consultants on their suitability and before issuing the questionnaires for the final data collection exercise. The research instrument was pre-tested to determine its reliability by checking the structure, wording and sequence of the questions. 13 questionnaires were piloted by issuing them to randomly selected nurses at KNH. The 13 nurses formed 10% of the sample size of 125 nurses. The questionnaires were coded and responses input into statistical program for social sciences (SPSS) version 22 which was used to generate the Cronbach's reliability coefficient. Cronbach's Alpha (α) was used to measure internal consistency of the research instrument in this study. The study obtained a Cronbach's Alpha (α) coefficient of 0.721 against the 0.7 used as a threshold of reliability (Mugenda & Mugenda, 2008). In this study, data collected from the respondents was cleaned, tabulated, coded and analyzed to deduce relationships between the variables using the statistical program for social sciences (SPSS) software version 22. Analyzed data was presented using tables and charts (Njenga, 2014). Frequency distribution tables and percentages were used in the study to capture the characteristics of the variables. The study employed inferential statistics such as multiple linear regression and bivariate correlation to analyze the relationship between the dependent variable and the independent variables. The independent variables in the study were: working hours, workload, work schedules and work environment while the dependent variable was work performance. This study presented study results using frequency distribution tables and pie charts to highlight them and to deduce the relationship between the variables. Multiple linear regression was used to determine the relationship between the independent variables: working hours, workload, work schedules and work environment and how they predicted work performance among nurses in Kenya. The multiple linear regressions equation that was used in the model was:

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$

Where:

Y= Work Performance

β_0 = Constant Term,

X_1= Working Hours

X_2= Workload

X_3= Work Schedules

X_4= Work Environment

In the model, $\beta 0$ = was the constant term while the coefficients $\beta_i i = 1\ldots\ldots.4$ was used to measure the sensitivity of the dependent variable (Y) to unit change in the predictor variables X_1, X_2, X_3 and X_4. ε was the error term which will capture the unexplainable variations in the model.

III. FINDINGS

Correlation results showed that there existed a weak negative and statistically insignificant relationship between working hours and work performance (r=-0.017, p=0.857). The study results supported the findings of Holly and Mohnen (2012) who revealed that working more hours requires trade-offs. The study demonstrated that when overtime work is appropriately compensated, satisfaction rises and the working hour mismatch decreases. The study explained that longer work hours if well compensated were good for employees. The correlation matrix indicated that there existed a strong positive and statistically significant relationship between work load and nurses' work performance (r=0.791, p=0.000). The study results support the findings of Bakker (2011) who established that compensation for workload could enhance work performance of employees. The study results contradict the findings of Njenga (2014) who established that workload correlated with dissatisfaction of work life balance. The correlation matrix showed that there existed a weak positive and statistically insignificant relationship between work schedule and work performance (r=0.146, p=.111). The study result supports the findings of Kattenbach, Demerouti and Nachreiner (2010) who established that work flexibility dimensions were unrelated to work performance. The study result contradicts the findings of Beutell (2010) who established that Perceived control of work schedule and work schedule satisfaction were significantly related to work-family conflict and synergy. The correlation matrix also indicated that there exist a strong positive and statistically significant relationship between work environment and work performance of nurses at KNH (r=0.493, p=0.000).

The study results support the findings of Cummings, MacGregor, Davey, Lee, Wong, Lo and Stafford (2010) who established that transformational leadership enhanced the performance of nurses. The study results also confirmed the findings of Nahrgang, Morgeson and Hofmann (2011) who established that support for job resources such as knowledge, autonomy and supportive work environment enhanced work performance. The correlation matrix showed that there exist a weak positive and statistically significant relationship between working hours and work load (r=0.282, p=0.002). The study results imply that the work load determines the working hours of nurses. The study results support the findings of Pfeffer (2010) who revealed that who established a link between work load and working time. The study recommended use of leave days to balance worker lives and hence enhance performance. The correlation matrix indicated that there exist a weak positive and statistically significant relationship between working hours and work environment (r=0.352, p=0.000). The study results imply that the work environment determines the working hours of nurses. The availability of state of the art facilities, compensation, transformational leadership and resources were found to enhance work performance (Karakas, 2010). The correlation matrix showed that there exist a weak negative and statistically significant relationship between work environment and work schedules (r=-0.205, p=0.024). The study results imply that the work environment determines the work schedules of nurses. The work resources may be limited hence constraining the scheduling of nurses' activity at KNH as explained by other research (Bedarkar & Pandita, 2014). Multiple linear egression results presented in Table 1 present the fitness of model used in explaining the study phenomena. Working Hours, Work load, Work Schedule and Work environment were found to be satisfactory variables in explaining the work performance of nurses in Kenya.

Table 1: Model Summary

Indicator	Coefficient
R	.895[a]
R Square	.800
Std. Error of the Estimate	.48159
Adjusted R Square	.794

a. Predictors: (Constant), WORK ENVIRONMENT, WORK SCHEDULES, WORKING HOURS, WORK LOAD

The coefficient of determination (R square) was established to be 79.4%. This means that Working Hours, Work load, Work Schedule and Work environment about work performance predict 79.4% of nurses' work performance in Kenya. The results show that the model applied to link the relationship of the variables was satisfactory and supports the recommendations of Tariq, Aslam, Siddique and Tanveer (2012) that work-life balance influence work performance. Table 2 shows the results on the analysis of the variance (ANOVA).

Table 2: Analysis of Variance

Indicator	Sum of Squares	df	Mean Square	F	Sig.
Regression	107.890	4	26.972	116.298	.000[b]
Residual	26.903	116	.232		
Total	134.793	120			
a. Dependent Variable: WORK PERFORMANCE					
b. Predictors: (Constant), WORK ENVIRONMENT, WORK SCHEDULES, WORKING HOURS, WORKLOAD					

The results indicate that the overall model was statistically significant. Table 2 indicates that the independent variables are good predictors of nurses' work performance in Kenya. The F statistic of 116.298 and the reported p value (0.000) that is less than the conventional probability of 0.05 significance level support the study. The $F_{cal}=116.298 > F_{critical}=2.424$ at $\alpha = 0.05$. The study results imply that Working Hours, Work load, Work Schedule and Work environment influence the work performance of nurses in Kenya. The study results support the findings of Holly and Mohnen (2012), Beutell (2010), Dasgupta (2013), Bakker (2011), He (2013) and other researchers who established that work-life balance influenced work performance. The study generated regression coefficients as presented in Table 3.

Table 3: Coefficients of Regression

Variable	B	Std. Error	t	Sig.
(Constant)	0.032	0.394	.082	.935
Working Hours	-0.441	0.057	-7.802	.000
Work load	0.921	0.056	16.488	.000
Work Schedule	0.015	0.052	.293	.770
Work Environment	0.504	0.063	7.983	.000

The study regression results show that there exist a positive and statistically significant relationship between the independent variables: Working hours, Work load and Work environment and the dependent variable: Work performance of nurses in Kenya. The significant relationships between the independent variables and the dependent variable, work performance is supported by beta coefficients of -0.441 and a p value of 0.000 for Working Hours, beta coefficient of 0.921 and a p value of 0.000 for Work Load and beta coefficient of 0.504 and a p value of 0.000 for Work Environment. The study results confirm the findings of Holly and Mohnen (2012) who established that working hours had a negative impact on work performance. The study recommended that overtime compensation could cure the dissatisfaction that working extra work create on employees. Findings of Alexander, Dijst and Ettema (2010) established that work volume overload could spill into the home of a worker in unintended ways and had adverse impacts on employee performance. This finding also supports the study result. The study results are also supported by the findings of Bakker (2011) who established that a conducive work environment had a positive relationship to employee performance and engagement to work. The regression results show that there exist a positive and statistically insignificant relationship between Work Schedule and Work performance of nurses in Kenya supported by beta coefficients of 0.015 and a p value of 0.770. This result confirms the findings of He (2013) who established that a work-family conflict arose where the volume of work was greater than the time and energy available for that role. The regression results show that increased Working Hours would result to decreased Work Performance in Kenya by 0.441 units. The study result implies that the longer working hours may lead to fatigue and hence affect the productivity, service delivery and turnover intentions of nurses. The study results show that an increase in work overload would result to an increase in nurses' performance in Kenya by 0.921 units.

The study results show that an improvement on Work Schedule would results to increased nurses' Work Performance in Kenya by 0.015 units. The results further show that an improvement on work environment would result to increased work performance for nurses in Kenya by 0.504 units. The multiple linear regressions equation used in this model is:

$Y = 0.032 + 0.921X_1 + 0.504X_2 - 0.441 X_3 + 0.015 X4 + 0.394$

Where:

Y= Work Performance of nurses in Kenya

In the model, $\beta 0 = 0.032$, is the constant term. The coefficients were calculated by SPSS version 22 and found to be: $\beta_1 = 0.921$, $\beta_2 = 0.504$, $\beta_3 = -0.441$ while $\beta_4 = 0.015$ and were used to measure the sensitivity of the dependent variable (Y) to unit change in the predictor variables X_1, X_2, X_3 and X_4. ε was the error term and was found to be 0.394. The error term captured the unexplainable variations in the model.

IV.   DISCUSSIONS

The first objective was to assess the effect of working hours on work life balance of nurses in Kenya. Majority of the respondents indicated that working hours influenced their work life balance. Correlation results showed that there existed a weak negative and statistically insignificant relationship between working hours and work performance. The regression results showed that increased Working Hours would result to decreased Work Performance in Kenya by 0.441 units. The regression results confirmed the findings of Holly and Mohnen (2012) who demonstrated that working hours had a negative impact on work performance. The second objective of the study was to establish the effect of work load on the performance of nurses in Kenya. Descriptive statistics showed that 77.69% of the respondents indicated that work load impacted on their work life balance. Correlation matrix indicated that there exist a strong positive and statistically significant relationship between work load and nurses' work performance. The results imply that work overload would influence the productivity, service delivery and turnover intentions of nurses in Kenya. The regression study results showed that an increase in work overload would result to an increase in nurses' performance in Kenya by 0.921 units confirming findings by Dasgupta (2013) who established that work overload impacted on work performance. The study results imply that work overload significantly affect the performance of nurses hence a strategy to measure work load against remuneration of key to nurses' performance in Kenya. The third objective of the study was to determine the effect of work schedule on the performance of nurses in Kenya. Majority of the respondents (82.64%) indicated that work schedules affected the work life balance of nurses. The correlation matrix showed that there exist a weak positive and statistically insignificant relationship between work schedule and work performance.

The regression results showed that there exist a positive and statistically insignificant relationship between Work Schedule and Work performance of nurses in Kenya. The study results show that an improvement on Work Schedule would results to increased nurses' Work Performance in Kenya. The results of the study support the findings of Beutell (2012) who explained that scheduling of work influenced work performance especially shift work schedule. The fourth objective of the study was to establish the effect of work environment on the performance of nurses in Kenya. The descriptive results revealed that majority of the respondents indicated that the work environment influenced the work life balance of nurses.

The correlation matrix also indicated that there exist a strong positive and statistically significant relationship between work environment and work performance of nurses. The study results support the findings of Cummings, MacGregor, Davey, Lee, Wong, Lo and Stafford (2010) who established that transformational leadership influences the performance of nurses. The results further show that an improvement on work environment would result to increased work performance for nurses in Kenya. The work environment was demonstrated by this study to be very important to the work performance of nurses.

V.   CONCLUSIONS

The findings of the study demonstrated that working hours negatively influenced the performance of nurses significantly in Kenya. The study also concluded that work load positively contributed significantly to the performance of nurses in Kenya especially when well compensated. Based on the results, it was possible to conclude that work schedules positively influence the performance of nurses in Kenya but not significantly. The study results found that the work environment is

not only statistically significant to work performance but is also positively related to the productivity, service delivery and reduced turnover intentions for nurses in Kenya. Work load was established to be the strongest and most significant predictor of work performance followed by work environment, working hours and lastly work schedule.

VI.   RECOMMENDATION AND SUGGESTIONS

Based on the study findings, it is recommended that work load in terms of job demand, job resources and health impairment process should be improved to enhance work performance of nurses. It is recommended that work environment in terms of physical factors, work place incentives and health and safety regulations should be invested in by the management to enhance the chances of service delivery, job security and productivity of nurses in Kenya.

The study recommends that working hours in terms of compressed work week, overtime and work hour preferences be taken into consideration when planning work schedules. The recommends that compensation for overtime be done effectively by management to motivate nurses who spend most of their time with patients. The study recommends that future studies should aim at developing a framework for allocating work to nurses in a way that their work-life is balanced. Working hours was established to have a significant negative impact on work performance of nurses in Kenya. The study also recommends that further studies be done to develop a framework on how to improve the work environment of nurses with a bid to further enhance the service delivery and productivity of nurses in Kenya.

REFERENCES

[1]   Akanji, B. (2012). Realities of work life balance in Nigeria: perceptions of role conflict and coping beliefs. *Business, management and education*, *10*(2), 248.

[2]   Alexander, B., Dijst, M., & Ettema, D. (2010). Working from 9 to 6? An analysis of in-home and out-of-home working schedules. *Transportation*, *37*(3), 505-523.

[3]   Bakker, A. B. (2011). An evidence-based model of work engagement. *Current Directions in Psychological Science*, *20*(4), 265-269.

[4]   Bakker, A. B., & Bal, M. P. (2010). Weekly work engagement and performance: A study among starting teachers. *Journal of Occupational and Organizational Psychology*, *83*(1), 189-206.

[5]   Bakker, A. B., Tims, M., & Derks, D. (2012). Proactive personality and job performance: The Role of job crafting and work engagement. *Human relations*, *65*(10), 1359-1378.

[6]   Bedarkar, M., & Pandita, D. (2014). A study on the drivers of employee engagement impacting employee performance. *Procedia-Social and Behavioral Sciences*, *133*, 106-115.

[7]   Beutell, N. J. (2010). Work schedule, work schedule control and satisfaction in relation to Work-family conflict, work-family synergy, and domain satisfaction. *Career Development International*, *15*(5), 501-518.

[8]   Brewer, C. S., Kovner, C. T., Greene, W., Tukov-Shuser, M., & Djukic, M. (2012). Predictors Of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of advanced nursing*, *68*(3), 521-538.

[9]   Carlson, D. S., Grzywacz, J. G., & Michele Kacmar, K. (2010). The relationship of schedule flexibility and outcomes via the work-family interface. *Journal of Managerial Psychology*, *25*(4), 330-355.

[10] Casper, S. (2013). The spill-over theory reversed: The impact of regional economies on the commercialization of university science. *Research Policy*, *42*(8), 1313-1324.

[11] Chiang, F. F., Birtch, T. A., & Kwan, H. K. (2010). The moderating roles of job control and work-life balance practices on employee stress in the hotel and catering industry. *International Journal of Hospitality Management*, *29*(1), 25-32.

[12] Coetzee, M., & De Villiers, M. (2010). Sources of job stress, work engagement and career orientations of employees in a South African financial institution. *Southern African Business Review*, *14*(1), 27-58.

[13] Crawford, E. R., LePine, J. A., & Rich, B. L. (2010). Linking job demands and resources to employee engagement and burnout: a theoretical extension and meta-analytic test.

[14] Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., ... & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International journal of nursing studies*, *47*(3), 363-385.

[15] Dasgupta, P. R. (2013). Volatility of workload on employee performance and significance of motivation: IT sector. *Science Journal of Business and Management*, *1*(1), 1-7.

[16] Demerouti, E., Derks, D., Lieke, L., & Bakker, A. B. (2014). New ways of working: Impact on working conditions, work–family balance, and well-being. In *The impact of ICT on quality of working life* (pp. 123-141). Springer Netherlands.

[17] Dunn, M. B., & Jones, C. (2010). Institutional logics and institutional pluralism: The contestation of care and science logics in medical education, 1967–2005. *Administrative Science Quarterly*, *55*(1), 114-149.

[18] Dyrbye, L. N., Sotile, W., Boone, S., West, C. P., Tan, L., Satele, D., ... & Shanafelt, T. (2014). A survey of US physicians and their partners regarding the impact of work–home conflict. *Journal of general internal medicine*, *29*(1), 155-161.

[19] Friedman, B. D., & Allen, K. N. (2011). Systems theory. *Theory & practice in clinical social work*, *2*, 3-20.

[20] Gruman, J. A., & Saks, A. M. (2011). Performance management and employee engagement. *Human Resource Management Review*, *21*(2), 123-136.

[21] Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & North, N. (2012). Nurse turnover: a literature review–an update. *International journal of nursing studies*, *49*(7), 887-905.

[22] He, S. Y. (2013). Does flexitime affect choice of departure time for morning home-based commuting trips? Evidence from two regions in California. *Transport Policy*, *25*, 210-221.

[23] Holly, S., & Mohnen, A. (2012). Impact of working hours on work-life balance.

[24] Irimu, G. W., Gathara, D., Zurovac, D., Kihara, H., Maina, C., Mwangi, J., ... & English, M. (2012). Performance of health workers in the management of seriously sick children at a Kenyan tertiary hospital: before and after a training intervention. *PloS one*, *7*(7), e39964.

[25] Karakas, F. (2010). Spirituality and performance in organizations: A literature review. *Journal of business ethics*, *94*(1), 89-106.

[26] Kattenbach, R., Demerouti, E., & Nachreiner, F. (2010). Flexible working times: Effects on employees' exhaustion, work-nonwork conflict and job performance. *Career Development International*, *15*(3), 279-295.

[27] Keino, D. C., & Kithae, P. P. (2016). Effects of Work Life Balance on Staff Performance in the Telecommunication Sector in Kenya. *Archives of Business Research*, *4*(1).

[28] Kothari, C. (2004), *Research Methodology; Methods and Techniques*: New Delhi, New age International Publishers.

[29] Lerner, D., Adler, D. A., Rogers, W. H., Lapitsky, L., McLaughlin, T., & Reed, J. (2010). Work Performance of employees with depression: the impact of work stressors. *American Journal of Health Promotion*, *24*(3), 205-213.

[30] Marete, I. K., Wasunna, A. O., & Otieno, P. A. (2011). Clinical risk index for babies (CRIB) II score as a predictor of neonatal mortality among low birth weight babies at Kenyatta National Hospital. *East African medical journal*, *88*(1), 18-23.

[31] Mugenda, O. M. & Mugenda AG (2008). *Research Methods, Qualitative and Quantitative Approaches*.

[32] Muindi, F., & K'Obonyo, P. (2015). Quality of work life, personality, job satisfaction, Competence, and job performance: A critical review of literature. *European Scientific Journal, ESJ*, *11*(26).

[33] Nahrgang, J. D., Morgeson, F. P., & Hofmann, D. A. (2011). Safety at work: a meta-analytic Investigation of the link between job demands, job resources, burnout, engagement, and safety outcomes.

[34] Ndambuki, J. (2013). The level of patients' satisfaction and perception on quality of nursing Services in the renal unit, Kenyatta National Hospital Nairobi, Kenya. *Open Journal of Nursing*, *3*(02), 186.

[35] Ngari, J. M. K., & Mukururi, J. N. (2014). Influence of Work Life Balance Policies on Employee Job Satisfaction In Kenya's Banking Sector; A Case of Commercial Banks in Nairobi Central Business District.

[36] NJENGA, L. N. (2014). THE EFFECT OF WORK–LIFE BALANCE POLICIES ON WOMEN EMPLOYEES RETENTION IN UNITED NATIONS DEVELOPMENT PROGRAMME-SOMALIA.

[37] Obiageli, O. L., Uzochukwu, O. C., & Ngozi, C. D. (2015). WORK LIFE BALANCE AND EMPLOYEE PERFORMANCE IN SELECTED COMMERCIAL BANKS IN LAGOS STATE. *European Journal of Research and Reflection in Management Sciences Vol*, *3*(4).

[38] Ojo, I. S., Salau, O. P., & Falola, H. O. (2014). Work-life balance practices in Nigeria: A Comparison of three sectors. *Work-Life Balance Practices in Nigeria: A Comparison of Three Sectors*, *6*(2), 3-14.

[39] Opollo, J. G., Gray, J., & Spies, L. A. (2014). Work-related quality of life of Ugandan Healthcare workers. *International nursing review*, *61*(1), 116-123.

[40] Opollo, J. G., Opollo, D. A., Gray, J., & Spies, L. (2014). Conducting international nursing Research: Challenges and opportunities. *Nurse researcher*, *22*(2), 29-33.

[41] Owusu-Obeng, A., Weitzel, K. W., Hatton, R. C., Staley, B. J., Ashton, J., Cooper-Dehoff, R.M., & Johnson, J. A. (2014). Emerging roles for pharmacists in clinical implementation of pharmacogenomics. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, *34*(10), 1102-1112.

[42] Parvin, M. M., & Kabir, M. N. (2011). Factors affecting employee job satisfaction of Pharmaceutical sector. *Australian journal of business and management research*, *1*(9), 113.

[43] Pfeffer, J. (2010). Building sustainable organizations: The human factor. *The Academy of Management Perspectives*, *24*(1), 34-45.

[44] Powell, G. N., & Greenhaus, J. H. (2010). Sex, gender, and the work-to-family interface:Exploring negative and positive interdependencies. *Academy of Management Journal*, *53*(3), 513-534.

[45] RAMATSIPELE, N. K. (2014). *PREVALENCE OF SECONDARY TRAUMATIC STRESS DISORDER AMONG STUDENT NURSES OF KENYA MEDICAL TRAINING COLLEGE AT THE NAIROBI CAMPUS* (Doctoral dissertation, Department of Psychiatry in partial fulfilment of the requirement for the award of Master of Science Degree in Clinical Psychology, University of Nairobi).

[46] Rich, B. L., Lepine, J. A., & Crawford, E. R. (2010). Job engagement: Antecedents and effects on job performance. *Academy of management journal*, *53*(3), 617-635.

[47] Roughgarden, J., May, R. M., & Levin, S. A. (Eds.). (2014). *Perspectives in ecological theory*. Princeton University Press.

[48] Salanova, M., Lorente, L., Chambel, M. J., & Martínez, I. M. (2011). Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work engagement. *Journal of Advanced Nursing*, *67*(10), 2256-2266.

[49] Schaufeli, W. B., & Taris, T. W. (2014). A critical review of the Job Demands-Resources Model: Implications for improving work and health. In *Bridging occupational, organizational and public health* (pp. 43-68). Springer Netherlands.

[50] Schaufeli, W., & Salanova, M. (2011). Work engagement: On how to better catch a slippery Concept. *European Journal of Work and Organizational Psychology*, *20*(1), 39-46.

[51] Shagvaliyeva, S., & Yazdanifard, R. (2014). Impact of flexible working hours on work-life Balance. *American Journal of Industrial and Business Management*, *4*(1), 20.

[52] Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., ... & Oreskovich, M.R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of internal medicine*, *172*(18), 1377-1385.

[53] Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.

[54] Staufenbiel, T., & König, C. J. (2010). A model for the effects of job insecurity on performance, Turnover intention, and absenteeism. *Journal of Occupational and Organizational Psychology*, *83*(1), 101-117.

[55] Strong, E. A., De Castro, R., Sambuco, D., Stewart, A., Ubel, P. A., Griffith, K. A., & Jagsi, R. (2013). Work–life balance in academic medicine: Narratives of physician-researchers and their mentors. *Journal of general internal medicine*, *28*(12), 1596-1603.

[56] Sturges, J., Conway, N., & Liefooghe, A. (2010). Organizational support, individual attributes, and the practice of career self-management behavior. *Group & Organization Management*, *35*(1), 108-141.

[57] Swanson, L. M., Arnedt, J., Rosekind, M. R., Belenky, G., Balkin, T. J., & Drake, C. (2011). Sleep disorders and work performance: findings from the 2008 National Sleep Foundation Sleep in America poll. *Journal of sleep research*, *20*(3), 487-494.

[58] Tariq, A., Aslam, H. D., Siddique, A., & Tanveer, A. (2012). Work-Life Balance as a Best Practice Model of Human Resource Management: A Win-Win Situational Tool for the Employees and Organizations. *Mediterranean Journal of Social Sciences*, *3*(1), 577-85.

[59] Trinkoff, A. M., Johantgen, M., Storr, C. L., Gurses, A. P., Liang, Y., & Han, K. (2011). Nurses' work schedule characteristics, nurse staffing, and patient mortality. *Nursing research*, *60*(1), 1-8.

[60] Umubyeyi, R. A. (2010). *Quality of work-life balance and employee performance in Kigali Independent University* (Doctoral dissertation, Kampala International University).

[61] Wangari, M. B., Anyango, D. M. O., & Wanjau, K. (2012). Factors affecting provision of service quality in the public health sector: A case of Kenyatta national hospital.

[62] West, C. P., Dyrbye, L. N., Rabatin, J. T., Call, T. G., Davidson, J. H., Multari, A., ... & Shanafelt, T. D. (2014). Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA internal medicine*, *174*(4), 527-533.

[63] West, C. P., Shanafelt, T. D., & Kolars, J. C. (2011). Quality of life, burnout, educational debt, and medical knowledge among internal medicine residents. *Jama*, *306*(9), 952-960.

[64] Zwack, J., & Schweitzer, J. (2013). If every fifth physician is affected by burnout, what about the other four? Resilience strategies of experienced physicians. *Academic Medicine*, *88*(3), 382-389.