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Influence of Trade Union Activities on Employee Performance Among Medical Doctors in Public Sector in Nairobi County, Kenya

Nyakiba Agnes Ongiri, PhD[1]*

[1]Business Administration (HRM)

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***Corresponding author:** Nyakiba Agnes Ongiri, PhD
Business Administration (HRM)

Abstract **Original Research Article**

The main purpose of the study was to establish the influence of trade union activities on employee performance among public service medical doctors in Nairobi County, Kenya. The specific study objectives were: union organizing, collective bargaining, contract administration and union-management cooperation activities on employee performance. The study was anchored on revolutionary theory and supported by evolutionary, industrial jurisprudence and Gandhi theories of trade union. The target population was 789 medical doctors and 21 top managers. To avoid bias, probability's stratified sampling technique was used to classify the population into various strata, based on specialization. Simple random sampling was used to pick 327 medical doctors from each strata. Non-probability's purposive sampling technique was used to pick 21 top managers. The study employed mixed methods research approach and adopted convergent parallel mixed methods design. A structured questionnaire was utilized to collect quantitative data from medical doctors, which was statistically analyzed using descriptive and inferential tools with the aid of SPSS (Version 26.0). Interview guide collected qualitative data from top managers. Both quantitative and qualitative data were subjected to descriptive analysis. Hypotheses were tested using regression analysis at a 0.05 level of significance. Qualitative data was thematically analyzed and presented in narrative form using text. The study found that union organizing, collective bargaining, contract administration and union-management cooperation activities had a positive and significant influence on the performance of public service medical doctors in Nairobi County, Kenya. Data were presented using tables and figures. The study therefore concluded that effective trade union activities are critical drivers of employee performance in the public health sector and recommended that public health labor relations stakeholders; the government, public health sector managers, and union officials should develop and strengthen policy and institutional frameworks that promote efficient and effective trade union activities' governance. This study contributes to the existing knowledge by presenting trade union activities as strong drivers of employee performance.

Keywords: Trade Union Activities, Employee Performance, Union Organizing Activity, Collective Bargaining Activity, Contract Administration Activity, Union-Management Cooperation Activity.

1. INTRODUCTION

In the contemporary world of work, trade union centrally sit in enhancing socio-economic justice, and advance employee performance. They are vital in harmonizing interests, mitigating labour exploitation, and forming a collective voice to ensure workers' rights and interests against prejudiced labour practices (Tinuoye, 2023). As informed by Gold & Smith (2022), in spite of paying competitive pay, the main challenge in the contemporary world is that human resources (HR) are underachieving and institutions are struggling to ascertain models that may cause employees to perform. Saleemi (2011) informs that with the growth of industrialization and manpower, the need for trade unions is unavoidable in negotiating differences between labor and management, thus the centrality of trade union activities in enhancing productivity.

According to International Labor organization (ILO) (2022) on Declaration on Fundamental Principles and Rights at Work and Republic of Kenya (2010), The Constitution of Kenya (2010), union membership is an employee right. Globally, governments strive to develop and retain medical doctors in the public service so as to offer accessible and quality healthcare services and to reduce preventable morbidity and mortality rates (World Health Organization [WHO], 2023). In Kenya, despite the investments aimed at achieving the recommended

doctor-to-population ratio of 1:1000, the performance of public service medical doctors remains a major challenge (World Health Organization, WHO, 2017). Although universities graduate doctors annually, only a small proportion, 2,300, serve in public hospitals, leaving the country far below the WHO-recommended ratio and thus compromising service delivery (Mwenda, Muturi, & Olunga, 2018 & WHO, 2023). These systemic problems necessitated the founding of Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) to fight for improved working conditions and employee performance.

The main objective of trade union activities is to improve employee performance through enhanced working conditions, just remuneration, and harmonious industrial relations. A study is required to better understand the current position of selected trade union activities (Nkirote & Kiiru, 2018). Scholars contend that unionism endorses self-determination, protects employment terms, and manages inevitable conflicts between employees and management (Jepkorir, 2014 & Saleemi, 2011). Trade union activities: union organizing, collective bargaining, contract administration, and union–management cooperation (Noe *et al.,* 2011), afford organized mechanisms through which employees' interests are articulated and protected, thus making them especially relevant in labor-intensive sectors like public service healthcare. However, according to Tinuoye (2023) certain developments, practices and trends have weakened union movement and brought to the forward fundamental questions about the function of trade unions. It is against this background, that the character of trade union activities was investigated in relation to employee performance.

Trade unions emerged during the 17th and 18th industrial revolution in Britain as a response to unrestrained capitalists who forced performance through exploitative workplace labor practices like cruel work conditions and poor wages. The workers formed amalgamations called the guild system, which transformed to trade unions. They later spread to other regions, including the United States and Africa (Cole & Kelly, 2015; Gyesie, 2017; Sababu, 2017). In Africa, Kenya included, trade unionism developed mainly during the colonial and post-independence eras of 1960s and 1970s a vehicle for social justice, good governance, and worker welfare (Garvey & Ringim, 2017; Kalusopa, Otoo, & Shindondola, 2012; Chilala, 2015). However, since 1980s, trade unions have faced various challenges and have declined in membership.

In Kenya, the pick of union movement was in the early 1900s during the railway construction and working in plantation farms or white highlands. The first agitation was witnessed in 1920 at the central police station where the Young Kikuyu Association members over reduction of pay for the already underpaid African workers, compared to other races. Numerous died and their leader, Mr. Harry Thuku, was imprisoned in Lamu for 20 years. The continued agitations against labour rights' violations culminated in the passage of 1943 statute recognizing trade unions, trade union ordinance in 1952, Kenya federation of labour (FKL) in 1952, industrial charter in 1962, the industrial court in 1964 and central organization of trade unions (COTU) in 1965. This unionism led to a legally recognized system of service-oriented representation, culminating in the establishment of sector-specific unions, such as KMPDU, (Sashoo, 2012; Sababu, 2017; Owidhi, 2019). According to Budeli (2012), in post-independence Kenya, trade unions alienated their activities from politics to service delivery, hence the employee performance factor.

To enhance performance of public service medical doctors and improve patientcare services, the Kenya government introduced several policy and legal frameworks; such as Republic of Kenya, ROK, (2007), Vision 2030, the Republic of Kenya (2014), the Kenya Health Policy 2014–2030, and Republic of Kenya (2017), the Health Act (2017;2019). Similarly, union activities were entrenched in ROK, The Constitution of Kenya (2010) and operationalized through the Republic of Kenya (2012), Labour Relations Act (2007, 2012) and the Republic of Kenya (2014), Employment and Labour Relations Court Act, 2014 & Jepkorir, 2014. However, the performance of public service medical doctors in Nairobi County continues to face service delivery failures, culminating in instances like the transfer of Nairobi County health function to the national government due to meagre service delivery (Republic of Kenya, Kenya, 2020, Gazette Notice, 2020) and the wrong head surgery at Kenyatta National Hospital in 2018 (Kenyatta National Hospital Board, 2018 & Nation Media Group, 2020 & Kenya Medical Practitioners and Dentists Board, 2018). A further case outlining the depth of employee performance crisis within public healthcare facilities in Nairobi County is the infant mortality incident at Pumwani Maternity Hospital in 2018 (Amref, 2018) and the alleged 2018 medical negligence and delays at Mama Lucy Hospital, leading to a patient's death (Sokodirectory, 2020). In concurrence, a study by Nyambane and Mwathe (2017) found employee performance in the Ministry of health, Nairobi County, wanting, thus the increased onus to examine trade union activities as critical interpreters of employee performance frameworks.

The many human resource management changes have increased the onus to focus on trade unions as a predictor of employee performance (Gold and Smith, 2022). In spite of KMPDU being in existence since 2011 and being recognized in 2012 (Directorate of Public service Management, DPSM, (2015) & KMPDU Constitution (2017), doctors in the public service health sector have been facing performance challenges. This is witnessed in the recurring medical doctors' strikes, the most outstanding being the 100-day strike in 2017 which

interrupted nationwide service delivery (Aluoch, 2018; Mwenda, Muturi, & Olunga, 2018; Naeku & Wanyonyi, 2021). Due to problems related to promotions, remuneration, 2017/2021 CBA, and inadequate COVID-19 pandemic personal protective equipment (PPE), additional medical doctors' strikes occurred 2020. This left public hospitals unattended and patients suffering (Anadolu, 2020; Africanews, 2021). Several studies indicate that obstinate labour disputes and delayed dispute resolutions contributed to declining service delivery and minimal performance among public service medical doctors (Omondi, 2016; Lugwe & Gichinga, 2017; Irimu et al., 2018). The Kenya Medical Practitioners, Pharmacists, and Dentists' Union (KMPDU) has experienced the highest number of strikes, demonstrations and go-slows. Nairobi County has been affected most because it has the highest number of government hospitals and doctors, a third of the national number. (Nyanchama, 2018, Masika, 2016 & Mwenda, Muturi & Olunga, 2018). Further as informed by Aluoch, (2018), Nairobi County doctors in public service health sector have faced performance challenges despite the presence of union activities.

Despite there being some literature on trade unionism, categorical empirical studies that have conclusively examined the targeted trade union activities (union organizing, collective bargaining, contract administration, and union–management cooperation (Noe et al., 2011), and their direct influence on employee performance among public service medical doctors, particularly in Nairobi County, Kenya, remain insufficient. Furthermore, most of the studies have methodological weaknesses as they characteristically take a quantitative or qualitative approach but rarely mixed-methods research one, which is like two approaches in one study (Maina, 2018; Musili, 2018; Gitahi, 2019; Babalola & Ishola, 2017). As stated by Clarke and Visser (2018), trade unionism is entirely multilayered, unknowable, multidisciplinary and manifold and so needs not a single but the holistic mixed methods research, which combines quantitative and qualitative methodologies as two integrated and not conflicting philosophies, In Kenya, Tubey, Rotich and Bundotich (2015) opine that the industrial relations charter, 1962 revised 1984, devoted to the tripartite style of labour relations.

Theoretical Review

Theories of trade union inform labour relations field as an area of practice and research (Townsend *et al.,* 2019). Theories of trade union are classified into five types; revolutionary, evolutionary, industrial jurisprudence, Rebellion and Gandhian (Khanka, 2018). In this study, the revolutionary theory of trade unions was used as the overarching theory and was supported by the evolutionary, industrial jurisprudence and Gandhi trade union theories.

The revolutionary theory, propounded by Karl Marx, (1849), envisions union movement as an instrument of class struggles entrenched in the dialectical materialism and the fights between the proletariat (workers) and the bourgeoisie (capitalists). Marx conceived trade unions as the chief vehicles used by workers to unite and resist exploitation, challenge capitalist domination, and, ultimately, overthrow the capitalist system and eliminate class inequalities (Khanka, 2018; Janse, 2018).Grounded on the labor theory of value, the revolutionary perspective assumes that capitalism naturally generates inequality, corruption, and worker impoverishment as capital owners maximize profits at the expense of labor (DeCenzo *et al.,* 2013; Prasad, 2019). Broadly viewed as one of the most influential theory of trade union in history, it fronts organizing and collective resistance as legitimate and necessary tools for worker emancipation (Garvey & Ringim, 2017; Cole & Kelly, 2015). However, critics of revolutionary theory argue that the theory in its pure form is obsolete, overly antagonistic, exclusively based on production associations, rather than societal status, and unworkable in the modern economies where labor relations involve multiple stakeholders beyond the binary class divide (Muldoon & Jackson, 2018; Kenton, 2019 & Chappelow (2019). Despite these criticisms, the revolutionary theory is appreciated as most foundational in explaining workplace tensions and complexities from the lens of organizational class society. It offers an empirically based alternative to managerialism accounts (Townsend *et al*., (2019). To Sababu (2017) and Saleemi (2011), the revolutionary theory has modified itself and is still imperative in some areas since labour revolts are necessary amid the inhuman, despotic, and exploitative factory life. In this study, the revolutionary theory was found to be relevant to union organizing activity since it unites employees to organize so as promote and protect their work rights, hence, advance employee performance.

The evolutionary theory, also called the theory of industrial democracy, was advanced by Sydney and Beatrice Webb (1897) as a reformist alternative to the Marxist militancy. The theory postulates trade unions as democratic associations intended to balance bargaining power between employers and employees through peaceful negotiation and not a means to overthrow capitalism (Khanka, 2018; Prasad, 2019). To the Webbs, evolutionary theory extends political democracy into the shop floor by enabling workers to express their voices through institutionalized collective bargaining processes (Gyesie, 2017). Evolutionary theory envisions shared economic interests between labor and the capitalists and emphasizes gradual reform rather than revolutions. It looks at democracy not as a rigid system but as a robust expression of individual freedom (Wikimedia Foundation, 2019). Nevertheless, criticizers of the evolutionary theory cite that it is slow, overly dependent on the dwindling collective bargaining institutions, insufficient in solving power imbalances in the current

liberalized labor markets and clawing back achievements made by the revolutionary theory (Shodhganga, 2019 & Townsend *et al.,* 2019). Despite its flaws, the evolutionary theory resonates in the contemporary society and its teachings continue to globally inspire labour relations thinkers in motivating human resources to appreciate their bottom-line. The theory underscores collective bargaining as a democratic process that reinforces human resources by affording them the authority to determine their work rights. With the growth of industrialization, the need for trade unions was inevitable to negotiate differences between labor and management. Further understanding is drawn from, (whatishumanresource, 2019 & Saleemi, 2011). The theory was relevant to collective bargaining activity, as it underscores and employee participation as one of the drivers of performance (Noe et al., 2011; Saleemi, 2011) and has been widely applied in studies on employee performance and industrial relations (Jepkorir, 2014; Chanzi, 2017).

The rebellion theory, developed by Frank Tannenbaum (1921), underscores unionism as a spontaneous response to mechanization and industrialization, where machines symbolized worker alienation, exploitation, and loss of dignity. Tannenbaum viewed unions as outcomes of workers' resistance against dehumanizing production systems that treated labor as an extension of machinery, which were meant to replace them eventually (Khanka, 2014; Prasad, 2019). Generally associated with movements like Luddism in industrial Britain, the theory emphasizes rebellion, sabotage, and militant resistance as immediate responses to threats of job displacement and wage suppression (Aye, 2010). The rebellion theory assumes that when faced with exploitation, workers are inherently inclined toward confrontation and that under conditions of imminent threat, rebellion yields rapid gains (Shodhganga, 2019). However, the theory has been criticized for promoting irrationality, violence, and instability, being incompatible with contemporary labor–management and technological advancement (Whatishumanresource, 2019). The rebellion theory was not upheld by this study, given the level of acceptance of technological development in the current world. In the health sector, including Nairobi County, information communication technology (ICT), for in instance e-medicine, is fully appreciated in making work easier and no agitation against machines has been witnessed. KMPDU, not being technology averse, appreciates machines for enhancing employee performance. In agreement, Noe *et al.,* (2018) inform that most current employers prefer to negotiate on terms and conditions of employment rather than going through the costly processes of disputes.

The Gandhian theory of trade union, propounded by Mahatma Gandhi (1928), departs from the earlier conflict-laden theories and is based on class collaboration as opposed to class conflict, moral responsibility, non-violence, and trusteeship between labor and capital. Gandhi viewed unions as tools for internal reform, welfare advancement, and ethical development rather than for political or anti-capitalist struggles. Through trade unions, labour should obtain their fair share through reform and self-consciousness. To Gandhi, the theory, unlike the earlier ones, relates not only to material aspects but also to the moral and intellectual ones too. (Khanka, 2018). Gandhi believed that to improve performance, trade union function should not stop at the factory gate but include welfare services like provision of education and medical services to members and their children (Chanzi, 2017). While criticized for being idealistic, slow, exploitative, manipulative and overly paternalistic (Cole & Kelly, 2015; Townsend *et al*., 2019), the Gandhian theory can be used together with the earlier theories (Whatishumanresource, 2019). Further Jayant (2025) opine that Mahatma Gandhi's, the father of the nation, teachings on simplicity, truth and self-discipline have highlighted his principles of Satyagrahe (non-violent resistance) and continue to inspire people to face challenges, build significant relationships and make ethical and important decisions. Gandhi's unrelenting pursuit of excellence, combined with his reflections on human potential, made him a cultural symbol whose wisdom still continue to inspire thinkers and inventors around the world. In this study, the Gandhian theory was applicable to union-management cooperation activity as it remains pertinent to the modern human resource management contexts that reject urgency as a measure of accomplishment but instead place more importance on continuity of effort in consultations, teamwork and dispute resolution mechanisms. .

The latest trade union theory is the theory of industrial jurisprudence, propounded by S. H. Slitcher (1950). The theory contend that employees as individuals fail in bargaining for protection of their rights. Trade unions are originators of workplace rules, norms, and regulations that ensure fairness, justice, and industrial peace. Such a line of trade unionism Slitcher termed as "a system of industrial jurisprudence" (Khanka, 2018 & Gyesie, 2017). Slitcher saw the Webbs' evolutionary theory as inadequate in making employees control work and working conditions and, instead, saw his theory as an improvement of the evolutionary theory. He supposed that workers through their unions established a system of work rules and traditions as their support system Singh (2022). According to Ernest (1921) the earlier trade union theories left industrial issues opaque and ambiguous. Further as opined by Shodganga (2019), for the past fifty years, the theory of industrial jurisprudence has been the foundation of the industrial relations law by providing justice to the hitherto exposed workers who were acting as their own legislator. It is important where labour legislation is vague or silent. In India, as said by Sandeep (2022), when unionism was based on earlier theories, it was found wanting in developing harmonious relations. But after its development, parliament and

Supreme Court bridged the gap by effecting the industrial jurisprudence system through legislation and interpretation of the law.

The theory of Industrial Jurisprudence has its criticisms. Its view that "men working together always win," does not hold much influence in today's democratic and liberalized economies where individual contractual arrangements are practiced. The numerical strength is sometimes compromised by high competition, anti-union laws and disunity (Shodganga 2019). Also Noe *et al.,* (2011) contend that in America today, individual employment contracts have undermined collective power and most employees function as individuals to select jobs that are acceptable to them and negotiate remuneration. However, Ernest (1921) opine that theory of industrial jurisprudence remains relevant today as the former theories of trade union left industrial matters opaque and uncertain. Further, Shodganga (2019) contend that for the past fifty years, the theory of industrial jurisprudence has been the foundation of industrial relations law. It has provided justice to workers by acting as their legislator where labour legislation is vague or silent. Additionally in India, Sandeep (2022) afore the theory of industrial jurisprudence, it was hard to develop amicable work relationships. But after the theory, parliament and Supreme Court have bridged the gap by modelling the industrial jurisprudence system through legislation and interpretation of the law, thereby providing legitimacy and valued purpose to trade union movement based on perceptions of justice and fairness. This has resulted in clarity, uniformity, and industrial peace. In this study, it the theory of industrial jurisprudence supported the overall research design by creating a legal understanding of union organizing, collective bargaining, and contract administration variables.

Subsequently, to enhance applicability to all the study variables and explain what the researcher wanted to establish, this study was supported by four theories of trade union. Cole & Kelly (2015) assert that most scholars concur on the multiplicity of trade union theories. They argue that since people and organizations are characteristically diverse, it could be difficult to come across one unanimously accepted theory that could work in all situations. No theory is without philosophical problems and none is complete on its own. There is a theory reality gap between the earlier theories and the spirit of the latter ones. Similarly, according to Khanka (2018), the universal assessment of trade unions shows diverse philosophies that manipulate their evolution, development, organization, and purpose dependent on the socio-economic and political environments therein. Furthermore, Jepkorir (2014) contend that although union theories are diverse, none singly accounts for union structure and purpose, each was formulated at its own time.

Empirical Literature Review (Hypothesis Development)

Union Organizing Activity and Employee Performance

Union organizing is widely regarded as the foundational trade union activity from which other activities sprout and has become crucial to the existing debates on union renewal (Nicklich & Helfen, 2019 & Chilala, 2015). Empirical and conceptual works indicate that union organizing strengthens recruitment, mobilization, and membership integration. It leads to increased numerical strength and bargaining leverage (Antwi & Bakokor, 2020; Sababu, 2017). In Britain and the United States today, union organizing is positively held as a response to globalization, outsourcing, individualized employment contracts, enterprise-level bargaining, and legal constraints. Several studies propose that unionized employees may demonstrate higher productivity than the non-unionized (Wright, 2011; Cole & Kelly, 2015). Organizing activity is usually operationalized through majority authorization cards and recognition, which can sanctify union legitimacy, improve employer-employee relations, and, thus, motivate employees to perform (Nyaencha, 2014; Ahn & Ahn, 2012). Thus, union organizing is key in meeting prospective members, recruiting and nurturing them, and enabling unions to build muscle and be able to promote and protect member work rights, resulting in increased employee performance.

In Kenya's public health sector, including Nairobi County, union organizing has generated both opportunities and performance-related challenges. Union organizing by public service doctors started way back in 1971, when they organized their first strike (Aluoch, 2018). After a long struggle, KMPDU was inaugurated in 2011 and recognized in 2012. Its mobilization campaigns and repeated industrial actions have occurred, indicating the intensity of organizing demands and the challenging nature of health-sector labour relations (Mwenda et al., 2018). While Kenyan legal provisions protect the right to organize (Republic of Kenya, ROK, (2010)' The Constitution of Kenya, 2010), practical constraints like political interference, resource limitations, and difficulties in gaining broader public support for health-sector issues can weaken organizing effectiveness and indirectly affect service delivery (Musili, 2018 & Mwenda, Muturi & Olunga, 2018). This contextual evidence indicates that organizing activity's influence depends on the broader institutional environment and the extent to which it translates into constructive union density and workplace outcomes.

Empirical studies across different contexts afford mixed and method-dependent findings on union organizing and performance-related results. For instance, Tarumaraja *et al.,*(2015) found that union organizing significantly influenced union effectiveness in Malaysia using SEM, however, the study relied on a purely quantitative approach and recommended inclusion of union members, which the current study covers. Holgate

et al.,(2018) found that, using reflective secondary evidence from the UK, "mobilizing" and "organizing" are often used as synonyms, limiting union renewal notwithstanding the move to organizing. But the study neither used primary data nor linked organizing to employee performance. Similarly, Kall *et al.,*(2019) demonstrated through qualitative interviews that Finnish and Estonia unions committed resources to the organizing model and recommended the same should be adopted across Eastern Europe. Nonetheless, the small sample, 16 in-depth interviews, and absence of quantitative validation limited inference. Further, Nicklich and Helfen (2019) established that organizing strategies of IG metalworkers' union in Germany and the America Service Employees international union (SEIU) differ due to institutional constraints and internal tensions. Nevertheless, their study only relied on interviews, secondary data, and did not establish a direct organizing–performance link.

Additional studies show more gaps in causality, context, and measurement. Dhammika (2015) found negative relationships between unionization and employee outcomes in Sri Lanka with stronger presence in the public than private sector. The study only used correlation analysis, a small sample of 100 personnel, and, had no causal testing through regression analysis. Schurman and Eaton (2012) and Soylu and Singh (2017), relied on literature reviews and secondary evidence, which, while informative, lacked population-level generalizability. In Africa, Chilala (2015) found that organizing was the strongest strategy underpinning employee performance among health workers in Ghana, but the study used only a descriptive design and omitted contract administration and union–management cooperation variables Studies in Kenya, Owidhi (2019) and Anyango *et al.,*(2013), provide important practical comprehensions on organizing strategies and constraints (e.g., funding, governance, and political manipulation), but they did not stoutly use inferential models to test effects of organizing activity on employee performance. Conversely, Mwathe *et al.,*(2017) found a positive association between union participation and productivity in TVET institutions in Kenya, yet the adopted cross-sectional design and non-medical context did limit causal and context inference. Collectively therefore, these empirical limitations justify the hypothesis that:

H_{01}: There is significant no statistical influence of union organizing activity on employee performance among public service medical doctors in Nairobi County.

Collective Bargaining Activity and Employee Performance

Collective bargaining (CB) is an essential trade union activity which affords structured negotiations between employers and employers unions over employment terms. In the industrial relations field, collective bargaining acknowledgement by Webbs in 1891 as an influential driver of employee performance (Nyaencha, 2014; Khanka, 2018). Empirical literature constantly identifies collective bargaining as a vital mechanism through which unions impact employee motivation and commitment, resulting in performance (Chilala, 2015; Prasad, 2019). According to Sababu (2017) and Amir & Khan (2020), collective bargaining is a human right and a determinant of organizational success. Employees covered by collective bargaining agreements tend to display higher morale and performance due to enhanced job security, fair remuneration, and structured dispute resolution mechanisms. However, as expressed by Saleemi (2011), and Kalusopa *et al*., (2012), CB effectiveness depends not simply on the presence of agreements but on the quality of the bargaining process, frequency of negotiations, display of good faith, resultant signed enforceable collective bargaining agreements (CBAs), and timely renewal of CBAs.

In Kenya, Musili (2018) notes that CBAs have progressively failed to avert industrial unrests, suggesting disconnect between bargaining outcomes and actual performance increases. Oketchi (2018), further observe that since inception in 2012, KMPDU has had only one CBA, first engaged in 2013 but, after a long struggle, finally signed and registered in July 2017. Studies from different contexts illustrate this ambiguity: Gyesie (2017) found that CBAs were not effective tools for managing employee performance, while Lamarche (2015) disclosed that firm-level collective bargaining could yield productivity gains, although results varied significantly across regions and institutional frameworks. These inconsistencies suggest that CB's impact on performance should be context-specific, influenced by bargaining structures, have conducive institutional environments, and have enforcement mechanisms, rather than their mere presence.

Furthermore, several empirical studies provide partial support for a positive CB–performance relationship but are constrained by methodological limitations. Babalola and Ishola (2017) established that positive perceptions of collective bargaining significantly enhanced job satisfaction and performance among Nigerian employees, yet their cross-sectional design limited causal inference. Similarly, Okpalibekwe *et al.,*(2012), Nigeria, and Chanzi (2017), Tanzania, reported that CB contributed to employee commitment, industrial peace, and improved performance, but both studies relied heavily on descriptive designs, small samples, and single-source data, raising concerns of common method bias. In Kenya, Kiawa (2019), Mulunda *et al.,*(2018), and Akhaukwa *et al.,*(2013) found statistically significant positive effects of CB on organizational or employee performance using inferential methods. However, the studies were largely quantitative, lacked explicit research philosophies, and were conducted in sectors other than public service healthcare, thus limiting their generalizability to the health sector. medical doctors in Nairobi County.

Additional empirical literature reveals substantial gaps in explaining how collective bargaining translates into enhanced employee performance, particularly within Kenya's public health sector. Many studies rely on secondary data, descriptive analysis, or cross-sectional designs, while others omit key contextual variables such as dispute resolution effectiveness, enforcement of CBAs, and sector-specific dynamics (Fashoyin, 2010; Maina, 2018). The notable downside of these studies is that few have adopted mixed methods research approach, preferring either quantitative or qualitative, (Babalola and Ishola (2017, Chanzi (2017 and Mulunda, Were and Muturi (2018) or focused on Kenya's public service medical doctors, particularly in Nairobi County, despite them experiencing recurring industrial unrest and performance challenges (Aluoch, 2018; Mwenda, Muturi, & Olunga, 2018;). These conceptual, contextual, and methodological gaps justify the testing of the null hypothesis that:

H_{02}: There is significant no statistical influence of collective bargaining activity on employee performances among public service medical doctors in Nairobi County.

Contract Administration Activity and Employee Performance

A signed collective bargaining document becomes a collective bargaining agreement (CBA). Contract administration, also called grievance handling, refers to the process of fully implementing collective bargaining agreements and resolving disputes arising from therein through established dispute resolution mechanisms (Noe et al., 2011). As contracts are hard to implement, most CBAs enclose grievance procedure clauses that outline steps in the process, time limits for each step, and explicit rules to be followed (Dessler, 2016). Empirical literature emphasizes that effective contract administration is central to employee performance as it translates signed agreements into practice. Good union contracts should have clear procedures, timelines, and implementation clauses. Redressal should be prompt, time-bound and near the original source as much as possible (Sababu, 2017; Prasad, 2019). Well-structured CBAs typically include grievance procedures to address disputes arising from interpretation or implementation failures, with unresolved grievances becoming trade disputes that may require conciliation or arbitration (Khanka, 2018 & Cole & Kelly, 2015). According to Prasad (2019) if a contract's implementation is deadlocked, it becomes a complaint, a grievance if not solved, then a trade dispute that may need conciliation, and if that fails, the case is escalated to industrial court for arbitration. In Kenya, as stated by Nyaencha (2014), shop stewards are core to contract administration since they act as umpires between trade unions and management by ensuring CBAs are enforced and grievances promptly dandled. They ensure prompt, transparent, and time-bound grievance handling, often at the shop-floor level, hence a key to employee satisfaction, trust, and overall performance.

Most contracts falter at the implementation phase and poor contract administration has been widely associated with industrial unrest, low morale, and declining employee performance. A good contract should contain a clause on dispute resolution, in case of disagreement, and organizations should have two to three stages of dispute resolution mechanisms. Studies indicate that weak enforcement of CBAs, delays in grievance resolution, and lack of effective dispute resolution mechanisms often culminate adversarial labour relations practices, like strikes, go-slows, and absconding duty, which are anti-performance (Armstrong & Taylor, 2014; Saleemi, 2011). In Kenya, while Alternative Dispute Resolution (ADR) is acknowledged, it is rarely applied, occasioning persistent suspicion between unions and employers (Nyaencha, 2014). In concurrence, Mwenda, Muturi, & Olunga, (2018) and Ogalo-Omondi & Kavagi (2021) note that the public health sector in Kenya, including Nairobi County, non-implementation of KMPDU's 2017 CBA has fueled recurrent strikes by doctors, and hence affected service delivery. Shrestha (2012) tell that Finland has a policy where the employer or the employee who breach contract provisions is fined up to 25,900 Euros, so boosting contract administration level.

Past empirical studies highlight both the importance and limitations of contract administration activity, however, there is no consensus or land mark study pointing on its influence on employee performance. Gallagher *et al.,*(2013), using probit models to analyze data, found that awareness and implementation of labour contracts, 2009-2010, influenced employee satisfaction and dispute behavior in China. Also, Luqman *et al.,*(2012) reported that weak union–management communication and political interference hindered effective CBA implementation in Pakistan. Nonetheless, these studies did not directly link contract administration activity to performance outcomes. Likewise, the studies were constrained by use of archival data and reliance on exploratory design only, which weakened causal-effect links within data. and inference to the population.

In Kenya, Ogalo-Omondi and Kavagi (2012) inform that lately, the upswing of strikes by different cadres; teachers, lecturers, doctors, and nurses have same complaint: non-implementation of binding CBAs. Gamba (2018) established that union officials' behavior positively influenced contract implementation at Kenya's Teachers Service Commission. Lugwe and Gichinga (2017) did a case study of employees at the Coast Provincial General hospital and found that strikes in public hospitals were largely driven by non-honored CBAs while Musili (2018) identified inconsistencies in the wording, registration and implementation of CBAs. Also the introduction of salary review commission

(SRC) posed legal challenges, lack of respect for CBA obligations and timelines. Limited fiscal sustainability of the financial awards was found to affect contract administration. The study recommended further research. Additionally, Agola (2016), using selected public primary schools in Nairobi County, showed that union participation and welfare guarantee could heighten employee performance and that the frequent industrial actions were counterproductive. Collectively, these studies reveal conceptual, content, contextual, and methodological gaps, particularly, the limited use of mixed methods research, research philosophy, stakeholder inclusion(union members), thereby justifying the testing of the null hypothesis that:

H_{03}: There is significant no statistical influence of contract administration activity on employee performance among public service medical doctors in Nairobi County.

Union-Management Cooperation Activity and Employee Performance

Tired of the conflict-laden work relations, most contemporary organizations have appreciated team synergy with trade unions. In order to enhance employee performance in the highly competitive labour market, union–management cooperation has materialized as an alternative to the adversarial and unproductive industrial relations. Current literature highlights that insistent conflicts, absenteeism, and indiscipline demoralize employee performance, prompting institutions to adopt collaborative team-based approaches, grounded in mutual trust and interdependence (Prasad, 2019; Armstrong & Taylor, 2014). Empirical and conceptual studies indicate that cooperation based in good faith enables both parties to amicably resolve differences, recognize shared interests, and create stable work environments, all conducive to higher productivity and reduced turnover (Nyaencha, 2014; Cole & Kelly, 2015). In developed and dynamic economies such as Britain, Australia, and the United States, labour relations have progressively shifted from adversarial models toward consultative and partnership-based frameworks, where fairness, respect, and employee voice are central to sustaining performance (Torrington et *al.,* 2014; Noe et al., 2011).

Union and management strive to win at the expense of each other, union for workers to benefit and management to lower emolument costs (Noe *et al.,* 2018). At the operational level, shop stewards play a critical intermediary role in sustaining union–management cooperation. As elected union agents at the workplace, they coordinate union-management duties by enabling day-to-day communication between unions, employees and management, and handling emerging grievances at the shop-floor level, thereby preventing minor complaints from escalating into disruptive grievances and disputes (Matjie *et al.,* 2021). The presence of shop stewards reinforces trust, ensures adherence to agreed procedures, and promotes timely problem-solving procedures. Shop stewards act as consultants and counselors with employees' personal and job-related problems, hence prevent conflict before they occur (Nyaencha, 2014). In Kenya, policy frameworks like the Industrial Charter, 1962, and later labour laws emphasize tripartite cooperation and social dialogue as pillars of labour relations. Scholars note that continued engagement, mutual respect, and proactive consultations, rather than crisis-driven negotiations, are fundamental to performance achievements (Republic of Kenya, Labor Relations Act (2012 & Masika, 2016).

Empirical evidence on union–management cooperation activity and employee performance presents both supportive findings and contextual challenges. Studies in Bangladesh and Cambodia found that cooperation was often undermined by mistrust, politicization of unions, weak leadership, and ineffective communication, resulting in adversarial relations that constrained productivity (Akkas *et al.,* 2015; Gurunathan & Seng, 2016). Conversely, research from Canada demonstrated that positive workplace relations climate and transformational leadership by both supervisors and union representatives enhance dual commitment to unions and organizations, indirectly supporting performance (Fortin-Bergeron *et al.,* 2018; Wagar, 2013). However, many of these studies rely on single-source data, secondary evidence, or low response rates, limiting generalizability and exposing findings to common method bias. Moreover, several studies are conducted outside the public health sector, reducing their applicability to medical doctors in Nairobi County.

Studies from African, including Kenya, further highlight the conditional nature of the influence of union–management cooperation activity on employee performance. While partnership-oriented strategies have been associated with improved employee commitment, communication, and reduced turnover (Saif *et al.,* 2013; Antwi & Bakokor, 2020), other studies report weak union capacity, limited bargaining power, and strained relations that diminish performance outcomes (Henok, 2016). Kenyan evidence from the education sector shows mixed effects, with welfare-related cooperation improving outcomes while adversarial bargaining undermines institutional performance (Nkirote & Kiiru, 2018; Wagaki, 2013). Importantly, scholars consistently recommend extending empirical inquiry into public institutions such as healthcare, where union–management cooperation remains underexplored despite recurring industrial unrest and performance challenges. These conceptual, sectoral, and methodological gaps justify the hypothesis that.

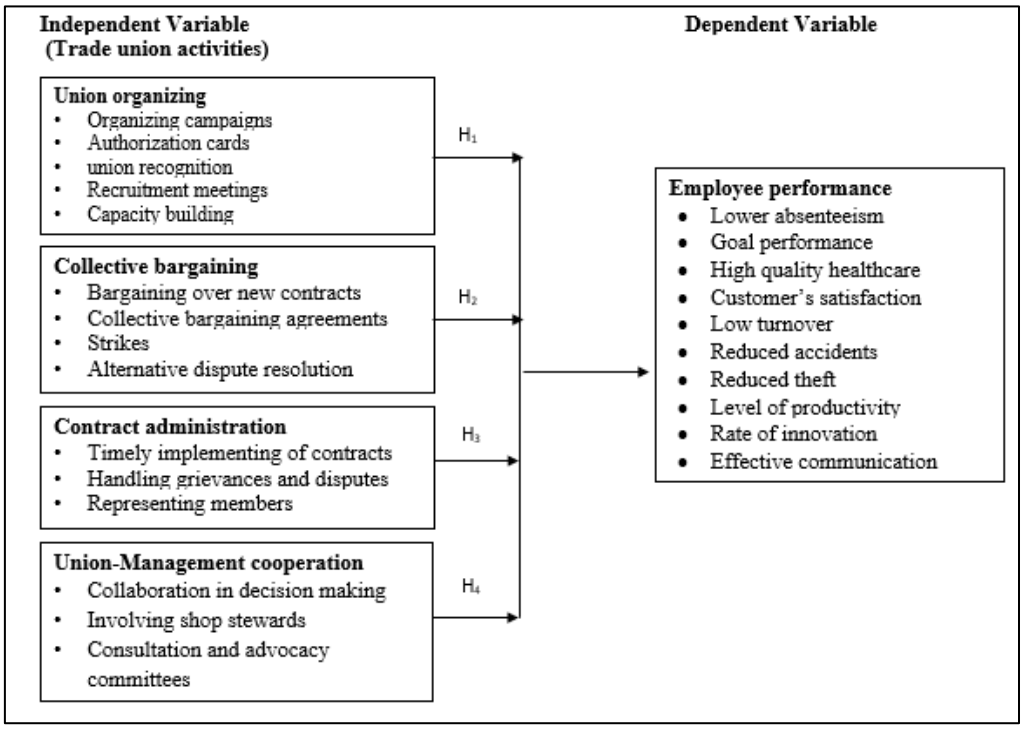
H_4: There is significant no statistical influence of union-management cooperation activity on employee performance among public service medical doctors in Nairobi County.

Summary of Research Gaps

The reviewed literature shows conceptual, contextual, philosophical, and methodological gaps in explaining how trade union activities influence employee performance. Although some studies have examined trade union activities and performance, it is unfortunate that there are limited land mark studies that have integrated the bundle of variables in the current conceptual framework (union organizing, collective bargaining, contract administration, and union–management cooperation) in one model, making prior findings fragmented and inconclusive (Chilala, 2015; Nkirote & Kiiru, 2018; Maina, 2018). In Kenya, trade unions have been largely viewed through the lens of collective bargaining as the primary union service, mainly for economic outcomes, yet performance challenges suggest that collective bargaining alone cannot fully explain employee performance outcomes. It is only but one of the causes (Nyaencha, 2014). Further, although some studies have touched on contract implementation and other union issues (Gamba, 2018; Musili, 2018; Gikonyo, 2018), most have been conducted in non-medical sectors, limiting relevance to the unique realities of public service medical doctors in Nairobi County.

Furthermore, the reviewed literature also demonstrates major methodological gaps as most of them have taken either quantitative or qualitative approach and mixed methods research, which limit depth, credibility, and applicability of the studies. In agreement, Teddie and Tashakkori (2010) and Nagitta (2022) state that though MMR is renowned as a third methodological force, the developing world is not highly visible in publications. This has made literature on multiple methods to be under researched. In Kenya, as affirmed by Maina (2018), Owidhi (2019) and Kiawa (2019), most studies have relied on single-method approaches (often descriptive/explanatory or cross-sectional surveys) and single respondent groups, like union officials only, thus limited triangulation and weak causal inference. According to Teddlie & Tashakkori (2010) and Nagitta (2022), there is paucity of mixed methods research (MMR) studies framed within a pragmatic worldview in developing contexts, despite its recognized value for integrating quantitative and qualitative evidence. Scholars also note that MMR is frequently applied superficially, with confusion between triangulation and true mixed methods integration across philosophical assumptions, design choices, and inference procedures (Creswell & Plano, 2018). Also, as orated by Mawhinney and Fraser (2023) Nagitta and Mkansi (2020), the difficult of researchers' ambiguity on how to actually conduct mixed methods research seem to be universal. Some reason that any research involving quantitative and qualitative approaches is mixed methods research while many others confuse triangulation for mixed methods research. In triangulation the "mixing" is at the methodological or application level (collecting, analyzing and interpreting data) and seeks convergence whereas mixed methods research goes beyond techniques and methods to cover all the phases of the research process. These gaps formed the basis and significance of the current research, which assisted to deepen the understanding of the research problem and affirm the robustness of its conclusions and recommendations.

Conceptual Framework



4. METHODOLOGY

Research philosophy

The best determinant of research philosophy is the research problem. Pragmatism is the philosophical justification for mixed methods research, (Maarouf, 2019). Pragmatism informs mixed methods research where both quantitative and qualitative research and methods are grounded on dualism in the ontological, epistemological and axiological fundamental assumptions (Nagitta & Mkansi, 2020). Built on the concept "what works" is what should be considered to be practical, truthful, and significant, Pragmatism allows the investigator to freely combine both quantitative and qualitative approaches in answering the research problem (Antwi & Hamza, 2015; Zukauskas et al., 2018). This study therefore adopted the pragmatic worldview.

Research Design

This study adopted convergent parallel mixed methods design where quantitative survey data and qualitative interview data were collected concurrently, analyzed independently, and merged or integrated during interpretation stage to triangulate and cross-validate findings for more comprehensive conclusions and deeper understanding (Creswell & Creswell, 2018; Dawadi, Shrestha & Giri, 2021; Maarouf, 2019).

Sampling

This study used probability (stratified and simple random sampling), for doctors, and non-probability (purposive or judgement sampling), for top management, techniques (Kothari, 20015). The target population was 810 comprising 789 public service medical doctors and 21 top management. The doctors comprised 589 medical officers, 142 pharmacists, and 58 dental officers, which also formed the sampling frame (Cooper & Schindler, 2014; HRM records, 2019). Based on specialization and mandate, stratified random sampling was used to stratify the heterogeneous doctors and top management into homogeneous sub-groups or strata (589 medical officers, 142 pharmacists and 58 dental officers, 5 human resource management, 8 finance and 8 health administration) so as to draw a representative sample. For doctors, the study calculated a sample size of 327 doctors using the Krejcie and Morgan (1970) approach at 95% confidence and 0.05 precision, adjusted upward by 10% to reduce non-response bias (Jones, 1996; Kothari, 2015). Because the doctors' population composed sub-groups that were greatly different in numbers, proportionate method was used to proportionately allocate the 327 sample to each stratum so as to ensure equity in representation, relative to the entire population. Simple random sampling (via SPSS) was adopted to select the final sample from each stratum, ensuring each doctor had an equal chance of selection and minimizing selection bias (Kothari, 2015; Emmel, 2013; Matula et al., 2018). For top management, purposive sampling was used to purposively pick twenty-one (21) officials (5 human resources, 8 finances, and 8 health administration).

Data collection

In this study, based on convergent parallel mixed methods design, both quantitative and qualitative data sets were collected concurrently. Quantitative data were collected using a closed-ended questionnaire that was structured on a 5-point Likert scale (strongly disagree (SD) 1, disagree (D) 2, undecided (U) 3, agree (A) 4, and strongly agree (SA). The questionnaire was administered to the 327 sampled doctors at their duty stations using a flexible approach. Some respondents filled the questionnaires immediately while for others a drop-and-pick later method was used, hence helping improve response feasibility in a demanding clinical environment. Qualitative or non-numeric data was collected from 21 top management staff using an open-ended interview guide. The interview guide was divided into two parts with part A on background information and part B divided into units, each with a list of guiding questions based on research objectives. The lead researcher interviewed the managers in their offices.

Quantitative instrument validity was determined through face, criterion, content, and construct techniques while qualitative instrument was done using face, respondent validation and triangulation. Face validity was established through supervisor and expert review of items and wording (Middleton, 2020), while criterion validity was maintained by adapting measures from past studies and theories so as to align the new constructs with documented standards. The new instrument was compared to established, validated instruments called standard or criterion (Creswell & Creswell, 2018). Content validity, or logical, was evaluated using Content Validity Index (CVI) with input from six experts, yielding an average CVI of 0.923, which exceeded the recommended 0.80 threshold. All facets were included and relevant (Polit & Beck, 2011). Construct validity was assessed using factor analysis to confirm that items loaded appropriately on their intended constructs, hence the instrument was able to measure what, the constructs, it was intended to measure, had statistical precision (Creswell & Creswell, 2018). Qualitative validity trustworthiness was measured through face, respondent validation and triangulation or cross-data base processes (Straub et al., 2004, Teddlie & Tashakkori, 2010 & Middleton (2020).

For refinement before the final test, a pilot study was conducted at Rift Valley Level 5 Hospital (Nakuru County) using 10% of 327 doctors and 21 management staff sample of the parent study, resulting in 32 and 2 respectively, consistent with recommendations for pretesting, to refine clarity, instructions, layout, and ambiguity before the final survey (Connelly, 2008; Saunders, Lewis & Thornhill, 2015). Reliability, consistency of outcomes in repeated trials, for the quantitative instrument was confirmed using Cronbach's

alpha, with all constructs exceeding the 0.70 threshold: union organizing (α=0.826), collective bargaining (α=0.847), contract administration (α=0.933), union–management cooperation (α=0.920), and employee performance (α=0.930), and employee engagement (α=0.965), thus demonstrating strong internal consistency and suitability for main data collection (Cronbach, 1951; Hair et al., 2010). Items that failed to meet reliability or showed weak/negative loadings were revised or removed before final administration to strengthen measurement accuracy (Teddlie & Tashakkori, 2010). Reliability in qualitative research was maintained through triangulation and use of rich and thick verbatim description of participant's' accounts (Mohamad, et al., 2015 & Thakur & Chetty, 2020)

Data Analysis and Model Specification

Quantitative data was statistically analyzed using descriptive and inferential tools with the aid of SPSS (Version 26.0). To prepare for correlation matrix, the quantitative data or numeric information from scales were screened by editing it for completeness, accuracy, and consistency. It was then coded, categorized, tabulated and keyed into the Statistical Package for Social Sciences, SPSS, Version 26.0, (Saunders, Lewis & Thornhill, 2015). Before descriptive analysis, factor analysis was used to confirm measurement strength and items with better measurement or acceptable loadings (≥0.3 to ~0.5 depending on thresholds) were retained, hence stronger relationship. Principal Component Analysis (PCA) method was used by generating a principal component table using SPSS software. Variable items with weak and negative loadings were removed. To summarize, organize, quantify and describe the basic characteristics or responses of the data sets, descriptive statistics (means, standard deviations) was used. This helped to recognize patterns, identify outliers, and simplify complex data into comprehensible and actionable insights. To make predictions, generalizations or draw conclusions about the larger population, inferential statistics analysis was done using the descriptive sample data. Inferential analysis used Pearson correlation and multiple linear regression to test hypothesized relationships. (Morgan et al., 2012; Yong & Pearce, 2013; Bandalos & Finney, 2018). The regression model specified as:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \ldots\ldots\ldots\ldots\ldots\ldots\ldots \text{direct effect}$$

Where:

Y = Dependent variable employee performance, X1 = Union Organizing, X2 = Collective Bargaining, X3 = Contract Administration, X4 = Union-Management Cooperation, βo = Constant or Intercept, βi = Are regression coefficients for β_i $(i = 1, 2, 3, 4)$. Ɛ = error term.

Using SPSS, the regression models were tested to establish if they fit the quantitative data using the coefficient of determination, which helped to explain how closely the predictor variables (IVs) elucidate the deviations in the dependent variable (DV). P-value was employed to conclude whether to fail to accept or fail to reject the null hypotheses. The significance level was at 5%. If the p-value is less than 5%, the null hypothesis will fail to be accepted and the alternate hypothesis will fail to be rejected. Also, if the p-value is greater than 5%, the null hypothesis will fail to be rejected and the alternate hypothesis will fail to be accepted (Bandalos and Finney, 2018).

To test the significance of the overall model at a 95% confidence level, F-test was employed to determine the model's robustness. The F-statistic p-value was used, if the p-value is less than 0.05, then the null hypothesis is rejected and the model is considered significant and has good predictors of the dependent variable. If the p-value is greater than 0.05, then the null hypothesis is accepted, the model will not be significant and therefore the predictors cannot be used to explain the variations in the dependent variable.

Qualitative data was thematically analyzed where the non-numeric recorded text information, content matter of responses, were transcribed into text and presented in narrative form. Similar content or focus (theme) was grouped (Belotto, 2018 & Elliot, 2018). The data was coded, similar themes categorized and filed together, organized, summarized, and presented in express quotations of appropriate verbatim responses and chosen comments. Themes interpretation was then made to construct and explain the participants' meaning and understanding of the situation. This helped to avoid confirmation bias when formulating the analysis. According to Antwi and Hamza (2015), during qualitative data analysis, the investigator attempts to recognize common themes in the data again and again. Creswell and Creswell (2018) tell that by mixing methods, the researcher refers across quantitative and qualitative databases to give a comprehensive analysis of the research problem.

4.1 RESULTS AND DISCUSSION

Findings indicate that the study achieved a high-level respondent participation with a response rate of 92.7% for doctors and 76.2% for top management. Before quantitative analysis, data preparation, cleaning and screening were done, which upheld high data quality standards. During data preparation, the questionnaires were visually inspected and evaluated for inconsistencies, incomplete responses, data cleaned and consolidated into one file or data table. This data was then checked for missing values and outliers. For missing values and treatment, four cases with more than 50% missing data were excluded, while cases with less than 50% missing values were treated using Pallant (2011) method of replacing the mean by calculating the mean value for the variables and applying it to the missing value, hence fewer problems with convergence and factor loading estimates, hence high data

integrity/reliability. Further, data screening was done, which involved the identification of multivariate outliers, seem anomalous or outside the range of expected values. Mahalanobis D^2 distance criterion was used to identify and deal with multivariate outliers and three extreme cases were removed. After data cleaning and screening procedures, the study recorded a very satisfactory response rate of usable questionnaires, 90.5%, which was adequate for meaningful analysis. This study's interview guide upheld a 76.2% usable response rate. Regression model was used to determine the statistical relationship between the independent and the dependent variables. Diagnostic tests were run to ensure that the assumptions of the regression model were met.

4.3 Demographic Characteristics

The study demographic characteristics show that the study achieved a broad and representative coverage of public service medical doctors in Nairobi County, Kenya. Findings from Table 1 revealed that medical officers constituted the majority at 75.7%, pharmacists 18.2% and dental officers 6.1%, thus reflecting the actual composition of the public health workforce. On gender, the sample was almost evenly represented, with males 51.0% and females 49.0%, meeting the constitutional gender rule and minimizing gender bias. For years worked, the largest proportion had served for 0–5 years (34.5%), 6–10 (27.4%), 11-15 (17.9), 16-20 (12.2), and over 21 years (8.1), meaning that 61.9% of respondents had less than ten years of experience, suggesting a relatively youthful and energetic workforce. Concerning years worked in the current station, a substantial majority, (67.6%), had been in their current station for 0–5 years, while only 7.4% had served for more than ten years, implying compliance with staff rotation policies and exposure to diverse work environments. The age distribution showed that most respondents were in their economically active age bracket of 31–40 years, (45.6%), followed by 41–50 (27.0%) and 30 years and below, (22.0%), indicating a predominantly middle-aged workforce with adequate professional maturity. Finally, regarding years of KMPDU membership, 51.0% of respondents had been members for 0–5 years while 49.0% had been for 6–10 years, demonstrating stable and sustained union participation. These results confirmed that the respondents were demographically diverse, professionally experienced, and adequately positioned to provide informed and reliable data for examining trade union activities and employee performance in Nairobi County's public health sector.

Table 1: Demographic Characteristics of Respondents

Variable (n=296)	Category	Frequency	Percent
Cadre	Medical Officers	224	75.7
	Pharmacists	54	18.2
	Dental Officers	18	6.1
Gender	Male	151	51
	Female	145	49
Years in Public Service	0–5 years	102	34.5
	6–10 years	81	27.4
	11–15 years	53	17.9
	16–20 years	36	12.2
	Over 21 years	24	8.1
Years in Current Station	0–5 years	200	67.6
	6–10 years	74	25
	Over 10 years	22	7.4
Age	≤30 years	65	22
	31–40 years	135	45.6
	41–50 years	80	27
	51–60 years	16	5.4
Years as KMPDU Member	0–5 years	151	51
	6–10 years	145	49

Source: Field Data (2020)

Descriptive Analysis for Study Variables

Union Organizing Activity

The results in table 2 show that questionnaire respondents were undecided regarding union organizing activity with an overall mean score of 2.59 with a relatively low standard deviation (SD) of 0.56 indicates mild disagreement to indecision, suggesting weak and inconsistent organizing practices. Respondents were largely undecided on whether the union conducts sensitization campaigns (mean = 3.15), holds regular sensitization meetings (mean = 2.94), possesses authorization cards (mean = 3.17), offers associate membership (mean = 2.71), ensures member training and capacity building (mean = 2.57), or/ and has an effective organizing policy (mean = 2.53). Clear disagreement emerged on critical facets like whether union recognition significantly motivates doctors (mean = 2.10), the union has well-structured leadership (mean = 2.08), and

members are aware of their right to form, join, or exit a union (mean = 2.15). Likewise, respondents were unconvinced that negotiated contracts included employer neutrality clauses (mean = 2.49). At 2.59 overall mean score and 0.56 standard deviation, these findings indicate that union organizing activity was perceived as weak, fragmented, and insufficiently institutionalized, which may undermine its effectiveness in mobilizing prospective members, nurturing members, supporting other union functions and, thus, motivating performance.

Qualitative studies also indicated a weak union organizing activity by one respondent describing: *"I do not know. I have never seen any communication for members to be sensitized,"* while another stated *"no cards are given or signed"*. One more said *"I am not aware of any cards. It is a grey area"*. Another further stated; *"I have not seen any difference in motivation. It is worse now since they have a lot of complaints and agitations about devolution and the 2017 CBA."*

Table 2: Descriptive Statistics for Union Organizing Activity

Constructs (n=296)	Min	Max	Mean	Std. Dev
Trade Union organizes sensitization campaigns	1	5	3.15	1.28
Trade Union offers associate union membership	1	5	2.71	1.02
Negotiated contracts have employer neutrality clause	1	5	2.49	0.83
Trade Union has authorization cards	1	5	3.17	1.13
Union recognition has significant influence on motivation of doctors	1	5	2.10	1.01
Regular sensitization meetings are held	1	5	2.94	1.11
Trade Union ensures members' training and capacity building	1	5	2.57	0.98
Trade Union has well-structured leadership	1	5	2.08	0.91
Members are aware of their right to form, join or exit a union	1	5	2.15	0.90
There is an effective organizing policy	1	5	2.53	1.03
Average	**1**	**4.1**	**2.59**	**0.56**

Source: Field Data (2020)

Collective Bargaining Activity

Findings in table 3 show that respondents held largely neutral undecided to negative perceptions regarding collective bargaining activity with an overall mean of 2.68 and SD = 0.70, suggesting an undecided verdict on effectiveness of collective bargaining activity. Respondents disagreed that the trade union bargains in good faith (M = 1.91, SD = 0.81) and that union officials possess adequate skills to negotiate legally binding and enforceable agreements (M = 2.17, SD = 0.82), implying weak confidence in union-led negotiations. Perceptions of employer behavior were more neutral, with respondents being undecided on whether the employer bargains in good faith (M = 3.14, SD = 1.18) and whether employer officials have good negotiation skills (M = 2.83, SD = 1.17). Respondents were also undecided on procedural and outcome-related aspects, including whether the union negotiates new contracts every 2–3 years (M = 3.13, SD = 1.16), whether agreements adequately cover all terms and conditions of employment (M = 2.59, SD = 1.18), whether members receive copies of CBAs (M = 2.54, SD = 1.18), whether due process is followed (M = 2.63, SD = 0.96), and whether members are satisfied with collective bargaining outcomes (M = 2.78, SD = 1.08). There was clear disagreement that all CBAs are registered as required by law (M = 2.38, SD = 0.94), while views were mixed on whether employers usually respect agreements (M = 3.32, SD = 1.25). Collectively, these results suggest that collective bargaining within the public health sector, (mean of 2.68 and SD = 0.70), is perceived as inconsistent, weakly institutionalized, and constrained by limited trust and capacity, which may reduce its effectiveness in enhancing employee performance. Interviewees too concurred on the negative status of collective bargaining by saying *"No. They never negotiate in good faith. They have hidden agendas"*. Another informed *"the unions were in good faith, but the government had other interests"*. One more said *"the government was not negotiating in good faith"*. One more stated; *"The government takes long to conclude a CBA. Because this one started somewhere in 2013 but was signed in 2017. This is the fourth year and I have not heard of any new requests"*.

Table 3: Descriptive Statistics for Collective Bargaining Activity

Constructs (n=296)	Min	Max	Mean	Std. Dev.
Trade Union bargains in good faith	1	5	1.91	0.81
The employer bargains in good faith	1	5	3.14	1.18
Union officials have skills to negotiate legally binding and enforceable agreements	1	5	2.17	0.82
Employer officials have good negotiation skills	1	5	2.83	1.17
Trade union negotiates new contracts every 2-3 years	1	5	3.13	1.16
KMPDU ensures agreements cover all terms and conditions of employment	1	12	2.59	1.18
Trade Union members get copies of CBAs	1	5	2.54	1.18
All CBAs are registered as required by law	1	5	2.38	0.94

The employer usually respects agreements	1	5	3.32	1.25
Due process is followed during collective bargaining	1	5	2.63	0.96
Members are usually happy with collective bargaining results	1	5	2.78	1.08
Average	**1**	**5**	**2.68**	**0.70**

Source: Field Data (2020)

Contract Administration Activity

The results in table 4 show that respondents expressed largely neutral undecided perceptions toward contract administration activity, with an overall mean score of 2.86 (SD = 0.71), indicating general indecision rather than clear agreement or disagreement. Respondents were undecided on whether trade union officials work daily (M = 2.98, SD = 0.95) and whether the union ensures rapid resolution of conflicts arising from contract interpretation or violation (M = 2.53, SD = 0.92). There was disagreement that the trade union ensures prompt communication of bargained agreements to members (M = 2.46, SD = 1.03), suggesting weak information flow. Views were also neutral regarding the existence of grievance and dispute handling procedures (M = 2.56, SD = 0.94), union officials' contract administration skills (M = 2.70, SD = 0.94), and members' awareness of grievance resolution steps (M = 2.91, SD = 1.07). Perceptions of employer involvement were similarly mixed, with respondents being undecided on whether the employer is good at contract administration (M = 3.11, SD = 1.09) and positively involved during implementation (M = 2.92, SD = 1.12). While respondents leaned toward agreement that contracts are implemented within schedule (M = 3.39, SD = 1.18) and that KMPDU ensures access to grievance forms (M = 3.14, SD = 1.09), the relatively high standard deviations indicate variability in experiences. Respondents were also undecided on whether the union meets members' legal and representation fees (M = 2.84, SD = 1.08) and represents members during disciplinary sessions (M = 2.79, SD = 0.89). Thus, the overall findings of a mean score of 2.86 (SD = 0.71) suggest that contract administration practices are perceived as inconsistent and weakly institutionalized, which may limit implementation levels and, as a result, render the activity ineffective in supporting employee performance. According to Shrestha (2012), in Finland, there is a policy where the employer or employee is fined up to 25,900 Euros for breach of contract provisions. Qualitative findings too indicated that contract administration was the breaking point of union drives with one respondent saying; *"the government is sometimes pushed to sign contracts but cannot meet her part. So, it is not rapid or timely"* while another said *"I do not know. Those things are done in headquarters."* Another stated *"no. The government is not serious. It says it has no funds and it wants to re-negotiate some already agreed on issues. Union officials lack skills to discover such deceits and to negotiate implementable agreements."*

Table 4: Descriptive Statistics for Contract Administration Activity

Constructs (n=296)	Min	Max	Mean	Std. Dev
Trade Union officials work daily	1	5	2.98	0.95
Trade Union ensures prompt communication of bargained agreement to members	1	5	2.46	1.03
Union ensures rapid resolution and timely disposal of conflicts from interpretation or violation	1	5	2.53	0.92
Grievance and dispute handling procedures are in place in my organization	1	5	2.56	0.94
KMPDU ensures staff get grievances forms	1	5	3.14	1.09
Trade Union officials' administration skills	1	5	2.70	0.94
Employer is good in contract administration	1	5	3.11	1.09
Employer is usually positively involved during contract implementation	1	5	2.92	1.12
Contracts are implemented within schedule	1	5	3.39	1.18
Members are aware of the grievance and dispute resolution procedure steps	1	5	2.91	1.07
Members' legal and representation fees in the event of a dispute is met by the union	1	5	2.84	1.08
Union officials represent members during disciplinary and dismissal sessions	1	5	2.79	0.89
Average	**1.17**	**4.75**	**2.86**	**0.71**

Source: Field Data (2020)

Union-Management Co-operation

The results in table 5 indicate that respondents held a generally neutral perceptions toward union–management cooperation, with an overall mean score of 2.78 (SD = 0.74), suggesting neither strong agreement nor disagreement. Respondents were undecided on whether the trade union has a collaborative relationship with management (M = 2.70, SD = 1.02) and whether union–management cooperation complements collective bargaining (M = 2.70, SD = 1.03), implying weak or inconsistent collaboration. Perceptions were also neutral regarding joint lobbying for worker-friendly policies (M = 2.45, SD = 0.92) and the existence of regular negotiation, advocacy, and consultation meetings (M =

2.84, SD = 0.99), indicating limited structured engagement. While respondents leaned slightly toward agreement that unions and management train together in labour relations (M = 3.12, SD = 1.01), the relatively high variability suggests uneven experiences across institutions. Views were similarly undecided on whether union–management cooperation ensures effective representation by shop stewards (M = 2.72, SD = 0.90) and whether doctors are involved in employee participation and involvement programmes (M = 2.95, SD = 1.00). Overall, the findings, mean score of 2.78 (SD = 0.74), suggest that union–management cooperation within the public health sector is present but weakly institutionalized, characterized by ad hoc interactions rather than sustained collaborative mechanisms and adversarial rather than collaborative relationships, which may limit its potential contribution to improved employee performance. Interviewees also painted a bleak situation on union-management with one respondent saying; *"Adversarial. Management sees the union as problem causers and the union sees management as not supportive. Performance is low and poor patients are on the receiving end. The government should enforce meetings."* Another commented; *"No. But there are ad-hoc meetings as the need arises".* On shop presence of stewards, one commented; "*No. Even if they are there, I have not seen them".* Another that; *"yes. There is one here. He comes in when there are complaints and enables management and the union to talk".* Also; *"there is none here"* and further that, *"I am not aware".*

Table 5: Descriptive Statistics for Union-Management Co-operation

Constructs (n=296)	**Min**	**Max**	**Mean**	**Std. Dev**
Trade Union has a collaborative relationship with employers' management	1	5	2.70	1.02
Management and union lobbies for formulation of worker friendly policies	1	5	2.45	0.92
Union and the employer hold regular negotiation, advocacy, and consultation meetings	1	5	2.84	0.99
Union and employer cooperation compliments collective bargaining	1	5	2.70	1.03
Union and management trains together in labour relations	1	5	3.12	1.01
Trade Union and management ensures shop stewards effectively represent members	1	5	2.72	0.90
Doctors are involved in employee participation and involvement programs	1	5	2.95	1.00
Average	**1**	**5**	2.78	0.74

Source: Field Data (2020)

Descriptive Statistics for Employee Performance

The results in table 6 show that respondents were undecided on generally held neutral to negative perceptions of employee performance within the public health sector in Nairobi County, as reflected by an overall mean score of 2.53 (SD = 0.69). Respondents were undecided on whether their organizations had adequate employee productivity (M = 2.70, SD = 1.07), whether turnover was low (M = 2.53, SD = 0.97), and whether absenteeism was minimal (M = 2.59, SD = 1.00), indicating uncertainty about core workforce stability and output. Perceptions of service outcomes were similarly weak, with respondents remaining undecided on whether service delivery was recommendable (M = 2.53, SD = 0.96) and whether customer satisfaction levels were high (M = 2.67, SD = 1.02). Respondents disagreed that accidents resulting from negligence were minimal (M = 2.21, SD = 0.75), that there was no theft by medical doctors (M = 2.40, SD = 0.99), that quality of work was satisfactory (M = 2.41, SD = 0.92), that teamwork among doctors was good (M = 2.30, SD = 0.92), and that doctors were creative and innovative (M = 2.13, SD = 0.82), suggesting perceived weaknesses in professionalism, collaboration, and innovation. In addition, respondents were undecided on whether targets were met (M = 2.62, SD = 0.97) and whether corruption cases were absent (M = 2.83, SD = 2.09), reflecting mixed experiences and high variability in views. Workplace systems were also viewed cautiously, with respondents remaining undecided on the effectiveness of workplace communication (M = 2.70, SD = 1.20) and the efficiency and effectiveness of internal business processes (M = 2.86, SD = 1.22). Largely, the statistics, mean score of 2.53 (SD = 0.69), suggest that employee performance in the public health sector was perceived as moderate to weak, characterized by uncertainty in productivity and service outcomes, alongside notable concerns regarding quality of work, teamwork, innovation, and ethical conduct, all indicators of ill-performance. Qualitative outcomes correlated with the quantitative results where management agreed with the quantitative finding that medical doctors' productivity was low. Respondents observed; *"it is low. It slumped after devolution of health services. Devolution is the biggest challenge, and it needs to be solved somehow" "* as the next opined; "*fair. It is about 70% to 80%.*while another said; *"I am not sure. May be 25%".* On customer satisfaction one respondent stated; *Fair. In last year's customer satisfaction survey, we were at 60%"* as another informed *"very low. Patients comment that you must know somebody, which brings dissatisfaction. The strikes have made it worse".* Yet another remarked; *"No comment".*

Table 6: Descriptive Statistics for Employee Performance

Constructs (n=296)	Min	Max	Mean	Std. Dev
My organization has adequate employee productivity	1	5	2.70	1.07
Turnover rate is low	1	5	2.53	0.97
There is minimal level of absenteeism	1	5	2.59	1.00
Service delivery is recommendable	1	5	2.53	0.96
Accidents resulting from negligence are minimal	1	5	2.21	0.75
There is no theft by medical doctors	1	5	2.40	0.99
Level of customer satisfaction is high	1	5	2.67	1.02
Quality of work is satisfactory	1	5	2.41	0.92
There exists good teamwork among doctors	1	5	2.30	0.92
Doctors are creative and innovative	1	5	2.13	0.82
Targets sets are met	1	5	2.62	0.97
There are no cases of corruption among doctors	1	4	2.83	2.09
Workplace communication is effective	1	5	2.70	1.20
Internal business processes are efficient and effective	1	5	2.86	1.22
Average	**1**	**4.64**	**2.53**	**0.69**

Source: Field Data (2020)

Consequently in this research, both quantitative and qualitative descriptive analysis outcomes were found to have no inconsistent or dissimilar findings, hence the robustness and credibility of the study findings and inferences. Creswell & Creswell (2018) & Creswell (2013) aver that mixed methods involve merging both quantitative and qualitative data in order to offer a comprehensive analysis of the research problem. When using convergent parallel mixed methods design, contradictions or incongruent findings are either clarified or probed further. Cross validation helps to increase validity and reliability of the results. Vogl, Schmidt & Zartler (2019) similarly affirm that some researchers consider findings more credible when different accounts converge without dissonant data. This means that the two sources can offset each other's biases, decrease chances of reaching false conclusions and therefore increase trustworthiness of the results.

Assumptions of Regression Model Testing

This research used regression model to establish the statistical relationship between the independent and the dependent variables. The model has assumptions which, if not met, may result in biased estimates, misleading statistical significance and therefore unreliable models. This study used regression model to determine the statistical relationship between the independent variable and the dependent variables. Prior to conducting regression analysis and evaluating the hypotheses, it is necessary to run diagnostic tests to make sure that the assumptions of regression model are met (Green, 2007). Teddlie and Tashakkori (2010) too opine that approximating the study equations when the assumptions of linear regression are violated is dangerous as it may result in the risk of prejudiced, incompetent, and incompatible parameter estimates. Model testing ensures the validity, reliability, and accuracy of inferences, predictions and coefficient interpretations. In this study, normality, linearity, autocorrelation, multicollinearity, and homoscedasticity diagnostic tests were conducted. In this study, the statistical model worked successfully as the assumptions of regression were met and the data did not require transformation or a different modelling technique.

Correlation Analysis

The correlation results in Table 7 indicate that employee performance is positively and significantly associated with all the trade union activities examined in the study. Specifically, employee performance exhibited a moderately strong positive correlation with union organizing activity ($r = 0.567$, $p < 0.01$), suggesting that higher levels of union organizing are associated with improved employee performance. A similarly strong and positive relationship was observed between employee performance and collective bargaining activity ($r = 0.596$, $p < 0.01$), implying that effective collective bargaining processes are linked to better performance outcomes. The strongest relationship was found between employee performance and contract administration activity ($r = 0.656$, $p < 0.01$), indicating that efficient implementation or administration of collective agreements play a critical role in enhancing performance. In addition, union–management cooperation activity showed a significant positive correlation with employee performance ($r = 0.545$, $p < 0.01$), demonstrating that collaborative relationships between unions and management are associated with higher levels of employee performance. The positive and statistically significant correlations confirm that improvements in union organizing, collective bargaining, contract administration, and union–management cooperation activities are associated with corresponding improvements in employee performance, thereby justifying further regression analysis to examine the predictive power/modelling of these relationships.

Table 7: Correlation between the Dependent and Independent Variables

		EP	UOA	CBA	CAA	UMCA
EP	Pearson Correlation	1				
	Sig. (2-tailed)					
UOA	Pearson Correlation	.567**	1			
	Sig. (2-tailed)	0.000				
CBA	Pearson Correlation	.596**	.603**	1		
	Sig. (2-tailed)	0.000	0.000			
CAA	Pearson Correlation	.656**	.660**	.694**	1	
	Sig. (2-tailed)	0.000	0.000	0.000		
UMCA	Pearson Correlation	.545**	.438**	.457**	.568**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	
	** Correlation is significant at the 0.01 level (2-tailed).					

Key: EP=Employee Performance, CBA=collective bargaining activity, UOA=union organizing activity, CAA=contract administration activity, UMCA= Union-Management Co-operation activity

Source: Field Data (2020)

4.8 Regression Analyses

This study used multiple regression model in testing the hypotheses. For qualitative data, thematic analysis was used in identifying, analyzing and reporting themes or patterns within data

Multiple Regression Model (hypotheses Testing)

Multiple regression analysis was used to determine the combined effect of trade union activities, (union organizing, collective bargaining, Contract Administration and union-management cooperation) on employee performance. The regression analysis test included a model summary, ANOVA for the goodness of fit and Coefficient of Estimates as presented in tables 8, 9 and 10.

Table 8: Multiple Regression Model Summary for Trade Union Activities and Employee Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.719	0.518	0.511	0.48592
a Predictors: (Constant), UMCA, UOA, CBA, CAA				

EP=Employee Performance, CBA=collective bargaining activity, UOA=union organizing activity, CAA=contract administration activity, UMCA= Union-Management Co-operation activity

Source: Field Data (2020)

The multiple regression model summary presented in (table 8) examines the influence of Trade Union Activities on Employee Performance among public service medical doctors in Nairobi County, Kenya. The R-squared value, which stands at 0.518, indicates that approximately 51.8% of the variation in Employee Performance can be attributed to the combined effects of union organizing, collective bargaining, contract administration, and union-management cooperation trade union activities (R square = 0.518). The model's Adjusted R-squared value is 0.511, offering a slightly more conservative estimate by considering the number of predictors in the model. It adjusts the R-squared value to account for the presence of multiple independent variables. In this case, the Adjusted R-squared value reaffirms that around 51.1% of the variance in Employee Performance is explained by the various trade union activities. Explain Adjusted R-squared

A linear regression F-test was conducted using ANOVA to determine the goodness of fit for the multiple regression model on the effect of trade union activities (union organizing, collective bargaining, contract administration and union-management cooperation) on employee performance. The results are presented in table 4.449.

Table 9: ANOVA for Trade Union Activities and Employee Performance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	73.728	4	18.432	78.063	.000
Residual	68.709	291	0.236		
Total	142.437	295			
a Dependent Variable: EP					
b Predictors: (Constant), UMCA, UOA, CBA, CAA					

EP=Employee Performance, CBA=collective bargaining activity, UOA=union organizing activity, CAA=contract administration activity, UMCA= Union-Management Co-operation activity

Source: Field Data (2020)

Results from Table 9 shows that the regression model had a significant F value of 78.063, with a p-value of 0.000, which is less than 0.05. This indicates that the multiple regression model, examining the effect of trade union activities on employee performance, was statistically significant and had a good fit. The goodness of fit demonstrated by the significant F value indicates that the regression model adequately captures the relationships between the predictors (union organizing, collective bargaining, contract administration, and union-management cooperation) and the dependent variable (employee performance).

Table 10 presents the regression coefficients examining the influence of trade union activities on employee performance among public service medical doctors in Nairobi County, Kenya. The findings indicate that the overall regression model is statistically significant, with all four trade union activities exhibiting positive and statistically significant effects on employee performance.

Table 10: Coefficients for Trade Union Activities and Employee Performance

	Unstandardized Coefficients		Standardized Coefficients		
	B	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	0.151	0.145		1.043	0.298
UOA	0.199	0.070	0.161	2.845	0.005
CBA	0.210	0.062	0.200	3.395	0.001
CAA	0.273	0.063	0.286	4.319	0.000
UMCA	0.210	0.047	0.221	4.429	0.000
a Dependent Variable: EP					

EP=Employee Performance, CBA=collective bargaining activity, UOA=union organizing activity, CAA=contract administration activity, UMCA= union-management co-operation activity

Source: Field Data (2020)

These results affirm that trade union activities collectively affect employee performance in the public service medical sector. The regression model's equation derived from the significant coefficients is as follows. $Y = 0.151 + 0.199x_1 + 0.210x_2 + 0.273x_3 + 0.210x_4 + \varepsilon$ Explain $0.199x_{1,}$ put the variable$0.273x_3$ and remove ε. Where;

Y = employee performance, $X_{1=}$ Union Organizing Activity, $X_{2=}$ collective bargaining Activity, X_3 = contract administration activity, X_4 = union-management co-operation activity, Ɛ = error term

Union organizing activity shows a positive and statistically significant effect on employee performance ($\beta = 0.161$, $t = 2.845$, $p = 0.005$). This implies that improvements in union organizing activity. This findings confirm that union organizing actions such as organizing campaigns, issuance of authorization cards, union recognition, recruitment meetings and capacity building play a central role in determining the medical doctors' workplace behavior and performance outcomes. It is key in meeting prospective members, recruiting, nurturing and motivating them to perform, so are associated with advanced employee performance. These findings therefore fail to accept H01 indicating that union organizing activity as a performance-enhancing strategy in the public health sector. The significance of the coefficient suggests that organizing remains the foundation on which other union activities are built, hence the first step of unionism. This aligns with theoretical arguments that organizing enhances union legitimacy membership cohesion, and union strength, thereby strengthening employees' sense of belonging and motivation (Chilala, 2015; Nicklich & Helfen, 2019). The relatively modest magnitude of the coefficient is true to the contextual realities in Kenya's public health sector where organizing has often been associated adversarial rather than collaborative labour relations (Mwenda, Muturi & Olunga, 2018). Anyango, et al., (2013) agree by averring that unionism in Kenya still has problems because of extensive government meddling and manipulation. Organizing has frequently occurred within a politically charged and resource-constrained environment. Also, Nyambane (2017) concur by saying that the public service doctors' agitations have had a lasting impact on performance, with the first one being in 1971. This conforms to Mwenda, Muturi & Olunga (2018), who say that KMPDU has had stormy organizing incidents, the height being the 2017 jailing of union officials for one week. Unlike the Kenyan situation, in the liberal Anglo-Saxon contexts, however, organizing is appreciated and closely tied to productivity (Cole & Kelly, 2015 & Wright, 2011).

Collective Bargaining Activity also demonstrated a positive and significant relationship with employee performance ($\beta = 0.200$, $t = 3.395$, $p = 0.001$). The result therefore provides empirical fail to accept for H02 confirming that collective bargaining activity significantly influences employee performance. This indicates that effective collective bargaining processes that include bargaining new contracts, having duly signed collective bargaining agreements, alternative dispute resolution clauses in the contract and reduced strikes employment security reduced strikes, contribute to improved employee performance. The study result reinforces theoretical and empirical arguments that collective bargaining activity enhances morale, motivation, and commitment when employees perceive

bargaining as a fair and inclusive process with inclusive and effective outcomes that contribute to improved performance. The result is consistent with industrial relations theory, which posits that collective bargaining enhances employee motivation, commitment, and morale by improving wages, job security, and working conditions (Sababu, 2017; Prasad, 2019. This resonates with empirical evidence from Kenya indicating that CBAs have often failed to prevent strikes or sustain long-term performance improvements due to their delayed implementation and weak enforcement mechanisms (Musili, 2018; Maina, 2018). In Nairobi County, doctors' dissatisfaction has frequently stemmed not from the absence of CBAs, but from unfulfilled promises embedded the negotiated agreement. Thus, while collective bargaining is a necessary mechanism for influencing performance, its effectiveness depends heavily on institutional trust, good faith negotiations, and alignment with fiscal and policy realities.

Contract administration activity emerges as the strongest predictor of employee performance in the model ($\beta = 0.286$, $t = 4.319$, $p < 0.001$). This result fail to accept for H03, confirming that contract administration activity has a significant and substantial influence on employee performance, particularly among public service medical doctors in Nairobi County, Kenya. This finding underscores the practical reality that performance improvements are most strongly driven not by negotiations only, but by the effective implementation, interpretation, and enforcement of CBAs. Consistent with human resource and industrial relations literature, most contracts waver at the implementation stage This finding indicates that timely implementation of contracts, handling grievances and disputes that may arise therein, and representing members communication, and enforcement of collective bargaining agreements including grievance handling and dispute resolution have the greatest influence on employee performance among the trade union activities examined. The dominance of CAA underscores the practical reality that negotiated agreements only translate into performance gains when they are administered efficiently and transparently. The strong positive coefficient therefore highlights that resolving implementation bottlenecks, honoring agreements, and addressing grievances promptly are critical for restoring trust, stability, and performance among the medical doctors. However, timely grievance resolution, clear communication of agreements, and adherence to implementation schedules can foster trust, reduce conflict, and enhance employee commitment (Armstrong & Taylor, 2014; Noe et al., 2011). In the context of Nairobi County, none full implementation of the doctors' 2017/2021 CBA to date has been a major source of demotivation, strikes, and service delivery disruptions (Lugwe & Gichinga, 2017; Naeku & Wanyonyi, 2021). The strong coefficient for contract administration reflects the lived experience of public service medical doctors, where delayed promotions, unpaid allowances, and unresolved grievances directly undermine morale and performance. This finding align with Kenyan studies showing that weak contract enforcement is a primary driver of industrial unrest in the wider public sector (Musili, 2018).

Union–management cooperation activity also shows a positive and statistically significant effect on employee performance ($\beta = 0.221$, $t = 4.429$, $p < 0.001$). The result therefore fails to accept H04, affirming that union–management cooperation activity significantly influences employee performance. The result is consistent with contemporary industrial relations This suggests that cooperative labour relationships between unions and management, characterized by collaboration in decision making, involving shop stewards and having consultancy, and advocacy committees' consultation enhance employee performance. In a service-intensive sector, such as public healthcare, cooperative labour relations help reduce conflict, improve communication, and foster employee participation, all of which are essential for sustained performance. The positive coefficient for union and management cooperation suggests that improvements in consultation, dialogue and joint problem-solving, trust, communication, and employee participation can yield significant performance benefits. theory/ theories, which emphasizes collaborative oriented approaches' vital role, over adversarial models, in boosting morale, sustaining productivity, and quality of service, thus enhancing performance (Armstrong & Taylor, 2014 & Torrington et al., 2014). According to Prasad (2019) in the contemporary market, organizations are assuming more innovative cooperation dimensions for enriched employee performance. This align with evidence from both developed and emerging economies showing that cooperative labour relations reduce absenteeism, turnover, and grievances while improving efficiency, commitment and service delivery. Reciprocal interdependence and the acknowledgement that cooperation on a give-and-take basis will achieve more for union and management since none would benefit from hostility. (Noe et al., 2011, Fortin-Bergeron et al., 2018, & Armstrong and Taylor (2023). Musili (2018) opine that in Kenya, trade unions can introduce better employee work conditions and initiate dialogue to reform the public sector, including the health sector.

CONCLUSIONS OF THE STUDY

In line with the study results, it was inferentially established that union organizing activity influences employee performance, having had a positive and significant linear relationship. Organizing factors like sensitization campaigns to recruit members and inform them about their labor rights, signing authorization cards and capacity building were determined to be improved employee performance indicators. Organizing is key in building union membership or capacity, which is fundamental to the strength and power since a strong union can be used to put pressure on management,

resulting in positive employee lives and improved performance. Nevertheless, both quantitative and qualitative data established that organizing activity was not fully realized among medical doctors in Nairobi County public service. As the fundamental and starting point of unionism, this activity has not been given the recognition it deserves and more effort should be exerted on it towards improving employee performance.

The study's inferential findings further indicated that collective bargaining activity positively affects employee performance. This concludes that collective bargaining practices such as good negotiation skills, bargaining in good faith, negotiating new contracts every 2-3 years, giving copies of CBAs to members, and having dispute resolution mechanisms boosts employee performance. Nevertheless, collective bargaining process in Nairobi County health sector was found to be weak and having faced many challenges, the most serious being the 100-day 2016-2017 strike which saw officials jailed for one week over contempt of court.

Moreover, through inferential statistics, it was determined that contract administration activity increases employee performance. If contracts are not well administered, they cad negate the whole bargaining process. Contract administration practices: union officials working daily, contract implemented within schedule, rapid dispute resolution and timely disposal of conflicts, grievance and dispute handling procedures and member representation were found to influence performance and should be encouraged. Nevertheless, there were delays in administering the last KMPDU contract for Nairobi County, resulting in many industrial strives and disharmony, which has affected the overall service delivery. Since a lot of disputes arise out of non-implementation or misinterpretation of union contracts, trade unions, government and management have reason to ensure strategies are put in place for timely and full implementation of contracts. Hence, the study concluded that contract administration is important to public service medical doctors in Nairobi County.

Additionally, grounded on the inferential research findings, union-management cooperation activity was found to be significant to employee performance. The study outlined that the presence of consultative meetings, advocacy committees and appointment of shop stewards were indicators of union-management cooperation since they encourage participative decision-making, which is supportive to performance. Conversely from the findings, there was a lack of union-management collaboration and scheduled consultation rather than on ad-hoc basis. In most stations, shop steward involvement was either wanting or totally lacking. Hence the study provided confirmation on lack of strategies of union-management cooperation in Kenya's public health service. Union-management cooperation activity is therefore key to employee performance among public service medical doctors in Nairobi County. The cooperation remains underdeveloped and largely reactive rather than institutionalized, which has often exacerbated disputes and weakened employee performance outcomes. The absence of any legislative policy to guide and encourage unions-management cooperation has bred mutual mistrust where management continue being union-averse and trade unions to see management as antagonists rather than an important performance ally. Hence, to solve employee performance problem, all interested parties need to embrace the new model where all the trade union activities are embraced.

Implications of the Study

This study evaluated the influence of trade union activities on employee performance among public service medical doctors in Nairobi County. The findings generate important implications for policy formulation, managerial practice, and theory development within labour relations and public sector performance management.

Policy Implications

The findings of this study have significant policy implications for labour relations and public health governance, particularly in Kenya where there is limited empirical evidence linking trade union activities to employee performance in the public service. The results underscore the need for labour policies that not only legally recognize the researched trade union activities but actively protect and facilitate their constructive engagement in improving employee performance, especially among public service medical doctors. the study revealed that union organizing in the Kenyan public health sector remains blurred, contentious, and often adversarial, resulting in antagonistic relations and diminished performance outcomes. This calls for the formulation of a progressive and clearly articulated union organizing policy that balances the rights of trade unions, employees, and employers, while discouraging confrontational practices that undermine service delivery. Likewise, collective bargaining has been recognized in the ILO constitution since 1919 and under the1998 declaration and in ROK, The Constitution of Kenya (2010) 41(5) as a fundamental principle and right at work and is closely connected with freedom of association. However, the prolonged and conflict-laden collective bargaining process experienced by KMPDU, particularly the delayed negotiation and signing of the 2017 CBA, highlights the absence of a robust policy framework to ensure a timely and good-faith process, with enforceable bargaining agreements. A strong good faith regulation will require that negotiators make sincere efforts when negotiating, avoid unnecessary delays and hidden cards, and respect recognized procedures. The study therefore implies the need for policy reforms that can institutionalize fair, transparent, and time-bound collective bargaining mechanisms that are aligned with fiscal realities. In addition, it was established that the doctors' contract faltered at the implementation stage

because it was unprotected, resulting in disputes and many strikes arising from therein. The findings demonstrate that weak contract administration severely undermined employee performance due to delayed or partial implementation of CBA, necessitating a need for a national policy on contract governance to guarantee full and timely implementation of the negotiated collective bargaining agreements. Finally, the absence of a clear policy framework to guide union–management cooperation perpetuates mistrust and adversarial relations where unions and management remains anti-each other. Hence, legislative measures are required to promote structured cooperation and social dialogue. Such policy reforms would strengthen harmonious labour relations, enhance employee performance, improve public health service delivery, and support the realization of ROK, The Constitution of Kenya (2010) health flagship and Kenya Vision (2030) health aspirations, thus making Kenya a healthy and working nation.

Managerial Implications

From a managerial perspective, the study demonstrates that trade union activities are central to employee performance and therefore cannot be ignored by public sector managers, particularly in the health sector. The findings imply that managers who seek to improve organizational outcomes must deliberately integrate and support trade union activities into performance management strategies. In the context of Nairobi County's public health sector, the results point to the need for an inclusive labour relations framework where management acknowledges union organizing activity as a legitimate and constructive process, rather than a disruptive endeavor/ force. By supporting union organizing efforts such as: recognition, recruitment, sensitization, and capacity building, management can foster a sense of belonging, ownership, governance and responsibility among union members, which can translate into improved performance since the union will work for them as they focus on serving customers, hence less managerial issues. Similarly, the findings highlight the critical role of collective bargaining in enhancing employee voice and industrial democracy democratic representation, implying that managers, especially human resource managers, must ensure bargaining processes are conducted in utmost good faith, supported by skilled negotiators, and anchored on mutual trust and commitment. The process must be seen to be fair and inclusive, permitting stakeholders to negotiate freely without undue influence or unnecessary delays. Poorly negotiated agreements were found to fuel strikes and demotivation, ultimately harming performance and experiencing negative managerial repercussions. Moreover, the study reveals that contract administration is the most critical phase influencing performance, implying that managers must align labour relations systems with human resource management policies to ensure effective and timely implementation of CBAs, within schedule. Finally, the results emphasized the importance of union–management cooperation at the work place, suggesting that management should move away from adversarial postures and embrace partnership-based approaches grounded in the tripartite principle. By fostering dialogue and joint problem-solving with KMPDU, Nairobi County health managers can reduce industrial unrest, enhance service quality, and improve not only the overall performance of public service medical doctors but also their relationship with patients.

Theoretical Implications

In labour relations research, theories of trade union are significant in explaining how existing study findings advance, challenge, or refine existing scientific knowledge and frameworks on industrial relations. Consistent with the argument that no single theory can adequately explain the complex nature of trade unionism, since none is complete on its own and none is without philosophical problems that underlie their evolution, development, organization (Cole & Kelly, 2015 & Khanka, 2018), the study validates the use of a multi-theoretical framework to capture the multifaceted dynamics of the labour relations field in the public sector, so bridging the gap between empirical data and broader theoretical frameworks. The findings empirically support Marx's revolutionary theory by demonstrating how union organizing activity, through mobilization, recognition, and collective action, remains a foundational mechanism for addressing labour–capital tensions and improving employee performance among public service medical doctors. At the same time, the study upholds the Webbs' evolutionary theory by positioning collective bargaining as a democratic process that enhances employee participation, inclusivity, and performance through negotiated agreements. Furthermore, the results validate the theory of industrial jurisprudence, an improvement of the evolutionary theory (Singh, 2022), as the foundation of the industrial relations law by showing that contract administration and enforcement of CBAs is essential for protecting workers' rights, minimizing disputes, and sustaining performance. Additionally, the study affirmed the relevance of the Gandhian theory by demonstrating that union–management cooperation, a concept grounded in dialogue and collaboration rather than conflict, has positive implications on employee performance. Contrariwise, this study did not theoretically sustain the rebellion theory which considers collective resistance and destruction of machinery as something desirable, a means of labours' self-emancipation. In this study, no respondent was found to view machines or automation as tools of exploitation, meant to substitute them, but rather as means of enhancing performance through industrial mechanization and digitization. Thus the theories helped to explain how the findings effect existing knowledge by supporting, challenging or refining conventional theories. The theories keep getting attention and by empirically linking them to specific trade union activities, the study affirmed that the integrated theoretical model is suitable for explaining the examined

phenomenon and confirming their validity in other contexts and to union stakeholders like scholars, policymakers, human resource professionals, and trade union practitioners. can apply to better understand and manage the multifarious nature of labour relations and employee performance, more so in Kenya's public health sector.

Contribution to New knowledge

The study will contributes to existing knowledge by developing a new multidimensional framework or conceptual model that integrates key trade union activities (union organizing, collective bargaining, contract administration, and union–management cooperation) as joint determinants of employee performance. While previous studies have examined these variables in isolation, they have not been able to move the needle in explaining the observed data as far as performance is concerned. This study consolidated the activities and demonstrated their relative levels of influence on employee performance among public service medical doctors in Nairobi County, with contract administration emerging as the strongest predictor, followed by collective bargaining, union organizing and union–management cooperation. This finding addresses a critical gap in the literature by showing that overemphasis on collective bargaining alone, as is common in Kenya (Nyaencha, 2014), tends to overlook other equally important union actions that directly affect performance too. In addition, the study advances theoretical knowledge by synthesizing revolutionary, evolutionary, industrial jurisprudence, and Gandhian theories to explain the multifaceted nature of trade union drives, reinforcing scholarly arguments that no single theory can adequately explain trade unionism in diverse organizational and socio-political contexts (Cole & Kelly, 2015). Finally, the study contributes methodologically by demonstrating the value of mixed methods research approach in labour relations research, responding to calls for clearer empirical illustrations both in breadth and depth, which could respond to complicated mixed methods research problems as opposed to the traditional qualitative or qualitative approaches alone, (Dawadi, Shrestha & Giri, 2021) and their application in complex labour relations studies. These findings, therefore, could be the missing link in the performance manipulation matrix and are expected to arouse more interest and open avenues for improved comprehension of the phenomenon; the influence of trade union activities on employee performance among public service medical doctors in Nairobi County, Kenya.

Recommendations

From the findings, the trade union activities under study have not been studied or implemented as a package, resulting in over emphasizing some activities, notably collective bargaining (Nyaencha, 2022), while under emphasizing or ignoring others, like union-management cooperation, thus limited influence on employee performance, especially among doctors in public service health sector in Nairobi County, Kenya. Each union activity is only but one of the causes of employee performance. However, these activities are interrelated and support the multiplicity nature of trade unionism. For enhanced industrial harmony, employee performance, and overall socio-economic development, it is recommended that the conceptualized model should be embraced.

Further, it was noted that most labour relations legislations in Kenya are either too old to handle the contemporary human resource concerns or are none-existent. Hence where policies exist, they should be revised and where they don't exist, they should be legislated. Though union organizing is the foundation of union movement, it lacks a pro-active policy that is capable of building a vibrant union membership that is capable of promoting and protecting employee rights and ensuring employee's obligation to perform. The current policy on guidelines for negotiations in collective bargaining (ROK, 2012) has not resulted in much bargaining benefits and, thus, should be revised to be more user-friendly in line with the contemporary labour relations trends. From the study, union organizing and collective bargaining efforts are lost at the contract administration or implementation stage, leading to many disputes. Thus, it is recommended that to ensure smooth and complete collective bargaining agreement implementation, a clear policy on contract administration should be formulated and administered. Also, it was established that there was no policy on union-management and the relations between trade unions and management was found to be generally frosty, with management being union –averse and vice versa. It is therefore recommended that to ensure union-management relationships are more collaborative than adversarial, resulting in employee performance, a union-management policy should be developed and fully adopted, especially in public service health sector.

Suggestions for Further Research

This study recommended extending similar research to new contexts; different targets or populations like none medical personnel, environments like public universities or other variables so as to determine whether comparable results would emerge or otherwise. The study also highlights the need for further research on mixed methods research approach given the: limited publications in the developing world though recognized as a third methodological force (Teddie and Tashakkori, 2010 & Nagitta, 2022), universal researchers' uncertainty on how to actually conduct it as some researchers assume that any study involving quantitative and qualitative approaches is mixed methods research while others often confuse it with triangulation, (mixing at the methodological or application level of collecting, analyzing and interpreting data) and seeks convergence while mixed methods research goes beyond techniques and methods to cover all the phases of the

research process (Mawhinney and Fraser (2023). In addition, future research is recommended to examine new variables, including those that emerged during this investigation; devolution of public health sector services and private practice during official working hours. Also, Dawadi, Shrestha & Giri (2021) state that there is inadequate literature with demonstrative guidelines on understanding MMR, appreciating motives for selecting it, choosing its suitable designs, debating its main forms, and describing challenges of using it. Further, Creswell & Plano (2018) also tell that when MMR approach is used, it is superficially done without attention to the whole research process.

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