EFFECT OF NEW EMPLOYEE ONBOARDING PRACTICES ON EMPLOYEE PERFORMANCE AT SUB-COUNTY HOSPITALS IN KISII COUNTY, KENYA

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Declaration by the Candidate

This research project is my original work and has not been presented for a degree any other university.

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Recommendation by the Supervisors.

This research project has been submitted for examination with my approval as the University supervisor.

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DEDICATION

This research project is dedicated to my husband, Mactosh Makini for his endless moral support during throughout my studies. I also dedicate this research to my son, Isaac Onwong'a, and my daughters, Vivian Nyaboke and Stacy Bochaberi. They provided me with hope when I thought of giving up. Without their love and support, this research project would not have been made possible.

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ABSTRACT

Sub-County hospital in Kenya serves as the coordinating and referral center for the smaller units within each Sub-County. They typically have the means to offer complete medical and surgical treatments, which are overseen by Sub-County Medical Officers who are the administrators. New employees may experience Starting a new job can be nerve-racking without proper introduction. Good employee onboarding comes in handy to instill clear job objectives as well as a foundation for comprehending the full organizational requirements and processes. The study investigated the effect of new employee onboarding practices on employee performance at Sub-County Hospitals in Kisii County, Kenya. Specifically, it aimed at determining the effects of employee orientation, coaching, mentoring, and follow-up evaluation plan on employee performance. The study applied social learning theory and human capital theory. The research used a quantitative survey design. The study involved 498 Sub-County Hospital employees, with a sample size of 222 respondents determined using the Yamane method. In order to determine the reliability of the research instrument, a Sub-County Hospital was randomly selected for piloting. The instrument was found to be suitable for the study, with a Cronbach's alpha coefficient of 0.70. The study used purposive sampling and simple random sampling and structured questionnaires were used to gather primary data. Data was analyzed using SPSS version 25 and presented in the form of graphs and tables. The results of the study indicated that three of the four predictor variables were statistically significant, with employee oorientation with (β=.178, p-value=.003<0.05), employee mentoring (β=0.149, p-value=.000<0.05), and employee follow-up evaluation plan (β=.157, p-value=.004<0.05), and while employee coaching (β=.726, p-value of .726 > 0.05) thus, statistically insignificant. The research suggests that the Kisii County Government should provide adequate resources to Sub-County Hospitals in Kenya to facilitate the implementation of new staff coaching. It also recommends further research be done on the barriers towards the successful implementation of new employee coaching practice in Sub-County hospital in Kisii County, Kenya.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANOVA	Analysis of Variance
APN	Advanced Practice Nursing
CAT	Communication Accommodation Theory
CRNAs	Certified Registered Nursing Staff Anesthetists
CT	Computer Tomography
CVM	Competing values model
DR.	Doctor
EBP	Evidence Based Practice
EC	Employee Coaching
EO	Employee Orientation
EM	Employee Mentoring
EP	Employee Performance
EFEP	Employee Follow-up Evaluation Plan
FEMP	Facebook Educational Modernization Program
HR	Human Resource
HRM	Human Resource Management
HRU	Human Resource Unit
IHS	Integrated Health System
ILO	International Labour Organization.
IPA	Interpretive Phenomenological Analysis
ISQ	Internal Service Quality
KCCA	Kampala City Council Authority
KHCF	Kenya Health Care Federation

KNH	Kenyatta National Hospital
KMA	Kenya Medication Association
KMPDB	Kenya Medical Practitioners and Dentists Board
KMPDC	Kenya Medical Practitioners and Dentists Council
NACOSTI	National Commission for Science, Technology and Innovation
NEO	New Employee Orientation
M	Mean
MAX	Maximum
MIN	Minimum
PHC	Primary Health Care
SAT	Speech Accommodation Theory
SCs	State Corporations
S. D	Standard Deviation
SLT	Social Learning Theory
SPSS	Statistical Package for the Social Sciences.
UK	United Kingdom
USA	United States of America

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Starting a new job can be nerve-racking without proper introduction. Good employee onboarding comes in handy to instill clear job objectives as well as a foundation for comprehending the full organizational requirements and processes (Shih et al., 2013). Employee onboarding is critical in human resource management because it assistances new employees gain a functional understanding of the skills and tasks required in their new roles, assists them in developing new relationships with others in the workplace, and facilitates an understanding of the culture of the organization (Ellis et al., 2017). The onboarding process allows them to develop the ability to adapt to new organizational roles, lowering the intention to leave and thus maximizing employee productivity (Jelinek, 2019).

New employees are oriented through an onboarding program during their first few days, weeks, months, or a year in a new role (Kumar & Pandey, 2017). A good onboarding practice includes orientation, coaching, mentoring, and a follow-up evaluation plan (Cesário & Chambel, 2019). New employee orientation forms the foundation of employee onboarding of all other factors that speeds up the adaption process enabling new employees feels more comfortable and adjusting to the new environment and new job (Ayana et al., 2020). Orientation serves as the foundation for the adaption process, allowing new employees to feel more comfortable and adjusting to the new environment and job. The company's culture, beliefs, goals, history, and power structure are also made known to employees (Bauer, 2013). Hospitals are realizing that orientation alone is not

enough to integrate new employees into productivity (Ayana et al., 2020). New employee coaching and mentoring are essential for learning the ropes, fostering open communication, and fostering a culture of continuous improvement (Eills et al., 2023). However, these approaches may vary depending on the organization or role (Lustre, 2023). Constant planned feedback from new employees is crucial for fostering a culture of resilience and flexibility (Eills et al., 2023). Individual staff development goals must be tied to the process and held responsible by organizational and managerial support (Squires et al., 2019).

Finland's global perspective shows increasing job complexity and organizational competitiveness, relying more on human capital. Insufficient new employee onboarding practices result from inconsistent implementation of onboarding tools. Karhunen, (2017). Innovative companies require attracting and retaining talented employees and maximizing their potential but due to a bad onboarding experience in the first six months, new employees leave an organization early than expected. One of the greatest obstacles to effective onboard new employees is lack of time to properly assess, coach and engage new talents (Ferrazzi, 2015). To gain a competitive advantage, any organization must support human resource planning in order to achieve consistency with organizational goals that are both internally and externally fit (Ali et al., 2012).

Bauer, (2013) indicated in a survey of 12,000 newcomers established that new employees who have gone a vigorous boarding program have greater clarity, know their place in the organization and perform their roles with confidence and impact organizational success than those who are not. An indicated that these types of employees are prone to take risks, asks enquiries, and is willing to learn about their new careers, role, coworkers, and

the organization. The healthcare sector is not an exemption from other organizations; it is continuously required to recruit staff. Gruzd et al., (2013) study states that patient well-being is the core function of the healthcare sector, quick onboarding of the healthcare employees increases their motivation and performance.

Healthcare industry challenges reduced through onboarding practices in the United States (Baker & DiPiro, 2019). These practices assist in addressing the crisis of compliance, shortage of healthcare professionals, and retention of healthcare professionals (Simon et al., 2019). Indicating that companies with robust onboarding processes have better employee retention, employee satisfaction, and productivity (Baumann, 2018). In the US and the UK, it costs an estimated 37 billion dollars a year to retain employees who aren't productive because of poor onboarding experiences. According to Kurnat-Thoma et al. (2017), between 2009 and 2015, there was a notable amount of nurse turnover at a community hospital in the Washington, DC, metropolitan region in less than a year. Annual losses from replacing new hires ranged from 28.8% to 49.6%. Following the development of a 10-element onboarding program, the satisfaction of new employees increased from 52% to 62%.

South Africa insists on making employees important ambassadors of the organization and using the motto ‘when we are at our best, the employees are at their best daily and continuously’ (Vodacom Group Limited, 2015). The launch of the Discover Graduate Program in South Africa is aligned with the global goal of attracting and retaining top and young talent. The development of a six (6) week rigorous onboarding program or phase will allow employees to balance personal and professional development, exposure

to the business, and organizational culture Poor assessment of employee and feedback provision experiences in organization (Nyakale, 2016).

In Kenya, due to current market trends, high competition, and continuous technological changes, most healthcare facilities like any other organization compete for skills, knowledge, and new talents (Communications and Technology (ICT) Policy, 2019). Healthcare facilities in Kenya need to create and implement onboarding practices that increase their substantial competitive advantage among other organizations (Ongori, 2019). Wanguku, (2016) in a study of Sub-County Hospitals in Nairobi depicted that onboarding practices were necessary for engaging hospital employees.

However, the devolved government services in Kenya have encountered a number of human resource concerns, including high staff turnover and ineffective management of health workers (Magokha, 2015). A competency framework for human resource management was suggested in the Devolved Human Resource Management Policy guidelines on Human Resources for Health, which was published by the government in 2016. In order to solve the issue of having unskilled workers in the healthcare industry, the objective was to assist the County Governments in attracting and keeping professionals with skills and knowledge through a three-month required onboarding program. This is also supported by the Kisii County Annual Development Plan 2020 – 2021 indicates that primary healthcare is fundamental in achieving quality healthcare as stipulated in the National Government's *Four Big* agendas and in the currently the implementation the Bottom-Up Economic Transformation Agenda (BETA) 2023. This depends on having sufficient well-trained healthcare employees well integrated into the

healthcare services as articulated in the Kisii County Annual Capacity and Performance 2017 -2018 report to provide competitive quality public services.

Although these policies and guidelines exist and provide for quality public health services, poor governance, unclear structural management, poor implementation policies, and a lack of sufficient financial support prevent proper implementation of human resource development practices such as new employee onboarding in health facilities (Arasa, 2019). An indication that onboarding practices in Sub-County hospitals lack proper implementation, affecting the relationship that exists between the new employee and their new responsibilities. This study found out whether existing new employee onboarding practices are being applied in Sub-County Hospitals to fast integrate new into the healthcare system.

1.2 Statement of the Problem

Onboarding new employees is critical for recognizing new abilities (Hirsch, 2017). It aims to help new workers, identify themselves and get started on productive work as soon as possible, while also ensuring their commitment to the company's goals (Ross et al., 2014). Orientation, coaching, mentoring, and follow-up evaluation activities are all part of a strong onboarding practice. A successful orientation educates new employees about the job, corporate culture, and goals, while coaching addresses skill deficiencies. Mentoring aids in transition, providing information and support. A continuous follow-up evaluation process is essential for tracking performance (Cesário & Chambel, 2019).

The inability of Kenyan healthcare facilities to solve human resource challenges effectively is a barrier to implementing effective new employee onboarding processes. This produces a work climate in which employees have low morale, lack confidence, low

levels of participation, lack faith in the organization, and fail to reach established goals owing to a lack of basic information (Nyawira, et al., (2022). While, there exist previous literature on new employee onboarding practices conducted both globally and locally, there is a lack of research on how different types of onboarding practices influence new employee performance. Nyikuri et al., (2020) study highlights the need for onboarding new nurses from recruitment to orientation in Nairobi, Kenya, presented a methodological as it failed to conduct a quantitative survey study, which this study will conduct. Atambo & Momanyi, (2016), focused factors that influence employee motivation in healthcare through coaching in Narok County, Kenya, presented a knowledge gap suggesting on the need to enhance employee performance through regular improvement of the coaching tool. A further study on the effects of cascaded mentoring on other patient services is required in light of Nduati et al.'s (2018) evaluation of cascaded clinical mentorship method on access and health-worker self-efficacy in the delivery of integrated HIV services.

This research gap limits our understanding of how new onboarding practices can be optimized to influence employee performance in the healthcare sector. Therefore, this study determined the effect of new employee onboarding practices on employee performance, specifically, finding the effect of employee orientation, employee coaching, employee mentoring, and employee follow-up evaluation plan on employee performance at Sub-County Hospitals in Kisii County Kenya, and thus, add a lit pool of knowledge to the existing knowledge in the Kenyan contest on new employee onboarding practices.

1.3 Objectives of the Study

The main objective of the study was to assess the effect of new employee onboarding practices on employee performance in Sub-County Hospitals in Kisii County, Kenya.

1.3.1 Specific Objectives of the Study

This study was guided by the following objectives

i) To determine the effect of employee orientation on employee performance in the Sub-County Hospitals in Kisii County.

ii) To determine the effect of employee coaching on employee performance in the Sub-County Hospitals in Kisii County.

iii) To examine the effect of employee mentoring on the performance of employees in the Sub-County Hospitals in Kisii County.

iv) To analyze the effect of a follow-up evaluation plan on new employees' performance Sub-County Hospitals in Kisii County.

1.4 Research Hypothesis

The study tested the following hypothesis.

$H_0$1 There is no statistically significant effect between employee orientation and employees'

performance in healthcare sector.

$H_0$2 There is no statistically significant effect between employee coaching and employees' performance in healthcare sector.

$H_0$3 There is no statistically significant effect between employee mentoring and employees' performance in healthcare sector.

$H_0$4 There is no statistically significant effect between employee follow-up evaluation plan and employees' performance in healthcare sector.

1.5 Significance of the Study.

The findings of the study from the nine Sub-County hospitals will be useful to the healthcare sector in developing relevant employee onboarding practices that target healthcare professionals in ensuring they obtain the necessary information to introduce and integrate them into the hospital culture for better healthcare delivery. It will also help to improve human resource policy in the Ministry of Health in Kisii County, Kenya. The research will also be valuable in selecting new employees with relevant skills and expertise in their areas of specialization in the hospital setting, as well as serving as a reference for employee performance evaluation and feedback.

The study's findings will aid Kenya Medical Practitioners, Dentists Board (KMPDB), Kenya Medical Practitioners and Dentists Council (KMPDC), Kenya Medication Association (KMA), Kenya Health Care Federation (KHCF), and other pertinent bodies or agencies in shedding light on healthcare trainings intended to produce quality medical professionals and enhance policy reviews.

The research's findings and recommendations for this study will be of great importance for scholars, as it will form a basis for future research on Sub-county hospitals employee orientation, coaching, mentoring, and follow-up evaluation plan. It will also assist Sub-County Hospitals management in identifying areas for improvement in the hospital employee onboarding tools for better employee productivity realization.

1.6 Scope of the Study

The public sub-county hospitals in Kisii County were the exclusive focus of the study. The participants in the study were 498 employees from Public Sub-County Hospitals. The study's population possessed sufficient knowledge to reveal how employee onboarding practices affected their performance. The six-months study ran from August 22 to January, 2023. Finding out how employee orientation, coaching, mentoring, and a follow-up evaluation practices affected worker performance in Kenya's Kisii County was the purpose of the study.

1.7 Limitations of the study

The primary challenge noted was that the Sub-County hospital administrators who were part of the respondents were unwilling to help identify the respondents who worked between 3 months and less than 10 years to aid data collection. The Sub-County hospital administrators were informed of the anonymity and secrecy of the data gathering procedure, and this solved the issue. The response improved after the researcher intervened, assuring them that the data was intended just for this study.

Second, the study took longer than intended since the researcher did not always find all of the respondents at the hospital at the same time because employees at the hospitals work in shifts and sometimes are occupied with patients. The researcher had to distribute the study instrument and follow up with the respondents to verify they filled it out and returned it. Because the respondents were not all in the same location, a few of them did not return the questionnaire; however, this had little effect on the study.

Thirdly, the response rate was another limitation since the researcher had no control on how the respondents responded to the research instrument, however, acquiring the

respondents' responses was the best approach under the circumstances rendered and the researcher was contented with the questionnaires that were collected.

Finally, the research could not control the attitude of the respondents which would have affected the findings negatively. The design of the research instrument was in such a way that it could detect intentional dishonest of respondents to ensure that individual attitude and opinions of respondents did not affect the outcome of the responses.

1.8 Assumptions of the study

The assumptions guiding the study were as follows: -

i) That all respondents openly responded honestly without being biased.

ii) That each and every respondent was literate, able to read the questions, and understand them.

iii) That all respondents answered the survey questions on time and the data collection

time was sufficient.

iv) That the environmental conditions were favourable for the study to take place.

1.9 Operational Definitions of Terms.

Coaching: Focuses on identifying strengths and weaknesses of new employees' in the sub-hospitals and finding ways to address them in order to improve.

Employee performance: Ability of new employees to complete a mission in accordance with a hospital's expectations.

Sub-County: Where Sub-County hospitals that provide specialized care, such as intensive care and life support, as well as expert consultations are situated.

Mentoring: A practice during new employee onboarding in hospitals that provides support, wisdom and experience to new employee with less experience to enhance employee performance.

Onboarding: Practice that integrates new employees fast into their new role and team, and the hospital culture.

Orientation: New employee introduction into the hospital culture, job responsibilities, hierarchy, work facilities, and co-workers.

Follow-up evaluation: Performance management is the technique of monitoring new employee's job performance through regular constructive feedback, meetings, and performance reviews in hospitals.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Social Learning Theory

Social Learning Theory (STL) by (Bandura & Walters, 1977) is an ideal theory for learning new behaviours through observing and imitating others in the workplace (Thompson et al., 2022). It reflects that when people learn, they frequently absorb new knowledge or abilities through observation (Bandura & Walters, 1977). Asserting that professional knowledge, skills, and attitudes acquired in a learning environment are essential to guaranteeing patients' safety when taking drugs (Berndt, 2014), which ideally establishes a connection between human cognition and behavior (Hux et al., 2019).

Social learning theory holds that people's attitudes, self-belief, and worldview are greatly influenced by the social context in which they live, work, and play (Bandura & Walters, 1977). A reflection that healthcare new employee onboarding is a social interaction with other colleagues in the hospitals. Therefore, the new healthcare employee should be able to pay attention to details, have the ability to retain content, be able to perform, and be motivated.

The premise is that Sub-County Hospitals are social places where employee, employer and patients interact regularly. It is intention is ensure employees in healthcare, are oriented, mentored or coached with experienced personnel in their line of duty and are expected to perform (Thompson et al., 2022). Healthcare new employees face unique challenges in the healthcare facilities due to the nature of their vast and varied roles. The

hospitals risk reduced return-on-investment, if new employees do not reach full productivity in performing their new role.

This theory application in this study as it described some of the determinants of new employee performance. The theory argues that new employee through social integration despite other challenges, their performance is inevitable.

2.1.2 Human Capital Theory

The phrase "human capital" dates back to the early 1960s, when Schultz (1961) made the case that human capital (HC) is an important capital asset that businesses invest in from an economic standpoint. It is composed of the knowledge, skills, and talents of employees who are inputs to an organization. The flow of that skills is seen when the return on investment exceeds the cost both directly and indirectly in healthcare (Goldin, 2016). It is about employees' ability and performance in the organization (Thomas & Akdere, 2013).

The fundamental belief of the human capital theory is that each person's capacity for learning is equal to the output of other resources (Mutamba, 2016). However, the outcome it is largely refer to work performance and productivity (Ployhart et al., 2014). (Halidu, 2015) argued that the present time organization require the right people for the right job giving it a competitive advantage over other organizations. Since healthcare is one of the pillars of sustainable development, efforts have been made in recent years to improve performance (Adeniji et al., 2020). Sub-County Hospitals on the above assumptions, new employee onboarding orientation, coaching, mentoring and provision of feedback are regarded that they improve employee performance.

Human capital theory and onboarding practices have a strong connection and overlap, which indicates that new employees in Sub-County healthcare require orientation, coaching, mentoring, and evaluation in order to make a meaningful contribution to the provision of ongoing patient care (Salau et al., 2016). The theory, according to this study, was relevant because Human capital was viewed as a source of value in effective healthcare (Thomas & Akdere, 2013).

The results of this study demonstrate, that human capital; knowledge, skills and abilities during new employee onboarding have the capacity to significantly positive relationship with employee performance.

2.2 Empirical Review

2.2.1 Employee Orientation and Employees Performance

An evidence-based study in Washington DC Metro evaluated the improvement of the onboarding program performance in healthcare facilities involving a 187 beds health facility. Losses witnessed to increase from 28.8% to 49.6% without effective onboarding tool. The study conducted an exit survey, which led to the creation of programme with 10 elements that the hospital used to strengthen and restructure effective onboarding. The findings indicated that the implementation of the 10-element programme introduced new employee orientation affecting employee retention from 50% to 62%. Support from stakeholders, departmental heads, and top management during orientation successfully strengthened the onboarding program (Salau et al., 2016).

In large medical centers, Gorman's (2017) study looked at how tailored orientation affected Certified Registered Nursing Anesthetists' (CRNAs') job satisfaction. The study used an orientation process and tool to orient newly hired CRNAs at a Mayo clinic

between September 2016 and February 2017. The results showed that the orientation time decreased from 12 months to 5.25 months after the intervention, resulting in reduced time spent on individualized orientation. The study concluded that orientation allowed new employees to assimilate quickly, reducing integration time and costs, and creating time for performance action.

A multiethnic tertiary hospital in Saudi Arabia examined nurse competency (Lalithabai et al., 2021). The study conducted a qualitative and quantitative content analysis of a nursing orientation program. To gain an understanding of the viewpoints of the program's recipients, a focus group was questioned. Using the Nursing Competence Scale, 100 nurses who were prepared for practice were evaluated. The quality component showed the largest improvement, contributing to a 5.8% increase in the total competence score. The least improvement was shown among new nurses in instructional coaching. According to the study's findings, orientation programs need to be revised because they are essential for training new nurses.

In the Ilubabour zone of the Oromia regional state in South West Ethiopia, a cross-sectional study was conducted to ascertain the impact of staff orientation on healthcare employee performance and satisfaction. With a sample size of 403, the study combined quantitative and qualitative methods. Results showed that 34% of respondents completed orientation training within a day or hour of being assigned new roles, indicating that the organization or department was only properly welcomed. The remaining activities, such as discussing the organization's vision and post-training evaluation, were deemed ineffective. Only 53.1% of respondents believed orientation training positively impacted employee performance. The study concluded that orientation practice, supportive

supervision, and post-orientation training were inadequate, indicating a knowledge gap (Ayana et al., 2020).

The research "I train and mentor, they take them" was done by Nyikuri et al. in 2020. In-person interviews with 29 specially chosen nurses took place in a public, private, and faith-based hospital in Nairobi, Kenya, between January 2017 and March 2018. A qualitative ethnographic design was used and data was transcribed verbatim, code and analyzed using framework approach. The findings indicated that for better experience, training should start with recruitment, orientation and continuous learning to ensure that the nurses with the right skills and interest to work are hired to give neonatal care to newborns. The research concluded that healthcare sector experience is determined within each healthcare facility. The research shows that new employee orientation is practiced in one week for the nurses to be comfortable to work. In order to provide a nurturing environment, many health sectors will need to improve NBU recruitment, orientation, and rotation rates—even without specialized nursing expertise. The study presented both methodological and knowledge gap hence did not determine the significance of the study variables on employee performance, which this study will use.

2.2.2 Employee Coaching and the Performance of Employees

Rosen et al. (2022) indicated that starting in April 2020, healthcare staff at the Sinai Health multi-site facility in Toronto, Canada, received resilience coaching. During the COVID-19 epidemic, resilience coaching was intended to provide additional psychological assistance. A Qualitative study involved 24 healthcare employees were interviewed on the experiences during coaching from resilience coaches. Data was collected and thematically analyzed. The findings indicated that Resilience Coaching

offered the employees opportunities to be able to attend to their personal wellbeing, learn practical skills to assist them to cope and accessing support in clinical mental health. It was concluded that Resilience Coaching was necessary to support colleagues during the pandemic. More research may be conducted to find out how to engage hospital occupational subcultures most effectively and whether the concept works for other healthcare settings.

Manzi et al. (2017) carried out a research study in five African nations—Ghana, Rwanda, Tanzania, Mozambique, and Zambia—to identify the gaps that prevent the delivery of improved healthcare. The study was on a project that aims to strengthen healthcare systems and investigate how mentorship and coaching of employees can provide universal healthcare improvement. An evaluation done on a conceptual framework derived from specific areas was developed. Semi-structured interviews were conducted with important informants from each nation, focusing on six main areas: coaching and mentoring, training and selecting mentors and coaches, assimilating existing systems, monitoring and evaluation, and reported outcomes, accomplishments, and obstacles. The findings indicated that the adoption of coaching besides other key aspects improved the performance of employees. The conclusion recommended that to improve Universal healthcare, coaching of new employees should be mandatory.

A study on the effects of staff engagement and coaching on performance was carried out in Uganda's healthcare sector using the data collected. In a cross-sectional and correlational study, 150 participants from four Catholic hospitals completed a self-administered questionnaire. The data was analyzed using SPSS. The findings of regression and correlation analysis showed a connection between coaching and employee

performance and engagement. The results of the study showed that hospital administrators, Ugandan policymakers, and the government valued coaching greatly when it came to enhancing employee performance in the healthcare industry. The study suggested either a meta-analysis in the same field or a follow-up study using an interview approach because not all factors were considered in this examination. In particular, public hospitals and other private healthcare facilities that provide a data gap should be studied, as well as other sectors both inside and outside of Uganda (Sendawula et al., 2018).

Coaching of healthcare employees is approved to influence organizational performance. (Atambo & Momanyi, 2016) in a study to analyze factors that influence motivation of healthcare workers through coaching in Narok County, Kenya. A cross-sectional study, administering questionnaires targeting 258 respondents' analyzed data using descriptive statistics. Factor analysis on the perception of employee coaching in relation to how it influences employee motivation. The findings indicated that majority of the healthcare employees (81.9%) received relevant coaching to their jobs and were motivated at 192 (99.0%) after attaining the necessary skills. The study concluded that indeed there is a relationship between coaching and motivation of healthcare workers in Narok County thus influencing organizational performance. There is need to reorganize the coaching tool regularly to suit further coaching presenting a knowledge gap.

2.2.3 Employee Mentoring and the Performance of Employees.

A study in North West, England, found that the successful appointment of new nurse lecturers required the involvement of a formal mentorship program. The study used an Interpretive Phenomenological Analysis (IPA) theory and purposive sampling to select eight lecturers aged 1-3 years. The results showed that existing mentors were not

committed or undermined, leading to poor assimilation of new nursing lecturers. The study concluded that an induction framework with a component of a mentorship program is necessary for professional development and performance. The impact of formal mentoring programs on employee performance require more investigation (Carr, 2019).

Tripathy and Satapathy's (2020) study examined the effects of mentorship on the performance of aspiring physicians as well as the ways in which mentoring serves as a catalyst for better performance. At MKCG Medical College and Hospital in Odisha, India, a study on young doctors was conducted to determine the importance of mentoring in the medical field. The observational technique, official and informal contacts with senior physicians and junior physicians, and pertinent material gathered from multiple sources formed the basis of this study's methodology. Following a thorough examination, the researcher came to the conclusion that junior doctors' performance can be enhanced by mentorship. It also helps junior doctors prepare for new difficulties in the future. The study recommended additional investigation of numerous facets of the healthcare sector that could enhance junior doctors' performance.

Fagerholm et al., (2014) investigated how mentoring and project characteristics influenced the success of an open-source software project's onboarding process. More than 120 students were chosen from various colleges around the world to participate in a collaborative program comprised of 9 open-source software projects as part of the Facebook Education Modernization Program (FEMP). Through a quantitative examination of source code repositories, issue tracking tools, and debate, the study investigated how outsiders contributed to open-source projects. The findings show that coaching assisted newly hired personnel in finishing the software project. This was

determined using the project's size and the presence of onboarding. It may be possible to undertake more research into the other aspects that affect mentoring techniques. Broader mentorship techniques and methodologies could be the subject of future research.

In order to pinpoint weaknesses in the healthcare system and investigate how employee mentoring may enhance care, Manzi et al. (2017) conducted research in five African nations: Ghana, Tanzania, Rwanda, Mozambique, and Zambia. In order to assess the effectiveness of mentoring in areas including clinical care quality, data-driven decision making, leadership, responsibility, and employee happiness, the study used semi-structured interviews and a conceptual framework. The results indicate that integrating mentorship into healthcare systems (HSS) strategies can result in improvements in care quality and health systems, making it a crucial part of HSS initiatives aimed at achieving universal health coverage.

Ofobruku and Nwakoby (2015) looked into the effects of employee mentorship in a family-run construction company in Abuja, Nigeria. With data acquired from 367 respondents, the study used a survey methodology that mixed qualitative and quantitative methodologies. The Pearson correlation coefficient approach was utilized to evaluate the data. Positive comments from the workforce suggest that mentorship helped with careers more than psychosocial support for performance. According to the report, employee mentoring programs should be adopted in order to improve employee performance and company objectives through career support, knowledge transfer, and psychosocial support of employees.

In a few South African public hospitals, an assessment of the impact of mentoring on the accomplishment of employees' problems and imperatives was made. The study focused

on the barriers to mentoring and the variables that affect them. The actual implementation of mentoring programs and the mentors' willingness, regardless of the length of time, were crucial for employees to perform well and develop professionally, according to a qualitative methodological approach employing a semi-structured interview with mentors. The study found that in order to guarantee the success of an employee-mentoring program, senior management and mentors must make a commitment. Finally, crucial elements that can guarantee a mentoring program's success attested to mentees' enhanced confidence (Rankhumise, 2015).

From a Kenyan perspective, Mundia & Iravo (2014) looked into how mentoring programs affect employee performance in firms. Staff from Dedan Kimathi University of Technology and Karatina University in Nyeri County participated in the study. In a survey design, 62 respondents from a sample population were given questionnaires through the study's stratified sampling method. Employer performance is improved by mentoring programs, according to data analysis utilizing descriptive and inferential statistics. Knowledge transfer, career development, counseling, and skill development were mentioned as areas for improvement. For the purpose of realizing best practices for the implementation of mentoring programs to increase employee performance, future study should concentrate on more discoveries regarding the difficulties facing the efficacy of mentoring programs in organization.

Nduati et al. (2018) conducted a cross-sectional survey study to assess the impact of the cascaded clinical mentorship method on health workers' self-efficacy and access to integrated HIV services. According to an anonymous standard self-administered questionnaire that compared five master mentors to volunteer mentors, the study found

that employee mentorship in government health facilities in Nairobi, Kenya, and the coastal region had increased. This, in turn, increased self-efficacy in delivering integrated HIV care services. The findings revealed that the master mentors were more expensive. Future research should look on the impact of cascaded mentoring on patients.

2.2.4 Follow-up Evaluation Plan and Employee Performance

Baker & DiPiro, (2019) conducted research at Virginia Commonwealth University's School of Pharmacy to provide a standardized onboarding practice and tool for faculty members, then assess its use. After reviewing a prior onboarding tool, a new one was created. The new tool was 80% more successful than the old one in terms of time-frames, expectations, and mentorship, according to interviews conducted with nine newly hired employees and six others between January and February 2017. The updated technology enhanced new employees' onboarding experience and raised output. However, more work and research are required to close the knowledge gap and deliver the greatest onboarding experience.

Amudha et al. (2018) conducted a study on the performance assessment of new nursing graduates in a new teaching hospital environment in Kuala Lumpur, Malaysia. The study involved 113 graduate nurses who received their degrees two years early. The research used a comparative descriptive study with two evaluators, with the first using a structured questionnaire and the second using an open-ended questionnaire. The results showed that 76.02% of new nurses had outstanding performance competency, despite discrepancies. The study concluded that the system will take time to work well in a new environment, and that one approach is not sufficient. Managers often fall into the trap of focusing on recent performance effects, presenting a knowledge gap.

The research on performance evaluation in allied health clinical services was thoroughly reviewed by Lizarondo et al. (2014). The main components of a performance evaluation system, performance evaluation tools, and implementation challenges were all noted. 37 articles made up the sample size. The study searched relevant publications in five electronic databases, and the results were analyzed using content analysis. Clinical areas for measurement, goal-setting, performance measure selection, feedback source identification, performance measurement execution, and result reporting to stakeholders are the fundamental components of performance evaluation. In order to paint a complete picture of healthcare delivery systems, performance evaluation requires data from many different perspectives.

In Egypt, an employee evaluation using a 720-degree feedback approach is being used as an all-around new appraisal technique for evaluating employees' performance. The study included 52 travel agencies from the Cairo and Giza Governorates. 331 questionnaires were collected at random from the sampled travel agencies. The 720-degree feedback method proved to be an effective technique for evaluating employees. The 720-degree technique proved useful in evaluating employee performance, and its significance should be communicated (Syardiansah et al., 2020)

In the Level 5 and 6 hospitals in Nairobi County, Wanguku (2016) assessed the effect of human resource strategies on medical officer retention. The study identified the variables: human resource practices, including onboarding, performance management, motivating employees through talent development, and human resource development, and how they affect staff retention. According to the study, evaluations should be done on a semi-annual or quarterly basis to make sure that improvement is ongoing. Goals

should also be set for each medical officer, and feedback should be followed up on to make sure that any weaknesses are addressed. Using both exploratory and descriptive methods, the study used a mixed research strategy. Five hospitals in Nairobi County each had 61 respondents from the sample size. Interview times and a survey are used to gather data. Each independent variable was examined using Pearson's regression analysis and logit regression to determine its relationship to new employee performance. The study variables used in this investigation probe new hire performance. The need for new employee feedback follow-up evaluation and how it affected employee performance were not demonstrated by the study.

2.2.5 Employee Performance

Healthcare worker training promotes teamwork, attitude, and problem-solving interactions. Healthcare worker training promotes teamwork, attitude, and problem-solving interactions. Small clinics to major hospitals served as the sites for the research, which was conducted both domestically and internationally. The study examined the effects of training teams on 23,018 individuals who had taken part in 129 prior experiments. Participants included physicians, nurse practitioners, physician assistants, allied healthcare personnel such as nurses and therapists, clerks, medical students, and nursing students. The findings revealed that medical errors harm patients and that many of these errors can be controlled, with trainees admitting that the training was beneficial. Team training increased learning of new skills by 31% and on-the-job application of these skills by 25%, increased financial improvement by 15%, improved clinical performance by 34%, and increased patient satisfaction by 15% (Rosen et al., 2018).

At the Kenyatta National Hospital Accident and Emergency Unit, Kyalo-Ikol (2018) looked into the causes of medication mishaps. The study looked into the reasons behind the underreporting of pharmaceutical errors and offered suggestions on how to adjust current practices to increase patient safety. 110 employees were surveyed cross-sectional using a self-administered questionnaire. Small clinics to major hospitals served as the sites for the research, which was conducted both domestically and internationally. The study examined the effects of training teams on 23,018 individuals who had taken part in 129 prior experiments., which included medical officers and nurses. Medical errors were discovered to be underreported due to both organizational and individual factors. There were no clear methods for reporting drug errors, and the feedback mechanism was ineffective. Future research on medication errors and the severity of the problem in KNH is needed. To provide a more generalized medical error rate, data from other public and private hospitals must be analyzed.

Wakaba et al. (2014) conducted a nationwide survey to determine Kenya's public-sector nursing workforce. The nursing workforce in the public sector as well as the connection between workforce density and crucial factors were investigated. Software for statistical analysis and geographic evaluation was used to examine data on national nursing deployment connected to nursing delivery. All private healthcare facilities and referral hospitals in Kenya employ nurses. The concentrations and traits of general public health nurses were compiled for all counties, and they were contrasted with a remoteness score based on five significant criteria. The nursing density is based on 16,371 nurses. The results of the poll show that there is a nursing deficit in the public sector nationwide (between 1.2 and 0.08 per 1,000 inhabitants).

Deriba et al. (2017) conducted a cross-sectional study on the job satisfaction of healthcare professionals and related variables in West Ethiopia Public Health Centers in April 2015. The study sampled 322 health professionals from 23 randomly chosen public health clinics using self-administered structured questionnaires. The independent variable study included multivariate linear regression analysis, and the factor scores that represented satisfaction were calculated using varimax rotation. 41.46 percent of employees reported overall job satisfaction, with 95 percent reporting management recognition, 95 percent reporting possibilities for growth, 95 percent reporting salary, and 95 percent reporting compensation and bonuses. A total of 41.46 percent of workers reported being unsatisfied with their jobs in general. Utilizing salary, management recognition, growth possibilities, remuneration, and incentives, job satisfaction was assessed.

Mwihia (2020) carried out research in Kenya to evaluate the performance of Kenyan public hospitals and the crucial function of management. The study found important management techniques, hospital performance in terms of quantity and quality of care, patient satisfaction with care, and hospital management's health outcomes. In 2015, cross-sectional mixed approaches were used on a sample of 25 hospitals in the Central region. The study included 790 inpatient and outpatient patients as well as 75 managers. The study discovered 11 similar characteristics of Kenyan hospital management practice (delegation with follow-up, work implementation, effective communication, and empowerment), each of which had a different impact on overall hospital efficiency. These features increased outpatient visits by 49% and admission rates by 58%, improving hospital performance and increasing the quantity and quality of healthcare. Finally, it was

proposed that effective management strategies boost hospital performance and patient satisfaction.

2.3 Summary of Research Gap

Regionally, Ayana et al., (2020) study conducted a cross-sectional study on staff orientation in public hospitals in Ethiopia and a multi ethnic tertiary hospital in Saudi Arabia presenting a methodological gap. Lalithabai et al., (2021) looked at a nursing orientation program to evaluate nurse competency. The results highlighted the necessity of making certain content and tactical modifications in subsequent programs. Examine certain components of the orientation program and adapt them to enhance participant experiences. As stated by Carr (2019) in North West England, mentorship is necessary for new hires to rise to a new post. This wasn't the case as the mentors weren't willing to take the initiative in mentor up-and-coming employees. Further research on the effect of new employee mentoring on employee performance in other areas be investigated. Similarly, Amudha et al., (2018) conducted a comparative study on evaluating new graduate nurses' performance in a Malaysian tertiary hospital. To enhance generalizations of study findings, additional research can be carried out on a sizable sample. Validated questionnaire surveys on nurse-physician relationships can also be used in the study to get larger sample sizes. Because respondents are anonymous, a survey method may also help people feel less threatened. Achi and Sleilati (2016) in Lebanon Banking Sector present both contextual and conceptual gaps. Elhalem et al., (2019) also agreed that new employee follow-up through the collection of evidence on performance will greatly assist new employees. However, it warns that in order to achieve results, policies and procedures for dealing with future changes in the onboarding process be captured in a

clear and understandable format in the evaluation tool. Regionally, (Ofobruku & Nwakoby, 2015) in a study supported the idea that mentoring practice supports new employee performance if well supported by management. Locally, Atambo & Momanyi, (2016) focused on healthcare workers' motivation through coaching in Narok County, Kenya, suggests that coaching can enhance performance but requires regular improvement presenting a knowledge gap. Sendawula et al., (2018) suggested further research on other coaching variables in other sectors or hospitals. Nyikuri et al., (2020) study highlights the need for onboarding new nurses from recruitment to orientation, a process not currently implemented in hospitals. To create a nurturing environment, health sectors must improve NBU recruitment, orientation, and rotation rates, even without specialized nursing expertise. The study presented both methodological and knowledge gaps. Nduati et al., (2018) use of a cascaded clinical mentorship model to assess the relationship between access and health worker self-efficacy in the delivery of integrated HIV services. The results of the study suggest that more research should be done on how cascaded mentorship affects patients who show signs of a knowledge gap.

While prior study on onboarding practices for new employees has been done both domestically and internationally, little is known about the ways in which various onboarding techniques affect the performance of newly hired staff. This research gap limits our understanding of how new onboarding practices can be optimized to influence employee performance in the healthcare sector. Therefore, this study determined the effect of new employee onboarding practices on employee performance, to be specific find the effect of employee orientation, employee coaching, employee mentoring and employee follow-up evaluation plan on employee performance in Sub-County Hospitals

in Kisii County Kenya. This study will also to add a lit pool of knowledge to the existing knowledge in the Kenyan contest on new employee onboarding practices.

2.4 Conceptual Framework

Regoniel (2015) defined a conceptual framework as an overview of the literature that provides an explanation for a phenomenon that has been studied by a researcher. According to Dell'Osso et al. (2016), a diagram shows the link between the independent and dependent variables of an inquiry. The theoretical foundation of this study will be provided by social learning theory and human capital theory. A reflection that the process of onboarding new employees in the healthcare sector entails interacting socially with coworkers in hospitals through programs including orientation, coaching, mentorship, and plans for follow-up evaluation.

Figure 2. 1 Conceptual Framework

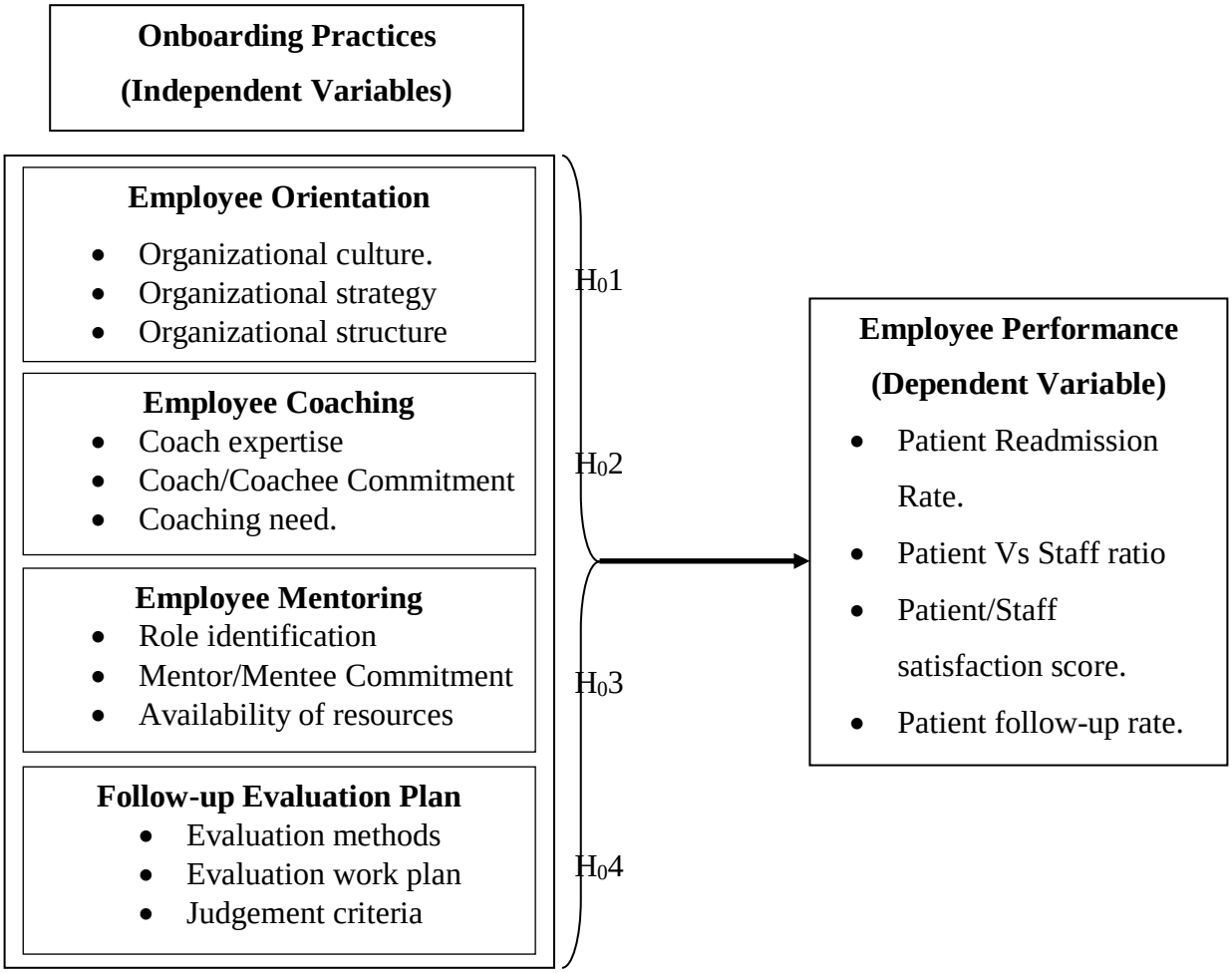


Figure 2: Conceptual framework.

Source: Researcher 2021

In the conceptual framework in Figure 2.1, onboarding practices are hypothesized to influence new employee performance. The independent variables employee orientation, employee coaching, employee mentorship, and employee follow-up evaluation plan influence new employee performance. The framework postulates that the status of employee orientation, coaching, mentorship, and follow-up evaluation plan in the Sub-

County Hospitals positively affect patient readmission rate, patient/staff ratio, patient/staff satisfaction score and patient follow-up rate.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

Ogula (2005), defines a research design is a strategy for gathering data and managing variance in order to address specific research objectives. This study employed a survey with a descriptive research design. Oso and Onen (2009), defines a descriptive survey design is a way for gathering data from groups of people in order to create quantitative descriptors of the constituents of a sizable population that the groups are a part of. To ascertain the correlation of variables and how one variable impacts another, the descriptive design placed a strong emphasis on gathering data that indicated a population's attitudes, behavior, views, and beliefs that could not be immediately observed. This is in line with the way (Olusola et al., 2013) defined descriptive research as a technique for acquiring data.

3.2 Study Area

Nine Sub-County Hospitals in Kisii County, Kenya participated in the study. The new county governance systems include 47 counties, including Kisii County. Approximately 1,226,860 people live in the County, which has a total area of 1,332.7 km2. The county is bordered to the south by Narok County, to the west by Homabay and Migori Counties, and to the northeast by Nyamira County. It has a highland equatorial climate with two bimodal rainfall patterns. It is situated between latitudes 0 30' and 1 0' South and 34 38' and 35 0' East. Appendix V contains more details.

3.3 Target Population

The 498 employees of Kisii County's nine Level 5-designated Sub-County Hospitals made up the study's target population. The study chose nine Sub-County hospitals, primarily referral hospitals with a cadre of employees participating in this study. Medical officers, clinical officers, nurses, laboratory technicians, pharmacists, and administrative personnel were among those employed. New employee onboarding is the foundation of improved healthcare employee performance; its success or failure is determined by the entire healthcare system. The availability of skilled and motivated employees in Sub-County Hospitals is essential to the overall effectiveness of the healthcare system. The researcher, therefore, assumed that the structure of onboarding practices and the performance of employees in Sub-County Hospitals provided an insight into the new employee onboarding practices and the quality of healthcare in Kenya. The study-involved employees employed between three months and ten years as they represented the most recent group that is believed to have been was exposed to the organization structure and were within the study range.

Table 3. 1 Target Population

Hospital	Medical Officers	Clinical Officers	Nurses	Laboratory Technicians	Pharmacists	Administr-ative Staff	Sub-totals
Nyamache	5	25	27	6	2	*10*	**75**
Keumbu	3	12	22	7	3	*6*	**53**
Gesusu	3	11	20	7	4	*4*	**49**
Marani	2	12	19	5	1	5	**44**
Gucha	3	15	45	5	2	11	**81**
Iranda	3	8	18	4	3	12	**48**
Kenyenya	3	12	27	1	1	7	**51**
Iyabe	1	10	23	5	2	11	**52**
Nduru	1	8	22	6	1	7	**45**
Total	**24**	**113**	**223**	**46**	**19**	**73**	**498**

Source: Kisii County Hospital Records, 2021

3.4 Sample and Sampling Design

3.4.1 Sample Size

The sample size was 222 people selected from the target population. Table 3.2 shows the distribution of the 222 respondents across Sub-County Hospitals. The sample size was calculated using (Yamane, 1967) sample determination formula:

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

Where:

n = signifies the sample size

N = signifies the study Population

K = constant (1)

e = signifies the acceptable margin error (95% confidence level and 0.05 are assumed).

498/1+498(e)^2 = 222

To get the specific sample size for each Sub-County Hospital, example for Nyamache was calculated as

$$\frac{\mathbf{75}}{\mathbf{498}} \times \mathbf{222} = \mathbf{33}$$

Then, the specific cadre sample size for example Medical Officers in Nyamache were calculated as

$$\frac{5}{498} \times 222 = 2$$

Table 3. 2 Sample Size Distribution per hospital per Cadre

Hospital	Medical Officers	Clinical Officers	Nurses	Laboratory Technicians	Pharmacists	Admin. Staff	Sample Size
Nyamache	2	11	12	3	1	4	**33**
Keumbu	1	5	11	3	1	3	**24**
Gesusu	1	5	9	3	2	2	**22**
Marani	1	5	10	2	0	2	**20**
Gucha	1	7	20	3	1	5	**37**
Iranda	1	4	8	2	1	5	**21**
Kenyenya	1	5	13	0	0	4	**23**
Iyabe	0	4	10	2	1	5	**22**
Nduru	0	4	10	3	0	3	**20**
Total	**8**	**50**	**103**	**21**	**7**	**33**	**222**

Source: Kisii County Hospital Records, 2021

.4.2 Sample Frame

The sample frame of this survey was a list of the medical staff and administrative staff at the Sub-County Hospitals in Kisii County.

3.4.3 Sampling Procedure

Purposive sampling and simple random sampling methods were both employed to gather samples for the study. The researchers purposefully included employees who had been in the hospitals for more than three months but less than ten years because it was assumed they had gone through the onboarding processes and were critical to the study. Simple random sampling is a method for selecting samples from an accessible population with

no bias (Oso & Onen, 2009). According to Oso and Onen (2009), the study used simple random sampling to ensure that every employee in Sub-County Hospitals had an equal and independent probability of being represented.

3.5 Data Collection Instruments

3.5.1 Instrumentation

The researcher obtained data by administering a questionnaire to each participant in the objective sample population. In this situation, the questionnaire was utilized to gather information and in cases when the respondent needed to write it down.

3.5.1.1 Validity

he ability of an instrument to precisely measure and understand what it is meant to evaluate is referred to as its validity (Li, 2016). Internal validity was the primary focus. The approximate drawing of cause-and-effect inferences is known as internal validity (Trochim & Donnelly, 2001). Two supervisors assessed each item's relevance to the objectives and graded each item on a scale of relevance in the study field to determine the validity of the research instrument in gathering all the required data. They additionally scrutinized for any ambiguities and questions that were unclear.

3.5.1.2 Reliability

A pilot study prior to data collection tested the external consistency of the research instrument before administration. Piloting was done in Kisii Teaching and Referral Hospital, with respondents chosen at random for pre-testing, representing 22% of the total target population of nine Sub-County Hospitals in Kisii County. According to Cooper et al. (2006), a pilot test can test the instrument dependability without using statistically selected respondents. Using SPSS software, the survey results were entered

statistically. The dependability was determined For an instrument, a reliability coefficient of at least 0.70, or 70%, was obtained (Li, 2016).

3.5.2 Data Collection Procedure

The research questionnaires were designed to support the study's objectives and hypotheses. A trained research assistant aided the researcher in collecting data. The researcher received authorization from the University to perform the study, as well as permission to collect data from the Kisii County Department of Health and NACOSTI. Over the course of three months, data was collected from nine Level 5 Sub-County Hospitals.

3.6 Data Analysis

Data analysis is the process of arranging unprocessed data to separate out errors from important information (Gall et al., 2007). A descriptive statistics design was mostly used during data analysis to summarize the gathered data. The data was gathered, edited for consistency, accuracy, and completeness, then organized and coded. Data analysis was done using descriptive statistical techniques including count (frequency) and percentage. Inferential statistics, correlation coefficient analysis (r), and multiple linear regression analysis approaches were utilized to examine data. Correlation (r) analysis determined the link between the variables under examination. Correlation analysis determines the degree of correlation between one or more means of variables taken from the same set of individuals (Oso & Onen, 2009). In this study, correlation (r) analysis was utilized to analyze disparities in employee performance means. Multiple linear regression analysis linked the independent and dependent variables. The individual coefficient of regression investigated whether the independent variables, employee orientation, coaching,

mentoring, and employee follow-up assessment plan, influenced the performance of new employees. The regression models linked the independent and dependent variables as follows: $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \in$

Where:

Y = Employee performance of Sub-County Hospitals

X_1 = Employee orientation

X_2 = Employee coaching

X_3 = Employee mentoring

X_4 = Employee follow-up evaluation plan

In the model, β_0 = the constant term while the coefficient β_i. $i = 1,2,3,4$, was used to measure the sensitivity of the dependent variable (Y) to a unit change in the predictor variables $X_{1,} X_{2,} X_3, X_4$ using the various questions presented to respondent in the questionnaire. The computer program SPSS ver.25 analyzed the data. Correlation and regression model analysis tested the effect of new employee onboarding practices on the performance in selected Sub-County Hospitals in Kisii County. Charts and frequency tables were used to present data.

Diagnostic Tests for the Regression Model Assumptions

It was important to confirm that none of the assumptions of the classical linear regression model (CLRM) had been violated before attempting to estimate a regression connection. According to Bowen et al. (2018), when regression model assumptions are violated, parameter estimations from evaluating this relationship in an equation risk of being inaccurate, ineffective, and inconsistent. In order to confirm accurate equation

specification, the multicollinearity, autocorrelation, and heteroscedasticity tests were performed.

Normality Tests

It was essential to confirm that the assumptions of the classical linear regression model (CLRM) had not been violated before attempting to estimate a regression connection. The violation of the assumptions of linear regression, the estimated of the relationship in an equation risk producing biased, inefficient, and inconsistent parameter estimates (Bowen et al., 2018). As a result, the multi-collinearity, autocorrelation, heteroscedasticity, panel unit root, and proportional odds tests ensured proper equation specification.

Linearity test

Regression analysis defines dependent variables in relation to independent variables that are straight-line function predictors. The link between the variables was estimated using multiple linear regressions. Because correlation and regression in general linear models presume linearity, the non-linearity test was carried out. If the F significance value is less than 0.05, an ANOVA table will test for linearity.

Test of Multi-collinearity

This study used variance inflation factors (VIF) and tolerance levels to test for multi-collinearity. The inverse of tolerance levels is VIF. Because a larger VIF is regarded to have an impact on the outcomes of regression analysis, academics prefer low VIF. VIF stands for the multi-collinearity-induced levels of standard error inflation associated with a certain beta weight. The beta does not suffer from multi-collinearity if the VIF values

are less than 10; multi-collinearity exists if they are larger than 10. When VIF is less than 10, the tolerance level is greater than 0.15.

Test for Heteroscedasticity

This test confirmed if there was any correlation between the data's error terms across observations. The data are not heteroscedastic (Constant variance), according to the modified Wald test null hypothesis. The null hypothesis is accepted if the stated test result is less than the 0.05 p-value; otherwise, it is rejected.

Test for Autocorrelation

The Wooldridge test was applied in this work to measure autocorrelation, and this test evaluates serial correlation in data. The absence of a first order autocorrelation in the data was the null hypothesis. In order to evaluate whether there was statistically significant autocorrelation in the data, the computed F statistic value was compared to an associated p-value.

3.7 Ethical Considerations

The study's key ethical issue was the respondents' confidentiality and privacy. In order to obtain a valid population size and the proper sample size, access to a list or file with the accurate records of hospital staff in Sub-County Hospitals was required. Despite the fact that it was the only way to gather the necessary information to create the sample frame and estimate the proper sample size, this violated the respondents' privacy regulations.

The University School Board, Kisii County Government's Medical Department of Health, and NACOSTI provided consent to conduct the study and gather data. Before freely agreeing to engage in the study, respondents were informed of the purpose of the study

and their right to participate in it. The respondents' identities were kept concealed because the data collection instrument did not require them to fill out their names.

The psychological harm to respondents was reduced by ensuring that the questionnaire was simple to comprehend, did not contain unclear questions, and did not interfere with their personal well-being. The study also assured that the research was not plagiarized.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 Response Rate

The main objective of the study was to evaluate how new employee onboarding practices affected employee performance in a case study of Sub-County Hospitals in Kisii County, Kenya. The specific objectives included establishing the effect of employee orientation on employee performance in the healthcare sector, determining the influence of employee coaching on employee performance, examining the effect of employee mentoring on employee performance, and analysing the effect of a follow-up evaluation plan on new employees' performance in the healthcare sector in Kisii County. As a result, the researcher distributed 222 questionnaires, with the response rate shown in Table 4.1 below.

Table 4. 1 Response Rate

Response Rate	Frequency	Percentage
Returned	200	90.6%
Unreturned	22	9.6%
Total	**222**	**100%**

Source: Field data 2022

Table 4.1 shows that out of the sampled sample of 222 respondents, 200 respondents were able to respond to the questionnaire's representation of (90.6%), which is considered very good by (Mugenda & Mugenda, 2003). The other respondents 22 (9.4%) respondents did not turn out for the exercise because of some commitments within and

out of the healthcare facility either involving attending to patients who are on a homecare medical service or administration of vaccines to people within Sub-Counties.

4.2 Background Information of the Respondents

4.2.1 Education Level of the Respondents

The objective of the study was to determine the respondent's educational background at Kisii County's sub-county hospitals.

Table 4. 2 Distribution of the education level of the respondents

Response	Frequency	Percentage (%)
Certificate level	12	6.0
Diploma level	128	64.0
Degree level	53	26.5
Masters	5	2.5
PhD	1	0.5
Others	1	0.5
Total	**200**	**100.0**

Source: Field data (2022)

The respondents' educational level is shown in Table 4.2 above. It is clear that the majority of respondents had a diploma level of education, with 128 (64%) representing more than half of the sampled population, followed by degree level of education, which had only 53(26.5%), and few respondents had masters, 5(2.5%), only one person had a Ph.D., 1(0.5%), and one respondent indicated others (A-level) with 0.05%. This information clearly indicates that the hospitals have skilled and knowledgeable medical

and administrative personnel who were able to respond to the questionnaire without a lot of struggle to understand the tool.

4.2.2 Period of Working in the Current Role of the Respondents

The study sought to establish the period of working in the current role of the respondents in Sub-County Hospitals in Kisii County.

Table 4. 3 Period of working in the current role of the respondents

Response	Frequency	Percentage (%)
Less than 1 year	23	11.5
1 to 3 years	78	39.0
3 to 5 years	43	21.5
5 to below 10 years	56	28.0
Total	**200**	**100.0**

Source: Field data (2022)

Considering the distribution of the period of work in the current role, Table 4.3 above shows that the majority of respondents worked for a period of 1 to 3 years with a higher percentage of (39.0%), followed closely by those who worked 10 years with a percentage of (28.0%) within the selected Sub-County Hospitals. The respondents in this case were assumed to be able gone through the onboarding process.

4.2.3 Distribution of Respondents According to Age.

The study sought to establish the distribution of the age of the respondents in Sub-County Hospitals in Kisii County.

Table 4. 4 Distribution of respondents according to age.

Response	Frequency	Percentage (%)
18 to 30 years	59	29.5
31 to 40 years	99	49.5
41 to 50 years	35	17.5
Above 50 years	7	3.5
Total	**200**	**100.0**

Source: Field data (2022)

Table 4.4 above shows the distribution of age of the respondents across all the selected areas of the study, which showed that most respondents were between the age ranges of (31 to 40 years) at the highest percentage of (49.5%). These accounts of 99 people which was almost half of the total sample under study followed by the age range of (18 to 30 years) which had 59(29.5%), (41 to 50 years) and above 50 years respectively. However, the table indicates that people who had an age range from 50 years and above were fewer with a percentage of (3.5%) compared to other age ranges.

4.2.4 Distribution of Gender of the Respondents

The study sought to establish the gender distribution of the respondents in Sub-County Hospitals in Kisii County.

Table 4. 5 Distribution by Gender of the Respondents.

Gender Category	Frequency	Percentage (%)
Male	90	45.0
Female	110	55.0
Total	**200**	**100.0**

Source: Field data (2022)

The Table 4.5 shows the distribution of the gender of respondents. It depicts that out of the total 200 respondents 110 (55.0%) represent the number of female respondents more than half of the population sample while males being at (45%) represent 90 respondents. Hence, there was a slight difference between the numbers of respondents in terms of gender. Supported by the study by (Henry-Moss et al., 2018) that female workers in most of medical facilities have a higher number of representations.

4.2.5 Cadre Distribution of the Respondents

Table 4. 6 Cadre Distribution

Type of Cadre	Frequency	Percent
Medical Officers	6	3.0
Clinical Officers	35	17.5
Nurse	93	46.5
Laboratory Officer	23	11.5
Pharmacists	10	5.0
Administrative Staff	33	16.5
Total	**200**	**100.0**

Source: Field data (2022)

Table 4.6 above shows the distribution of the cadre among the respondents, we were able to observe that, almost half of the respondent population were nurses with 93(46.50%) which also reveals that most of the hospitals are largely occupied by nurses under the medical personnel as they offer most of the services. Secondly, clinical officers and Administrative Staff had almost the same distribution of 35(17.50%) and 33(16.50%). From this, we can deduce that they are the second-largest occupants of the hospital's medical and administrative running of the facilities. Lower turnout was experienced with laboratory officers, Pharmacists, and medical officers with a percentage and frequency distribution of 24(12.00%), nine (4.50%), and six (3.00%) respectively, which means that these positions require a minimized number of personnel to perform these duties and therefore the data collected from them

4.3 Descriptive Statistics

Descriptive statistics was used with the help of 5-Point Likert Scale to establish the relevant information that helped to measure employee orientation employee coaching, employee mentoring and employee follow-up evaluation plan on employee performance in Sub-County hospitals in Kisii County.

4.3.1 The Influence of Employee Orientation on Employee Performance

The first research objective aimed at finding statistics to establish the influence of employee orientation on employee performance in healthcare sector in Kisii County as shown in Table 4.7 below.

Table 4. 7 Descriptive Statistics of Employee Orientation

	N	Minimum	Maximum	Mean	Std. Deviation
The hospital culture influenced you to work hard.	200	1	5	3.62	1.167
The hospital culture demonstrated an atmosphere of teamwork.	200	1	5	3.90	.937
The strategic hospital policies were well defined.	200	1	5	3.92	.950
The hospital strategic vision and mission of the hospital were clearly communicated.	200	1	5	4.02	.959
The hospital operational systems corresponded with the strategic goals.	200	1	5	3.68	1.020
The hospital structure demonstrated clear division of roles and responsibilities.	200	1	5	4.05	.996
The hospital internal structure was well defined.	200	1	5	3.94	.883
The hospital structure demonstrated teamwork and cooperation.	200	1	5	3.98	.946
The hospital structure demonstrated clear line of authority.	200	1	5	3.89	1.009

Average Mean and Standard deviation	**3.89**	**0.7152**

Source: Field data 2022

The descriptive statistic distribution of employee orientation as one of the independent variables of the research is shown in Table 4.7 above. Mean was used to indicate how the respondents averagely rated the factors, where high mean values indicate more positive evaluation. Then, standard deviation was used to measure the variability of rating around the mean, where lower standard deviation values implies that the respondents rating were clustered around the mean. The average mean and standard deviation indicate the summary of the satisfaction level and variability or the respondents. The hospital culture influenced employee performance with (m 3.62, S.D 1.162) represented results on the question that, the hospital culture influenced you to work hard. The hospital culture demonstrated a supportive environment with (m= 3.90, S.D = 0.937). Based on the results for the two observations, it was determined that because the standard deviation was small, all of the responses were closer to the mean, resulting in a small variation in the responses. All of the remaining observations on how to measure the effect of employee orientation on employee performance yielded variation but close to mean results.

As a result, the results demonstrated some normalcy. Considering this result, it was clear that those employees who were able to go through the employee orientation process were positively influenced as (Lepore et al., 2018) affirms that a good environment with the best culture will influence any new employee to work hard and adapt to the working environment very quickly. Furthermore, the research of (Howard et al., 2015)

demonstrated that clear policies for employee orientation will enhance employee performance if they are adhered to both during and after the orientation process. Brekelmans et al. (2013) also mentioned that more services would be offered to everyone if healthcare personnel were organized into several units according to their training and expertise.

Finally, according to (Freidson & Lorber, 2008), a well-structured authority structure in any specific hospital or organization will improve employee performance because most problems that happen during normal working hours will have a proper channel of resolution. In general, this indicated that the majority of the hospitals under study embraced employee orientation to their new employees for a better servicing time at the facility, which helped to achieve the goal of establishing the effect of employee orientation on employee performance.

4.3.2 The Influence of Employee Coaching on Employee Performance

The second research objective aimed at finding statistics to determining the influence of employee coaching on employee performance in the healthcare sector in Kisii County as shown in Table 4.8 below.

Table 4. 8 Descriptive Statistics for Employee Coaching

	N	Minimum	Maximum	Mean	S.D
The hospital provided a coach to help set individual performance goals.	200	1	5	3.45	1.146
The coach provided training on the basic operational skills required in the hospital.	200	1	5	3.54	1.177

The coaching exercise clearly defined your roles and responsibilities.	200	1	5	3.75	1.098
The coach ensured that individual roles align with the hospital's objectives.	200	1	5	3.64	1.089
The coach provided essential information on the medical resources available in the hospital.	200	1	5	3.61	1.160
Coaching helped you improve on skills and knowledge.	200	1	5	3.73	1.111
Average Mean and Standard Deviation	**200**	**1**	**5**	**3.62**	**.972**

Source: Field data (2022)

The table 4.8 above shows the average mean for the question on how to measure the effect of new employee coaching on employee performance. The hospital provided a coach to help set individual performance goals, with (m= 3.45, S.D, 1.146). Followed by the coach provided training on the basic operational skills required in the hospital with all most the same figures (m= 3.54, S.D, 1.177). The other remaining question had the mean ranging from (m= 3.54 to m=3.75) with a standard deviation (S.D, 1.089 to S.D, 1.177). This means that almost of the responses were clustered around the mean; hence, there was normality in the results. Thus, the results indicate that most of all the selected Sub-County Hospital in Kisii County practiced employee coaching to realize improved employee performance. (Zink, 2018) established that, it is only through the coaching process that most of the vital and key resources of a given hospital will be availed by the assigned coach through which most of the new employees will have to understand how to

use them to fasten the process of service delivery to the people. This infers that most of the respondents indicated that most hospitals adopted employee coaching to foster better service delivery to the patients. Thus, in support by (Weer et al., 2016), the study showed that, employee coaching is effective towards improving skills and thus, better someone's practical approach at any given health facility.

4.3.4 The Effect of Employee Mentoring on Employee Performance

The third research objective aimed at finding statistics to the effect of employee mentoring on employee performance in the healthcare sector in Kisii County. Descriptive statistics was used with the help of 5-Point Likert Scale to establish the relevant information that helped to measure the effect of employee mentoring on employee performance as shown in Table 4.9 below.

Table 4. 9 Descriptive Statistics of Employee Mentoring

	N	Minimum	Maximum	Mean	S.D
Mentoring was done by a mentor assigned to you.	200	1	5	3.48	1.500
The mentor was committed to assist whenever need arises.	200	1	5	3.67	1.460
Being mentored assisted me adopt to environment fast.	200	1	5	3.68	1.500
Mentoring helped me gain new skills to take up new risks and helps improve delivery of care.	200	1	5	3.77	1.497

The mentoring helped me become committed to patients care.	200	1	5	3.86	1.475
The patients' medical history was provided.	200	1	5	3.89	1.437
On-demand medical resources were provided.	200	1	5	3.58	1.443
Average Mean and Standard Deviation	200			**3.70**	**1.213**

Source: Field data (2022)

The table 4.9 above shows the average mean for the question on how to measure the effect of new employee mentoring on employee performance. Mentoring was done by a mentor assigned to you with (m=3.8, S.D =1.500). Followed by the mentor was committed to assist whenever need arises with (m=3.67, S.D =1.460), Being mentored assisted me adopt to environment fast with (m=3.68, S.D =1.500). Mentoring helped me gain new skills to take up new risks and helps improve delivery of care with (m=3.77, S.D =1.497). The mentoring helped me become committed to patients care with (m=3.86, S.D =1.475). The patients' medical history was provided with (m=3.89, S.D =1.437), and lastly on-demand medical resources were provided with (m=3.58, S.D =1.443).

From these results, the values shown by the standard deviation are small, then there was small variation in the responses thus, all were close to central value (mean). Hence, the study was able to measure a positive of effect of employee mentoring on new employee performance. Using the ideas of the study done by (Denard Thomas et al., 2015), most of the organization do deploy a mentor to any new staff so as to better understand the other activities and services offered in a hospital or any given organization. Also, the study of (Kornelsen, 2019) indicated that, most of the organizations use mentors to help their new employees adapt the environment very fast which was in support of our study through

observations of the question that, being mentored assisted me adopt to environment fast. The results showed that most of the Sub-County hospitals were in a good position to deliver good services to the patients through the provision of the employee-mentoring program as measure of employee performance.

4.3.5 The Influence of Employee Follow-up Evaluation Plan on Employee Performance

Research objective four aimed at finding statistics to the effect of employee follow-up evaluation plan on employee performance in Healthcare Sector in Kisii County. Descriptive statistics with the use of 5-Point Likert Scale to establish the relevant information that helped to measure effect of employee follow-up evaluation plan on employee performance as shown in Table 4.10 below.

Table 4. 7 Distribution of New Employee Follow-up Evaluation Plan

	N	Minimum	Maximum	Mean	S.D.
Evaluation methods captured the agreed targets.	200	1	5	3.76	.865
A scheduled work plan was followed during onboarding.	200	1	5	3.82	.951
The judgment criterion for evaluation was fair.	200	1	5	3.82	.878
The supervisor provides ongoing feedback about my performance regularly.	200	1	5	3.83	1.052
Average Mean and Standard Deviation	200			**3.81**	**.7902**

Source: Field data (2022)

Table 4.10 above shows the average mean for the question on how to measure employee follow-up evaluation plan can affect the employee performance. Evaluation methods captured the agreed targets with (m= 3.76, S.D =0.865), followed by scheduled work plan was followed during onboarding with (m=3.82, S.D =0.951), the judgment criterion for evaluation was fair with (m=3.82, S.D =0.878), and lastly the supervisor provides ongoing feedback about my performance regularly with (m=3.83, S.D =1.052). Hence, an indication that employee follow-up evaluation plan was a practice in the selected Sub-County Hospitals to measure employee performance. As shown in (Rodeghero et al., 2021) that, a scheduled work plan helps to understand the whole process of employee

evaluation systematically hence it makes a well-working overview for both during the onboarding process and after. These results showed that the aim of establishing the effect of the employee follow-up evaluation plan was to be achieved since, most of the respondents showed that, definitely the program was being implemented in all the Sub-County Hospital thus, the research was able to achieve its aim of the study.

4.3.6 Analysis of Employee Performance Indicators

Table 4.11 below, shows the distribution of the dependent variable of the study (Employee Performance).

Table 4. 8 Descriptive Statistics of Employee Performance

	N	Min.	Max.	Mean	S.D
Patients/caregivers are educated on self-management.	200	1	5	4.08	1.297
Patient medical records are well maintained.	200	1	5	4.53	.929
Patients are provided with education and instructions after hospital care	200	1	5	4.26	1.104
Patient's understanding is assessed.	200	1	5	4.04	1.107
After a patient planned discharge, a follow-up is conducted.	200	1	5	3.44	1.348
The number of patients I attend to in a week is more than the recommended ratio.	200	1	5	3.86	1.512
The number of staff attending to patients is enough.	200	1	5	2.28	1.582
Expectations and supporting education were provided during orientation on care transitions.	200	1	5	3.66	1.346
There is mixed role performance due understaffing compromising quality of healthcare.	200	1	5	3.99	1.339
My colleagues and I get along well working towards achieving a shared goal.	200	1	5	4.39	.867
Valuing and appreciating patients for providing the right information is what I do regularly.	200	1	5	4.37	.915
Training was provided on how to track patient healing processes.	200	1	5	3.59	1.484
Average Mean and Standard deviation				**3.87**	**0.6196**

Source: Field data (2022)

Table 4.11 above shows the average mean of 3.87 of the results. It shown that the distribution of almost all the other means near the central value as from (2.28 to 4.53) with the standard deviation of the study having an average of 0.6196. This means that the

responses of the employee performance did not vary with a large deviation, thus, it means most of the Sub-County Hospital under the study had an effective effect of employee onboarding process to help them perform well as new employee. From the study of (Caplan et al., 2016) re-affirmed that indeed most of the hospital caregivers need self-management skills.

The results, in this case mean that most Sub-County hospitals in Kisii County were able to provide education on self-management for both patients and caregivers during the onboarding process. Hence, through a vigorous onboarding exercise, (Roehrs et al., 2017) emphasize on a good record keeping for all patient medical history enhance better employee performance.

Furthermore, the results in (Jackson et al., 2015), maintained that, a well-planned patient checkup after discharge is important since it reduces chances of patient readmission rate hence improving employee performance. Considering whether most of the selected Sub-County Hospitals had enough staff, (Aiken et al., 2012), that or better and quality services at a healthcare facility there is need to have enough staff to provide required services hence, it will lead to new employee's improved performance than when the ratio is need inadequate. In support of (Sherry et al., 2016), that during the medical service delivery process the patient, a well-trained healthcare will track the patient healing process thus, to reduces cases of patient readmission. The same results of the study were supported by (Grillo & Kim, 2015), "The onboarding process is critical for successful employee performance and retention" thus through improved process of onboarding program towards enlightening the new employees will led to more Sub-County hospitals to deliver quality services.

4.4 Inferential statistics

4.4.1 Correlation Analysis

4.4.1.1 Correlation between the Employee Orientation and Employee Performance

The assessment conducted correlation analysis to determine the relationship between the independent variables of employee orientation (EO), and the dependent variable of employee performance (EP) as shown in Table 4.12 below.

Table 4. 9 Correlation distribution

		EO	EP
EO	Pearson Correlation	1	.376**
	Sig. (2-tailed)		.000
	N	200	200
EP	Pearson Correlation	.376**	1
	Sig. (2-tailed)	.000	
	N	200	200

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

Source: Field data 2022

Table 4.12 above shows the correlation relationship between employee orientation and employee performance within the Healthcare Sector of Kisii County, analyzed by using the Pearson product-moment correlation coefficient statistics method. Based on the statistics in Table 4.12, there is a positive correlation between employee orientation and performance, with an N=200 sample size and a r = 0.376. It has been demonstrated that any modification to employee orientation results in a positive correlation value of (0.376) unit change in employee performance. As evidenced by the p-value of (0.000) (0.05),

there is a statistically significant association. The positive correlation, in this case, means that when there is an enhancement of new employee orientation then it will cause a positive change in employee performance and also it means that if there is no or very minimal employee orientation program for the new employees, then it will reduce the employee performance. Thus, this means that the change is essential to the healthcare sector in Kisii County, whereby, the County Government has to ensure that there is enough and well-implemented new employee orientation program in all its healthcare facilities to entirely develop and improve healthcare delivery services to the people. The hospitals' employee orientation showed a significant positive correlation with its employee performance. Employee orientation showed a substantial direct and positive relationship with all factors of employee performance, which made it clear that any company or organization has to apply the use of an employee orientation program for success to be achieved (Ndayisaba, 2017).

4.4.1.2 Correlation between the Employee Coaching and Employee Performance

To determine the association between the independent variables of employee coaching (EC) and the study's dependent variable, employee performance (EP), correlation analysis was carried out in the study. Table 4.13 below shows the findings of the study.

Table 4. 10 Correlation distribution

		EC	EP
EC	Pearson Correlation	1	.262**
	Sig. (2-tailed)		.000
	N	200	200
EP	Pearson Correlation	.262**	1
	Sig. (2-tailed)	.000	
	N	200	200

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

Source: Field data (2022)

The correlation results using the Pearson correlation coefficient statistics method are shown in Table 4.13 above. With a correlation (r = 0.262), a p-value less than 0.05, and N=200 as the sample size, statistical correlation data demonstrate that there is a weak positive linear relationship between the independent variable (employee coaching) and the dependent variable (employee performance). This means that a change of one unit in the independent variable will cause a change of 0.262 units in the dependent variable. When applying the probability value to test for significance, we have 0.000, which is less than 0.05, showing that there is a statistically significant link between the two variables in this situation.

Furthermore, the positive correlation implies that a well-planned employee coaching program for any new employee will result in a positive experience change in employee performance and vice versa. The study (Mehrabani & Shajari, 2013) found a positive correlation between employee coaching and employee performance, has a powerful effect

on the work done by employees. As a result of such a positive correlation change, the Kisii County Government healthcare governance must put in place mechanisms that will ensure consistent and continuous new employee coaching practice in all of its healthcare facilities for enhanced quality service delivery.

Using the study done (Raza et al., 2017), the involvement of managers in employee coaching practices has pragmatic backing for effective relationships towards employee performance. Whereas the study confirms that employees who are well-coached thrive at work, when the manager acts as a coach, willingly communicates with all employees, and accepts the ideas of others, it gives a positive correlation in terms of employee performance. We conclude that measuring the effect of employee coaching on employee performance is critical for any hospital or organization, public or private.

4.4.1.3 Correlation between the Employee Mentoring and Employee Performance

To ascertain the linear relationship between the independent factors of employee mentoring (EM) and the dependent variable of employee performance (EP), correlation analysis was performed in the study. Table 4.14 below shows the finding of the study.

Table 4. 11 Correlation Distribution

		EM	EP
EM	Pearson Correlation	1	.440**
	Sig. (2-tailed)		.000
	N	200	200
EP	Pearson Correlation	.440**	1
	Sig. (2-tailed)	.000	
	N	200	200

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

Source: Field data (2022)

The Table 4.14 illustrates the relationship between the employee mentoring and employee performance within healthcare sector of Kisii County that was computed by using Pearson correlation coefficient statistical method. From the table statistics correlation indicated that there is a moderate positive relationship between employee mentoring and employee performance N= (200) $r = 0.440$, $p < 0.05$. It indicates that, a unit change in employee mentoring causes (0.440) change in employee performance. This positive change is critical to the Healthcare Sector in Kisii County as it ensure that there is new employee-mentoring program to maximal improvement on healthcare delivery to the people. The relationship is statistically significant since the p-value (0.000) is less than the standard alpha (0.05) level of significant.

Employee mentoring, according to the research of (Neupane, 2015), is significantly related to employee performance and has a favorable correlation with it. Validated by (Nyamori, 2015) that the employee mentorship program should help employee's

impression more positive and make others feel confident too. The study also seconds that professionalism in training of mentors is a vital part of a fruitful employee-mentoring program. The study completes that employee mentorships allows new employees to set goals and achieve them within their job roles thus it aims at improving and increasing the efficiency an employee to work safely hence affecting employee performance positively when put into consideration.

The study employed the Pearson product moment correlation coefficient statistical approach to determine the link between the dependent variable (employee performance) and independent variables of the employee follow-up evaluation plan. The output the research was as shown in table 4.15.

Table 4. 12 Correlation distribution

		EFEP	**EP**
EFEP	Pearson Correlation	1	.403**
	Sig. (2-tailed)		.000
	N	200	200
EP	Pearson Correlation	.403**	1
	Sig. (2-tailed)	.000	
	N	200	200

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

Note: EP (Employee Performance), EFEP (Employee Follow-up Evaluation Plan)

Source: Field data (2022)

The Table 4.15 above demonstrates the relationship between the employee follow-up evaluation plan and employee performance within the healthcare sector of Kisii County,

analyzed using the statistics method of Pearson's product moment correlation coefficient. From the table the statistic correlation indicated (.403) being a moderate positive relationship between employee follow-up evaluation plan and employee performance. It shows that, a unit increase/decrease in employee follow-up evaluation plan causes an increase/decrease of (.403) in employee performance. The positive correlation has in (O'Toole, 2002), results suggested that new employee perceptions towards employee follow-up evaluation plan have a positive influence on employee performance. A new employee follow-up evaluation plan in the Healthcare Sector in Kisii County will have a positive implication in employee performance. Decrease of implementation of employee follow-up evaluation plan or increase will lead to either increase or decrease of employee performance, hence, the County has the mandate to ensure that there is a performance evaluation method and techniques in place to inspire employees to be more engaged. Since it is demonstrated that the correlation relationship is statistically significant because there is enough support based on the p-value of (0.000), which is less than 0.05.

4.5 Multiple Linear Regression Assumptions

The study constructed a model that would take into account the interaction between the independent and dependent variables by employing multiple linear regressions to ascertain the dynamics of the significant relationships in play.

4.5.1 Normality Tests

Figure: 4.1 shows the results of testing normality in the date set as shown by p-p plot below. Where, a diagonal line represented the data distribution with small circles distributed around it, as shown.

Figure 4. 1 Normal p-p Plot of Regression Standardized Residuals

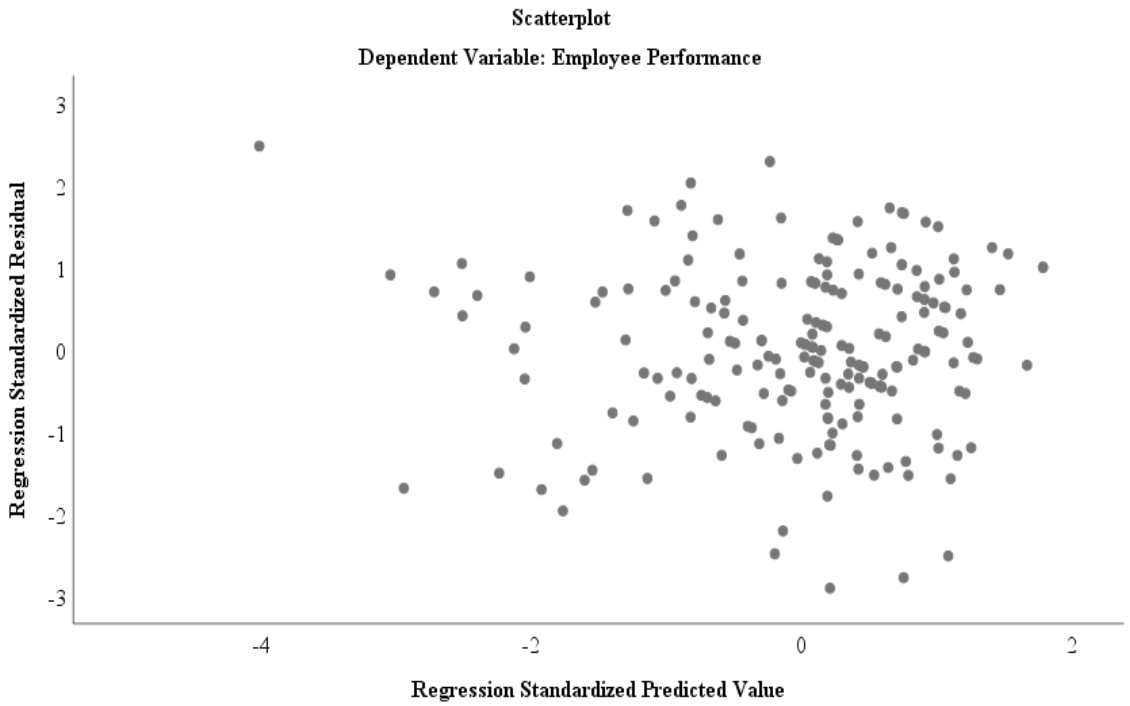
Source: Field data (2022)

Figure 4.1 above shows that the circles have lined up around the diagonal line, demonstrating that the data were normally distributed and that the normality test's underlying premise has been met. When dealing with multiple linear regression, the data set must be normally distributed, as this will affect how the relationship and significant tests of the study are achieved. As a result, the normality test seeks to establish variation in all variables under study.

4.5.2 Homoscedasticity Tests

The scatter plot below was plotted to and was used to determine the association between the independent variables and the dependent variable as shown in Figure: 4.2 below.

Figure 4. 2 Scatter Plot



Source: Field data (2022)

Figure 4.2 above, revealed that the circles are distributed equally below and above zero, as well as to the right and left of the y-axis, demonstrating that the assumption of homoscedasticity was met in the study, where the scatter plot had most of the circles concentrated at the center of the graph, forming a rectangular-like shape.

4.5.3 Multi-collinearity tests

Using VIF (Variance Inflation Factor) and tolerance from the coefficient table, the multi-collinearity was tested where the interest was to establish if there is an association between the independent variables of the study as shown in Table 4.16 below.

Table 4. 13 Coefficient Table

Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	1.978	.239		8.260	.000		
	EO	.178	.059	.206	3.017	.003	.782	1.279
	EC	.015	.043	.024	.351	.726	.793	1.260
	EM	.149	.035	.292	4.260	.000	.773	1.294
	EFEP	.157	.055	.200	2.875	.004	.750	1.333

Dependent Variable: Employee Performance

Source: Field data (2022)

Based on variance inflation factor (VIF) values less than 10 and tolerance values greater than 0.2, the study concludes that there was no multi-collinearity within the study's predictor values. The study also found that only three independent variables were statistically significant and influenced the dependent variable positively. Employee orientation (EO) had a VIF of 1.279 and a Tolerance of 0.782, employee mentoring (EM) had a Tolerance of.773 and a VIF of 1.294, and employee follow-up evaluation plan (EFEP) had a VIF of 1.333 and a Tolerance of 0.750. Employee coaching was the only independent variable that was statistically insignificant but had a positive effect on employee performance (Tolerance = 0.793 and VIF = 1.260).

Hence, the study did achieve multi-collinearity assumption, where the constant (employee performance) is positively significant. In (Senaviratna & A Cooray, 2019), where the study suggests that for any study to satisfy the assumption of multi-collinearity

of multiple regression analysis the VIF scores be below 10 while that of the tolerance must be greater than 0.2, in that any deviations from the suggested score then there is possibility of multi-collinearity aspect hence affecting the regression analysis outcome. Thus, basing on the results from the Table 4.12 above, the assumption was not violated.

4.6 Model Summary

To determine effect of new employee onboarding practices on employee performance in Sub-County Hospitals in Kisii County, the researcher applied multiple linear regressions model. The four important independent variables of this study comprised of employee orientation, employee coaching, employee mentoring and employee follow-up evaluation plan. The corresponding dependent variable was employee performance. The quantitative data results of the multiple linear regressions were as shown in Table 4.17 below.

Table 4. 14 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.541[a]	.292	.278	.52646

Note: a. Predictors: (Constant), Employee Follow-up Evaluation Plan, Employee Coaching, Employee Orientation, and Employee Mentoring

Source: Field data (2022)

The regression results shown in Table 4.17 indicate that variability in the four elements included in this analysis of data account for 29.2% of the of the total variations in employee performance (R-squared =.292). Other factors that were not taken into account in this study accounted for the remaining 70.8%. The average deviance of the independent variables from the line of best fit is shown by the standard error of estimate,

which is.52646. As a result, all onboarding practices such as employee orientation, coaching, mentoring, and a plan for follow-up evaluation of employees have an impact on employee performance in the healthcare industry.

Table 4. 15 Analysis of Variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	22.341	4	5.585	20.152	.000[b]
	Residual	54.047	195	.277		
	Total	**76.389**	**199**			

a. Dependent Variable: Employee Performance

b. Predictors: (Constant), Employee Follow-up Evaluation Plan, Employee Coaching, Employee Orientation, Employee Mentoring

Source: Field data (2022)

A multiple linear regression was done on the four independent variables of employee orientation, employee coaching, employee mentoring and employee follow-up evaluation plan to test their combined influence on employee performance in all selected Sub-County hospitals in Kisii County. The regression results presented in Table 4.18 constitute all the four independent variables for this analysis found to be significantly valid with $F (4, 199) = 20.15$, $P < .01$). This pointed out that all the four independent variables in this valuation are statistically significant or could be accepted in explaining employee performance among all new employees in all nine sampled Sub-County Hospitals in Kisii County.

Table 4. 16 Multiple Linear Regression Coefficients for Employee Performance

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	**Std. Error**	**Beta**	**t**	**Sig.**
1	(Constant)	1.978	.239		8.260	.000
	EO	.178	.059	.206	3.017	.003
	EC	.015	.043	.024	.351	.726
	EM	.149	.035	.292	4.260	.000
	EFP	.157	.055	.200	2.875	.004

Note: EO (Employee Orientation), EC (Employee Coaching), EM (Employee Mentoring), EFEP (Employee Follow-up Evaluation Plan)

Source: Field data (2022)

Table 4.19 above shows the multiple linear regression coefficient model, four predictor variables were used: employee orientation, employee coaching, employee mentoring and employee follow-up evaluation plan. Additionally, in terms of evaluating each independent variable where it was tested using the unstandardized coefficient beta value, the model showed that three out of four predictor variables of the study were statistically significant, with employee Orientation with ($p<0.05$), employee mentoring ($p<0.05$), and employee follow-up evaluation plan ($p<0.05$). With employee coaching (p-value of .726 > 0.05) thus, statistically insignificant. Hence, the assessment model of the study is as presented below;

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

Thus, Employee Performance (Y) = $1.978 + 0.178X_1 + 0.015X_2 + 0.149X_3 + 0.157\ X_4$

Based on the results, the Y-intercept (β_0=1.978) indicates that holding the independent variables at a constant, employee performance will have an effect of 1.978. According to the employee orientation results (X1, 1= 0.178, p=0.003), an increase of one unit in employee orientation will result in a 17.8% increase in employee performance. At a significance level of 0.05%, the increase is statistically significant.

Findings on employee coaching (X_2, β_2= 0.015, p=0.726) implies that a unit change of X_2, will increase the level of employee performance among new employees with 1.5% at that increase is statistically insignificant at p>0.01. Then, the results on employee mentoring (X_3, β_3= 0.149, p=0.000) implies that a unit change of X_3 will increase the level of new employee performance with 14.9 %, and with statistically significant test at p<0.05.

Finally, employee follow-up evaluation plan had (X_4, β_4= 0.157, p=0.004) which implies that, a unit change in X_4 improves the level of employee performance among the new employees by 15.7 %, and the test was statically significant at p<0.05. In general, the regression analysis shows that, employee orientation had the highest influence, followed by employee follow-up evaluation plan and employee mentoring. Employee coaching had a weak positive impact and was not statistically significant in this regression model.

Martin, (2010) supported the results of the study, that employee mentoring, employee orientation, and employee follow-up practices, resulted in an improved allocation of services, had positive relationship, and influence effects on procedures and firm employee performance. Supported by (Monzani et al., 2021) that, indeed employee follow-up plan, employee orientation and employee mentoring are the best predictors of both the new and old employee performance. Employee coaching had a very small

impact of the dependent variable with only .015 Beta value and was statistically not significant. Though small effect but as in (Pousa & Mathieu, 2014), established that employee coaching is a crucial supervisory behavior that can be used in organizational surroundings to develop and sharpen medical employees' skills and help them achieve increased levels of performance at work. But the study adds that, the better way to practice employee coaching was to use those who are in big positions like managers, administrators and other directors thus, to enforce standards for improvement in employee performance in any given organization. The results indicated that employee mentoring was the best predictor value for employee performance as in study of (Mundia & Iravo, 2014), where the study established that employee mentorship programs in any working environment plays a significant role in employee performance prediction and where it can be enhanced through skills enhancement sessions and career development guidance the study confirmed it. Followed by employee orientation and lastly employee follow-up plan.

In order to determine which of the predictor variables was the best at predicting the dependent variable, the estimated coefficient Beta value was divided by the standard error value to obtain the t-test value. The study suggested that employee mentoring practice is an important employee growth approach used in many successful establishments like hospitals as shown above (see Table 4.13), and the results still indicated that employee mentoring was the best of all the predictor variables with (4.26) as in (Ofobruku & Nwakoby, 2015).

(Çelik et al., 2018) showed that employee onboarding practices affected employee performance a greater part. The study suggested that the more they put effort into

implementing the employee orientation, employee mentoring follow-up evaluation plan, and other onboarding practices that will ensure employees are engaged to perform. This is also the same in the study finding by (Raub et. al, 2021). The results show that the entire variable applied in the study has a positive effect on the dependent variable for the success of an onboarding process in healthcare facilities and organizations. Meaning that onboarding, practices need to be implemented instead of working on assumptions.

4.7 Summary of hypothesis testing for all four independent variables.

To ascertain whether the four hypotheses were achieved, the results for multiple linear regression model provides the effect of each variable on the dependent variable by indicating the significance of each variable. Basing on this results, Table 4.20 below shows the summary hypothesis testing.

Table 4. 17 Summary of Hypothesis Testing

Hypothesis	**P-value**	**Decision**
There is no statistically significant effect between employee orientation and employees' performance in healthcare sector.	0.003 < 0.05	Accepted
There is no statistically significant effect between employee coaching and employees' performance in healthcare sector.	0.726 > 0.05	Rejected
There is no statistically significant effect between employee mentoring and employees' performance in healthcare sector.	0.000 < 0.05	Accepted
There is no statistically significant effect between employee follow-up evaluation plan and employees' performance in healthcare sector	0.004 < 0.05	Accepted

CHAPTER FIVE

SUMMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

The main objective of this research was to ascertain the effect of new employee onboarding practices on employee performance at sub-county hospitals in Kenya's Kisii County. The study's specific goal was to ascertain the effect of orientation, coaching, mentoring, and a follow-up evaluation plan on new employee performance in the Sub-County hospitals in Kisii County. The study was a success because all of the highlighted objectives were met by obtaining more than three-quarters of the responses from the targeted and sampled respondents, allowing the entire data collection task to be completed thoroughly. Based on the study's four goals, the following conclusions were drawn.

5.1.1 Employee Orientation and Employee Performance

To test whether employee orientation was being practiced, nine questions divided into three categories were used to measure employee orientation. It showed that, most of the health facility employees agreed that the hospital culture influenced them to work hard; also, it provided an atmosphere of teamwork, a hospital having a well-defined internal structure, and many other questions used to measure employee orientation with percentages of more than a half. It also showed that most of them strongly agreed that the hospital structure showed a clear division of roles and responsibilities to all its employees and subordinates' staff and other questions used to measure employee orientation. The study found that the majority of hospitals in the study area implemented staff orientation with (m=3.89, S.D =0.7152). Meaning, that orientation is an effective practice for a better

employee performance. Thus this helped to achieve the aim of establishing that new employee orientation influences employee performance.

To confirm the aforementioned conclusion, statistical correlation analysis was used to examine the relationship between employee orientation and performance. Where the r = 0.376 positive correlation coefficient was found. This suggests that any change in employee orientation, whether it is implemented or not, will result in an improvement in employee performance with a positive correlation value of (0.376). Because 0.000 is less than the level of significance of 0.01 when the p-value was applied, the results were therefore statistically significant. Additionally, the multiple linear regression analysis demonstrated that there was a positive linear association between employee orientation and performance that was statistically significant with (X1, 1= 0.206, p 0.05).

5.1.2 Employee Coaching and Employee Performance

The research employed elements including coach expertise, coach commitment, and lastly coaching need to measure the effect of coaching on the performance of new employees. Thus, based on the findings of the correlation study, the values suggest that there is a positive correlation relationship between the variables =0.262, and the p-value of 0.000 indicated that the correlation is less than 0.05. This demonstrates that when there is a slight change in the independent variable, whether it is positive or negative, the dependent variable (Employee Performance) will change positively by 0.262. Testing for significance of the model we found out that it is statistically significance in that the probability value was less than the standard alpha. Meaning that, the effect caused by coaching employees might sound small but if not well looked at then, it might cost the healthcare sector a negative greater impact, thus, more effort should be emphasized to

actualize new employee coaching and its successful impact be felt healthcare within Kisii County and many other sectors.

The descriptive statistic distribution of employee coaching showed that, majority of the respondents indicated that the practice of new employee coaching in most of the healthcare facilities is done with (m= 3.62, S.D.=0.972). Meaning that most of them alleged that coaching helped them to improve on aspect of skills and knowledge on how to handle medical issues, that, most of the hospitals provided a coach to provide coaching services the newly employed staff and as it was the same case for the other remaining four questions to test employee-coaching aspect. Additionally, the model was statistically insignificant with a positive association when multiple linear regression was used to evaluate the statistical linear relationships ($X2, 2= 0.024$, $p > 0.05$).

5.1.3 Employee Mentoring and Employee Performance

The study found that with an overall response rate of (m= 3.70 and S.D. 1.213), the majority of respondents believed that new employee mentorship was an approach used to raise the standard of services provided to employees in the hospital. The findings indicated that most Sub-County Hospitals were well-positioned to provide patients with high-quality care through the use of employee mentoring programs. Employee mentorship and employee performance are strongly correlated, with a correlation coefficient of 0.440 and a p-value of 0.05, respectively, according to statistics used to test the relationship between the predictor variable and dependent variable. It shows that a change in employee mentoring that is equivalent to a change in employee performance is equivalent to a change of 0.440.

As a result, it is crucial for the healthcare industry to make sure that these onboarding practices are used to guarantee improved healthcare service delivery to the public. As a result, new employee mentoring practice is one of the key characteristic of onboarding practices, and they play a significant role in ensuring that employee performance is attained. The finding of the multiple linear regression model, which shown a statistically significant positive relationship with (X3, 3= 0.292, p=0.000 0.05).

5.1.4 Employee Follow-up Evaluation Plan and Employee Performance

New employee follow-up evaluation plan is a practice of reviewing all the three mentioned characteristics of onboarding practices, where the practice is about to investigate on whether the new employee onboarding practices implementation is effective or not, thus, the study was able to measure its effect on the employee performance. As a result, the statistical correlation coefficient data showed a 0.403 positive moderate correlation association between the new employee follow-up evaluation plan and employee performance. The positive correlation value indicates that, a single change through institutionalizing or not leads to rise/decline in employee follow-up evaluation plan that causes a growth/reduction of 0.403 in employee performance. The model showed that the employee follow-up evaluation plan practice was in a better position to determine the dependent variable when testing for the statistically significant relationship between employee follow-up plan and employees' performance in healthcare facilities using the p-value of 0.000<0.05.

The descriptive statistics distribution of the employee follow-up evaluation plan prediction showed, that most respondents indicated that new employee follow-up evaluation plan was being embraced as part of employee performance management plan

with M=3.81, S.D.= 0.7902). An indication that most of the responses were around the mean value, implying that the selected Sub-County Hospitals embraced new employee follow-up evaluation plan. In summary, going forward, the healthcare sector must put measures in place that ensure performance follow-up is regularly done to ensure that new employee remain on track. The bivariate results were supported by those results of multiple linear regression analysis with (X_4, β_4= 0.200, $p < 0.05$) that was statistically significant since the p-value was less than the standard alpha value. Performing onboarding practices successfully and doing follow-up evaluations are essential, according to a poll by Global in 2017. Sub-County Administrators in all Sub-County Hospitals have a role of evaluating the onboarding outcomes, but the practices vary significantly in different units. As a result, Sub-County Hospitals should also implement the necessary plans and methods to employ in monitoring the performance of new employees as a way to measure the quality of onboarding.

5.1.5 Employee Performance

The (M= 3.87), shows that all the other means were distributed near the central value with the standard deviation of the study having an average of 0.6196. This means that, the responses of the employee performance did not vary with a large deviation; hence, most of the Sub-County Hospital under the study had effective new employee onboarding practices for better employee performance. Thus, there was need for more effort to ensure that all the required practices are followed to able to measure employee performance.

5.2 Conclusion

5.2.1 Employee Orientation and Employee Performance

This study's initial goal was to ascertain how employee orientation affected employee performance in Kisii County's healthcare sector. The majority of respondents, according to data gathered from nine Sub-County sampled hospitals, felt that new employee orientation is one of the most crucial practice during onboarding. The practice may lead to speedy integration, cutting down on the time and costs associated with integration while giving new employees at the Sub-County Hospital more time to perform. The results showed that orientation has a favorable impact on employee performance, which is consistent with the Social Learning Theory, which holds that healthcare workers should be trained by senior staff members to execute their jobs more quickly.

5.2.2 Employee Coaching and Employee Performance

The second objective was to determine the effect of employee coaching on employee performance in the Kisii Sub-County Health Sector. The correlation coefficient value and the results of the multiple linear regressions were adequate proof that, in any given organization or hospital, mentoring new employees beforehand improves job performance. However, coaching was not sufficiently done, an indication that Sub-County Administrators working with the healthcare department in Kisii County should improve on the tool used to coach new employees. Supported by Social Learning Theory that new employee in healthcare sector need to be coached with experienced personnel in their line of duty to expedite their performance

5.2.3 Employee Mentoring and Employee Performance

However, there has been a lot of determination in terms of the effect of new employee mentoring in public hospitals in Kisii County to ensure employee performance. The study found that employee mentoring was practiced in the majority of the study regions, implying good progress and effort by the County government. This was based on study objective three, which was to investigate the effect of employee mentoring on the performance of employees in healthcare Sector in Kisii County. As a result, the study concludes that new employee mentoring services are not only a measure of employee performance but can also be used for occupation expansion management, knowledge and skill development through the statistical distribution, correlation, and multiple linear regression analysis. These results allowed the study to reach its conclusion that mentoring affects employee performance, thereby attaining aim of objective three. According to the Human Capital Theory, employee knowledge, skills, and abilities are valuable inputs that should be invested in to improve employee performance and generate a return on investment.

5.2.4 Employee Follow-up Evaluation Plan and Employee Performance

Finally, a new employee follow-up evaluation plan on employee performance in the Kisii County, Healthcare Sector. The research revealed that respondents agreed that for Sub-Hospital to achieve success, continuous follow-up is necessary to check on the progress of new employee onboarding and to measure performance. The findings revealed that when proper procedures are in place for the success of the healthcare facility and thus better healthcare provision, a new employee follow-up evaluation plan has a positive contribution to employee performance as it provides feedback on individual performance.

This inferred that the new employee follow-up evaluation plan was a good predictor of employee performance.

5.3 Recommendation.

The study argues that onboarding practices have a significant positive impact on employee performance measurement in any given firm that is striving for success. The following recommendations are given against this backdrop. Despite its limitations, this study had to present recommendations that can help healthcare facility policymakers and managers obtain knowledge regarding the application of onboarding methods to successfully, and rapidly assimilate new employees into productivity.

Basing this generality of the findings of this study, it recommends:

i) That the hospitals should explore ways of ensuring that, they reorganize the current orientation tool to ensure a well-structured and communicated onboarding tool. The tool should be able to support new employees' onboarding while ensuring smooth integration into the healthcare systems.

ii) The research suggests that the Kisii County Government should provide adequate resources to Sub-County Hospitals in Kenya to facilitate the implementation of new staff coaching. It should consider continuous training coaches on effective onboarding practices that will improve on productivity.

iii) That though there exist human resources development policies and guidelines for bringing onboard new employee in any sector, research recommends that there is need to have organizational and management support during employee mentoring. Further, they should consider recognizing the mentors, as the fundamental aspect of improving employee performance.

iv) That the hospitals' performance evaluation techniques, should be determined for periodic follow-up and feedback sessions to support gauge new employee performance requirements.

5.4 Future Research

The research suggests that:

i) Research should be conducted on the available employee orientation tool and their effectiveness during new employee onboarding.

ii) Research be done on the barriers towards the successful implementation of new employee coaching practice at Sub-County hospital in Kisii County, Kenya.

iii) Further research could focus on broader mentoring practices and approaches during employee onboarding.

iv) Research be conducted on the applicable techniques in new employee follow-up developments and feedback during new employee onboarding.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER

Nancy Kerubo Nyaribo

Kisii University.

15th February 2022

Dear Participants,

RE: CONDUCTING A STUDY ON THE EFFECT OF NEW EMPLOYEE ONBOARDING PRACTICES ON EMPLOYEE PERFORMANCE IN SUB-COUNTY HOSPITALS IN KISII COUNTY.

I am a final-year student at Kisii University pursuing a Master of Business Administration (Human Resource option). As part of the requirements for completing my studies, I would like to do a research on the effects of new onboarding practices on employee performance at sub-county hospitals as part of the prerequisites for the award of a Master of Business Administration degree.

The purpose of this letter is to request your assistance in answering the questionnaires, so that I can complete my research. The data acquired throughout the study will be kept private and used only for academic purposes. I appreciate your time and consideration.

Yours faithfully,

Nancy K. Nyaribo - **MCB12/00001/18**

APPENDIX II: QUESTIONNAIRE

This questionnaire seeks information on employee orientation, employee mentoring, employee coaching, and employee follow-up evaluation plan and performance. It is divided into 5 sections.

Please indicate the name of your Sub-County_____.

SECTION A: BACKGROUND INFORMATION

1. Please indicate your age range?

   a) 18 - 30 years ☐ b) 31-40 years ☐ c) 41-50 years ☐

   b) Over 50 years ☐

2. How long have you worked in your current role?

   3 month - 1 year ☐ b) 2 -3 years ☐ c) 4-5 years ☐ d) 6-10 ☐ years

3. Please indicate your gender.

   a) Male ☐ b) Female ☐

4. Please indicate your level of qualifications.

   a) Certificate level ☐ b) Diploma level ☐ c) Degree level ☐

   d) Masters ☐ e) PhD ☐ Others ☐

5. Please indicate the cadre you fall under.

   a) Medical Officers ☐ b) Clinical Officer ☐ c) Nurse ☐

   d) Laboratory Officers ☐ e) Pharmacists ☐

   f) Administrative staff ☐

SECTION B: EMPLOYEE ORIENTATION

The remarks made in this section are related to employee orientation. If you agree or disagree with any of the following statements, please mark (x) the appropriate option on the following scale: (1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree, 5- Strongly agree).

No.	Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	i) Organizational Culture					
1.	The hospital culture influenced you to work hard.					
2.	The hospital culture demonstrated an atmosphere of teamwork.					
	ii) Organizational Strategy					
3.	The strategic hospital policies were well defined.					
4.	The hospital strategic					

	vision and mission of the hospital were clearly communicated.					
5.	The hospital operational systems corresponded with the strategic goals.					
	iii) Organizational structure.					
6.	The hospital structure demonstrated clear division of roles and responsibilities.					
7.	The hospital internal structure was well defined.					
8.	The hospital structure demonstrated teamwork and cooperation.					
9.	The hospital structure demonstrated clear line of authority.					

SECTION C: EMPLOYEE COACHING

The remarks made in this section are related to employee orientation. If you agree or disagree with any of the following statements, please mark (x) the appropriate option on the following scale: (1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree, 5- Strongly agree).

No.	Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	i) Coach expertise					
1.	The hospital provided a coach to help set individual performance goals.					
2.	The coach provided training on the basic operational skills required in the hospital.					
	ii) Coach/Coachee Commitment					
3.	The coaching exercise clearly defined your roles and responsibilities.					

4.	The coach ensured that individual roles align with the hospital's objectives.					
	iii) Coaching need					
5.	The coach provided essential information on the medical resources available in the hospital.					
6.	Coaching helped you improve on skills and knowledge.					

SECTION D: EMPLOYEE MENTORING

The remarks made in this section are related to employee orientation. If you agree or disagree with any of the following statements, please mark (x) the appropriate option on the following scale: (1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree, 5- Strongly agree).

No.	Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	i) Role identification					
1.	A mentor who was designated to you provided mentoring.					
2.	The mentor was committed to assist whenever need arises.					
3.	Being mentored assisted me adopt to environment fast.					
	ii) Mentor/Mentee commitment					
4.	Mentoring helped me gain new skills to take up new risks and helps improve delivery of care.					
5.	The mentoring helped me become committed to patients care.					

	iii) Availability of resources.					
6.	The patients' medical history was provided.					
7.	On-demand medical resources were provided.					

SECTION E: EMPLOYEE FOLLOW-UP EVALUATION PLAN

The remarks made in this section are related to employee orientation. If you agree or disagree with any of the following statements, please mark (x) the appropriate option on the following scale: (1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree, 5- Strongly agree).

No.	**Statement**	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
1	Evaluation methods captured the agreed targets.					
2	A scheduled work plan was followed during onboarding.					
3	The judgment criterion for evaluation was fair.					
4	The supervisor provides ongoing feedback about my performance regularly.					

SECTION F: EMPLOYEE PERFORMANCE

The remarks made in this section are related to employee orientation. If you agree or disagree with any of the following statements, please mark (x) the appropriate option on the following scale: (1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree, 5- Strongly agree).

	Patient/Staff ratio and Patient Readmission rate					
No.	**Statement**	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
	Patient Readmission Rate					
1.	Patients/caregivers are educated on self-management.					
2.	Patient medical records are well maintained.					
3.	Patients are provided with education and instructions after hospital care.					
4.	Patient's understanding is assessed.					
5.	After a patient planned discharge, a follow-up is conducted.					

	Patient /staff satisfaction ratio					
6.	The number of patients I attend to in a week is more than the recommended ratio.					
7.	The number of staff attending to patients is enough.					
	Patient/staff satisfaction rate and Patient follow-up rate					
No.	**Statement**	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
	i)Patient/staff satisfaction rate					
1	Expectations and supporting education was provided during orientation on care transitions.					
2	There is mixed role performance due understaffing compromising quality of healthcare.					
3	My colleagues and I get along well working towards achieving a shared goal.					

	iv) Patient follow-up rate					
4.	Valuing and appreciating patients for providing the right information is what I do regularly.					
5.	Training was provided on how to track patient healing processes.					

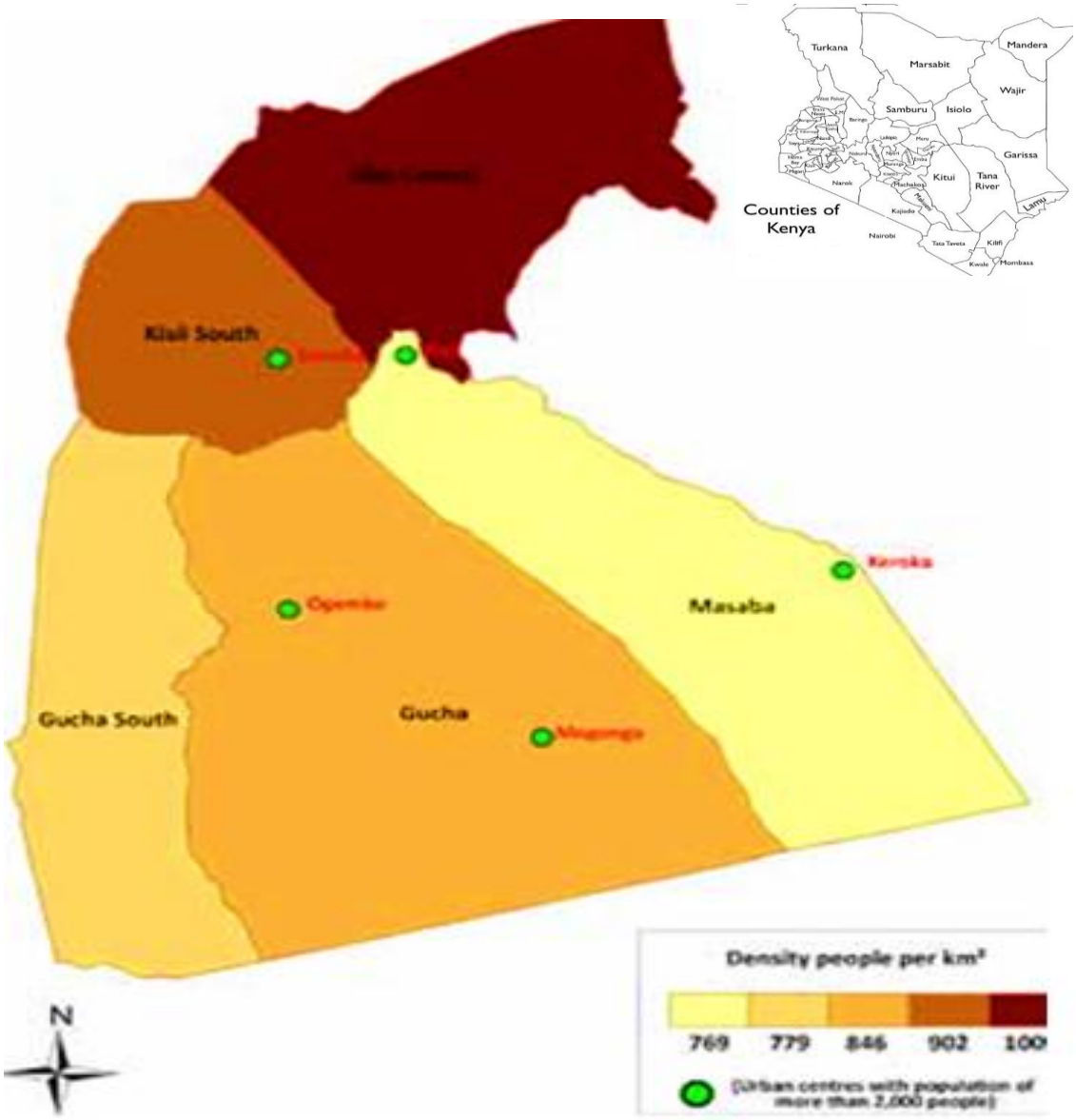
APPENDIX III: RESEARCH WORK PLAN

ACTIVITY	TIME FRAME MONTHS					
	1	2	3	4	5	6
Topic selection						
Supervisor selection						
Topic approval						
Draft proposal						
Supervisor comment incorporation into the proposal						
Development of a questionnaire						
Proposal submission and defense						
Incorporating panel suggestions into the proposal						
Gathering data from a chosen sample.						
Processing and analysis of data						
Supervisor's consideration of the project's draft						
Incorporating the supervisor's remarks						
The research project is signed by the supervisor.						
Project defense						
Completing and submitting to graduate school.						

APPENDIX IV: ESTIMATED RESEARCH BUDGET

TASK	**QUANTITY**	**COST**	**TOTAL VALUE**
Printing and Spiral binding of the proposal	6 copies	6*55*30	9,900.00
Questionnaire printing	350 copies	300*5 pages* Ksh.5	1,500.00
Field data collection	2 research assistants	2*2000*14days	56,000.00
Data sorting, coding, and input	1 research assistant	1*40000	40,000.00
Printing and book binding project.	10 copies	10*500*70	35,000.00
Publishing of journal articles	1 papers	10,000	10,000.00
Local travel expenses		20,000	20,000.00
Contingency budget		20,000	20,000.00
TOTAL BUDGET			**192,400.00**

APENDIX V: KISII COUNTY - KENYA MAP.



APPENDIX V: NACOSTI RESEARH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No313387

Date of 04 /March/ 2022

RESEARCH LICENSE

This is to Certify that Ms. Nancy Kerubo Nyaribo of Kisii University, has been licensed to conduct THE EFFECT OF NEW EMPLOYEE ONBOARDING PRACTICES ON EMPLOYEE HEALTHCARE SECTOR: A CASE OF SUB-COUNTY HOSPITALS IN KISII COUNTY. KENYA 04March2023.

License No**NACOSTI/P/22/16117**

313387

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearence from relevant Government Agencies
5. The License does not give authority to tranfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

APPENDIX VII: RESEARCH PERMIT – KISII COUNTY

KISII COUNTY GOVERNMENT
DEPARTMENT OF HEALTH
OFFICE OF THE COUNTY DIRECTOR OF HEALTH

Telegramme "Medical"
Telephone: 0721422400/0753122723
E-Mail: kisiicountyhealthcoordinator@gmail.com
When replying quote:
REF: KS/C/HS. VOL.III/ (50)

Kisii County
P.O Box 92 – 40200,
KISII

Date: 15th March, 2022

TO WHOM IT MAY CONCERN

RE: AUTHORIZATION OF NANCY KERUBO NYARIBO FROM THE KISII UNIVERSITY TO CARRY OUT A STUDY TITLED: THE EFFECT OF NEW EMPLOYEE ONBOARDING PRACTICES ON EMPLOYEE PERFORMANCE IN THE HEALTHCARE SECTOR: A CASE OF SUB-COUNTY HOSPITALS IN KISII COUNTY, KENYA

The above subject matter refers.

Having met all the requirements, **NANCY KERUBO NYARIBO**, from **THE KISII UNIVERSITY** is authorized to conduct research in the County Health Department within the next 90 days from the date of this letter.

The study will be carried out subject to adherence to the laid down procedures. Ethical consideration and confidentiality of the study subjects should be observed by the researchers who should submit the findings to the County Research Unit for retention and use.

Kindly accord the team to the 9 sub-county hospitals in Kisii led by **NANCY KERUBO NYARIBO or her proxy bearing this letter** any support that they require that falls within the scope of -this study.

KISII COUNTY GOVERNMENT
COUNTY HEALTH DIRECTOR
P. O. Box 92 – 40200
KISII.

DR. STANLEY RATEMO
COUNTY RESEARCH COORDINATOR
FOR: COUNTY DIRECTOR OF HEALTH

Copy to: -

- All SMOHs
  KISII COUNTY

APPENDIX VIII: APPLICATION LETTER FOR RESEARCH PERMIT

KISII UNIVERSITY

Telephone : 020 2610479
Facsimile : 020 2491131
Email : fcommerce@kisiiuniversity.ac.ke

P. O. Box 408-40200
KISII, KENYA.
www.kisiiuniversity.ac.ke

SCHOOL OF BUSINESS AND ECONOMICS

OFFICE OF THE COORDINATOR, POST-GRADUATE PROGRAMMES

REF: KSU/SBE/MCB12/00001/18

Monday 28th February , 2022

The Director,
National Commission for Science, Technology &
Innovation (NACOSTI)
NAIROBI.

Dear Sir,

REF: APPLICATION FOR A RESEARCH PERMIT FOR
NANCY KERUBO NYARIBO, REG. NO. MCB12/00001/18

The above named is a Masters student in our institution who intends to carry out a Research. The intended study is titled; "The Effect of New Employee On - boarding Practices on Employee Performance: A case of Sub-County Hospitals in Kisii County, Kenya."

The purpose of this letter is to request you to give her a research permit to enable her conduct the research.

Thank you.

Dr. Joshua Wafula, PhD
COORDINATOR, POST-GRADUATE PROGRAMMES

WJC/pa

APPENDIX VI: PLAGIARISM REPORT

EFFECT OF NEW EMPLOYEE ONBOARDING PRACTICES ON EMPLOYEE PERFORMANCE AT SUB-COUNTY HOSPITALS IN KISII COUNTY, KENYA

ORIGINALITY REPORT

20%	18%	5%	11%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Kenyatta University Student Paper	1%
2	erepository.uonbi.ac.ke Internet Source	1%
3	repository.kemu.ac.ke:8080 Internet Source	1%
4	www.researchgate.net Internet Source	1%
5	www.coursehero.com Internet Source	1%
6	su-plus.strathmore.edu Internet Source	1%
7	ir.mu.ac.ke:8080 Internet Source	1%
8	ir-library.ku.ac.ke Internet Source	<1%
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