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## **Factors Influencing Industrial Unrest in the Public Sector in Kenya. A Case Study of Coast Provincial General Hospital**

Lugwe Mwalimu Vincent<sup>a\*</sup>, Dr. Gichinga Lucy<sup>b</sup>

<sup>a</sup>*Department of Commerce and Economics in the College of Human Resource Development, Jomo Kenyatta University of Agriculture and Technology, P.O Box 81310, Mombasa, Kenya*

<sup>b</sup>*Lecturer, Department of Commerce and Economics in the College of Human Resource Development, Jomo Kenyatta University of Agriculture and Technology, P.O Box 81310, Mombasa, Kenya*

<sup>a</sup>*Email: vincentmwalimu@gmail.com*

<sup>b</sup>*Email: lgichinga@yahoo.com*

### **Abstract**

This study sought to investigate the factors influencing industrial unrest in the public sector in Kenya specifically at Coast Provincial General Hospital in Mombasa County. Its aim was to investigate the influence of rewards, working environment, leadership styles and collective bargaining impasse on industrial unrest in the public sector. An industrial unrest may be defined as a conflict or difference of opinion between management and workers on the terms of employment. In today's business world, competition is the order of the day. Production, quality, profits and corporate social responsibility are critical areas where companies can improve competitive edge. To attain competitive edge, companies must first ensure a harmonious relationship between all stakeholders. This research developed research questions such as what is the influence of working environment, rewards, leadership styles and collective bargaining impasse on industrial unrest. The study employed a descriptive research design. Stratified random sampling was used to select a sample 223 respondents from a target population of 748 employees. The study used semi-structured questionnaires with both closed and open ended questions. The filled-in and returned questionnaires were coded and entered into a Statistical Package for Social Sciences version 22.0.

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\* Corresponding author.

Regression analysis was used to establish relationships between the variables of the study and industrial unrest. The findings revealed a significant positive relationship between working environment, rewards, leadership styles, collective bargaining impasse and industrial unrest. Based on the findings, the researcher recommended that the management and stakeholders of the Coast Provincial General Hospital should work towards improving the working conditions. They have to provide tools and equipments so as to motivate workers to achieve their personal and organizational goals. Also, the management should see to it that there is leadership that effectively coordinates and inspires employees to achieve solve conflict where each disputing party feels a winner by candidly articulating employees' issues like rewards and remunerations. The collective bargain agreements needed to be made in an environment of mutual trust between parties in conflict. By so doing, the negative impact of the impasse will be minimized hence reducing industrial unrest at the health facility.

**Keywords:** Collective bargaining impasse; Industrial unrest; Leadership style; Rewards; Working environment.

## **1. Introduction**

### **1.1 Background Information**

Health experts meeting in Geneva, Switzerland in December [10] concluded that due to low pay and other poor conditions of service most nurses embark on strike or leave the health care profession worldwide. It is therefore necessary for every country to improve the health services delivery by managing the human resources for health in order to maintain them according to the standard of World Health Organization. World Health Report [10] showed that fifty seven countries, including Kenya, faced critical health workforce shortage due to poor conditions of work offered to the practitioners. These countries were regarded as countries with critical health needs by Global Health Workforce Alliance. Nurses in most cases demonstrate when their grievances are not met by embarking on strike actions.

In October 28, 2008 over one thousand nurses and other health workers in California, USA, launched a 24 hour strike on pressing home for a reduction on their working hours. Nurses at Cavan General Hospital, Ireland, had to embark on strikes. The Strike actions of nurses go beyond worsening the economy to raise questions of mortality, morbidity, and the misalignment of health care resources and expenditures caused by unnecessary hospitalizations when patients drop out of care[10]. In Congo, thousands of patients were denied emergency health delivery services when nurses in Kinshasa, Democratic Republic of Congo went on strike on August 8, 2008 and in Sri Lanka six deaths were reported on May 4, 2008 due to nurse's strike. A recent survey on seventy-seven WHO member countries indicated that even though many countries were trying to meet and strengthen nursing and midwifery services, over 70% of the respondents indicated that their countries were experiencing a shortage of nurses and midwives [10].

In his research, Farnham [2] in Ghana, the nursing profession usually embarks on industrial unrest through strikes which result from disparity and unfulfilled agreements in the payment mechanisms and other poor conditions of work of the Health sector. These series of industrial unrests were staged mainly on the principle of freedom of association and movements emanating from the 1992 Constitution of Ghana. The recent reported

cases of labour unrest in the country must be a source of worry to all Ghanaians as it has the potential to undermine the peace and stability the nation has and continues to enjoy.

Anytime a group of workers decide to lay down their tools, in demand for enhanced conditions of service, it becomes difficult to quantify the financial and economic cost to the nation. Reference point is the just ended industrial action by teachers. The cost of the strike to the nation, students and pupils as well as parents cannot be quantified. The timing for the strike which was well calculated by the teachers to coincide with the West Africa Senior Secondary Certificate Examination (WASSCE) and the Easter Holidays reduced the number of weeks to be covered for the term to almost three weeks which was never recovered.

Just when the Ghana National Association of Teachers (GNAT) was calling off their strike action, the Teachers and Educational Workers Union also gave a strong signal to withdraw its services. Meanwhile, the Ghana Medical Association (GMA) and the Pharmaceutical Society of Ghana (PSG) also indicated that their members would lay down their tools, not forgetting nurses and other auxiliary staff who support healthcare delivery. The situation degenerated because the ordinary Ghanaian perceived that some people work for others to enjoy.

Labour unrest in Asia is a common phenomenon in the readymade garment industry of Bangladesh in the recent years. Recent accidents and the unrest in this sector have been causing a serious negative impact on the export of readymade garments of Bangladesh in international markets. The total export of Bangladesh is \$22.9 billion US dollars of which \$17.9 billion is from this sector that is equivalent to close to 78 percent of the export earnings of the country [1]. These earnings are also continuously increasing day by day. As such, readymade industry of Bangladesh has a paramount importance in the economy of Bangladesh.

Extremely cheap labor force and their efficiency are attributed as the reasons for the success of readymade garment industry of Bangladesh [1]. Although, readymade garment industry is doing very well in Bangladesh and there is a threat of continuous unrest in this sector that has been identified as the prime hurdle of this sector of business. The workers of this sector are unhappy with their salary and behavior of the management (Sirajul, 2010). Sometimes, the behavior of the management including high overtime work, lack of leisure time and holidays, and overall working environment become more dominant even compared to the financial benefits of these workers. Hence, a kind of dissatisfaction is always prevailing among the workers that lead to labor unrest in this sector.

According Mahmud [4], the RMG sector of Bangladesh has experienced at least 72 incidents of labor unrest over demand for payment of dues. It has been revealed in a report of the Bangladesh Institute of Labor Studies that in the 1st six months of 2012, labor unrest has been occurring continuously in Bangladesh. According to the report, 41 of the incidents took place in connection with the demand for payment of their dues. The rising number of strikes across Africa, especially in the public sector, is a cause for concern given their operational scale, the costs involved and their length of time. According [4] strike is the withdrawal of labour. A strike is a very powerful tool used by trade unions and other labour associations to get their demands accepted. Labour strikes are becoming a rising concern in Kenya. Since the start of 2013, the number of labor strikes by workers in both the private and public sectors has been on the rise. About 280,000 teachers and over 10,000 lecturers

went on strike in Kenya. All of these strikes have been over wage disputes and millions of students have been affected.

The university and college strike of 8,000 lecturers in Kenya affected about 200,000 students preparing for their October examinations. The public health care sector that serves the majority of Kenya's 40 million people has also been affected by labor strikes recently. About 2,300 doctors went on a three-week strike over wage disputes and poor working conditions. During that time, several patients died in hospitals since only a few doctors went into work to handle emergency cases. In 2014 the health sector was adversely affected negatively by industrial unrest. Recently Coast Provincial Hospital in Mombasa County was brought to a halt when medics downed their tools protesting the government decision to decentralize the health sector to the county governments. On this day, patients had to be rushed to private hospitals by their relatives because vital services at the hospital's emergency wing, outpatient and ICU were paralyzed. The Coast General Provincial Hospital which doubles up as a referral hospital serves hundreds of coast residents daily.

### ***1.2 Statement of the problem***

Kenya is not an isolated case when people talk of employee strikes. Several strikes have been experienced in different sectors of the economy nationwide. Industrial unrest has had significant impact on the Kenyan economy. On first March 2012, 60,000 healthcare industry workers in Kenya began an indefinite strike in order to improve working conditions and salaries. Due to the massive commitment from healthcare workers, workers were prepared to suspend operations in hospitals throughout Kenya. Workers had proposed demands to the government three weeks prior to the start of the strike, allowing the government to address those demands within the time period; yet, no demands were met in the allotted time. While a few hospitals did not comply with the strike and continued to operate, nearly all public hospitals in the country suspended activity. Health workers marched throughout the country in protest.

In Kenya's capital Nairobi, medical workers marched on the Afya House, the location of the Ministry of Medical Services, in protest. In other nonviolent actions, medical workers hosted a sit-in at the Afya House. The issue of striking medical workers provided a hostile ground for accusations, as the public suffered the consequences of the strike. Many Kenyans were not able to receive the medical care they needed, as they couldn't afford private care. The Kenyan government threatened the workers, saying they would fire all workers and begin to replace them with interns, students, and others who were qualified. Workers ignored these threats, and in the end, they were not fired. After several days of meetings, the Ministry of Public Health and the protesters were able to strike a deal. The settlement rescinded the threat of firing workers and allowed for a one-hundred percent increase in pay for healthcare workers. While the workers demanded a three-hundred percent increase, they were satisfied with the benefit they received, and returned to work on 16 March 2012.

In the year 2014, doctors and health workers in five counties who had not received their July salaries went on strike. Mombasa, Machakos, Busia, Uasin Gishu and Kiambu counties were the affected counties according to the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPPDU). In other parts of the country, health workers reported on duty as usual. Apart from salaries, workers expressed other issues such as delayed

promotions, arbitrary transfers, nepotism, cronyism and discrimination based one's county of origin. The health crisis in Mombasa County has worsened after nurses, doctors, pharmacists and staff in other cadres deserted duties demanding an explanation of deductions from their July salaries and payment of their August dues. Consequently, Coast Provincial General Hospital, the biggest referral health institution in the region completely shut down as a handful of patients who had been admitted there remained unattended. The sight at Coast General was the most pathetic. Many sectors of the government and even the private have been seriously hit by the employee strikes. In the previous strikes, many pupils and students could not attend classes, patients died in hospitals, some employees lost employment, and production in firms went down and for the university students examinations had to be stopped. This trend is alarming and therefore calls for investigation so as to have an in depth understanding of the possible causes of strikes in Kenya and how they can be mitigated if they cannot be stopped. Rationale being, when it affects the economy in a negative way, then the society is at a loss.

Muyiwa [6] did a study in this area but with a focus on the efforts made by the government through the Ministry of Labour to resolve these disputes to sustain employment thus eradicating poverty among employees and protect investors who have invested heavily in the zones. Another study by [8] focused on investigating the relationship between employee indiscipline and limited education. [4] did a research on causes of industrial disputes in Athi River Export Processing Zones (EPZs). However, this research confined itself to the EPZ in Athi River. This research therefore, tries to fill the gap by establishing the factors influencing industrial unrest in the public sector specifically at Coast Provincial General Hospital, Mombasa County as a case study.

### ***1.3 Objectives of the study***

#### ***1.3.1 General objective***

The aim of this study is to investigate the factors influencing industrial unrest in Coast Provincial General Hospital in Mombasa County, Kenya.

#### ***1.3.2 Specific objectives***

1. To assess the influence of working environment on industrial unrest at Coast Provincial General Hospital.
2. To investigate the influence of rewards on industrial unrest at Coast Provincial General Hospital.
3. To investigate the effect of leadership styles on industrial unrest at Coast Provincial General Hospital.
4. To examine the influence of collective bargaining impasse on industrial unrest at Coast Provincial General Hospital.

### ***1.4 Research questions***

The researcher sought to answer the following questions.

- i. What is the effect of working environment on industrial unrest at Coast Provincial General Hospital?
- ii. What is the effect of rewards on industrial unrest at Coast Provincial General Hospital?

- iii. What is the effect of leadership styles on industrial unrest at Coast Provincial General Hospital?
- iv. What is the effect of collective bargaining impasse on industrial unrest at Coast Provincial General Hospital?

### ***1.5 Significance of the Study***

The findings of this study will be of immense value and interest to various stake holders.

1.5.1 First, the employees and management at the Coast Provincial General Hospital will benefit since it will highlight and expose the major factors influencing industrial unrest and propose long term solutions. The hospital will also benefit as better relations will lead to greater productivity and efficiency.

1.5.2 Also, the study stands to provide information that will be useful to the governments, the Ministry of Labour, Salaries and Remuneration Commission and Ministry of Public Health and Sanitation in the region in designing and implementing policies of industrial disputes resolution.

1.5.3 Furthermore, it shall be an eye opener to public in understanding the intricacies of industrial unrest and how it affects the society in totality. Finally, it will be a source of secondary data for future researchers and students of human resource management and industrial relations.

### ***1.6 Limitation of the study***

A work of this nature is not easy to accomplish for its wide scope and for the expense it would involve such as financial problems, time constraint, material cost, apathy on the part of respondent and bureaucratic technicalities involved in releasing data in the organization of my case study. Furthermore, limited time to carry out the study due to other professional commitments while conducting the study will be a challenge. The research would have been more expensive and capital intensive if it were to cover the entire public sector in the country, thus the research area is limited to Coast Provincial General Hospital in Mombasa County, Kenya to address the aforementioned drawback. Furthermore, the researcher will adopt a practical and efficient time management approach so as to undertake the research and strike a balance with the professional engagements.

## **2. Materials and Methods**

### ***2.1 Introduction***

This chapter presents a description of the research methodology which was adopted during the study. It defines the research design, target population, sampling procedures and sample size. Moreover, it gives the research instruments and finally data analysis procedures. The research tools and instruments that were used to collect the required data were also discussed.

### ***2.2 Research Design***

[8] Views research design as a plan, structure and strategy of investigation conceived so as to obtain answers to a research question which provides a framework for planning and conducting a study. The researcher used descriptive research design which attempts to determine, describe and classify as it uses description, classification, measurement and comparison to describe a situation.

**2.3 Target Population**

The target population consisted of 748 medical practitioners and non-medical staff of the Coast Provincial General Hospital in Mombasa County, Kenya comprised of medical officers, clinical officers, nurses, pharmacists, dental officers non-medical staff

**2.4 Sample and Sampling Technique**

**2.4.1 Sample size**

The study used a sampling size consisting of medical officers, clinical officers, nurses, pharmacists, dental officers and non-medical staff. This study used stratified random sampling to select the 30% of the target population. According to [7] a sample size of 30% is a good representation of the target population. This gave two hundred and twenty three (223) respondents as the sample size as illustrated in the table hereunder.

**2.4.2 Sampling Technique.**

**Table 1:** Sampling technique

<b>Categories</b>	<b>Target population</b>	<b>Sample size</b>	<b>Percentage</b>
Medical officers	43	12	30%
Clinical officers	41	12	30%
Nurses	310	93	30%
Pharmacists	9	3	30%
Dental Officers	9	3	30%
Non- Medical staff	336	100	30%
<b>Total</b>	<b>748</b>	<b>223</b>	<b>30%</b>

**Source: Author’s research findings - Coast Provincial General Hospital**

Stratified random sampling technique, defined by [7] as a process that involves stratification or segregation, followed by random selection of the subjects from each stratum will be adopted for this study. This was because of the heterogeneity of the population and all respondents have equal opportunity of participation. In stratified random sampling, the strata are formed based on members' shared attributes or characteristics. A random sample from each stratum was taken in a number proportional to the stratum's size when compared to the population.

Furthermore, [7] pointed out that stratified random sampling is preferred as a way of obtaining probability samples over other methods like simple random sampling because it gave a sample that was representative of the population, especially if it was a small sample from a large population. Thus for this study, stratified random sampling was preferred as it gave a sample that was a representative of the population.

### ***2.5 Data Collection Tools***

These are the tools which a researcher uses to gather and collect data. Data was collected from both primary and secondary sources. The primary data was collected through a semi-structured questionnaire and secondary data through document review mainly organizational reports and magazines. The researcher relied on self-administered questionnaires. The advantages of using questionnaires were: the person administering the instrument had an opportunity to establish a rapport, explain the meaning of items that may not be clear and explain the purpose of the study. Furthermore, most of the respondents were educated.

### ***2.6 Data collection procedure***

From Coast Provincial General Hospital, respondents were chosen based on how the organization has experienced industrial unrest in the past. A sample of 223 respondents comprising of employee who in their daily duties are in the organisation were selected at random from the target population. According to [7] a researcher needs to determine the required sample size for the research.

### ***2.7 Pilot Study***

Piloting of the research instruments means administering the instruments to a small representative sample identical to but not including the group one is going to survey. This was important, in order to determine the validity and reliability of the instruments [8]. The questionnaire was pre-tested on a pilot set of respondents for correction of any errors and relevance. The pilot study population was picked from Malindi Sub County Hospital workers for ease of accessibility and also due to similarity to those in the actual survey in terms of background characteristics. The hospital used in the pilot testing was excluded in the final sample of the research. All aspects of the questionnaire were pretested including question content, wording, sequence, form and layout, question difficulty and instructions. The feedback from the personal interview was noted. The feedback was used to revise the questionnaire before administering it to the actual study respondents.

### ***2.8 Data Analysis and Presentation***

Mugenda [7] defines data analysis as categorizing, manipulating and summarizing of data in order to obtain

answers to research questions. [3] Asserts that quantitative data is commonly represented by use of frequency tables, graphs, pie-charts and frequency polygons. Data analysis was done using both descriptive statistics and inferential statistics. The researcher also used the least square method [3] through the SPSS tool to determine the coefficients of the multiple linear regression model below to establish the estimated/ sample regression model.

The study then made conclusions and recommendations from the results.

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

Where: Y is the dependent variable industrial unrest

$\beta_0, \beta_1, \beta_2,$  and  $\beta_3$  are coefficients of the model

$X_1$  is working environment

$X_2$  is rewards

$X_3$  is leadership style

$X_4$  is collective bargaining

e is error term representing omitted variables

### **3. Results and Discussion**

#### **3.1 Introduction**

In this section, the result of the analysis is presented in summary tables and explanations are given below each result. It is in this section where the research questions are answered; therefore the findings are presented in sections based on the study objectives. The first sections present the preliminary information including the demographic profile of respondents.

#### **3.2 Response Rate**

The study targeted 223 employees at Coast Provincial General Hospital who had been in their organization for at least three years. Out of the 223 questionnaires issued for data collection to the respondents 73 (73%) were returned. After cleaning of data 70 (70%) were found valid and used for analysis. According to [7] over 50% response rate is adequate for analysis while over 70% is rated as very good.

#### **3.3 Reliability Test**

Though a pilot test was done, Cronbach test was done to establish the reliability of instruments used to collect data, it was repeated with the whole set of the returned questionnaires to confirm the consistency in the

reliability of the instruments. Table 4.1 below shows the reliability results for the final research instruments.

**Table 2:** Cronbach’s Alpha Analysis for Instruments used

Variable	Alpha	N of items
Working environment	.805	16
Rewards	.880	11
Leadership style	.852	18
Collective bargaining	.807	19
Industrial unrest	.802	6
<b>The overall Cronbach’s Alpha Test</b>	<b>.829</b>	<b>70</b>

**Source: Author’s research findings - Coast Provincial General Hospital**

Table 4.1 above shows that the test items were highly reliable. The individual Cronbach’s alpha values were all above 0.8 thus the overall was above which are good therefore were accepted.

### **3.4 Demographic Profile**

The demographic variables considered in this study were gender, age, duration worked in the station and education level of respondents. The result indicated that the respondents were 57.5% (n=50) male and 42.5% (n=37) female. Those with college education majority (51.7%, n=45), followed by university (26.4%, n=23) and high school were the minority. In terms age, between 41years to 50 years were the majority (41.4%, n=36) followed by those over fifty years (28.7%, n=25%) and below 30 years were the minority (5.7%, n=5).

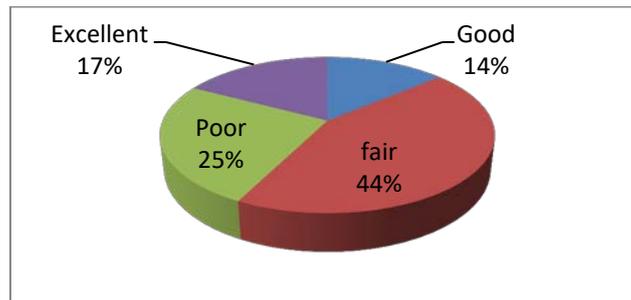
### **3.5 Variables of study**

#### **3.5.1 Working environment**

Working environment is in literal sense the surrounding at the place of occupation .The term has also come to mean a sort of mental state while on the job.

The respondents were asked to rate the general working conditions at Coast Provincial General Hospital. The result is presented in fig4. The working conditions at Coast Provincial General Hospital were fair according to 44% and poor according to 25% of respondents. However 17% said it was excellent and 14% said it was good. See result in figure 4.1. Based on these findings, the working conditions at Coast Provincial General Hospital

were perceived as not quite conducive.



**Figure 1:** Working conditions at Coast Provincial General Hospital

This study further scrutinized the working conditions using the six items as shown in frequency table 4.2. The respondents were asked to rate the six items pertaining to working conditions on a scale of 1-No extent to 4-greatest extent. The aim was to determine the general level of working conditions at CPGH. According to a majority of respondents (49.4%) the working conditions were fair, 25.3% felt the conditions were good with 12.6% rating the physical conditions as poor. The majority, 55.2% of Coast Provincial General Hospital workers were of the opinion that their relation with supervisors was fair and 23% said the relation was good. Only a total of 31.0% (=20.7% good+10.3% excellent) reported that the relation with fellow colleagues was good or excellent. The majority 55.2% reported that the relation among the colleagues was only fair. Only 33.3% (= 21.8% good+11.5% very good) reported that the working conditions were favourable. There was a good welfare system at Coast Provincial General Hospital according to only 34.5% of respondents with the rest reporting that it was fair (54%) or poor (11.5%). Finally, 14.9% (11.5%+3.4%) reported that the organizational culture and values at Coast Provincial General Hospital were good while the majority (72.4%) rated it as fair. Based on these finding, it was clear that the working conditions were not generally good at CPGH and the management needs to address the issue in a view to improve the conditions.

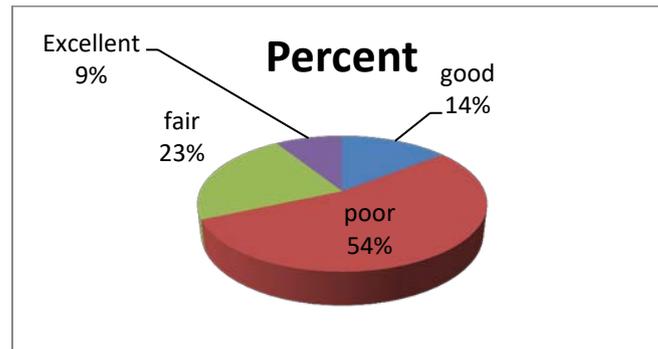
**Table 3:** Working environment

How do you rate the following at CPGH?	Poor	Fair	Good	Very good
Physical working conditions	12.6%	49.4%	25.3%	12.6%
Relationship with manager/supervisor	11.5%	55.2%	23.0%	10.3%
Relationship with colleagues	13.8%	55.2%	20.7%	10.3%
Favourable working hours	11.5%	55.2%	21.8%	11.5%
Welfare system	11.5%	54.0%	23.0%	11.5%
Organization culture and values	12.6%	72.4%	11.5%	3.4%

**Source:** Author's research findings - Coast Provincial General Hospital

### 3.5.2 Rewards at CPGH

Rewards are in two groups; these are monetary and non-monetary rewards. The monetary rewards include base pay, merit pay, incentives, and commission, bonus and health allowances. Non-monetary rewards include recognition, decision making roles, promotion, flexible working conditions and company uniforms. The fig. 4.2 shows how the respondents rated the reward at Coast Provincial General Hospital. From the findings, a majority (54%) reported that the reward system was poor and 23% fair and another 23% good/ excellent. The result showed that the majority of Coast Provincial General Hospital workers were not satisfied with the reward system in their workplace.



**Figure 2:** Reward system Coast Provincial General Hospital

Respondents were asked how they rate salary, contingency pay, benefits as the causes of industrial strike. Table 4.3 shows that majority 66.6 % of respondents reported that issues relating to the employee salary have been the reason of most of the industrial action by the workers. Also issues on contingency pay (58.8%), employee benefits (70%) and recognition (51.7%) made workers take industrial action. This implicated that most of the time the strikes at the institution were as result of salary, the benefits and the associated benefits. This illustrates that the need for management to perhaps step up efforts to address the issues of employee remuneration in CPGH.

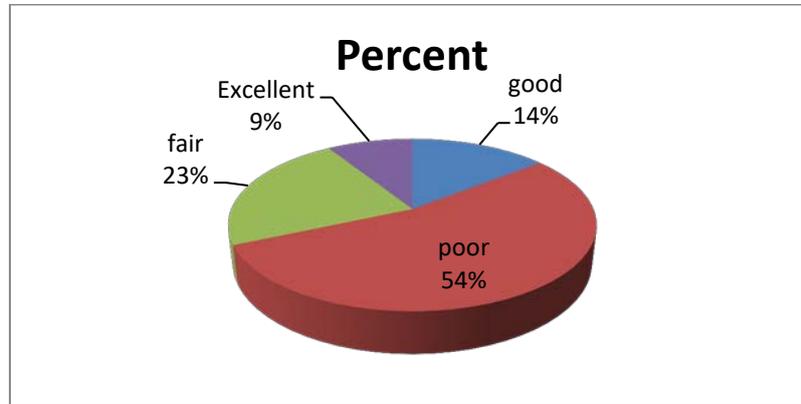
**Table 4:** Employee rewards

	No extent	Less extent	Some extent	Greatest Extent
Employee Salary	16.1%	17.2%	60.9%	5.7%
Contingency Pay		41.4%	33.3%	25.3%
Benefits	14.9%	16.1%	55.2%	13.8%
Recognition		48.2%	35.6%	16.1%

**Source:** Author's research findings - Coast Provincial General Hospital

### 3.5.3 Leadership style

The study Respondents were asked to rate the suitability of leadership style at CPGH and result presented in figure 4.3. A majority (54%) reported leadership was poor, 23% fair and only 14% good. The findings portray a perception that leadership at CPGH is a problem to the majority



**Figure 3:** Leadership style at Coast Provincial General Hospital

A majority of respondents 85% reported that they were part of the decision making process only to less extent. Only 12.6% reported that leadership at CPGH was always in touch with employees to some extent and great extent.

The role of each employee at CPGH was clear to great/some extent as reported by only 16.1%. Leadership at CPGH was considerate of employee welfare to some/greatest according to a mere 11.5% of respondents.

There was frequent and supportive communication from leaders at CPGH to some/great extent according to only 14.9% of the respondents.

These findings implied that the employee at CPGH were not fully involved in decision making, working in leadership at CPGH needed to be improved to effectively address the employee welfare.

**Table 5:** Leadership style

	No extent	Less extent	some extent	Greatest Extent
I am part of the decision making process	12.6%	72.4%	12.6%	2.3%
Leadership is always in touch with the employees	18.4%	69.0%	10.3%	2.3%
The roles are clear for each employee here	13.8%	70.1%	13.8%	2.3%
The leadership is considerate of employee welfare	13.8%	74.7%	9.2%	2.3%
There is frequent and supportive communication from our leaders here	10.6%	74.4%	12.6%	2.3%

**Source:** Author's research findings - Coast Provincial General Hospital

### 3.5.4 Collective Bargaining Impasse

The aim was to establish the influence of collective bargaining impasse on the industrial unrest at CPGH. Majority (85.4%) of the CPGH employees reported that they were covered by CBA, 23.0% reported that the employer respects the CBA agreements; however 50.6% reported that negotiations were effective and 69.3% of the workers were happy with CBA outcomes. The findings implied that the employees covered did not trust that the employer honours the CBA often.

**Table 6:** Collective bargaining impasse

	Don't know	Not	always	No	Yes
The employer respects cba	0.0%	41.4%		35.6%	23%
The cba negotiations are effective	0.0%	9.0%		50.6%	40.4%
Are you often happy with cba outcomes	0.0%	10.0%		20.7%	69.3%
Are the institution employee covered by cba	10.0%	0.0%		4.6%	85.4%

**Source: Author's research findings - Coast Provincial General Hospital**

### 3.6 Industrial Unrest at CPGH

The study gathered information on the cases of unrest and the employee perception of these unrests. The result presented in table 4.5 indicated that a majority (92%) believed that there were enough reasons to strike, the working conditions at CPGH necessitated industrial action (91%) and industrial action help solve problems at CPGH (78%). The study findings implied that the workers were in favour of industrial action as means of resolving conflicts.

**Table 7:** Industrial Unrest

Responses	Strongly agrees	agree	Neutral	disagree	Strongly disagree
There are enough reasons to strike in this institution	62%	30%	5%	2%	1%
The working conditions at CPGH conditions necessitate industrial action	63%	28%	7%	2%	0%
Employees believe industrial action help solve problems	58%	20%	3%	9%	10%

**Source: Author's research findings - Coast Provincial General Hospital**

**Regression analysis**

A regression analysis undertaken gave out the result in tables 4.5 and 4.6. The regression analysis was necessary so as to establish the factors that affect industrial action at CPGH. The regression model for this study was:

$$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e \tag{1}$$

Where:  $Y_i$  is the dependent variable- industrial unrest

$\beta_0, \beta_1, \beta_2,$  and  $\beta_3$  are coefficients of the model

$X_1$  is working environment

$X_2$  is rewards

$X_3$  is leadership style

$X_4$  is collective bargaining impasse

$e$  is error term representing omitted variables

From the result in coefficient table 4.6, the fitted regression model for this study is:

$$Y_i = -.191 + .784 X_1 + .432 X_2 + .199 X_3 + .248 X_4$$

The model result show working conditions had the greatest significant effect on industrial unrest at cost general hospital ( $\beta=.784, p=.000$ ) followed by remunerations ( $\beta=.432, p=.024$ ), collective bargain agreement ( $\beta=.248, p=.454$ ) and then leadership ( $\beta=.199, p=.015$ )

The findings implied that as employees perceive their working conditions, rewards, leadership and unfavorable CBA, they will have high appetite for striking at the employer as a solution.

**Table 8:** Regression Coefficients

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	$\beta$	Std. Error	beta		
(Constant)	-.191	.402		-.476	.635
WC	.784	.055	.813	14.226	.000
R	.432	.191	.362	.262	.024
LS	.199	.080	.141	2.480	.015
CBI	.248	.33	.041	.753	.454

Source: Author’s research findings - Coast Provincial General Hospital

The Beta values for each of the independent variables are working environment .784; rewards .432; leadership style .199 and collective bargaining impasse .248 respectively. This indicates that there is a positive relationship between industrial unrest and independent variables. Therefore the four variables are highly significant as  $p \leq 0.5$ . The Analysis of Variance (ANOVA) result in table 4.8 indicated that the regression model was fit ( $F = 83.88, p = .000$ ). Therefore, the working conditions, rewards, leadership style and collective bargaining impasse at CPGH influenced industrial action to a significant extent. These factors collectively accounted for 74.3% of the industrial unrests at CPGH (adjusted,  $R^2 = .743$ ), see model summary table 4.9.

**Table 9:** Anova

Model	Sum of Squares	df	Mean Square	f	Sig
Regression	103.272	3	34.424	83.883	.000 <sup>b</sup>
1 Residual	34.062	83	.410		
Total	137.333	86			

**Source: Author’s research findings - Coast Provincial General Hospital**

The above table 4.8 shows a strong relationship as R is significant,  $F = 83.883, p = .000$ .

The regression coefficients results with predictors as working environment, rewards, leadership styles and collective bargaining impasse is shown in table 4.7.

**Table 10:** Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.867 <sup>a</sup>	.725	.743	.641

**Source: Author’s research findings - Coast Provincial General Hospital**

The model summary table shows R (.867), showing a strong and positive relationship between industrial unrest and the dependent variables.

#### 4. Discussion

The response rate of 63.2% was considered adequate for analysis and the reliability of instrument using Cronbach’s alpha was high at .829, which was above the normally accepted .70 for social sciences.

The regression analysis of working environment, rewards, leadership styles and collective bargaining impasse as the independent variables on one end and industrial unrest as the dependent variable revealed  $R = .867, R^2 = .752$ . These findings illustrate that there is a strong positive relationship between the independent variables aforementioned and industrial unrest. This findings is in agreement with the findings of [9] who argues that

Healthcare leadership and management issues were cited as one of the common (72 %), as well as the most important (43.3 %), causes of health workers' strikes in Nigeria. Furthermore, common causes were demand for higher salaries and wages (82 %), infrastructural issues (63.3 %) and inter-personal issues (61.3 %). Furthermore, the findings concur with the findings of [1] who argues that academic staff felt that union and management did not cooperate well neither did they have mutual regard of each other nor were they willing to confer. The relationship was confirmed highly significant as  $F = 83.88$ ,  $P = .000$ .

## **5. Conclusions**

The study tested the research framework with key variables as working environment, rewards, leadership style, collective bargaining impasse and industrial unrest. Findings indicate that the organization attests to the influence of working environment, rewards, leadership style, and collective bargaining on industrial unrest, with majority agreeing that their organization has experienced a number of strikes in the recent past.

It is clear that the working conditions at CPGH were not conducive to positively influence individuals' attitude, motivation and desire to work to achieve self-satisfaction and fulfill individual ambitions. Employees are therefore less productive the negative effects of the unrests will set in and negatively impact on health services.

There's leadership at CPGH did not create a stimulating working environment so as to enable employees to be productive. A leadership that recognizes reward systems to a diverse workforce was also lacking at the health facility. The increasing diversity of the workforce suggests the need for more creative approaches to tailoring the right rewards to the right people. Therefore, recognition and reward are part of a more comprehensive effort at keeping workers or adopting good workplace practices, which can contribute to increased industrial harmony and desire to achieve self-satisfaction. The collective bargain agreements needed to be made in an environment of mutual trust between parties in conflict. By so doing, the negative impact of the impasse will be minimized. The study therefore reveals a strong relationship between working environment, rewards, leadership style and collective bargaining on industrial unrest.

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