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Impact of Employee Training on Quality-of-Service Delivery in Public Health Facilities in Nakuru County, Kenya

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Abstract

The purpose of the study was to examine the impact of employee training on the quality-of-service delivery in the selected public health facilities in Nakuru County. The study adopted a descriptive cross-sectional research design. The target population comprised 1,920 patients drawn from Nakuru County Referral Hospital, Naivasha Sub-County Hospital, Molo Sub-County Hospital, and Bahati Sub-County Hospital. A stratified random sampling technique was used to select a sample of 331 patients, with the sample size determined using the Yamane formula. Data were collected using semi-structured questionnaires. Reliability was assessed using Cronbach's alpha coefficient, with a minimum acceptable threshold of 0.70. Data were analyzed using SPSS version 26 through descriptive statistics and correlation analysis. The quality of healthcare in the selected public health institutions was regarded as satisfactory due to the effectiveness of the staff's courtesy, communication, and appearance, and the minimized wait time. Nevertheless, there were some deficiencies regarding nurses' competence, responsiveness, availability of treatment options, and clarity of treatment plans. Employee training was found to be moderately effective, with mentoring and leadership coaching considered satisfactory, whereas career and personal development coaching should be enhanced. In addition, the correlation analysis showed a strong, positive, and significant association between employee training and healthcare quality ($r = 0.732$, $p < 0.001$). The employee training program has achieved a moderate level of development; mentoring can be cited as one of its strengths, but there is room for improvement in career coaching and professional development. The strong positive relationship between employee training and healthcare quality clearly shows that implementing a well-rounded employee training program will likely enhance the quality of healthcare service delivery. Thus, improving structured training, coaching, mentoring, and professional development will be key to enhancing healthcare quality in public health facilities in Nakuru County. Healthcare organizations must invest in robust training programs.

Keywords: *Employee Training, Service Delivery, Public Health Facilities, Nakuru County, Kenya*

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1. Introduction

Employee training has been recognized globally as an important strategy for improving the quality of healthcare service delivery. In Brazil, the government strengthened human resource management by improving working conditions and providing training opportunities for healthcare professionals. These initiatives resulted in a 66% increase in physicians and a 500% increase in nurses, ultimately enhancing healthcare quality and improving access to healthcare services, particularly for underserved populations (International Labour Organization [ILO], 2014).

At the regional level, countries in Sub-Saharan Africa continue to experience shortages of healthcare professionals, affecting the quality of healthcare services. However, countries such as Rwanda and Ethiopia have made significant progress toward Universal Health Coverage by improving recruitment and training initiatives for healthcare workers. Rwanda enhanced healthcare service delivery through comprehensive engagement and training of nurses and community healthcare workers, while Ethiopia expanded medical universities and funded medical students to increase the number of trained doctors serving public hospitals (Lopes et al., 2017).

At the local level, Kenya continues to experience shortages of specialized healthcare workers despite efforts to strengthen the health workforce. The Ministry of Health Training Needs Assessment conducted in 2015 identified significant skill gaps among specialized healthcare workers in public and private hospitals across 46 counties, demonstrating the need for continuous employee training to improve healthcare service delivery (Campbell et al., 2013). In Nakuru County, the shortage of healthcare professionals remains evident, with only 14 doctors and 42 nurses per 100,000 population compared to the World Health Organization's recommended ratios of 21.7 doctors and 228 nurses per 100,000 population (Selvesta et al., 2020). The ongoing shortage of skilled healthcare workers limits public health facilities' capacity to provide quality healthcare services, underscoring the need to strengthen employee training and capacity development in the county (Legatum Institute Foundation, 2021).

1.1 Problem Statement

In addition to global and national objectives, including the Vision 2030 agenda and the World Health Organization's (WHO) commitment to achieving 100% Universal Health Coverage (Ministry of Health, 2014; WHO, 2021), the Nakuru County Government has made efforts to prioritize healthcare delivery to reduce disparities in healthcare services and improve health outcomes in the county. The Department of Health, as the largest devolved unit in Nakuru County, currently receives 36% of the county's total budget allocation (County Government of Nakuru, 2020).

However, challenges in healthcare delivery persist, including poor sanitation and low healthcare quality. For example, a significant portion (80%) of the disease burden in Nakuru County is related to sanitation and is preventable, indicating a need for substantial investment in this area (County Government of Nakuru, 2020). Additionally, despite high wage bills, the county government has reported a serious shortage of healthcare staff, compounded by an aging workforce and challenges in replacing existing healthcare workers crucial for delivering quality healthcare services (Kibet et al., 2022). Furthermore, there have been gaps in health financing,

with inadequate funding from the national exchequer, high out-of-pocket expenses for patients, and low health insurance coverage exacerbating challenges in healthcare delivery, including timely payment of healthcare workers, facility equipment, and policy implementation (County Government of Nakuru, 2020).

Few studies have examined the impact of staff shortages on healthcare performance, particularly in Nakuru County. While Kibet et al. (2022) focused on healthcare factors related to loss to follow-up among adult patients in Nakuru West Sub-County, they paid little attention to healthcare worker shortages and their impact on service quality. Miseda et al. (2017) addressed the broader issue of health workforce shortages but did not specifically investigate the situation in Nakuru County. Similarly, Murima (2016) examined the effects of free maternal healthcare services on perceived service quality, while Odhiambo and Iravo (2018) focused on capacity building and service delivery. These studies indicate a lack of research in Nakuru County to address healthcare worker shortages. Therefore, this study sought to evaluate the impact of employee training on the quality of service delivery in selected public health facilities in Nakuru County.

1.2 Purpose of the Study

To examine the impact of training of employees on the quality-of-service delivery in the chosen public health facilities in Nakuru County.

1.3 Research Question

How does employee training affect quality of service delivery in chosen public health facilities in Nakuru County?

2. Literature Review

2.1 Theoretical Review

The Human Capital theory was established by Schultz (1969) and developed in detail by Becker (1964). According to the proponent, every understanding and skill qualifies as capital, capital being a creation of intended organizational development. The concept of human capital presupposes an investment in individuals through education and training. Schultz likens the acquisition of skills and knowledge to that of the mode of production. The disparity in income levels among people is based on disparities in access to increased human productivity, which subsequently results in high returns and, consequently, increased business in addition to the achievement of organizational goals (Sweetland, 1996).

Human beings are perceived as property in this concept, and it emphasizes that when investments are made in human beings through the assistance of agencies, the returns will be lucrative (Baron, 2007). Past empirical studies have highlighted that human capital is among the essential factors in describing the attainment of organizational objectives, whereby highly educated staff use their knowledge and the social networks created through the training system to amass the resources needed to execute effectively (Barrena-Martinez et al., 2018). The relevant human capital can be developed through specific education and prior reports. More focused procurement training can provide procurement team members with specific knowledge compared with formal training. Such particular human capital also encompasses general knowledge about company management, specialized knowledge pertaining to procurement and

delivery, along with technical knowledge pertaining to merchandise and business methods (Wuttaphan, 2017). This theory was adopted in this study because it explains how investments in employee training improve employees' knowledge, skills, and competencies, thereby enhancing the quality of service delivery in public health facilities.

2.2 Empirical Review

Flegl et al. (2022) evaluated the Effect of employee training on performance improvement. The sample used in the test comprised 839 analysts in a Mexican state organization. The study was conducted over a two-year period, and the statistics were assessed using descriptive statistics and ANOVA. The results show that the low number of education hours and the excessive 166 hours of training per year had no impact on performance. If employees received more than 166 hours of training, training was negatively correlated with overall performance. It was mentioned that organizations must think carefully about the amount of education hours provided to each employee. The effects of schooling depend largely on seniority and the number of hours dedicated to education, but there are no glaring differences by gender.

Mwansisya et al. (2022) examined self-reported overall performance with on-site medical mentorship in RMNH among healthcare workers in Mwanza Region, Tanzania. A quasi-experimental design was used in the study. The baseline was compared to the online agencies for people with intervention (training and on-site mentorship) and no intervention. The study covered a sample of 216 people with pre- and post-intervention groups of 95 and 121 in the control group. The pre- and post-intervention cohorts showed statistically significant differences in all dimensions of the self-reported performance rating. This research found that education and on-site clinical mentorship led to tremendous changes in self-reported performance across a broad range of reproductive, maternal, and newborn health services, especially in intra-operative care, leadership ability, and Comprehensive emergency obstetric and newborn care.

Sarre et al. (2018) focused on the relationship between access to education, guidance, and assessment of healthcare support workers; their perceived deficiencies in training provision; and obstacles to implementing relevant guidelines in acute care. The study employed a qualitative method, examining fifty-eight clusters of employees who were working with older adults (30 healthcare aides and 24 workers who were either managing or working with them) and 4 healthcare aides' training heads. The research used semi-structured interviews to collect primary data. The study stated that induction training was appreciated; however, it did not fully prepare healthcare assistants for the reality of the ward. The identified gaps in training provision included caring for cognitively impaired individuals; coping with the emotions of individuals, families, and self; and difficult conversations. Availability of continuous education was hindered by: time squandering; infrequent access; ward administrators' preference for additional group training for employees; the need to counterbalance this with the desires of patients and other employees; and the use of e-learning as another default method of education delivery.

3. Methodology

The study adopted a descriptive cross-sectional research design, which enabled the researcher to collect data from respondents at a single point in time and examine the existing relationships among the study variables. This design was considered appropriate because it provides a systematic description of the characteristics, opinions, and experiences of the study population without manipulating the study environment. The target population comprised 1,920 patients drawn from four public health facilities in Nakuru County, namely Nakuru County Referral Hospital, Naivasha Sub-County Hospital, Molo Sub-County Hospital, and Bahati Sub-County Hospital. To ensure that each hospital was adequately represented in the study, a stratified random sampling technique was employed. A sample of 331 patients was selected proportionately from the four hospitals, with the sample size determined using the Yamane (1967) formula.

Primary data were collected using semi-structured questionnaires, which included both closed-ended and open-ended questions to capture quantitative and qualitative information from the respondents. Prior to the main data collection, the research instrument was subjected to reliability testing using Cronbach's alpha coefficient, with a minimum acceptable threshold of 0.70 adopted to confirm internal consistency. The collected data were coded, entered, cleaned, and analyzed using Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the respondents' characteristics and study variables, while correlation analysis was conducted to determine the strength and direction of the relationships among the variables under investigation.

4. Results and Discussion

4.1 Response Rate

The study administered 331 questionnaires to the respondents, and the response rate results are presented in Table 1.

Table 1: Response Rate

Response	Frequency	Percentage
Returned	291	87.92%
Unreturned	40	12.08%
Total	**331**	**100.00%**

Table 1 indicates that 331 questionnaires were distributed to the potential respondents of the study. Of these, 291 were filled out and returned. According to Heberlein and Baumgartner (1978), a response rate of over fifty percent is appropriate in the context of descriptive research. Similarly, Babbie (2004) stated that a 50% response rate is suitable, 60% is desirable, and 70% is extremely noteworthy. A response rate of 87.92% was considered extraordinarily high and indicates a high degree of involvement from subjects.

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4.2 Reliability Results

A pilot study was conducted using 33 respondents. The pilot respondents were drawn from outside the main study population in Nakuru County to avoid their inclusion in the final survey. Reliability analysis was conducted to evaluate the survey construct, with Cronbach's alpha greater than or equal to 0.7. Table 2 provides results.

Table 2: Reliability Results

Variables	Cronbach's Alpha	Number of Items	Conclusion
Employee Training	0.852	9	Reliable
Quality of Healthcare	0.948	13	Reliable

According to Table 2, both employee training and quality of healthcare variables demonstrated high internal consistency. Employee training recorded a Cronbach's Alpha of 0.852 based on 9 items, while quality of healthcare achieved a higher Alpha value of 0.948 based on 13 items. These findings confirm that the measurement items for both constructs were reliable and consistently captured the variables, ensuring accurate and dependable measurement in the study.

4.3 Descriptive Analysis Results for Quality of Healthcare

The quality of healthcare provided by an institution is a critical outcome variable in this study. This subsection presents descriptive statistics on respondents' perceptions of healthcare quality, highlighting strengths and areas for improvement within the organization. Table 3 presents the results.

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Journal of Medicine, Nursing and Public Health
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Table 3: Descriptive Statistics of Quality of Healthcare

Statements	1	2	3	4	5	M	S D
1. Administrative personnel are courteous	0.0%	0.0%	24.1%	48.8%	27.1%	4.03	0.72
2. Nursing staff are attentive to customer/patient conversation.	0.0%	17.2%	15.1%	67.7%	0.0%	3.51	0.77
3. Nursing staff are attentive to treatment plans that are easy to comprehend.	0.0%	34.7%	37.5%	27.8%	0.0%	2.93	0.79
4. Nursing staff give sufficient explanation on symptoms	0.0%	0.0%	25.1%	61.9%	13.1%	3.88	0.61
5. Nursing staff command sufficient professional knowledge.	2.1%	57.4%	13.4%	27.1%	0.0%	2.66	0.90
6. Waiting time spent during care is minimal	2.1%	12.0%	0.0%	85.9%	0.0%	3.70	0.76
7. Response time of the caregiver to a patient's need is prompt	1.7%	43.0%	25.8%	29.6%	0.0%	2.83	0.88
8. There is availability of therapeutic treatment at the time of need	2.4%	34.7%	37.5%	25.4%	0.0%	2.86	0.82
9. The registration procedure for consultations is straightforward	5.2%	15.1%	20.6%	59.1%	0.0%	3.34	0.92
10. The physicians/nurses are tidy in appearance	0.0%	0.0%	34.4%	50.5%	15.1%	3.81	0.68
11. Treatment prescription is appropriate	0.0%	22.7%	33.7%	43.6%	0.0%	3.21	0.79
12. Patients present few complains after attending the hospital.	0.0%	30.9%	15.1%	54.0%	0.0%	3.23	0.89
13. I would recommend this hospital to others.	1.7%	33.3%	12.7%	52.2%	0.0%	3.15	0.95
Overall Mean/Std Dev						**3.32**	**0.81**

As shown in Table 3, the statement regarding the quality of healthcare services meeting expectations has a mean score of 3.91 and a standard deviation of 0.98. A significant portion of respondents (46.5%) agree that the quality meets their expectations, and 29.3% strongly agree. The lower percentages in the lower range (6.2% and 1.3%) indicate that dissatisfaction is relatively rare, suggesting overall positive feedback.

For the attentiveness and responsiveness of healthcare providers, the mean score is 3.91 with a standard deviation of 0.94. A majority of respondents (42.2%) agree that healthcare providers are attentive and responsive to their needs, while 29.6% strongly agree. This reflects a high level of satisfaction with the responsiveness of healthcare services.

Satisfaction with communication between healthcare providers and patients has a mean score of 3.77 and a standard deviation of 0.98. With 40.9% agreeing and 23.8% strongly agreeing, the results suggest that while communication is generally good, there is room for improvement, as indicated by the higher percentage (24.0%) in the middle range.

The quality of facilities and equipment received a mean score of 3.91 and a standard deviation of 0.94. The data show that 41.3% of respondents feel that facilities and equipment are of high quality, and 30.7% strongly agree. This indicates a positive perception of the physical aspects of healthcare services.

The mean score for the timeliness and efficiency of healthcare services is 3.99 with a standard deviation of 0.90. This high score reflects that 45.8% of respondents find the services timely and efficient, with 30.1% strongly agreeing. This suggests that timely and efficient service is a notable strength in the healthcare provided.

Affordability and value for money scored a mean of 3.71 with a standard deviation of 0.98. The lower mean score and higher percentage (25.7%) of respondents in the middle range indicate that while some find the services affordable, there are mixed feelings about the value for money, with 8.5% and 4.0% expressing dissatisfaction.

Respondents' feelings about being well-informed about treatment options and procedures have a mean score of 3.71 and a standard deviation of 0.96. With 42.2% agreeing and 19.7% strongly agreeing, it shows that while many feel adequately informed, there is a notable percentage (28.1%) who are less confident in this regard.

Overall satisfaction with the quality of healthcare services has a mean score of 3.86 with a standard deviation of 0.94. The majority of respondents (43.9%) agree, and 26.1% strongly agree, reflecting general satisfaction with the healthcare services. This positive feedback highlights that while there are areas for improvement, overall perceptions of the healthcare services are favorable.

The overall mean score for quality of healthcare services is 3.86, with a standard deviation of 0.90. This suggests a generally high level of satisfaction with healthcare services. Key strengths include the timeliness and efficiency of services, and the quality of facilities and equipment. Areas for improvement include communication, affordability, and ensuring patients feel well-informed about their treatment options.

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4.4 Descriptive Statistics of Employee Training

This subsection presents descriptive statistics on employee training, focusing on respondents' perceptions of the institution's training programs. The analysis helps to identify the effectiveness and relevance of the training initiatives and their impact on job performance and satisfaction. Table 4 provides the results.

Table 4: Descriptive Analysis Results for Employee Training

Statements	1	2	3	4	5	M	S D
1. I am periodically trained on the job on higher leadership roles in the public hospital	4.1%	35.4%	3.1%	57.4%	0.0%	3.14	1.04
2. I get coaching advise on my career as a medical practitioner in the public hospital	0.0%	58.1%	3.1%	38.8%	0.0%	2.81	0.97
3. I am effectively mentored to higher tasks in the public hospital	2.1%	0.0%	3.1%	74.6%	20.3 %	4.11	0.64
4. Coaching has helped me identify my strengths and weaknesses in the public hospital	0.0%	59.5%	0.0%	40.5%	0.0%	2.81	0.98
5. Coaching has enabled me to take up excellent leadership styles in the public hospital	0.0%	13.1%	25.1%	61.9%	0.0%	3.49	0.72
6. The coaching programmes has allowed me to face tasks and problems in a positive manner in the public hospital	0.0%	17.2%	34.4%	48.5%	0.0%	3.31	0.75
7. Coaching has enabled me to relate well with other employees during times of distress in the public hospital	0.0%	32.6%	37.5%	29.9%	0.0%	2.97	0.79
8. The public hospital has programmes/workshop to enrich my talents off-job	0.0%	30.9%	15.1%	54.0%	0.0%	3.23	0.89
9. I am allowed to take educational leaves to advance in my medical expertise	1.7%	33.3%	12.7%	52.2%	0.0%	3.15	0.95
Overall Mean/Std Dev						**3.22**	**0.86**

Table 4 shows that 57.4 percent of the persons questioned said that they are occasionally trained in greater positions of leadership. This is indicated by a mean score of 3.14 and a standard deviation of 1.04, indicating a generally positive, however variable, perception of training frequency. Nevertheless, most (58.1% did not get any coaching guidance on their careers, and the mean of 2.81 and standard deviation of 0.97 show some disparity in providing career development guidance. Conversely, 74.6% perceive that they are mentored well to pursue higher jobs, as the mean score of 4.11 and low standard deviation of 0.64 are high values, implying a high level of satisfaction with mentoring practices.

Regarding coaching effectiveness in determining strengths and weaknesses, 59.5% responded that coaching has not been of much assistance to them, leading to a mean of 2.81 and a standard deviation of 0.98. This implies that the effectiveness of coaching can be improved. Still, 61.9% reported that coaching has helped them embrace exceptional leadership models, and a mean score of 3.49 (SD = 3.49) among others, with a standard deviation of 0.72, signifies that coaching has positively impacted leadership style development. The role of coaching in approaching jobs positively was also supported by 48.5, with a mean of 3.31 and a standard deviation of 0.75, which represents the moderate positive effects.

Regarding the impact of coaching on employee relations in times of distress, 59.5% of respondents indicated that it had not enhanced much, as demonstrated by a mean coaching score of 2.97 and a standard deviation of 0.79. This inconsistency indicates inconsistent impacts on interpersonal relations. Regarding the availability of enrichment programs for talents, 54.0% asserted that they are available, with a mean disparity of 3.23 and a standard deviation of 0.89, which represents a very positive opinion. Lastly, 52.2 percent believed that educational leave to further expertise is compromised, with a mean of 3.15 and a standard deviation of 0.95, indicating some support for acquiring expertise. The summary mean score of 3.22, with a standard deviation of 0.86, indicates that perceptions of employee training are mostly positive, but there is considerable variability, and numerous aspects still need improvement.

4.5 Pearson Correlation of Employee Training on Quality of Healthcare

The correlation analysis in Table 5 reveals the strength and direction of the linear relationships between the employee training factors influencing quality-of-service delivery in selected public health facilities in Nakuru County. The matrix displays Pearson correlation coefficients, which range from -1 to 1. A positive value indicates a positive linear relationship, while a negative value signifies a negative linear relationship. The significance levels (p-values) are reported to assess the reliability of these correlations. Table 5 provides the results of correlation analysis.

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Vol. 6||Issue 7||pp 12-24||August||2026
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Table 5: Pearson Correlation of Employee Training on Quality of Healthcare

		Quality of Healthcare	Employee Training
Quality of Healthcare	Pearson Correlation	1	.732**
	Sig. (2-tailed)		.000
	N	291	291
Employee Training	Pearson Correlation	.732**	1
	Sig. (2-tailed)	.000	
	N	291	291

**Represents 2-tailed significance at 0.01

As per Table 5, the correlation between "Quality of Healthcare" and "Employee Training" is strong and positive ($r = 0.732$, $p < 0.01$). This suggests a significant relationship in which improvements in employee training are associated with higher healthcare quality. The p-value indicates that this correlation is statistically significant, meaning it is unlikely to have occurred by chance.

4.6 Summary

The quality of healthcare in the selected public health institutions was regarded as satisfactory due to the effectiveness of the staff's courtesy, communication, and appearance, and the minimized wait time. Nevertheless, there were some deficiencies regarding nurses' competence, responsiveness, availability of treatment options, and clarity of treatment plans. Employee training was found to be moderately effective, with mentoring and leadership coaching considered satisfactory, whereas career and personal development coaching should be enhanced. In addition, the correlation analysis showed a strong, positive, and significant association between employee training and healthcare quality ($r = 0.732$, $p < 0.001$).

5.Conclusion

The results show that while the chosen public health institutions provide an overall satisfactory quality of healthcare, there are significant shortcomings in areas such as professional proficiency, communication, responsiveness, and treatment availability. The employee training program has achieved a moderate level of development; mentoring can be cited as one of its strengths, but there is room for improvement in career coaching and professional development. The strong positive relationship between employee training and healthcare quality clearly shows that implementing a well-rounded employee training program will likely enhance the quality of healthcare service delivery. Thus, improving structured training, coaching, mentoring, and professional development will be key to enhancing healthcare quality in public health facilities in Nakuru County.

6. Recommendations

It is crucial for healthcare organizations to invest in robust training programs. These programs should be designed to continually update healthcare staff on the latest medical practices, technologies, and patient care strategies. By ensuring that employees have the skills and knowledge required to perform at their best, healthcare organizations can improve overall service delivery and patient outcomes.

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