

**FACTORS INFLUENCING ATTITUDES OF NURSES
TOWARDS PARTICIPATION IN INDUSTRIAL ACTION
IN PUBLIC HOSPITALS IN NANDI
COUNTY, KENYA**

A Thesis Submitted to the
School of Nursing
University of Eastern Africa, Baraton

In Partial Fulfillment of the Requirements for the Degree of
Master of Science in Nursing
(Community Health)

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July 2019

APPROVAL SHEET

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ABSTRACT

This study explored factors influencing attitudes towards participation in industrial action of nurses in public hospitals in Nandi County, Kenya. Pertinent factors such as personal values, professional commitment, service commitment, and job satisfaction were explored. A cross-sectional survey was done using the quantitative design where 191 nurses participated in the study. The data analysis was done using descriptive statistics, Pearson product-moment correlation coefficient, t-test for independent samples, and one-way analysis of variance. Results show that nurses have a moderately positive attitude towards participation in industrial action with an overall value of **M=2.5743, SD=0.61609**, have moderately positive personal values with **M=3.2887, SD=.49909**, have an average professional commitment with **M=3.3303, SD=0.48564**, have high service commitment at **M=3.6272, SD=0.45130**, and are moderately satisfied with their job at **M=3.4993 and SD=0.46256**. The level of professional and service commitment does not influence the nurses' attitudes towards participation in industrial action. Nurses who have positive values and high job satisfaction are less likely to participate in industrial action. Both male and female nurses have moderately positive attitudes towards participation in industrial action. The mean attitudes reveal that nurses aged 20 to 30 years have moderately negative attitudes while nurses aged 31 years and above have moderately positive attitudes towards participation in industrial action. Nurses who have served for 5 years and below have moderately negative attitudes while those who have served for 6 years and above have moderately positive attitudes towards participation in industrial action. Therefore, imparting sound personal values among nurses and providing a conducive working environment that fosters job satisfaction for nurses is paramount in combating industrial action.

ACKNOWLEDGEMENT

First of all I thank the almighty God for giving me good health, finances, knowledge and wisdom to go through this program successfully.

I would like to thank all my post-graduate teachers for the knowledge they have imparted upon me through this program.

Special appreciation goes to my Supervisors: Prof. Elizabeth Role for guiding me throughout this study and for helping me with data analysis and Dr. Joyce Owino for guiding me through this study until its successful completion.

I thank the University of Eastern Africa, Baraton office of the DVC-Academics for allowing me to pursue this program. I also thank the School of Nursing Faculty for supporting me during this program despite the heavy work schedule.

My Parents Mr. Gideon Nyang'au and Mrs. Rebecca Nyang'au have been a great encouragement towards my academic advancement, God bless you. And to my friends and Siblings Emmanuel, Caleb, Happiness and Cliff thank you for your support and encouragement. May you all keep advancing academically and professionally in your various careers.

DEDICATION

I would like to dedicate this piece of work to all nurses around the world who work tirelessly to ensure patients have quality nursing care everyday through their various personal and collective efforts without losing focus on their call to service.

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LIST OF ABBREVIATED ENTRIES

AFL	: American Federation of labor
BMA	: British Medical Association
BScN	: Bachelor of Science in Nursing
ICN	: International Council of Nurses
KECHN	: Kenya Enrolled Community Health Nurse
KNUN	: Kenya National Union of Nurses
KRCHN	: Kenya Registered Community Health Nurse
KRN	: Kenya Registered Nurse
KRNM	: Kenya Registered Nurse Midwife
MTA	: Metropolitan Transport Authority
NACOSTI	: National Commission for Science, Technology, and Innovation
PNA	: Psychiatric Nurses Association of Ireland
RLB	: Railroad Labor Board
SPSS	: Statistical Package for social Sciences
TWU	: Transport Workers Union
U.S./U.S.A	: United States of America
UMWA	: United Mine Workers of America
USRA	: United States Railroad Administration

CHAPTER ONE

INTRODUCTION

This chapter presents the background of the study, the statement of the problem, the research objectives, the hypotheses, justification and significance of the study, theoretical and/or conceptual framework, scope of the study, and definition of terms.

Background of the Study

Industrial action has been defined as an occasion when workers do something that is intended to force an employer to agree to something, especially by stopping work, such as a strike or go-slow, taken by employees in an industry to protest against working conditions, redundancies, etc (Cambridge & Collins Dictionaries, 2018). Industrial action in the health-care system (Medical Strikes) has become a major occurrence in the current medical practice all over the world (Chima, 2013; Mawere, 2010). It has been carried out by almost all Health care workers and by Nurses in particular leaving a catastrophic impact to the community (Chima, 2013).

Peaceful protests and strikes are a basic human right as stated in the United Nations' universal declaration on human rights (Abbasi, 2014). And that to deny any group of workers, including "essential workers" the right to strike is akin to enslavement which is ethically and morally indefensible (Chima, 2013). It has been said by Carew during the Victoria mental health nurses' strike in Australia in 2016 that "Nurses only take industrial action as a last resort when they want to send parties a strong message to focus on reaching a new agreement that addresses nurses' workload, patient care, safety and pay issues, etc." (p. 4-4, 1p).

In South Africa, as in many other countries, large-scale public-sector strikes are often launched so as to give workers leverage in negotiating with their employer, the government or public institutions. Many different cadres participate in such industrial action, including health-care workers (Van Rensburg & Van Rensburg, 2013). Neiman (2011) noted that a survey by the Nursing Times revealed that nurses were most willing to consider going on strike if spending cuts resulted in patient care being compromised. This may suggest that nurses believe there is a moral difference between going on strike to protect patient care and going on strike to increase or maintain wages and benefits.

The occurrence of strikes among medical professionals remains a worldwide concern. Chima (2013) states that doctor and healthcare worker (HCW) strikes are a global phenomenon with the potential to negatively impact on the quality of healthcare services and the doctor-patient relationship. Also strikes are a legitimate deadlock breaking mechanism employed when labour negotiations have reached an impasse during collective bargaining.

Strikes among healthcare workers are not rare events in most countries, as is the case in Nigeria. In recent years, there has been an increasing number of healthcare worker strikes across the nation, some national, others regional or state-based (Oleribe, Ezieme, Oladipo, Akinola, Udofia, & Taylor-Robinson, 2016). It is further mentioned that the primary cause of most national healthcare worker strikes in Nigeria is demand for higher salaries and wages.

In an online report published by Psychiatric Nurses Association of Ireland (PNA) on February 16, 2018, Psychiatric Nurses in Waterford voted overwhelmingly (89%) in favour of industrial action, up to and including strike action. PNA Industrial Relations Officer, Hayes was quoted to have said that the action to commence in

Waterford mental health services was a direct result of continuing instances of overcrowding in the admission unit at the Department of Psychiatry, University Hospital Waterford, where lack of facilities and ongoing staff shortages and vacancies within the nursing numbers are compromising both patient care and staff safety.

On 26th February 2019, the Kenya National Union of Nurses (KNUN) suspended the nurses' strike after 22 days. They did this after a court order was issued against the striking nurses followed by a threatening statement from the president. Looking back, the year 2017 started with a continuing doctors' strike that paralyzed activities in most public hospitals, and after this was resolved, nurses and other health workers also started a series of work boycotts.

Kenya has had 4 major national nurses' strikes since the current Jubilee government assumed power in 2013 (Dahir, 2014; Nation correspondent, 2017; Kimanthi & Nyamai, 2017). Nurses first took to the streets on December 5, 2016, the same time as doctors, who ended their work boycott after 100 days. They then signed a return-to-work formula with governors after being offered a nursing allowance of between Sh15,000 and Sh20,000, to be implemented in two tranches, 60 per cent beginning January and the rest from July. Two months later, nurses and the ministry as well as the CoG (Council of Governors) began negotiations on the CBA (Collective Bargaining Agreement), which became the genesis of the just-ended strike. On June 5, barely six months after calling off a nationwide strike, the Kenya National Union of Nurses (KNUN) leaders asked their members to boycott work until such a time when the two levels of government would agree to sign and implement the CBA that will cost taxpayers up to Sh7.8 billion annually (Kimanthi & Nyamai, 2017).

Some of the most frequently cited sources of friction and reason for embarking on strikes is the failure of employers, whether government or private, to adhere to the terms of negotiated wage agreements, unfavorable working conditions, low pay and lack of opportunities for career growth, (Chima, 2013; Njuguna, 2015; Abbasi 2014; Weil, Nun, & McKee, 2013). Remuneration is undoubtedly the most mentioned reason. Important to note is that salary per se is not the most critical actor but it is a tangible measure of the value that the employer places on people. In the absence of other incentives in the nursing environment, it becomes the focal point. However, addressing salary issues alone will not prevent strike action in the public-health sector (Nala, 2014).

Therefore, there was need to look at other individual/intrinsic factors that influence a nurse to participate in industrial action. Apart from the obviously stated factors within the public domain other factors such as values, attitudes, and personal attributes of care could play a huge role in influencing participation in industrial action.

Statement of the Problem

The poor and other vulnerable groups have been adversely affected by nurses' strike because they mostly seek health care at government-owned health facilities due to cost concerns (Njuguna, 2015). The strikes adversely affect the delivery of health services. Health care utilizations affected include; numbers and percentage of inpatient admissions (elective and emergency), day surgery cases, outpatient appointments, Accident & Emergency attendances and also in-hospital deaths (Njuguna, 2015; Ruiz, Bottle, & Aylin, 2012). Lack of seriousness and timely interventions into the issues such as strikes ends in patients' sufferings and has ultimately led to a situation of brain drain where doctors (Nurses and other Health

Care Workers) are fleeing abroad for better future options (Abbasi, 2014). This is a cause of great concern in a country already suffering from a serious shortage of health workforce. The high costs of accessing healthcare in the private hospitals that comes with Nurses strikes retards development since this cost and time invested by these citizens could have been used for work and development.

Access to affordable quality healthcare is a basic human right and is a constitutional responsibility of the state (Abbasi, 2014). The Constitution of Kenya 2010 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a right to the highest attainable standard of health, which includes reproductive health rights. It also states that a person shall not be denied emergency medical treatment and that the state shall provide appropriate social security to persons who are unable to support themselves and their dependents. The state has a further constitutional obligation under Article 46 of the Constitution to protect consumer rights, including the protection of health, safety, and economic interests (Kenya Health Policy, 2014-2030). As such there was need to find out the factors influencing nurses' attitude towards participation in industrial action despite the high level of training and discipline in this fast growing profession.

Purpose of the Study

The aim of this study was to explore the factors influencing attitudes of nurses towards participation in industrial action and come up with possible solutions for these problems. This was done among nurses in public hospitals in Nandi County.

Research Objectives

1. To determine the demographic characteristics of nurses in terms of a) Gender, b) Age, and c) Years of service.

2. To determine the attitude of nurses towards participation in industrial action.
3. To evaluate the characteristics of nurses in terms of a) Personal value systems, b) Professional commitment, c) Service commitment, and d) Job satisfaction.
4. To establish whether the relationship between attitudes of nurses towards participation in industrial action and the characteristics of nurses (Personal values, Professional commitment, Service commitment, and Job satisfaction) is significant.
5. To find out if there is a significant difference between attitudes towards participation in industrial action of nurses classified according to a) gender, b) age and c) years of service.

Hypotheses

Hypothesis 1

H₀₁ - There is no significant relationship between attitudes of nurses towards participation in industrial action and the characteristics of nurses (Personal values, Professional commitment, Service commitment, and Job satisfaction).

Hypothesis 2

H₀₂ - There is no significant difference between attitudes towards participation in industrial action of nurses classified according to a) gender, b) age, and c) years of service.

Significance of the Study

The results of this study will highlight the issues that have led to Nurses strikes in Nandi County and help give insight to the stakeholders in the County and National governments in the quest to curb the perennial nursing strikes. The results will provide a reflection of the status of nursing care in the country and with the identification of the gaps, the stakeholders can generate solutions to alleviate the crisis

of industrial action among nurses and other healthcare workers in Kenya. The state, through the Ministry of Health now devolved to the Counties, is ultimately responsible for health policy and regulates the health system. Results will inform these entities since they also provide services not included in the insurance schemes, such as maternal and child care, and owns most of the hospitals, thereby acting as a direct service provider, (Weil, Nun, & McKee, 2011).

Justification of the Study

Strikes as earlier mentioned have become a common phenomenon but when Kenya devolved health care to the Counties after promulgation of the new constitution in 2010 it has become a perennial disease. About 3 major National strikes have been experienced in Kenya since the Jubilee government assumed power in 2013 (Dahir, 2014; Nation correspondent, 2017; Kimanthi & Nyamai 2017).

While Healthcare workers strikes occur globally, the impact appears more severe in developing countries challenged by poorer socio-economic circumstances, embedded infrastructural deficiencies, and lack of viable alternative means of obtaining healthcare (Chima, 2013). There is no evidence of a similar research in factors influencing the attitudes of nurses towards participation in industrial action in public hospitals which has been done in Nandi County, Kenya.

Theoretical Framework

A theory is used to describe, explain, predict, and understand a specific phenomenon. Nursing theories define phenomena of interest to the nursing profession. Because a theory has a structure in terms of assumptions, concepts, and propositions, it can also be called a theoretical framework (Thompson, 2017). Theories range from very abstract and general conceptual models to less abstract and general grand

theories, to relatively concrete and specific middle-range theories, to very concrete and specific narrow-range, situation-specific theories (Butts & Rich, 2011).

Nightingale as quoted in The Free Dictionary (2015) defined nursing as having “charge of the personal health of somebody...and what nursing has to do...is to put the patient in the best condition for nature to act upon him.” In one way or another, this definition of nursing has remained the same. And at the very core of nursing practice is the act of caring. Caring and nursing are so intertwined that nursing would not be nursing without the act of caring. Caring is “a feeling and exhibiting concern and empathy for others; showing or having compassion”.

Roach as cited in McDonough (2016) states that caring is the human mode of being. Roach discusses how people in healthcare professions care for others not because they are required to do so by their jobs, but because they are human beings and this trait of caring is intrinsic to all humans hence caring is the underlying concept that forms the basis of what nurses do each and every day. This study used Roach’s 5 C’s of caring theory as shown in table 1.

The 5C’s of care as mentioned in table 1 are integrated into the independent variables in figure 1, the conceptual framework of the study, so as to affect the attitudes towards participation in Industrial action. An individual’s value system, job satisfaction, professional commitment and service commitment are important in guiding their decision to or not to participate in a strike. These factors may affect their provision of nursing care either positively or negatively since participation in strikes disrupts such care.

Table 1

The Five Cs of Caring

<i>The Five Cs</i>	<i>Nursing Behavior</i>
Commitment	<ul style="list-style-type: none"> -Dedicated to going above and beyond normally expected behaviors. -Pledging to uphold strong values. -Career commitment to life-long learning that will enhance the level of care delivered to patients.
Conscience	<ul style="list-style-type: none"> -Sense of moral responsibility resulting from a strong conscience. -Working consistently on another's behalf and "representing the concerns of the patient." -Continued focus on empathy and putting yourself in the patient's shoes.
Competence	<ul style="list-style-type: none"> -Consistently arriving to work on time. -Presenting a professional manner. -Hold self to a high standard of excellence when fulfilling daily tasks. -Ask for help or clarification when there is uncertainty about a specific duty or method. -Continually improve skills to develop competence.
Compassion	<ul style="list-style-type: none"> -Empathize with patients. -Provide kind and considerate treatment at all times. In return, nurses may receive an inspirational sense of human connection and confirmation of the meaning of their work.
Confidence	<ul style="list-style-type: none"> -Confidence ties the other 4 of the 5 Cs together. -It takes confidence in skills and knowledge to act with commitment, follow conscience, constantly act in a competent manner, and express compassion, even in the most challenging circumstances. -A confident nurse can assist others who are dealing with difficult news. A strong sense of self will summon positive change in patient care.

Conceptual Framework

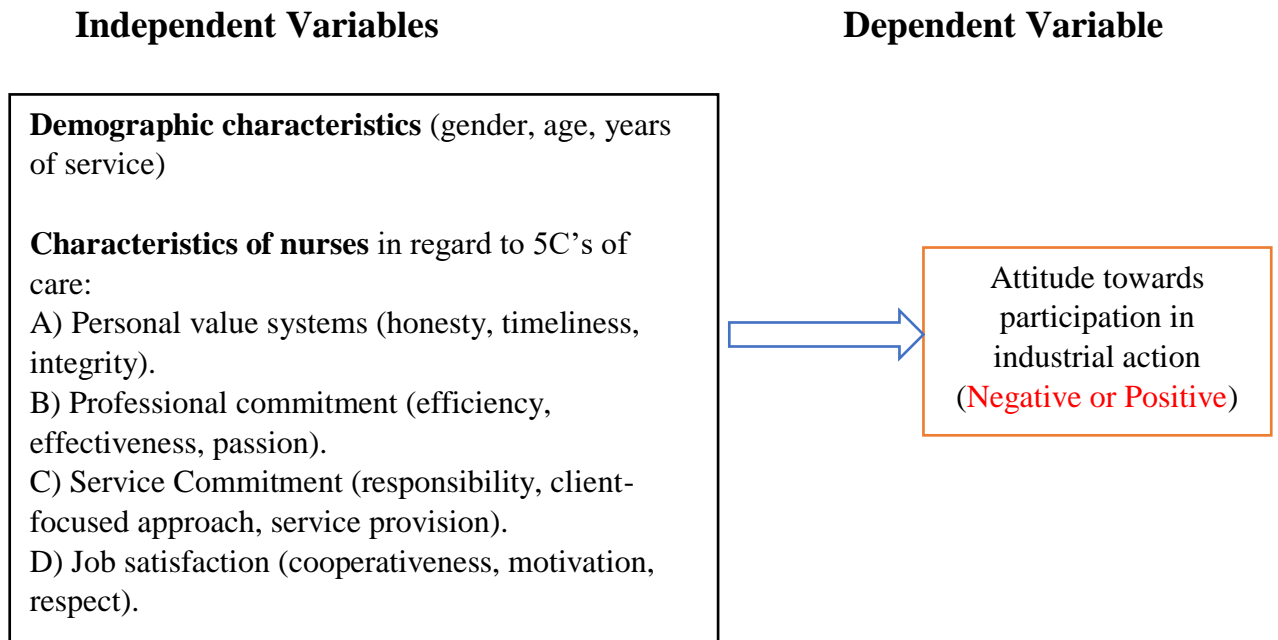


Figure 1. Conceptual framework of the study.

In establishing links between the variables mentioned in the conceptual framework above we consider a study done by Yildirim and Çam (2012) to establish the relationship between job- and organization-related attitude and personality characteristics in nursing academicians where it was found that;

“**job satisfaction** is affected by socio-economic status and the character feature of cooperativeness, **organizational commitment** is affected by the character feature of cooperativeness, socio-economic status and the temperament feature of novelty seeking, **job involvement** is affected by the temperament feature of persistence, **job motivation** is affected by the temperament feature of persistence and the character feature of cooperativeness, **intend to stay** is affected by the character feature of novelty

seeking, total years of work, academic title and the character feature of self-directedness”.

Looking at the results of the study mentioned above, it is clear that there is a relationship between the dependent and independent variables.

Scope of the Study

The scope of this study was to determine demographic characteristics of nurses and their attitudes towards participation in industrial action in Nandi County, Kenya. This study evaluated nurses’ characteristics such as; personal value systems, professional commitment, service commitment, and job satisfaction. It was carried out among nurses working in public healthcare facilities in Nandi County, Kenya.

Definition of Terms

Attitude towards Participation in Industrial Action- This refers to the way nurses look at industrial action in their profession and whether or not they would participate given an opportunity.

Demographic Characteristics- refers to a nurses’ attributes such as; gender, age, years of service etc.

Industrial Action-Action taken by employees of a company as a protest, especially striking or working to rule (English Oxford living Dictionaries).

Job Satisfaction- refers to the level to which a nurse expresses fulfillment in providing service to patients.

Nursing-The International Council of Nurses (ICN) defines nursing as a practice that encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping

health policy and in patient and health systems management, and education are also key nursing roles.

Nurse-The ICN defines a nurse as a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country.

Personal Value Systems- Individual values refer to the things nurses consider very import in their personality towards participation in industrial action.

Professional Commitment- the level to which the nurses are devoted in supporting and advancing their carrier.

Service Commitment- the willingness and energy devoted to providing care to patient in a professional manner.

Values-The regard that something is held to deserve; the importance, worth, or usefulness of something (English Oxford living Dictionaries, 2nd ed. 1989).

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND STUDIES

The review of related literature and studies was taken from books, journals, newspapers and theses both in print and online sources. The chapter discusses the history and concept of industrial action in relation to; personal value systems, professional commitment, service commitment and job satisfaction.

In a study entitled “Industrial action by healthcare workers in Nigeria in 2013–2015: An inquiry into causes, consequences and control—a cross-sectional descriptive study”, Oleribe et. al. (2016) sought to identify the root cause(s) of strikes by healthcare workers, their effects on the health system and possible solutions to prevent, or at least reduce, industrial action. This study identified the major cause of these continued strikes as inadequate healthcare leadership/management. Training doctors in health management and leadership towards building skilled physician leaders was identified as the solution to this problem.

Industrial Action and the Industrial Revolution

From the onset of the Industrial Revolution, working men and women have been withholding their labour as a means of bargaining for better pay and conditions. When all else fails, strike! This is how union workers think when they want to get their points across. For the majority of those employed, however, protesting a job is unthinkable, not to mention a fireable offense (Thomas, 2011).

It has been noted in literature that industrial action could have taken place earlier but records and statistics on strikes were not collected or put in print until late

in the 19th Century. And thus this review will consider industrial action from the 19th century to the present.

The History of Industrial Action

Industrial Action in the Nineteenth (19th) Century

Tensions between labor and management often cause work stoppages known as strikes. Management has always wanted more work for as little pay as possible. Labor has always wanted what it considers fair compensation (Sauter, Stockdale and McIntyre, 2011). The earliest large strikes, although perhaps not the largest, were at textile companies that handled the finishing of cotton and other raw goods from the South (Sauter et al., 2011).

“The most famous and far-reaching labor conflict in a period of severe economic depression and social unrest, the Pullman Strike began May 11, 1894, with a walkout by Pullman Palace Car Company factory workers after negotiations over declining wages failed” (Smith, 2005). From the report it is noted that the boycott, although centered in Chicago, crippled railroad traffic nationwide, until the federal government intervened in early July and while most public sentiment was against the boycott, George Pullman attracted broad criticism and his workers’ wide sympathy. Following this strike occurrence, a federal panel appointed to investigate the strike sharply criticized the company's paternalistic policies and refusal to arbitrate, advancing the idea of the need for unions and for increased government regulation in an age of large-scale industrialization.

The Great Southwest Strike, organized by the Knights of Labor in 1886, was the largest and most important clash between management and organized labor in the nineteenth-century history of the Texas state (Maroney, 2010). Maroney notes that the strike began after the railroad terminated Knights of Labor shop men, and the union's

members on other railways refused to operate any train with Wabash cars. The solidarity of the union men soon brought Gould the railroad baron to the conference table with a resulting agreement that ceased discrimination against the Knights.

Industrial Action in the Twentieth (20th) Century

The twentieth Century saw numerous strikes organized as workers sought better wages, safer working conditions, recognition of labor Unions, reduced work load, better staffing, affordable medical care and retirement benefits arrangements. These and many other factors triggered industrial action and shaped the state of labor provision in the world today. We shall consider a few of the significant cases in record.

In the spring of 1902, the United Mine Workers called a strike among its membership in the anthracite coal fields of eastern Pennsylvania. The public largely sided with the workers, who demanded safer working conditions, higher pay and recognition of their union. And notably the history of federal government intervention in labor matters up to this time showed a clear favoritism for management.

The resolution of this strike was due to the 26th American President Roosevelt's active participation, who proposed arbitration leading to a settlement. The strike was ended in March 1903 and the miners received a wage increase of 10% and an hour's reduction in their working day. However, recognition of the union was not achieved.

The Steel Strike of 1919 was the largest wave of strikes that shook the country following the end of World War I. The strike, which began on September 22, 1919, and lasted until January 8, 1920, involved 365,000 steelworkers (Gordon, 2015). In this era Steel companies vigorously opposed unionization and sought to keep workers

divided and unionization at bay by perpetuating ethnic and racial tensions in the workplace. During the war, however, the administration of President Woodrow Wilson wanted to prevent production delays by avoiding labor disputes and hence created the War Labor Board to arbitrate labor conflicts.

Despite efforts to organize workers, conditions in the steel industry remained harsh. Steelworkers put in an average of 68.7 hours a week, considerably more than workers in other industries. In addition, wages were low and working conditions hazardous (Gordon, 2015). In May 1919, the National Committee demanded a significant wage increase, an eight-hour workday, the abolition of company unions, the rehiring of workers fired for union activities, and union recognition. However, the U. S. Steel refused to negotiate with union representatives so William Z. Foster and Chicago trade unionist John Fitzpatrick, the National Committee prepared for an all-out strike. Response to the strike call was massive. An estimated 275,000 steelworkers walked off the job the first day and their number peaked at 365,000 the next week.

The federal government responded swiftly and forcefully, striking workers were threatened, intimidated, fired, and beaten. By the end of the walkout, 22 strikers had been killed. When Gompers and the AFL leadership refused to commit more support, the strike collapsed (Gordon, 2015). And so the National Committee officially called off the strike on January 8, 1920.

In the U.S. during the 1920's Railroads were so vital to the nation that during World War One, President Woodrow Wilson nationalized America's entire rail industry in order to help the war effort (Koppekin, 2017). Rail workers enjoyed a period of prosperity under the USRA, which increased their wages and established an

8-hour workday. However, and after the war, the government initiated the process of handing back the railroads to their private owners via the Transportation Act of 1920.

Under this legislation, a nine-member panel known as the Railroad Labor Board (RLB) came to oversee management of railroads as they transitioned back to private control and Koppekin (2017) states that the RLB gave companies approval to slash workers' wages in 1921 in the wake of postwar drops in production and an increase in the size of the labor force. As if that wasn't agitating enough, the following year, after deep tensions surrounding the unionization of railroad employees, the RLB approved a second round of wage cuts. In response, all railway unions in America—even those whose members were not affected—sent out strike ballots.

Seven unions representing those workers voted to go on strike. On July 1, 1922 the Great Railroad Strike began as over 400,000 shop men and maintenance workers across the country walked off the job. It is clear that those striking workers sought better pay, the reinstatement of overtime pay, and an end to contracting out shop work, a business practice that undercut union labor.

In Koppekin's report, it is said that the railroads did not take kindly the strike, and they immediately began hiring replacement workers to fill jobs vacated by strikers. Although many of the strikers protested via peaceful and legal means, violence frequently broke out between strikers and strikebreakers, company guards, and law enforcement officers who sided with the railroad companies. Gustafson (2015) also mentions that many people supported the strikers by giving them food and refusing to sell goods to strikebreakers and the local sheriffs also disarmed most railway guards who fired at strikers and killed them, to prevent violence.

While the RLB made a small attempt to mediate the strike, President Harding issued a declaration that let companies retain strikebreakers as permanent employees (as stipulated in the outlaw resolution) but acknowledged some of the merits of the strikers' complaints (Koppekin, 2017). Despite the fact that the strike ended in defeat for the unions and workers, unlike other major strikes of this time period, many of the disputes were resolved at the local rather than national level.

On April 1st 1946, the United Mine Workers of America called on 400,000 bituminous coal miners to strike for safer conditions, health benefits, and pay. The strike came at a time when the national economy was recovering from the Second World War, and President Truman saw the UMWA's actions as counterproductive to national industrial recovery. Truman approached the union with a settlement. When the workers refused the proposal, they were fined \$3.5 million, forcing their agreement and the end of the strike. Although forced, most of the UMWA's demands were met in Truman's compromise.

This compromise was known as the "The Promise of 1946", or the Krug-Lewis Agreement (Agreement), which was a deal struck between the United States Government, the United Mine Workers of America (UMWA) and accepted by the coal operators to end a nationwide strike by the Union following the end of World War II. With President Truman looking on, the historic Agreement was signed by Interior Secretary Julius Krug and John L. Lewis in the White House a week after the United States Government seized the mines. Among other things, the Agreement created a welfare and retirement fund and a separate medical and hospital fund. The two were later combined to create the UMWA Health and Retirement Funds.

On 15th July 1959, some 500,000 members of the United Steelworkers of America went on strike, spurning pleas from President Dwight Eisenhower to both

sides to extend their agreement and continue bargaining (Glass 2015). The walkout, which lasted 116 days, remained the longest work stoppage in the American steel industry until the steel strike of 1986 as written by Glass (2015), and this ended after the U.S. Supreme Court upheld the constitutionality of the Taft-Hartley Act, which required the workers to obey an injunction and return to work for an 80-day cooling off period.

In this case the steelmakers had launched the strike, demanding that the union give up a clause in their contract which limited management's ability to change the number of workers assigned to a task or to introduce new work rules or machinery that would result in reduced hours or numbers of employees. At the end of it all the union won a Pyrrhic victory by retaining the work-rules clause in its new contract. It should also be noted that in the long run, the strike, for the first time in U.S. history, led to wide-scale imports of foreign steel, from which the domestic industry never recovered.

The national US Postal Service wildcat strike was the first major strike in the history of the Post Office. It began on March 18th, 1970, and set up picket lines around the city's post offices which were honored by 25,000 drivers and clerks, bringing postal operations to a standstill (Brecher, 2013). During the Nixon Administration, U.S. postal workers were not allowed to engage in collective bargaining. Increased dissatisfaction with wages, working conditions, benefits, and management led the postal workers in New York City to strike. Encouraged by New York's example, postal workers nationwide followed suit.

With mail and parcel delivery at a standstill, Nixon ordered the National Guard to replace the striking workers – a measure which proved ineffective. The strike was so effective that within two weeks, negotiations took place. The unions'

demands for wages and conditions were largely met, and they were granted the right to negotiate. In strictly financial terms, the strike was a modest success, forcing Congress to grant an immediate six percent pay increase to all government workers and an additional eight percent for postal workers on passage of the postal reorganization plan (Brecher, 2013).

August 4th 1997 is the date in history when 187,000 UPS workers went on strike. Raney (2013) continues to remark that it may have been as significant as the collapse of the dot-com bubble in 2000 or the Subprime Market Collapses of 2006/2007 was to most Americans. It was the first and only nationwide strike in UPS history. It lasted for 15 days and stopped the delivery of 80% of their shipments. According to Raney (2013), UPS lost \$780 million and the effects left a lasting concern amongst shippers that it could happen again. It was considered one of the most significant labor disputes in history.

It has been mentioned by Raney (2013) that failure to agree on two main issues resulted in the strike. The union wanted to maintain control of the pension fund and for UPS to create full-time positions from the part-time ones. The victory of this strike is that UPS agreed to create 10,000 new full-time jobs by combining 20,000 part-time ones. UPS also agreed to raise pensions by as much as 50 percent—and paid the biggest wage increases ever (Levin, 2017).

Industrial Action in the 21st Century

Years have gone by with a lot of advancement taking place but industrial action has still remained to be the best weapon for workers in many organizations both in government and private establishments. It is not any different in this 21st century because it is a common phenomenon despite the strides made in development

and technology. Here let's consider other recent cases in this century of super advancement.

The National Hockey League missed an entire season due to the infamous 2004-05 lockout, which resulted from conflicts over a salary cap reports Silver (2011). He further observes that NHL owners said 75% of team revenues was going to players' salaries — something the players' union disputed. The union eventually conceded to a salary cap of \$49 million per team, but the owners insisted on \$42.5 million. NHL commissioner Gary Bettman canceled the season on Feb. 16 which marked the first time one of the big four sports leagues in the U.S. lost a season's worth of games to labor issues (Silver, 2011).

It was at 3 a.m. on 20th December 2005, when workers began locking turnstiles, shuttering subway entrances and shutting down the nation's largest mass transit system. Most New Yorkers didn't find out until they woke up that the strike they had hoped against was on (Donohue and Siemaszko 2015). The strike left more than 7 million people in and around the city looking for alternative ways to get around.

TWU (Transport Workers Union) workers complained about working conditions, including hazards such as smoke, dangerous chemicals and extreme temperatures, abuse from supervisors, verbal or physical threat from passengers, and inability to access restroom facilities on the bus and subway. Just before the contract ended, the MTA offered a 3.5% per year raise and no change in the retirement age, with the caveat that new transit workers pay 6% of their wages into the pension fund, up from the 2% that current workers' pay. The offer was rejected, and a strike declared.

The Mayor, Mr. Bloomberg, declared the strike illegal and said no negotiations should be done since the union had broken the law. Brooklyn Supreme Court Justice Theodore Jones held the Transport Workers Union Local 100 in contempt and ordered it to pay \$1 million-a-day fine each day the 33,700 workers are out.

The 2007-2008 writer's strike, which lasted four months has had a lasting legacy on some classic television. Seasons were shortened, post-production was not overseen and the development of many shows was disrupted. This strike was extremely important for writers as they fought for the inclusion of new media under guild rules (Miller 2017).

Negotiators reached a tentative agreement on February 8, and both the East Coast and West Coast branches of the WGA ratified the deal on February 10. Two days later, the writers themselves approved the truce, and a new contract with the AMPTP was signed February 25. Based in part on a deal signed the previous month between production companies and the Directors Guild of America, the new contract gave WGA members residual payments for programs streamed online (at a much higher rate than that paid for DVDs) and formalized union jurisdiction over programming created for the Web. Writers would be paid for shows streamed on advertising-supported Web sites and WGA members hired to write original content for the Web would be covered under a union contract.

Industrial action among medical workers in the 21st century.

Abbasi (2014) says that around the world, strikes and protests are held to condemn violation of basic human rights, to strongly put forward one's point of view to the authorities or for fulfillment of the specific needs. But for doctors, right to strike and protest is viewed from different perspective known as the social contract. A

doctor enters the social contract with his patient after swearing the Hippocrates oath and according to this oath, he/she swears to act in the highest interest of his patient and keep the health and life of his patient a priority above everything (Abbasi 2014). Due to their proximity to life and death situations, strikes by doctors are perceived as an ethical misconduct by the society.

The nurses similarly have a pledge that they take after qualification before service. This is famously known as the "Nightingale Pledge".

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of those committed to my care.

Historically, strikes by doctors were kept limited to nonemergency cases while keeping the emergency services functional. Such types of strikes were carried out in Israel, Australia, Tanzania and more recently in the UK. In Israel, an alternate system called fee for service was established to deal with outpatients to ensure continuity of care during strike (Abbasi, 2014).

On 30 May 2012, the British Medical Association (BMA), which represents two-thirds of medical practitioners in the UK, announced their decision to take industrial action on Thursday 21 June 2012 due to disagreements over government pension reforms (Ruiz, Bottle, & Aylin, 2012). It was noted that this is the first time in 37 years that UK doctors had gone out on strike. According to the Trade Union and

Labour Relations Act, doctors are prevented from action that puts the public at risk. Therefore, the BMA announced that all emergency and urgent cases would be dealt with as usual (Ruiz, Bottle, & Aylin, 2012). Although exact figures are not known, it was reported that 8% of doctors across England took industrial action

Although Ruiz et al. (2012) did observe a reduced number of in-hospital deaths during the 24-h doctors' strike, the observed change was not significant. However, they noted that, when nurses in New York decided to strike during striking intervals between 1984 and 2004, the in-hospital mortality increased by 19.4%, due in part to the withdrawal of the hands-on work that nurses deliver.

Motivations for HCW strikes include the natural pressure to fulfill human needs and the paradigm shift in modern medical practice, from self-employment and benevolent paternalism, to managed healthcare and consumer rights (Chima, 2013). He further states that minimizing the incidence and impact of HCW strikes will require an ethical approach from all stakeholders, and recognition that all parties have an equal moral obligation to serve the best interests of society.

Chima (2013) also argues that the Hippocratic Oath to which doctors are required to adhere carries injunction: "the health of my patient will be my first consideration". Therefore, in the circumstances where the health of the patient is threatened; for example where there is a failure to provide adequate drugs or proper facilities for patient care. Doctors may feel ethically and morally obliged to intervene on behalf of their patients and this intervention may ultimately result in a strike action or withdrawal of services, in an effort to improve conditions for patient care.

The true cost of the current nurses' strike might never be known, but its effect on the nation's health indicators is likely to be felt for years to come. Mortality rates, for instance, are projected to rise in the coming months, and with newborns not

receiving important vaccination, the effect is likely to be life-long for the unfortunate babies (Okeyo, 2017). She further reports that Doctors say they cannot operate without nurses, and there is no public uproar regarding the nurses' strike because most people underestimate the value of these caregivers — long acknowledged as the backbone of any medical industry in the world — to the provision of universal healthcare.

According to the Kenya Healthcare Workforce Report, the current ratio of practicing nurses to the population is 8.3 per 10,000, compared with the World Health Organization recommendation of 25 nurses per 10,000. Council of Governors health committee chairman Ranguma says the county bosses are already feeling the pinch of the huge expenses occasioned by demands by doctors, whose strike was called off following an agreement to increase their pay in March 2017. Ranguma says it would cost the taxpayer Sh40.3 billion to implement the nurses' CBA in the next four years (Okeyo, 2017).

Perhaps the most important thing about nursing is based on the concept of treating others as valued human beings. When providing nursing in a respectful manner, with dignity and care, then everything done for and with those human beings will reflect that. All the issues faced by the patient will be handled to the best of their ability with a caring attitude. The nurse's thoughts and actions will be controlled by a desire to do things in a way that would be acceptable for themselves, their partners, their families, and their friends despite the various challenges that may prompt them to strike.

Demographic Data of Nurses

It has been noted that there is a trend where more young people are becoming nurses. Rivers, (2011) cites a study where findings show a 62 percent increase in the

number of 23- to 26-year-olds who became registered nurses between 2002 and 2009, a growth rate not seen in this age group since the 1970s, in the U.S. In addition, she says more people are becoming nurses in their late 20s or early 30s. Rivers, (2011) attributes this to the recession and the decline in manufacturing jobs that have triggered interest in nursing since health care is one of a handful of industries that is continuing to grow and hire. The U.S in its position as an economic powerhouse triggers ripple effects in many issues affecting healthcare and nursing in particular may be one of them hence what we experience in Kenya and Africa as a whole with a little margin of disparity.

While there is a growing body of literature on men in nursing, research has failed to question gender differences between opinions of female and male nursing students on where men should be in nursing career and what they will add to nursing profession (Ozdemir, Akansel, & Tunk, 2008). This study concluded that nursing continues to be seen as a fit position for females such that male students who study in nursing have role tension about nursing and therefore the male students' desire to occupy mostly administrative positions in health care settings after their graduation shows their intentions to distinguish themselves from female colleagues.

A 2014 study in Policy, Politics & Nursing Practice reveals that an estimated 17.5 percent of newly-licensed RNs (Registered Nurses) leave their first nursing job within the first year, and one in three (33.5%) leave within two years (Blair, 2014). This study notes that in order to make comparisons across organizations and geographical areas, researchers, policy makers and others need valid and reliable data based on consistent definitions of turnover. This information could hold the answers to the years of service of nurses while looking at nurses hired at healthcare facilities in different regions at a particular time.

Personal Value Systems

Values are principles, standards or qualities that an individual or group of people hold in high regard. These values guide the way we live our lives and the decisions we make. A value may be defined as something that we hold dear, those things/qualities which we consider to be of worth. A 'value' is commonly formed by a particular belief that is related to the worth of an idea or type of behavior. Values can influence many of the judgments we make as well as have an impact on the support we give clients.

As human beings, we all have our own values, beliefs and attitudes that we have developed throughout the course of our lives. Our family, friends, community and the experiences we have had all contribute to our sense of who we are and how we view the world. As community health nurses, we are often working with people who are vulnerable and/or who may live a lifestyle that mainstream society views as being different or unacceptable. If as community health nurses, we are to provide a service that meets the needs of our target groups and helps them to feel empowered, we need to be aware of our own personal values, beliefs and attitudes and be prepared to adopt the professional values of our nursing profession.

The 5C's of caring as mentioned in Roach's theory (Commitment, Conscience, Competence, Compassion, and Confidence) present some of the values that are cultivated among nurses in order for them to perform their duties professionally. These values in individuals are developed at different levels depending on the extent that one has grasped them and in one way or the other affect service delivery. This kind of difference may account for how nurses relate and commit to service hence occurrence of industrial action. Acquisition of values, as cited by Garcí'a-Moyano et al. (2017), is that values are philosophical constructs. While they are general, they are

not found in the same way in all people, and hence the importance of their acquisition in professional life.

All the analyzed works refer to the importance of personal values in professional practice. An example of this is the work by Akhtar-Danesh et al., as cited in Garcí'a-Moyano et al. (2017), which although differentiating between four profiles when defining professionalism, stressed the importance of values being placed at the service of professional tasks, including the respect for human dignity, personal integrity, protection of privacy and protection of patients from any harm. Other authors point to accessibility and flexibility; empathy and altruism; vocation, personal commitment integrity, compassion and the defense of moral, legal and social values; trust, honesty, positive attitude, kindness, patience and respect for confidentiality, among others.

Professional Commitment

Professional commitment is a person's pledge, promise, or resolution toward his/her profession. Professional commitment in nursing is defined as intention to continue working as a nurse. It is the way in which the individuals think about the profession and show their loyalty to the given career. It involves a group of characteristics which are different from one career to another and include a particular career staffs' identification, autonomy, and receptivity of the professional values and goals (Jafaragae et al., 2012).

This is the commitment of offering service to society, belief in respect and the values of every individual; the commitment to education and autonomy, and the intention to continue to work as a nurse. It is the way people think about the profession and show their loyalty to it. Zibrik et al., cited in Garcí'a-Moyano et al. (2017), define professionalism as the conduct, goals and qualities that designate

someone as a professional. It is a set of behaviors put into service for the good of others through vocation, with a body of knowledge and skills.

This concept of professional behaviours encompasses all types of behaviours that take place in work or in relation to the profession. These include the integral care that aims to prioritize the interests and wellbeing of patients; the importance of personal appearance, inter-disciplinary collaboration, leadership and attitude; accessibility, flexibility, adaptability, autonomy and working relationships; support for other nurses and respect for cultures among others. They can also be classified into sub dimensions: behavior towards the patient, behaviour towards other professionals, behaviour towards society and behavior towards oneself.

Donkor and Andrews, as cited in Al-Hamdan et al. (2018), say that nurses' professional commitment positively influences their job performance and when high, promotes positive outcomes for their patients. They further cite Honyenuga and Adzoyi (2012), who say variables that influence professional commitment include gender, age, and monthly salary as well as educational level and years of experience as noted by Nogueras. The results of the study conducted by Al-Hamdan et al., (2018) noted that Nurses' professional commitment was significantly and positively correlated with patient safety.

Commitment is viewed as a major variable to positive employee relations. It also has important consequences in health care services. Strong commitment to a profession is in relation to job satisfaction and intention to remain. Highly committed nurses are more responsible for delivering health care for the patients (Jafaragae et al., 2012). They further assert that professional commitment construct is important because it contributes to our understanding of how people develop, make sense of,

and integrate their multiple work-related commitments, including those that go beyond organizational boundaries.

Service Commitment

The essence and goal of the nursing is offering the best care service to the patients, which require human communication and interpersonal skills based on loving the humans. As shown in the study by Jafaragae (2012), nurses think that there is a call to do good deeds. In another qualitative study, it was shown that clinical nurses in Iran assume their professional commitment as a result of their religious beliefs. A shared sense of vocational commitment and altruism strengthened their commitment. In Iran, nursing education and practice have been influenced by historical, religious, and cultural status considering that in Islamic trainings, paying attention to human needs is deemed valuable (Jafaragae, 2012).

In Healthcare, the customers are the patients, their families, and the communities that are served. The service provided is Healthcare. Millions of people access healthcare each week (Amanda, 2018). She further says that customer satisfaction measures what people think or how they feel about the services they were provided. In the U.S, the healthcare system is set up so that patients have the right and ability to choose their provider and where they receive care and with such autonomy, hospitals and practices must provide good customer service in order to compete for patients

A core policy of the ICN is the ICN Code of Ethics for Nurses, which outlines four fundamental responsibilities in terms of nursing behaviour, namely, ‘to promote health, to prevent illness, to restore health and to alleviate suffering.’ (Van Rensburg & Van Rensburg, 2013). The ICN’s current position on nurses’ striking is outlined in an industrial action position statement. While acknowledging the right of nurses to

strike, the policy emphasizes that the right to do so is conditional. A total abandonment of vulnerable patients stands in direct contrast to the said code of ethics.

According to Cassar (1999) and Ooi et al. (2006), as cited in Brow, McHardy, McNabb and Taylor (2011) Employee participation, which includes such things as involvement in joint decision making, has been shown to have a positive association with positive work attitudes and employee commitment. It is also noted here in this study that the process by which employees are made aware of organizational goals and their involvement in the achievement of them plays an important role in fostering job commitment. Various researchers such as Podsakoff et al. (1996), Ashford et al., (1989), as cited in Brow, McHardy, McNabb and Taylor (2011) have found organizational trust to be a significant predictor of organizational commitment.

Job Satisfaction

Job satisfaction is determined by a comparison of one's prior expectations about the job and the actual experience of the job. Lorber and Savic (2012) also found that job satisfaction relates to beliefs and emotions that individuals have about their work and their job. It has been described as an attitude with an affective and cognitive component. When establishing the level of job satisfaction, we should focus on how employees feel about their work and personal relationships in the workplace, and on how leaders influence employees' satisfaction (Lorber & Savic, 2012).

One study found that nurses' job satisfaction is the strongest determinant of clients' overall satisfaction. Like most people, nurses work best when they have a sense of control over their jobs and their lives. That sense of control can be created by giving nurses more voice in patient-care planning, more voice in policy-making and more say over the way they work (Bauman et al., 2001).

A demoralized worker is not a productive worker, especially if the nurses have a sense that they are not valued by the healthcare system for which they work so hard. Studies show good relations among caregivers benefit patients, even to the point of reducing mortality. We believe that means nurses need more support on the job, from managers who understand their work, respect their expertise and can offer a sense of security and community (Bauman et al., 2001).

Even though research has shown different levels of job satisfaction for nurses, satisfaction predictors tend to be relatively similar, and include working conditions, relationships with coworkers and leaders, pay, promotion, security of employment, responsibility, and working hours (Lorber & Savic, 2012).

According to the latest survey done by the AMN Healthcare of Registered Nurses in 2013 which surveyed more than 3,400 nurses for this year's report, Wood noted that a much smaller percentage of nurses are satisfied with their actual jobs. The report also found that satisfaction levels vary between age groups.

The 2013 survey found that only 73% of nurses were satisfied with their current jobs, while 35% said they often feel like resigning and 33% indicated that if they had their way, they would not be working in their current nursing job a year from now. Both percentages are up from responses in 2012. Older nurses were more likely to think about resigning or changing jobs. Male nurses were more likely than females to plan on leaving their jobs in the year ahead.

Industrial Action and Attitude

According to Eagly and Chaiken as cited in Launiainen (2014), attitude is defined as a psychological tendency that is expressed by evaluating a particular entity with a degree of favour or disfavor. They see attitudes as evaluative tendencies that

can on one hand be drawn from beliefs, affect and avert behavior but also on the other hand affect them.

Job and organization-related attitude can be defined as a person's general attitude towards his/her job and organization. It can also be defined as the combination of the feelings, opinions and behaviours of the employee towards the job and the organization (Yildirim & Çam, 2012). It was also noted that in general, the factors affecting the features of job- and organization-related attitude can be divided into three subtitles: socio demographic characteristics, professional and institutional characteristics, and personal characteristics. Yanbastas cited in Yildirim and Çam (2012) says that personality is the sum of social skills, the image a person creates upon others, or else the sum of the relationships one develops between the environment and his/her features.

In a study done by Launiainen (2014), it was found that the negative attitudes of unfairness, failure and personification towards strikes represented the side of strikes that was perhaps the most anticipated, portraying the contradictions between employees and employer. It further asserts that attitude of ordinariness, which portrayed indifference, and the positive attitude of change however, were more unanticipated findings which reflect shared understanding and trust between conflict parties.

Yildirim and Çam (2012) in their study determined that attitudes of nursing academicians towards job and organization and their personality traits depended upon socio-economic status, working year, academic title, the temperament feature of novelty seeking and persistence, and the character feature of self-directedness and cooperativeness. Nursing academicians who play a pivotal role in training nurses for service are therefore able to transmit knowledge together with attitudes that will shape

the crop of nurses produced. As such attitude remains key in determining the course of action nurses would take during a crisis such as may lead to participation or non-participation in industrial action.

In a study done by Van Rensburg and Van Rensburg (2013) on ‘Nurses, industrial action and ethics: Considerations from the 2010 South African public-sector strike’, it is noted that the strike resulted from a failure in the renewal of wage negotiations laid down in 2007 between government and labour unions.

The strike dragged on for 6 weeks amid intensified media scrutiny. Conditions in the health sector received much attention, with media reports of nurses abandoning their posts and of patients suffering from the effects of the strike. Instances were reported of striking workers barricading hospital entrances, refusing access to non-striking nurses and other hospital staff. There was even an instance of a replacement nurse being kidnapped by striking public workers in an attempt to intimidate other non-striking workers. As the negotiations failed repeatedly, the striking workers became violent, and several protesters were met with water cannons, rubber bullets and teargas. Additionally, many essential workers (including nurses) defied a court order ordering them to return to work. Amid reports of intimidation and harassing of non-striking workers, the government called for peaceful and non-threatening protests. While some of the health-sector labour unions urged their members to picket during lunchtimes and when off duty, many nurses left their posts to join the singing and dancing masses outside hospitals.

Summary

Industrial action is notably a wide topic which can be viewed from quite a number of perspectives. From the literature review gathered it has been noted with

clarity that the independent variables; personal value systems, professional commitment, service commitment, job satisfaction, demographic variables (gender, age, years of service) are related to the dependent variable of 'Attitude towards participation in industrial action'. It is important therefore that these factors are explored in research to establish the possible connection that brings about causation.

Right from the educational training of student nurses to the level of professional practice, knowledge and attitudes are imparted through nurse educators, nurse mentors during practice, and interaction with other healthcare workers. These in turn will shape the decisions made by the time one qualifies to participate in service delivery. It is clear that industrial action leads to unnecessary suffering and so the gap that leads to this needs to be identified and ways to resolve it drafted.

CHAPTER THREE

RESEARCH METHODOLOGY

This section presents the design of the study, particularly the research methods and techniques to be used, sampling procedures, the reasons for the choice of the subjects, sample size calculation, the instruments to be used and their validation.

Research Design

A cross-sectional survey was done to find out the factors influencing attitudes towards participation in industrial action and the level of participation of Nurses in Nandi County. This study was conducted using the quantitative design. Yilmaz (2013) defines quantitative design as a type of empirical research into a social phenomenon or human problem, testing a theory consisting of variables which are measured with numbers and analyzed with statistics in order to determine if the theory explains or predicts phenomena of interest. Quantitative designs provide statistical descriptions, relationships and explanations about numerical data (Role, 2017).

The study was descriptive-correlational in nature where variables that relate to each other were identified, explored and the degree of correlation between two or more variables determined.

Population of the Study

The target population were the practicing nurses in public hospitals who are employed by Nandi County Government. This county was selected due to its recent encounters with nurse's strikes. One such is noted in an article published for citizen in April 2016 by Abdulkadir where the county advertised nurses' posts over strike that had paralyzed operations in public health facilities. The participants included those

who are presently working in the county public health facilities. All nurses falling within the mentioned category were eligible to participate as long they freely consented.

The Nurses employed in Nandi County as per statistics from the County chief nurse's office at the time of study were about 450 in number, placed in various health facilities. These included; dispensaries, Health centers, Sub-county hospitals, County hospitals and the County Referral Hospital at Kapsabet. The nurses were randomly selected from different departments in the hospitals/health facilities. It included all qualifications available such as; Kenya Enrolled Community Health Nurse (KECHN), Kenya Registered Nurse (KRN), Kenya Registered Community Health Nurse (KRCHN), Kenya Registered Nurse Midwife (KRNM), Bachelor of Science in Nursing (BScN), and Master of Science in Nursing (MScN).

Site of Study

This research was carried out in Nandi County, Kenya. Nandi County is in North Rift of Kenya, occupying an area of 2,884.4 Km². The County is bordered by Kakamega County to the west, Uasin Gishu County to the North East, Kericho County to the South East corner, Kisumu County to the South and Vihiga County to the South West. Geographically, the unique jug-shaped structure of Nandi County is bound by the Equator to the south and extends northwards to latitude 0034'N. The Western boundary extends to Longitude 34045'E, while the Eastern boundary reaches Longitude 35025'E.

Nandi County is divided into six constituencies namely; Mosop, Emgwen, Chesumei, Nandi Hills, Aldai and Tinderet. The county has a number of health facilities which fall in different categories according to service provision. Most of them begin in the 2nd tier of care as divided in the current system of categorization.

According to the ministry of Health in Kenya the second tier consists of primary care health facilities, which include; dispensaries (level II) and health centers (level III) run by nurses and clinical officers. Dispensaries can provide general outpatient services and antenatal monitoring, and also perform minor surgical procedures. A few dispensaries that have adequate infrastructure, staff and supplies also support and conduct deliveries. In addition to the services provided by the dispensaries, health centers provide basic inpatient services, including deliveries.

The third (3rd) tier consists of the county referral facilities, which include the former primary and secondary hospitals. These provide both outpatient and inpatient services and are staffed with doctors, clinical officers, and nurses.

Sampling Techniques

Sampling is the process of selecting a portion of the population to represent the entire population. A sample is a subset of population elements (Polit & Beck, 2010). The researcher selected a representative sample of the population of nurses to participate in the research. The study was done from the month of October 2018 to February 2019.

Stratified sampling technique was used in this study so that a proper representation of the nurses' population in every level of service provision was captured. Stratified Sampling is used when researchers want to ensure that subgroups within the population are represented proportionally or equally in the sample (Role, 2017). After the strata were identified, Convenience sampling was used to determine participants for the study where nurses who were available in the hospital or those contacted by phone through referral from their colleagues were selected.

The strata includes nurses working in Dispensaries, Health centers, Sub-county hospitals and County referral facilities so as to capture each level of health service provision.

Table 2

Nurses' Participation as per County Healthcare Facilities

	Frequency	Percent
County hospital/Referral	49	25.7
Sub-county hospital	77	40.3
Health center	21	11.0
Dispensary	44	23.0
Total	191	100.0

The other strata are the administrative divisions in Nandi County which are the 6 sub-counties namely; Mosop, Emgwen, Chesumei, Nandi Hills, Aldai and Tinderet. These Sub-counties house the facilities mentioned above.

Table 3

Nurses' Participation by Sub-counties in Nandi County

	Frequency	Percent
Mosop	35	18.3
Chesumei	32	16.8
Emgwen	41	21.5
Nandi East	41	21.5
Aldai	26	13.6
Tinderet	16	8.4
Total	191	100.0

Kapsabet Referral Hospital and Nandi Hills County hospitals are the two (2) premier healthcare facilities in Nandi County. The county has six (6) sub-county hospitals, nine (9) health centers and 45 dispensaries. The two premier healthcare facilities and the nine health centers were automatically selected since they have the

largest population of nurses. From the dispensaries all willing nurses from each sub-county were given the questionnaire.

The Sample of the Study

Sample size is the number of subjects in a sample. No simple equation can determine how large a sample is needed, but quantitative researchers often strive for the largest sample possible. The larger the sample, the more representative it is likely to be (Polit & Beck 2010).

The following formula (Slovin's or Sloven's) was used to calculate the sample size of the population.

$$n = \frac{N}{1 + Ne^2}$$

where: n = sample size

N = population size

e = margin of error ($e \leq 0.05$)

The Slovin's formula is a random sampling technique formula to estimate sampling size. The calculation done with the above formula for a population of 450 nurses gives a sample size $n = 212$ participants.

Inclusion Criteria

All nurses employed by Nandi County and working in any public health facility within the county.

Exclusion Criteria

All nurses who declined, nurses who were absent and could not be contacted to participate, nurses in private facilities, and all the other healthcare workers in the health facilities.

Research Instrument

A structured questionnaire developed by the researcher was used in the study. Data was collected using this tool which was constructed using a 4-point scale where; 1 - Disagree, 2- Tend to disagree, 3- Tend to agree, and 4- Agree. The questionnaire contained five sections namely;

- a. Demographic variables (gender, age and years of service etc.)
- b. Personal value systems
- c. professional commitment
- d. Service commitment
- e. Job satisfaction.

Validity of the Instrument

The researcher ensured that all the variables were incorporated into the questionnaire and that they could measure the construct of the conceptual domain. The supervisors of this study assessed the tool in terms of quality and quantity and it was determined that the construct elicited the appropriate responses.

Reliability of the Instrument

A pilot study was done using the questionnaire which involved collecting and analyzing data to assess the reliability of this instrument. This was done using the instrument in the neighbouring county (Uasin-Gishu). A similar population to the research population was used with 30 respondents as the sample.

Statistical Package for Social Sciences (SPSS) version 23 was used to analyze the reliability of these quantitative instruments before its use in the study. This was done ensuring that Cronbach Alpha coefficient and item-total correlation is within acceptable level (>0.7). Some changes were done to the questionnaire that was used for the pilot study to improve its reliability and therefore the reliability of the research

instrument was done again using the final questionnaire at the end of the research.

The results are as shown in the table below;

Table 4

Reliability of Instrument by Sections

Questionnaire Section	Cronbach's Alpha	N of Items
Personal Values	.723	10
Professional Commitment	.800	12
Service Commitment	.899	10
Job Satisfaction	.870	14
Attitudes towards participation in industrial action	.742	10

Data Gathering Procedures

Permission was sought from the University Ethics and research committee, the County research committee and from the National body, NACOSTI (National Commission for Science, Technology, and Innovation) which regulates research in Kenya. In this study data was gathered from nurses (participants) through self-administered questionnaires.

Structured questionnaires were self-administered to the respondents which could be completed within 10-15 minutes. The questionnaire was mounted on an online platform through google forms and a link sent through Whatsapp social application to willing participants through their phone contacts which once completed on submission was automatically saved into a google drive excel sheet. The nurses who participated in the study were those who voluntarily accepted to answer the questionnaire after an explanation about the purpose of the study. Contacts were sought from individual nurses and through referral from their colleagues. Those who were willing to participate but did not have access to the WhatsApp platform were

given a smart phone by the researcher which they used to fill the form and submit and then returned it immediately they were done.

The respondents participated even when away from work as long as they could access internet through their phones. A phone number was required at the beginning of the form (entries) as a signature to avoid repetition of the same, any repeated response was considered invalid. I also sought audience with nurses from different sub-counties during their monthly meetings in conference rooms and halls. At some where Wi-Fi access was present individuals filled and submitted forms immediately before leaving.

When each form was fully answered responses were automatically recorded into a google drive excel sheet. After all the participants had answered the questions, the researcher downloaded the responses given. The phenomena of interest here is industrial action and thus the focus of the study. This study was conducted between the months of September 2018 and February 2019 in Nandi County, Kenya.

Statistical Treatment of Data

The data was checked for accuracy and completeness. It was further coded and analyzed using SPSS version 23. It was finally interpreted in relation to the research objectives by the researcher.

Research objective 1 - descriptive statistics such as frequencies, percentages, and graphs

Research objectives 2 and 3 – descriptive statistics such as means and standard deviations.

Research objective 4 – Pearson product-moment correlation coefficient.

Research objective 5 – t-test for independent samples and one-way analysis of variance.

The level of significance used is .05.

Finally, after the data was analysed, it was presented in forms of pie charts, bar graphs, and tables.

Ethical Considerations

Informed consent: Before administering the questionnaire, the researcher explained to the prospective participants the nature of the research and provided all the information pertaining the research. They were sent a questionnaire through a whatsapp link and invited to take part freely. The researcher recognized and respected the individual's right to decline to participate in, or to withdraw up until the time the data is analyzed. This includes withdrawal of information they have provided, at any time up until the final analysis of data (Role, 2016).

Privacy and Confidentiality: The information that the participants provided was kept confidential since it was handled only by the researchers. The anonymity of individuals who participated in the research was maintained throughout this research since no names were required at any level. The phone numbers were used only for the purposes of preventing duplication of data and were kept confidential by the researcher.

Honesty: The researcher provided all the necessary information regarding the study to the participants before they engaged in filling the questionnaires. The information gathered was not altered in any way, it was only analyzed and findings presented appropriately.

Respect for intellectual property rights: All the information utilized from authors and writers has been acknowledged appropriately.

Voluntary Participation: The participants were given information at their own will and were free to withdraw at any time, without giving reason.

CHAPTER FOUR

PRESENTATION OF FINDINGS, ANALYSIS AND INTERPRETATION

This chapter is a discourse of the analysis, presentation and the resultant interpretation according to findings from the data gathered during the study. It begins systematically from the population to demographic information to the specific characteristics of nurses and finally the relationship with attitudes towards participation in industrial action.

The population of nurses in public health facilities in Nandi County as per the time of study was estimated to be about 450 in total. A sample size of 212 nurses was calculated using Sloven's formula. Of the calculated sample 191 participated in the study by completing the questionnaires. This gives 90% of the sample size an acceptable figure way above the minimum acceptable rate of 85%.

Demographic Data

Location (Sub-County) within which Respondents Work

Nandi County is subdivided into 6 sub-counties namely; Mosop, Emgwen, Chesumei, Nandi Hills, Aldai and Tinderet. The public health care facilities are distributed within all the above mentioned sub-counties with differing number of nursing staff. Participation by these regions is as shown in figure 2 below.

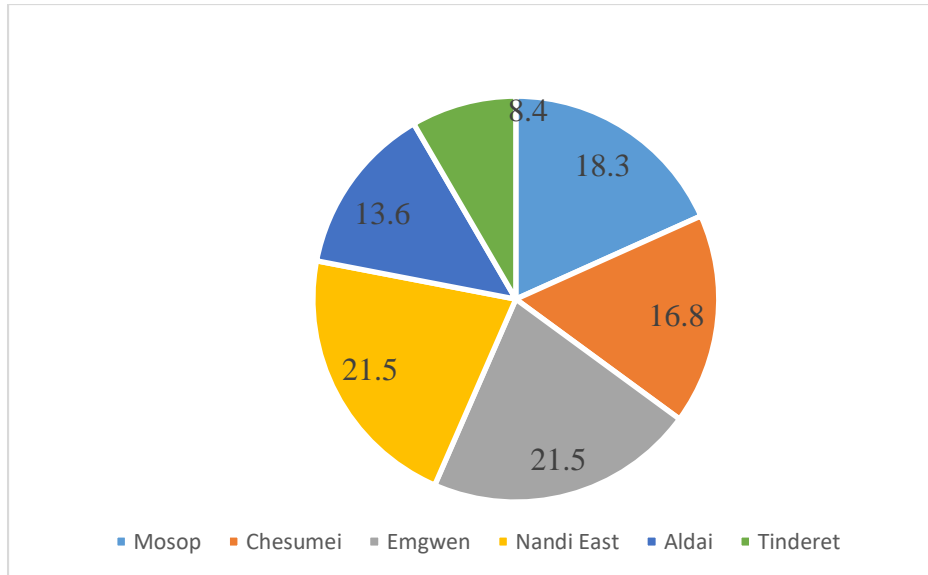


Figure 2. Location (sub-county) where respondents work.

Nandi East and Emgwen tied at the top with the highest score of 21.5%. This may be attributed to the fact that each host one of the two premier facilities that have large numbers of nurses. Tinderet Sub-county had the lowest participation at 8.4%. This is due to the low number of nurses in health facilities in this region. It is said to be viewed as a hardship area within Nandi County.

Level of Service Provision of Facility

The nurses involved in the study were spread out across 1 County Referral Hospital, 1 County Hospital, 6 Sub-county hospitals, 9 Health centers and 45 Dispensaries. The Sub-county facilities show a higher participation at 40.3 %, and this is because these facilities combined have the largest staffing of nurses in the County as shown in figure 3.

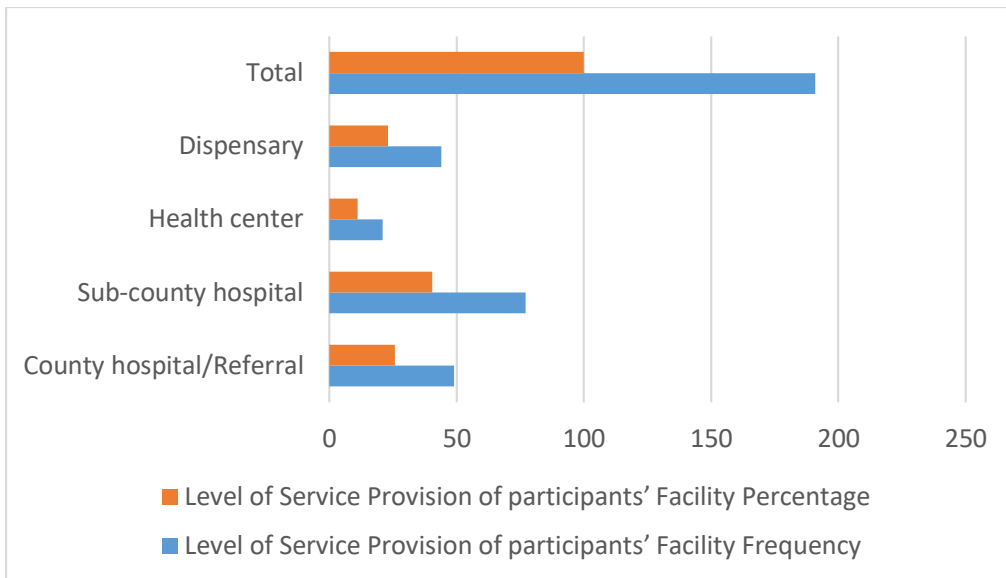


Figure 3. Participants' level of nursing service provision.

The county Referral hospitals has slightly over a hundred nurses, the County referral hospital has almost a hundred nurses, the sub-county hospitals have an average of 10-20 nurses each, the Health centers have about 5-6 nurses each and the dispensaries have 1 nurse and a few have 2 each.

Gender of Respondents

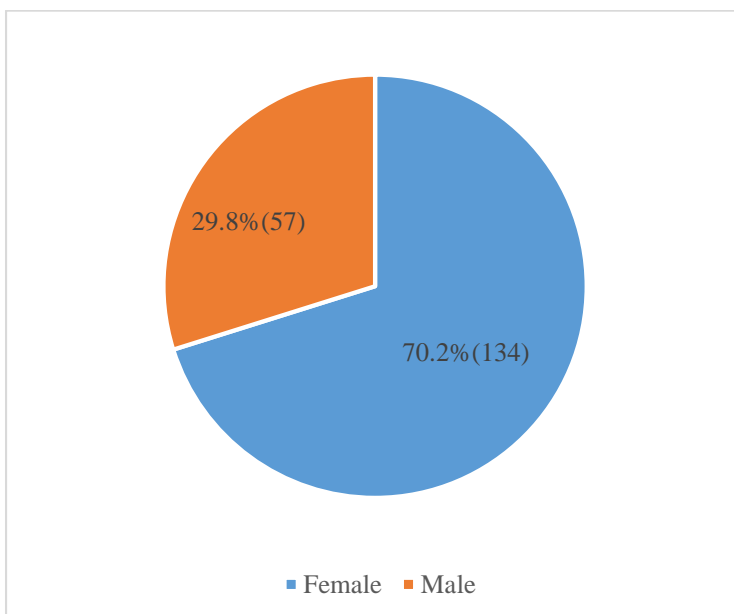


Figure 4. Gender of respondents.

Most of the participants in this study were female at 70.2% while the males were at 29.8%. This is attributed to the fact that most nurses employed in these facilities by population are females. This is also due to the fact that this profession is without doubt dominated by the females.

Years of Service

Many of the respondents were those who had been in service between 1-5yrs at 49.2% while the lowest response came from those of 11-15yrs of service at 8.9%. This may be because the younger nurses are more receptive to research or alternatively it could show that many of them have recently joined this profession.

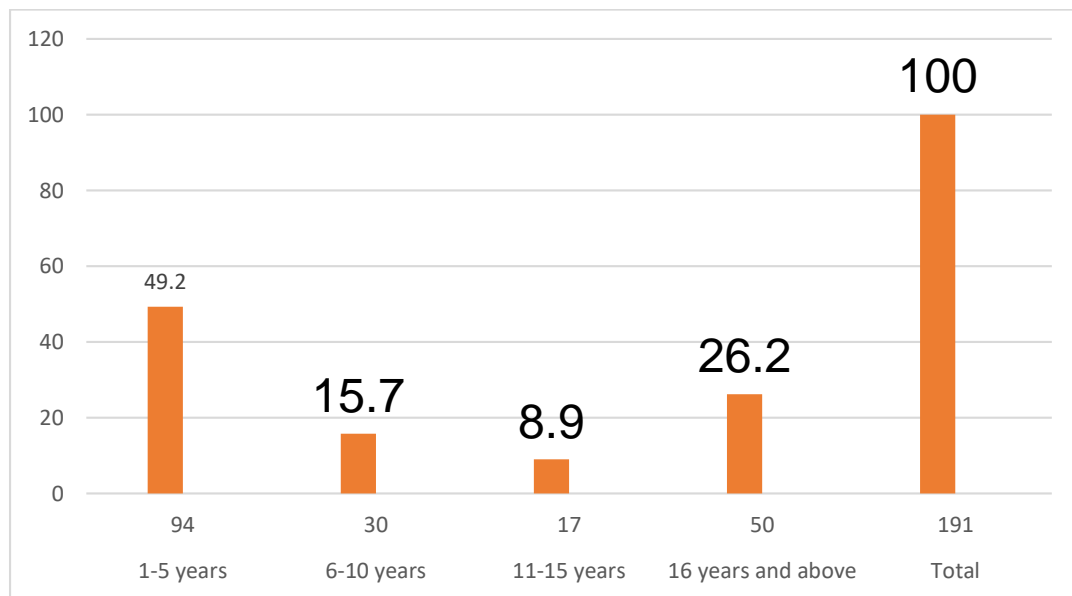


Figure 5. Participants’ years of service since qualification.

Age Group

The highest level of participation was from nurses aged between 26-30yrs at 34.6% followed by those aged 41yrs and above and 31-35yrs were at 20.4%. Those aged 20-25yrs and 36-40yrs tied at 9.9%. The high number of young nurses is attributed to the decline in manufacturing jobs which have triggered interest in

nursing since health care is one of a handful of industries that is continuing to grow and hire (Rivers, 2011).

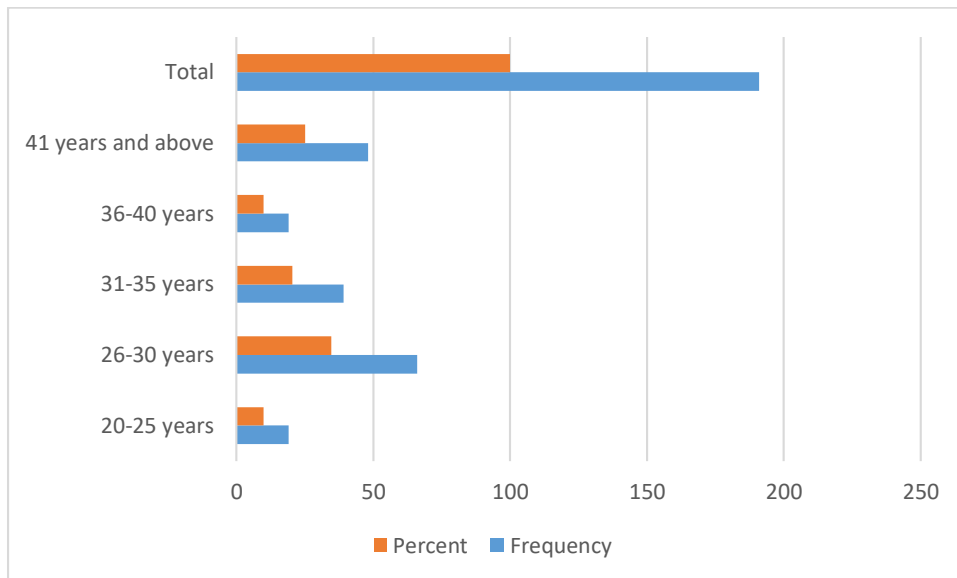


Figure 6. Age group of respondents.

Data Interpretation Scale for Objective 1 and 2

To address research objectives 1 and 2, the following scale of interpretation of the mean was used.

Extent of agreement or disagreement to the statement

- 1.00 – 1.49 Disagree
- 1.50 – 2.49 Tend to disagree
- 2.50 – 3.49 Tend to agree
- 3.50 – 4.00 Agree

Attitudes towards participation in industrial action/Personal values

For negative statements

- 1.00 – 1.49 Positive
- 1.50 – 2.49 Moderately Positive (tend to be positive)
- 2.50 – 3.49 Moderately Negative (tend to be negative)

3.50 – 4.00 Negative

For positive statements/overall rating

1.00 – 1.49 Negative

1.50 – 2.49 Moderately Negative (tend to be negative)

2.50 – 3.49 Moderately Positive (tend to be positive)

3.50 – 4.00 Positive

Professional commitment/Service commitment/Job satisfaction

For negative statements

1.00 – 1.49 High

1.50 – 2.49 Average

2.50 – 3.49 Below average

3.50 – 4.00 Low

For positive statements/Overall rating

3.50 – 4.00 High

2.50 – 3.49 Average

1.50 – 2.49 Below average

1.00 – 1.49 Low

Nurses' Attitude Towards Participation in Industrial Action

Research objective 1. To determine the attitude of nurses towards participation in industrial action.

Table 5 presents the attitudes of nurses towards participation in industrial action.

Table 5

Attitudes of Nurses Towards Participation in Industrial Action

	Minimum	Maximum	Mean	Std. Deviation
I will stay away from work during strikes to avoid intimidation from my colleagues.	1	4	2.51	1.205
I participate in strike because nurses have no other way of presenting their grievances except through striking.	1	4	2.42	1.189
It doesn't matter what happens in the hospital as long as the strike is legal and we get our rights.	1	4	2.28	1.180
*I feel guilty when I participate in a strike.	1	4	2.65	1.162
I will participate in strikes if my trade union approves it.	1	4	3.07	1.054
*I only participate in strike to please my colleagues who are on strike.	1	4	1.36	.747
*I think strikes do more damage than good.	1	4	2.94	1.152
*I have the freedom to choose whether to strike or not when called to participate.	1	4	2.87	1.185
*I cannot participate in a legal strike because my patients will suffer.	1	4	2.09	1.115
I will participate in any strike because it is my right.	1	4	2.37	1.185
Attitudes towards Participation in Industrial Action	1.30	4.00	2.5743	.61609
N = 191				

*negative statement – recoded in the computation of the mean

Nurses who participated in the study tend to agree that they will stay away from work during strikes to avoid intimidation from their colleagues with M=2.51, SD=1.205. They also tend to disagree with the statement that nurses have no other way of presenting their grievances except through striking with M=2.42, SD=1.189.

They tend to agree that they feel guilty when they participate in a strike with $M=2.65$, $SD=1.162$. But despite this they tend to agree that they will participate in strikes if their trade union approves with $M=3.05$, $SD=1.054$.

Nurses disagree about participating in a strike to please their colleagues who are on strike with $M=1.36$, $SD=0.747$. However, they tend to agree that strikes do more damage than good with $M=2.94$, $SD=1.152$.

While they tend to agree that they have the freedom to choose whether to strike or not when called to participate with $M=2.87$, $SD=1.185$, nurses tend to disagree that they can participate in any strike because it is my right with $M=2.37$, $SD=1.187$.

Overall they disagreed in one item that of only participating in strikes to please their colleagues on strike with $M=1.36$, $SD=0.747$. Tend to disagree on 4 items and tend to Agree on 5 items. And the highest value is that they will participate in strikes if their trade union approves it with $M=3.07$, $SD=1.054$. This means that trade unions play a huge role in informing nurses about their welfare and their course of action during grievances and trade disputes.

The attitude of nurses towards participation in industrial action gave an overall value of **$M=2.5743$, $SD=0.61609$** . This means that nurses tend to agree they are likely to strike or have a moderately positive attitude towards participation in industrial action. This result is in agreement with Yildirim and Çam (2012), who in their study of nursing academicians, determined that attitudes towards job and organization and their personality traits depended upon socio-economic status, working year, academic title, the temperament feature of novelty seeking and persistence, and the character feature of self-directedness and cooperativeness. And as such attitude remains key in

determining the course of action nurses would take during a crisis such as may lead to participation or non-participation in industrial action.

Evaluation of Nurses' Characteristics

Research objective 2. To evaluate the characteristics of nurses in terms of a) personal values, b) professional commitment, c) service commitment, and d) job satisfaction. Table 6 shows the nurses' self-evaluation of their personal values.

Personal Values

Table 6

Self-evaluation of Personal Values

	Min	Max	Mean	Std. Deviation
*I will not go to work if my salary and bonuses are not paid on time.	1	4	1.87	1.069
*The cash bonuses and benefits must match my personal needs for me to give service.	1	4	2.16	1.179
I will provide nursing services whether I am paid or not.	1	4	2.59	1.188
I will practice my nursing skills/provide service regardless of the time and place.	1	4	3.37	.936
*I will leave my work station immediately my duty ends even when a patient needs my attention.	1	4	1.28	.683
I always get to work on time	1	4	3.46	.846
I can always stand in for my colleagues if they are not in whatever the reason.	1	4	3.25	.908
It is important to me to take responsibility for the work that is performed.	1	4	3.51	.800
I must be able to attend my client at any time regardless of my need for comfort even during my break.	1	4	3.42	.810
*I don't care whether the patient is satisfied or not as long as I know I have done my work.	1	4	1.40	.801
Personal Values				
N = 191	1.70	4.00	3.2887	.49909

*negative statement – recorded in the computation of the overall mean

A moderately negative attitude of $M=1.87$, $SD=1.069$ meant that the nurses tend to disagree that they will not go to work if their salaries and bonuses are not paid on time. This could mean they value the service they give more than the timeliness of their pay. They also tend to disagree that the cash bonuses and benefits must match their personal needs for them to give service with $M=2.16$, $SD=1.179$.

The nurses tend to agree that they will provide nursing services whether they are paid or not with $M=2.59$, $SD=1.188$. They agree that they will practice their nursing skills/provide service regardless of the time and place with $M=3.37$, $SD=0.96$.

They disagree that they will leave the work station immediately their duty ends even when a patient needs their attention with $M=1.28$, $SD=0.683$. The nurses agreed that they get to work on time with $M=3.46$, $SD=0.846$. They tend to agree that they can stand in for their colleagues if they are not in whatever the reason with $M=3.25$, $SD=0.908$.

With $M=3.51$, $SD=0.8$ the nurses agree that it of utmost importance that they take responsibility for the work they perform. They also must be able to attend their clients at any time regardless of their need for comfort even during break with $M=3.42$, $SD=0.81$.

They disagree with $M=1.40$, $SD=0.801$ that they don't care whether the patient is satisfied or not as long as they know they have done their work.

Looking at the overall picture of personal values it shows that nurses have moderately positive personal values with **$M=3.2887$, $SD=.49909$** . Mostly the Kenyan population is largely religious (Christian/Muslim) in which most values are imparted upon the nurses who subscribe to either religion. This is reflected in the results of a study done by Ravari et al. (2013) on work values and job satisfaction where interviewed participants said that their work-related values significantly helped in

overlooking those parts of their jobs that they found dissatisfying. They relied on their personal values to remain motivated and carry out their day-to-day responsibilities, even in the presence of job adversities. For example, one respondent stated: Often, I am extremely dissatisfied with the governing system. It's like everything and everyone is liaising to aggravate us. One day they reduce our regular pay, one day they don't pay us when we work overtime ... sometimes I tell myself: don't be so caring towards your patients, who cares what happens? But then again, I can't convince myself to do nothing when they need my help. I damn the devil and do my best to take care of them. I think what helps us to take good care of our patients and do our best, is our inner voice that constantly reminds us of the value of our profession.

In appendix II, attributes of care are highlighted in the tables as shown in this study. Personal values are embedded in the 5C's of care as shown in the results that follow. The work by Akhtar-Danesh et al., as cited in Garcí'a-Moyano et al. 2017, which differentiating between four profiles when defining professionalism, stressed the importance of values being placed at the service of professional tasks. The study confirms the cultivation of these values among the nurses who participated in this study. Nurses show great commitment by the fact that they can work if their salaries and bonuses are not paid on time and also if cash bonuses and benefits don't match their personal needs.

Patience, kindness, empathy and altruism are shown from the results that the nurses are able to provide nursing services whether they are paid or not and practice their nursing skills/provide service regardless of the time and place.

Since nurses will mostly get to work on time, attend their patients even beyond their work hours if duty calls and as much as possible stand in for their colleagues if

they are not in whatever the reason shows that they are trustworthy have compassion & they defend moral, legal and social values.

Personal integrity, accessibility and flexibility are demonstrated by the fact that the nurses take responsibility for their work and they attend their patients at any time regardless of their need for comfort even during their breaks.

Professional Commitment

The nurses' self-evaluation of their professional commitment is presented in table 7.

Looking at professional commitment the nurses disagree that it would take very little change in the present circumstances to make them to leave this profession with $M=1.97$, $SD=1.203$. This is a negative statement which is disagreed upon meaning that there is a high professional commitment among the nurses. They also tend to agree that they can take up almost any type of job assignment within their qualification in order to keep working in this Profession with $M=2.76$, $SD=1.131$.

The nurses tend to agree that they cannot leave the nursing profession no matter how unpleasant the issues involved are with $M=3.13$, $SD=1.075$. And they agree that they are willing to put in a great deal of extra effort to help student nurses and colleagues at work with $M=3.68$, $SD=0.68$. This further reaffirms their commitment to the profession and its advancement.

Table 7

Self-evaluation of Professional Commitment

	Minimum	Maximum	Mean	Std. Deviation
*It would take very little change in my present circumstances to make me to leave this profession.	1	4	1.97	1.203
I would accept almost any type of job assignment in order to keep working in this Profession.	1	4	2.76	1.131
I cannot leave my nursing profession no matter how unpleasant the issues involved are.	1	4	3.13	1.075
I am willing to put in a great deal of extra effort to help student nurses and colleagues at work.	1	4	3.68	.680
*Deciding to work in this profession was a mistake on my part.	1	4	1.26	.764
I am proud to tell others that I am a nurse.	1	4	3.70	.626
I tell my friends this is a good Profession to work in.	1	4	3.61	.724
I would love to go back to school to advance my nursing profession.	1	4	3.63	.666
I am extremely glad that I chose to work in this profession rather than one of the others I was considering at the time I joined school.	1	4	3.63	.698
Nurses have one of the best reputations in civil service.	1	4	3.12	.941
*There's not much to be gained by staying with this nursing profession indefinitely.	1	4	1.51	.899
For me this is the best of all possible healthcare professions for which to work.	1	4	3.51	.760
Professional Commitment	1.50	4.00	3.3303	.48564
N = 191				

*negative statement – recorded in the computation of the overall mean

On the following statements “I tell my friends this is a good Profession to work in”, “I would love to go back to school to advance my nursing profession”, “I am extremely glad that I chose to work in this profession rather than one of the others I was considering at the time I joined school”, they scored highly with $M=3.70$, $M=3.61$ and $M=3.63$ respectively. This shows a high commitment to the profession since they agree with all the above statements.

When asked if deciding to work in this profession was a mistake on their part, they disagreed with $M=1.26$, $SD=0.764$ hence a high commitment is affirmed. They also tend to disagree that there’s not much to be gained by staying with this nursing profession indefinitely with $M=1.51$, $SD=0.899$. This means that they value their profession. The disagreement on these two negative statements therefore shows high and average commitment.

When asked if this is the best of all possible healthcare professions for which to work, the nurses scored highly with $M=3.51$. Therefore, the nurses agree that to them it is their best profession. Professional commitment has an overall average score of $M=3.3303$, $SD=0.48564$ for all the items combined. This means that nurses overall have average professional commitment. This in turn shows that the nurses act professionally, uphold safety and promote high positive outcomes for their patients as echoed by Donkor and Andrews as cited in Al-Hamdan et al. (2018), saying that nurses’ professional commitment positively influences their job performance and when high, promotes positive outcomes for their patients. The results of the study conducted by Al-Hamdan et al. (2018) also noted that Nurses' professional commitment was significantly and positively correlated with patient safety.

Service Commitment

Table 8 presents the nurses' self-evaluation of their service commitment.

Table 8

Self-evaluation of Service Commitment

	Minimum	Maximum	Mean	Std. Deviation
I strive to satisfy the needs of my patients.	1	4	3.72	.563
Client satisfaction is my priority.	2	4	3.75	.478
I provide clients with enough health information to help them manage their own conditions while at home.	1	4	3.60	.597
I always make my services easily accessible to all in need of them.	1	4	3.65	.578
I enjoy providing the best service to patients.	1	4	3.77	.491
I always call in the facility to say I am running late if held up for even 15 minutes.	1	4	3.30	.923
I can handle my responsibility with ease.	1	4	3.63	.618
I am able to provide nursing services even outside the hospital setting.	1	4	3.52	.739
I try to be creative and innovative to meet my client's needs.	1	4	3.70	.513
I offer excellent services to our clients in this facility.	1	4	3.63	.601
Service Commitment N = 191	1.80	4.00	3.6272	.45130

For service commitment looking at table 8 above, all the statements were positive and they all scored a mean of above 3.5 ($M > 3.5$) except for one item which says "I always call in the facility to say I am running late if held up for even 15 minutes", which scored averagely with a mean of $M = 3.30$. Overall Service commitment is high at $M = 3.6272$, $SD = 0.45130$. The results above are supported by a

study done by Jafari Kelarijani et al. (2014) which shows that there was not a relationship between the length of service and organizational commitment, normative and affective commitment. This means that nurses are committed to the service from the beginning of their careers hence the high level of commitment exhibited by all of them in this study.

Job Satisfaction

Table 9 shows the job satisfaction of the nurses. When we look at the only negative statement recorded in this section in table 9 which states that “I often think about leaving this work”, the nurses disagree with $M=1.45$. This means that the nurses are satisfied with their job.

Two statements tend to agree at the same value with $M=3.49$ which are “the major satisfaction in my life comes from my job” and “My job fully uses my skills”. This could mean that nurses feel that satisfaction is not necessarily from their job and some of their skills are not put to use at their work stations. With a mean of $M=2.70$, and $M=3.24$ for “I am noticed when I do a good job and get full credit for the work I do” and “I feel my opinion counts in the facility” respectively, the nurses tend to agree on both of these statements.

The remaining 9 positive statements have a mean score of or above 3.5. This is a high score showing agreement with the statements which in essence means there is a high level of job satisfaction among nurses. The overall average score of **$M=3.4993$** and **$SD=0.46256$** means that nurses are moderately satisfied with their job. These results are supported by a survey done by the AMN Healthcare of Registered Nurses in 2013 survey which found that only 73% of nurses were satisfied with their current jobs, while 35% said they often feel like resigning and 33% indicated that if they had their way, they would not be working in their current nursing job a year from now.

Table 9

Nurses' Job Satisfaction

	Minimum	Maximum	Mean	Std. Deviation
I get a feeling of accomplishment from my job	1	4	3.54	.716
*I often think about leaving this work.	1	4	1.45	.880
I am satisfied with my job.	1	4	3.60	.688
I have a clear understanding of my job responsibilities and what is expected of me.	1	4	3.79	.482
The major satisfaction in my life comes from my job.	1	4	3.49	.753
I enjoy my work most days.	1	4	3.64	.616
I do interesting and challenging work.	1	4	3.58	.698
I am noticed when I do a good job and get full credit for the work I do.	1	4	2.70	1.119
I feel my opinion counts in the facility.	1	4	3.24	.941
I know where to get help if I have a problem at work.	1	4	3.65	.655
My job fully uses my skills	1	4	3.49	.767
I feel my colleagues treat me with respect.	1	4	3.57	.692
I feel I am doing a worthwhile job.	1	4	3.66	.643
I feel valued at my work station.	1	4	3.50	.753
Job Satisfaction	1.86	4.00	3.4993	.46256
N = 191				

*negative statement – recorded in the computation of the mean

Relationship between Nurses' Attitudes towards Participation in Industrial Action and Characteristics

Research objective 3. To establish whether the relationship between attitudes of nurses towards participation in industrial action and the characteristics of nurses is significant as shown in Table 10.

Table 10

Correlation Coefficients

		Attitudes towards Participation in Industrial Action
Personal Values	Pearson Correlation	-.171*
	Sig. (2-tailed)	.018
	N	191
Professional Commitment	Pearson Correlation	-.115
	Sig. (2-tailed)	.113
	N	191
Service Commitment	Pearson Correlation	.113
	Sig. (2-tailed)	.121
	N	191
Job Satisfaction	Pearson Correlation	-.179*
	Sig. (2-tailed)	.013
	N	191

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

There is no significant relationship between the nurses' attitudes towards participation in industrial action and professional commitment and service commitment. The level of professional and service commitment does not influence the nurses' attitudes towards participation in industrial action.

Attitudes towards participation in industrial action is significantly related to the nurses' personal values and job satisfaction at 0.018 and 0.013 respectively. The relationship is inverse which implies that nurses who have positive personal values

and have high job satisfaction tend to have negative attitudes towards participation in industrial action. The results stated above agree with the findings in a study done by Ravari et al. (2013) on work values and job satisfaction where some participants noted that work-related values help with making steadfast decisions and in determining any necessary actions at work. In this regard, one participant stated: Some of my coworkers are so unpredictable. When they are happy and satisfied, they're willing to do anything for a patient. Other times when they aren't content, they don't work very well. Those who value their work have a solid professional conscience and are less prone to work uncertainty and fluctuations.

Comparison of Attitudes towards Participation in Industrial Action by Demographic Data

Research objective 4. To find out if there is a significant difference between attitudes towards participation in industrial action of nurses classified according to a) gender, b) age and c) years of service.

Comparison by Gender

Table 11 presents the group statistics and the independent samples t-test results comparing the difference between the attitudes of male and female nurses towards participation in industrial action.

There is no significant difference between the attitudes of male and female nurses towards participation in industrial action with both groups having moderately positive attitudes with means of 2.51 and 2.59 respectively. Since training of male and female nurses is done in the same institutions and the work environment is similar most likely this contributes to the same way of viewing industrial action hence a similar attitude. Most leaders of nursing unions are males and they are present in

higher nursing positions making gender effect on industrial action insignificant. Results are supported by a study done by Loughrey (2008) where it is stated that in keeping with Connell's account of hegemonic masculinity, this power was primarily exerted over women and, to a lesser degree it was exerted over other men. The struggle for power also served as an impetus to men to move to the higher ranks within nursing. This power is exhibited when calling for strikes and so gender issues are put to rest in this aspect.

Table 11

Difference between Male and Female Nurses' Attitudes

Group Statistics					
	Gender of respondents	N	Mean	Std. Deviation	Std. Error Mean
Attitudes towards	Female	134	2.5999	.63538	.05489
Participation in Industrial Action	Male	57	2.5140	.56897	.07536

Independent Samples T-Test							
		Levene's Test for Equality of Variances		t-test for Equality of Means			
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Attitudes towards	Equal variances assumed	1.824	.178	.881	189	.379	.08588
Participation in Industrial Action							

Comparison by Age

Table 12 presents the descriptive statistics and analysis of variance results to compare the attitudes towards participation in industrial action of nurses grouped according to age.

Table 12

Differences in Attitudes by Age Group

Descriptive Statistics

Age Group	N	Mean	Std. Deviation	Std. Error
20-30 years	85	2.4599	.59496	.06453
31-40 years	58	2.6483	.67284	.08835
41 years and above	48	2.6875	.55606	.08026
Total	191	2.5743	.61609	.04458

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.046	2	1.023	2.744	.067
Within Groups	70.072	188	.373		
Total	72.117	190			

The mean attitudes reveal that nurses aged 20 to 30 years have moderately negative attitudes while nurses aged 31 years and above have moderately positive attitudes towards participation in industrial action. However, the difference is not significant.

The above findings are supported by the results of a survey done by AMN Healthcare of Registered Nurses in 2013 which surveyed more than 3,400 nurses where Wood noted that older nurses were more likely to think about resigning or changing jobs. The nurses aged 20 to 30 years are most likely those employed recently and have their moral compass firmly pointed to their professional teaching

hence unlikely to participate in strikes. This could also mean that the younger nurses having started working fear to be dismissed from their newly found workstation therefore less likely to strike. Another possibility could be that they are not registered with nurses' trade unions which protect its workers when they engage in strikes where if one does not subscribe to it may lose their job.

Comparison by Years of Service

Table 13 presents the descriptive statistics, analysis of variance and multiple comparison results to compare the attitudes towards participation in industrial action of nurses grouped according to years of service.

Table 13

Differences in Attitudes by Years of Service

Descriptive Statistics

Years of Service	N	Mean	Std. Deviation	Std. Error
5 years and below	94	2.4606	.60165	.06206
6-15 years	47	2.7274	.64083	.09347
16 years and above	50	2.6440	.58907	.08331
Total	191	2.5743	.61609	.04458

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.559	2	1.280	3.459	.033
Within Groups	69.558	188	.370		
Total	72.117	190			

Multiple Comparisons - LSD

(I) Years of service	(J) Years of service	Mean Difference (I-J)	Std. Error	Sig.
5 years and below	6-15 years	-.26678*	.10867	.015
	16 years and above	-.18336	.10647	.087
6-15 years	5 years and below	.26678*	.10867	.015
	16 years and above	.08342	.12358	.500
16 years and above	5 years and below	.18336	.10647	.087
	6-15 years	-.08342	.12358	.500

*. The mean difference is significant at the 0.05 level.

There is a significant difference between the attitudes towards participation in industrial action of nurses grouped according to years of service. Nurses who have served for 5 years and below have moderately negative attitudes while those who have served for 6 years and above have moderately positive attitudes towards participation in industrial action. Comparing the mean attitudes pair by pair, nurses with 5 years of service and below have significantly lower mean than those with 6 to 15 years of service. However, the mean attitudes of those who have served for 16 years and above are not significantly different from the mean attitudes of those who have served for 5 years and below and those with 6 to 15 years of service.

The nurses who have served for 5 years and below are more likely to be the younger nurses who have been employed recently and may not know their way around the work environment and are getting acquainted with the profession. These are probably tolerating the unpleasant issues hoping that things may change with time. And so if the situation fails to change with increase in their years of service, they lose patience and participate in strike. This is noted by Lisa Hayes in her work about nurses on strike written in the encyclopedia of strikes in American history in pg 748-756.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

The aim of this study was to explore the factors influencing attitudes of nurses towards participation in industrial action. The findings of this study in relation to the research objectives set from the beginning are as follows:

1. The highest level of participation was from female nurses aged between 26 to 30 years who had been in service between 1 to 5 years.
2. When determining the attitude of nurses towards participation in industrial action, the results show nurses have a moderately positive attitude towards participation in industrial action.
3. The characteristics of nurses reveal that nurses have moderately positive personal values and have average professional commitment. Results show that service commitment is high and the nurses are moderately satisfied with their job.
4. The results show that there is no significant relationship between the nurses' attitudes towards participation in industrial action and professional commitment and service commitment. Attitudes towards participation in industrial action is significantly and inversely related to the nurses' personal values and job satisfaction.
5. On comparison of attitudes toward participation in industrial action, it was found that:

- a. There is no significant difference between the attitudes of male and female nurses towards participation in industrial action. Both groups have moderately positive attitudes.
- b. Nurses aged 20 to 30 years have moderately negative attitudes while nurses aged 31 years and above have moderately positive attitudes towards participation in industrial action. However, the difference is not significant.
- c. There is a significant difference between the attitudes towards participation in industrial action of nurses grouped according to years of service. Comparing the mean attitudes pair by pair, nurses with 5 years of service and below have significantly lower mean than those with 6 to 15 years of service. However, the mean attitudes of those who have served for 16 years and above are not significantly different from the mean attitudes of those who have served for 5 years and below and those with 6 to 15 years of service.

Conclusions

The following conclusions are drawn from the findings:

1. Most nurses in Nandi County are females aged between 26 to 30 years with less than five years of working experience.
2. Nurses are likely to participate in industrial action when circumstances provide such an option.
3. Personal values among nurses have been well cultivated to a great extent. The nurses are committed to their profession and have a high commitment to the services they offer to their clients. They are satisfied with their job to a larger extent.

4. The levels of professional commitment and service commitment do not affect the nurses' attitudes towards participation in industrial action. Personal values and job satisfaction significantly influence the nurses' attitudes towards participation in industrial action. The relationship is inverse which implies that nurses who have positive personal values and have high job satisfaction tend to have negative attitudes towards participation in industrial action.
5. Nurses who have positive personal values and high job satisfaction are less likely to participate in industrial action. The gender of nurses does not affect their attitudes towards participation in industrial action. Both males and females have the same likelihood of participating in industrial action. Nurses aged between 20 to 30 years are less likely to participate in industrial action compared to those aged 31 years and above. Nurses who have served for 5 years and below have moderately negative attitudes while those who have served for 6 years and above have moderately positive attitudes towards participation in industrial action. Hence, the nurses who have served for 5 years and below are less likely than those who have served for 6 years and above to participate in industrial action.

Recommendations

Emerging from the findings of the study above, the researcher recommends as follows:

To the Nurses

1. Maintain proper professional conduct which includes avoiding strikes at all costs because these lead to loss of lives of the sick and find other alternatives of dealing with each other when negotiating work related disputes with the employer.

To Nursing Institutions of learning

2. The nursing institutions which are the sources of knowledge, skills, attitudes and values imparted upon the nurses have a crucial role in teaching proper personal values to the student nurses. This must be carefully woven into their curriculum. This is because these values will guide the nurses while they practice the nursing profession.

To the County and National Governments

3. The governments, both at the County and National level should as much as possible ensure that they make the working environment of nurses as conducive as possible to prevent circumstances that trigger the possibility of industrial action. This includes but not limited to providing adequate staffing, medical supplies on time, opportunities for academic advancement and promotion.
4. The employers of nurses should ensure job satisfaction of nurses is a priority since this influences work output and their possible participation in industrial action. This can be done by recognizing and rewarding excellent service in nursing, engaging and involving nurses in pertinent healthcare issues affecting their work while recognizing their contribution in nation-building.

Suggestions for Future Research

1. The future researchers can look into the role of nursing institutions of learning in mitigating industrial action.
2. The impact of nurses' participation in industrial action on the nursing profession.
3. Researchers can also do a similar study qualitatively.

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APPENDICES

APPENDIX I: RESPONDENT CONSENT FORM

Dear respondent,

My name is Joshua Gwaro, a post-graduate student at the University of Eastern Africa, Baraton. I am conducting a study on “Factors influencing the participation of nurses in industrial action in public hospitals in Nandi County, Kenya”.

The aim of this study is to explore the factors influencing attitudes towards participation in industrial.

There will be no risk or potential risk involved. The information you provide will be handled with confidentiality and only the researcher will have access to the responses in the questionnaires.

Participation in this study is voluntary and you have the right to withdraw from the research at any point without any consequences.

Thank you for your willingness to participate.

I have read the questionnaire and understood the nature and purpose of the study and voluntarily agree to participate in it.

Respondents signature..... (Do not write your name)

Date.....

For any queries on inquiries regarding this study feel free to contact the researcher at;

Phone: 0720004873

E-mail: jogwanyx@gmail.com

You can also contact my Supervisors;

Prof. Elizabeth Role

Or Dr. Joyce Owino

University of Eastern Africa, Baraton

P. O. Box 2500

Eldoret, Kenya.

APPENDIX II: QUESTIONNAIRE

Topic: *Factors influencing attitudes of nurses towards participation in industrial action in public hospitals in Nandi County, Kenya.*

Instructions

This questionnaire has 6 sections, please answer all of them. Read carefully through the questions and indicate your response clearly as you understand best.

SECTION A: DEMOGRAPHIC DATA

Tick the appropriate options as provided.

1. In which Sub-County is your facility located?
a. Mosop [] b. Chesumei [] c. Emgwen [] d. Nandi East [] e. Aldai []
f. Tinderet []
2. At what level of service provision is your facility?
a. County Hosp/Referral [] b. Sub-County Hosp [] c. Health Centre []
d. Dispensary []
3. What is your gender? Male [] Female []
4. How many years have you served since qualification?
a. 1-5yrs [] b. 6-10yrs [] c. 11-15yrs [] d. above 16yrs []
5. To which age group do you belong?
a. 20-25yrs [] b. 26-30yrs [] c. 31-35yrs [] d. 36-40yrs [] e. Above 41yrs []

PERSONAL VALUES	1	2	3	4
I will not go to work if my salary and bonuses are not paid on time.				
The cash bonuses and benefits must match my personal needs for me to give service.				
I will provide nursing services whether I am paid or not.				
I will practice my nursing skills/provide service regardless of the time and place.				
I will leave my work station immediately my duty ends even when a patient need my attention.				
I always get to work on time				
I can always stand in for my colleagues if they are not in whatever the reason.				
It is important to me to take responsibility for the work that is performed.				
I must be able to attend my client at any time regardless of my need for comfort even during my break.				
I don't care whether the patient is satisfied or not as long as I know I have done my work.				

SECTION B: PERSONAL VALUES

Please read the following statements carefully and on a scale of 1 to 4 tick the degree of your agreement or disagreement. 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree.

SECTION C: LEVEL OF PROFESSIONAL AND SERVICE COMMITMENT

Please read the following statements carefully and on a scale of 1 to 4, tick the degree of your agreement or disagreement. 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree.

PROFESSIONAL COMMITMENT	1	2	3	4
It would take very little change in my present circumstances to make me to leave this profession.				
I would accept almost any type of job assignment in order to keep working in this Profession.				
I cannot leave my nursing profession no matter how unpleasant the issues involved are.				
I am willing to put in a great deal of extra effort to help student nurses and colleagues at work.				
Deciding to work in this profession was a mistake on my part.				
I am proud to tell others that I am a nurse.				
I tell my friends this is a good Profession to work in.				
I would love to go back to school to advance my nursing profession.				

I am extremely glad that I chose to work in this profession rather than one of the others I was considering at the time I joined school.				
Nurses have one of the best reputations in civil service.				
There's not much to be gained by staying with this nursing profession indefinitely.				
For me this is the best of all possible healthcare professions for which to work.				
SERVICE COMMITMENT	1	2	3	4
I strive to satisfy the needs of my patients.				
Client satisfaction is my priority.				
I provide clients with enough health information to help them manage their own conditions while at home.				
I always make my services easily accessible to all in need of them.				
I enjoy providing the best service to patients.				
I always call in the facility to say I am running late if held up for even 15 minutes.				
I can handle my responsibility with ease.				
I am able to provide nursing services even outside the hospital setting.				
I try to be creative and innovative to meet my client's needs.				
I offer excellent services to our clients in this facility.				

SECTION D: JOB SATISFACTION

Please read the following statements carefully and on a scale of 1 to 4: 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree, tick the degree of your agreement or disagreement.

JOB SATISFACTION	1	2	3	4
I get a feeling of accomplishment from my job				
I often think about leaving this work.				
I am satisfied with my job.				
I have a clear understanding of my job responsibilities and what is expected of me.				
The major satisfaction in my life comes from my job.				
I enjoy my work most days.				
I do interesting and challenging work.				
I am noticed when I do a good job and get full credit for the work I do.				
I feel my opinion counts in the facility.				
I know where to get help if I have a problem at work.				
My job fully uses my skills				
I feel my colleagues treat me with respect.				
I feel I am doing a worthwhile job.				
I feel valued at my work station.				

SECTION E: ATTITUDES TOWARDS PARTICIPATION IN INDUSTRIAL ACTION

Score the questions in the table below using the following scale of 1 to 4, tick the degree of your agreement or disagreement. 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree,

ATTITUDES TOWARDS PARTICIPATION IN INDUSTRIAL ACTION	1	2	3	4
I will stay away from work during strikes to avoid intimidation from my colleagues.				
I participate in strike because nurses have no other way of presenting their grievances except through striking.				
It doesn't matter what happens in the hospital as long as the strike is legal and we get our rights.				
I feel guilty when I participate in a strike.				
I will participate in strikes if my trade union approves it.				
I only participate in strike to please my colleagues who are on strike.				
I think strikes do more damage than good.				
I have the freedom to choose whether to strike or not when called to participate.				
I cannot participate in a legal strike because my patients will suffer.				
I will participate in any strike because it is my right.				

APPENDIX III: ATTRIBUTES OF THE 5C'S OF CARE PLACED UPON THE QUESTIONS IN THE QUESTIONNAIRE

PERSONAL VALUES

Please read the following statements carefully and on a scale of 1 to 4: 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree, tick the degree of your agreement or disagreement.

PERSONAL VALUES	<i>Attributes of the questions</i>
I cannot work effectively if I don't receive my salary and bonuses on time.	Commitment
The cash bonuses and benefits must match my personal needs for me to give service.	Commitment
The provision of nursing services comes first before pay.	Compassion
I can only attend to a patient if I am on duty.	Compassion
I can only leave my work station if I have been relieved from duty.	Confidence
I always get to work on time	Confidence
I can always stand in for my colleagues if they are not in whatever the reason.	Competence
It is important to me to take responsibility for the work that is performed.	Competence
I must be able to attend my client at any time regardless of my need for comfort even during my break.	Conscience
I don't care whether the patient is satisfied or not as long as I know I have done my work.	Conscience

LEVEL OF PROFESSIONAL AND SERVICE COMMITMENT

Please read the following statements carefully and on a scale of 1 to 4: 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree, tick the degree of your agreement or disagreement.

PROFESSIONAL COMMITMENT	<i>Attributes of the questions</i>
It would take very little change in my present circumstances to make me to leave this profession.	Commitment
I would accept almost any type of job assignment in order to keep working in this Profession.	Commitment
I cannot leave my nursing profession no matter how unpleasant the issues involved are.	Compassion
I am willing to put in a great deal of extra effort to help student nurses and colleagues at work.	compassion
Deciding to work in this profession was a mistake on my part.	Compassion
I am proud to tell others that I am a nurse.	Confidence
I tell my friends this is a good Profession to work in.	Confidence
I would love to go back to school to advance my nursing profession.	Competence

I am extremely glad that I chose to work in this profession rather than one of the others I was considering at the time I joined school.	Competence
Nurses have one of the best reputations in civil service.	Conscience
There's not much to be gained by staying with this nursing profession indefinitely.	Conscience
For me this is the best of all possible healthcare professions for which to work.	Conscience
SERVICE COMMITMENT	<i>Attributes of the questions</i>
I strive to satisfy the needs of my patients.	Commitment
Client satisfaction is my priority.	Commitment
I provide clients with enough health information to help them manage their own conditions while at home.	Compassion
I always try to make the services easily available to all in need of them.	Compassion
I enjoy providing the best service to patients.	Confidence
I always call in the facility to say I am running late if held up for even 15 minutes.	Confidence
I feel the level of responsibility I am given is acceptable.	Competence
My skills are limited only to the hospital environment.	Competence
I try to be creative and innovative to meet my client's needs.	Conscience
I offer excellent services to our clients in this facility.	Conscience

JOB SATISFACTION

Please read the following statements carefully and on a scale of 1 to 4: 1 - Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree, tick the degree of your agreement or disagreement.

JOB SATISFACTION	<i>Attributes of the questions</i>
I get a feeling of accomplishment from my job	Commitment
I often think about leaving this work.	Commitment
I am satisfied with my job.	Commitment
I have a clear understanding of my job responsibilities and what is expected of me.	Compassion
The major satisfaction in my life comes from my job.	Compassion
I enjoy my work most days.	Compassion
I do interesting and challenging work.	Confidence
I am noticed when I do a good job and get full credit for the work I do.	Confidence
I feel my opinion counts in the facility.	Confidence
I know where to get help if I have a problem at work.	Competence
My job fully uses my skills	Competence
I feel my colleagues treat me with respect.	Conscience
I feel I am doing a worthwhile job	Conscience
I feel valued at my work station	Conscience

ATTITUDES TOWARDS PARTICIPATION IN INDUSTRIAL ACTION

Score the questions in the table below using the following scale of 1 to 4: 1 -

Disagree, 2- Tend to disagree, 3-Tend to agree, 4-Agree,

ATTITUDES TOWARDS PARTICIPATION IN INDUSTRIAL ACTION	<i>Attributes of the questions</i>
I will stay away from work during strikes not because I want to strike but to be safe from colleagues who might harm me if I work.	Commitment
I participate in strike because nurses have no other way of presenting their grievances except through striking.	Commitment
It doesn't matter what happens in the hospital as long as the strike is legal and we get our rights.	Compassion
I feel guilty when I participate in a strike	Compassion
I will always follow what my trade union tells me to do regardless of my individual thoughts/opinion.	Confidence
I participate in strike because I feel intimidated when I work and my colleagues are on strike.	Confidence
I think strikes do more damage than good.	Competence
I have the freedom to choose whether to strike or not when called to participate.	Competence
I cannot participate in a legal strike because my patients will suffer.	Conscience
I will always participate in a strike whether legal or illegal	Conscience

APPENDIX IV: RELIABILITY ANALYSIS

Reliability (Personal Values)

Reliability Statistics

Cronbach's Alpha	N of Items
.723	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I will not go to work if my salary and bonuses are not paid on time.	29.78	22.437	.155	.742
The cash bonuses and benefits must match my personal needs for me to give service.	30.06	21.566	.199	.739
I will provide nursing services whether I am paid or not.	30.30	19.637	.390	.702
I will practice my nursing skills/provide service regardless of the time and place.	29.53	20.346	.463	.688
I will leave my work station immediately my duty ends even when a patient needs my attention.	29.18	23.116	.238	.720
I always get to work on time	29.44	19.908	.599	.669
I can always stand in for my colleagues if they are not in whatever the reason.	29.65	19.836	.554	.673
It is important to me to take responsibility for the work that is performed.	29.39	20.101	.612	.669
I must be able to attend my client at any time regardless of my need for comfort even during my break.	29.48	20.198	.588	.672
I don't care whether the patient is satisfied or not as long as I know I have done my work.	29.29	22.886	.215	.724

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
32.90	25.155	5.015	10

Reliability (Professional Commitment)

Reliability Statistics

Cronbach's Alpha	N of Items
.800	12

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
It would take very little change in my present circumstances to make me to leave this profession.	37.99	32.431	.006	.842
I would accept almost any type of job assignment in order to keep working in this Profession.	37.20	28.342	.361	.799
I cannot leave my nursing profession no matter how unpleasant the issues involved are.	36.83	26.098	.610	.767
I am willing to put in a great deal of extra effort to help student nurses and colleagues at work.	36.29	29.459	.547	.779
Deciding to work in this profession was a mistake on my part.	36.23	31.512	.218	.805
I am proud to tell others that I am a nurse.	36.27	28.576	.747	.767
I tell my friends this is a good Profession to work in.	36.36	27.641	.762	.761
I would love to go back to school to advance my nursing profession.	36.33	29.475	.559	.779
I am extremely glad that I chose to work in this profession rather than one of the others I was considering at the time I joined school.	36.34	27.961	.747	.763
Nurses have one of the best reputations in civil service.	36.84	28.670	.437	.787
There's not much to be gained by staying with this nursing profession indefinitely.	36.48	30.672	.249	.805
For me this is the best of all possible healthcare professions for which to work.	36.45	27.828	.693	.765

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
39.96	33.962	5.828	12

Reliability (Service Commitment)

Reliability Statistics

Cronbach's Alpha	N of Items
.899	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I strive to satisfy the needs of my patients.	32.55	16.670	.735	.884
Client satisfaction is my priority.	32.52	17.062	.779	.884
I provide clients with enough health information to help them manage their own conditions while at home.	32.67	16.770	.663	.888
I always make my services easily accessible to all in need of them.	32.62	16.426	.770	.882
I enjoy providing the best service to patients.	32.50	16.872	.806	.882
I always call in the facility to say I am running late if held up for even 15 minutes.	32.97	16.784	.361	.922
I can handle my responsibility with ease.	32.64	16.409	.714	.885
I am able to provide nursing services even outside the hospital setting.	32.75	16.650	.526	.900
I try to be creative and innovative to meet my client's needs.	32.57	16.625	.832	.880
I offer excellent services to our clients in this facility.	32.64	16.557	.705	.886

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
36.27	20.368	4.513	10

Reliability (Job Satisfaction)

Reliability Statistics

Cronbach's Alpha	N of Items
.870	14

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I get a feeling of accomplishment from my job	45.45	35.290	.721	.852
I often think about leaving this work.	45.43	38.952	.201	.881
I am satisfied with my job.	45.39	36.419	.607	.858
I have a clear understanding of my job responsibilities and what is expected of me.	45.20	38.500	.535	.864
The major satisfaction in my life comes from my job.	45.50	35.946	.601	.858
I enjoy my work most days.	45.35	36.282	.711	.855
I do interesting and challenging work.	45.41	37.202	.499	.863
I am noticed when I do a good job and get full credit for the work I do.	46.29	35.417	.395	.876
I feel my opinion counts in the facility.	45.75	34.765	.566	.860
I know where to get help if I have a problem at work.	45.34	37.131	.548	.861
My job fully uses my skills	45.50	36.220	.556	.860
I feel my colleagues treat me with respect.	45.42	36.446	.600	.859
I feel I am doing a worthwhile job.	45.32	36.957	.584	.860
I feel valued at my work station.	45.49	35.757	.623	.857

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
48.99	41.937	6.476	14

Reliability (Attitudes towards Participation in Industrial Action)

Reliability Statistics

Cronbach's Alpha	N of Items
.742	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I will stay away from work during strikes to avoid intimidation from my colleagues.	23.22	30.562	.456	.712
I participate in strike because nurses have no other way of presenting their grievances except through striking.	23.31	30.025	.513	.703
It doesn't matter what happens in the hospital as long as the strike is legal and we get our rights.	23.44	29.063	.599	.689
I feel guilty when I participate in a strike.	23.38	31.094	.437	.715
I will participate in strikes if my trade union approves it.	22.66	32.512	.373	.725
I only participate in strike to please my colleagues who are on strike.	22.09	36.611	.103	.753
I think strikes do more damage than good.	23.67	31.101	.440	.715
*I have the freedom to choose whether to strike or not when called to participate.	23.59	34.465	.160	.757
I cannot participate in a legal strike because my patients will suffer.	22.82	30.860	.484	.708
I will participate in any strike because it is my right.	23.36	31.217	.416	.719

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
25.73	38.105	6.173	10

APPENDIX V: PILOT STUDY LETTER



OFFICE OF THE DIRECTOR OF GRADUATE STUDIES AND RESEARCH

UNIVERSITY OF EASTERN AFRICA, BARATON
P. O. Box 2500, Eldoret, Kenya

26 June 2018

TO WHOM IT MAY CONCERN:

Re: PILOT STUDY OF RESEARCH INSTRUMENT

Joshua Gwaro is a graduate student pursuing the degree **Master of Science in Nursing (Community Health)** at the University of Eastern Africa, Baraton. He is currently writing his thesis entitled *Factors influencing attitudes towards participation in industrial action of nurses in public hospitals in Nandi county, Kenya*.

To establish the reliability of his research instrument, Joshua is conducting a pilot study. Kindly allow him to administer his questionnaires to nurses in your hospital.

Any assistance you will grant him will be greatly appreciated. May God richly bless you in all your undertakings.

Sincerely yours,


Prof. Elizabeth M. Role, PhD
Director

Cc: Chair, Department of Nursing
Office File



APPENDIX VI: ETHICS CLEARANCE LETTER



OFFICE OF THE DIRECTOR OF GRADUATE STUDIES AND RESEARCH

UNIVERSITY OF EASTERN AFRICA, BARATON

P. O. Box 2500-30100, Eldoret, Kenya, East Africa

July 24, 2018

Joshua Gwaro Nyang'au
University of Eastern Africa, Baraton
School of Nursing

Dear Joshua,

Re: ETHICS CLEARANCE FOR RESEARCH PROPOSAL (REC: UEAB/8/7/2018)

Your research proposal entitled "*Factors Influencing Attitudes towards Participation in Industrial Action of Nurses in Public Hospitals in Nandi County, Kenya*" was discussed by the Research Ethics Committee (REC) of the University and your request for ethics clearance was granted approval, subject to the recommended changes.

This approval is for one year effective July 24, 2018 until July 23, 2019. For any extension beyond this time period, you will need to apply to this committee one month prior to expiry date.

Note that you will need a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI) and clearance from the study site before you start gathering your data.

We wish you success in your research.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Hameya'.

for Prof. Jackie K. Obey, PhD
Chairperson, Research Ethics Committee



APPENDIX VII: LETTERS FOR DATA GATHERING



OFFICE OF THE DIRECTOR OF GRADUATE STUDIES AND RESEARCH

UNIVERSITY OF EASTERN AFRICA, BARATON
P. O. Box 2500, Eldoret, Kenya

26 July 2018

TO WHOM IT MAY CONCERN:

Re: REQUEST FOR PERMISSION TO GATHER RESEARCH DATA

Joshua Gwaro is a graduate student pursuing the degree **Master of Science in Nursing (Community Health)** at the University of Eastern Africa, Baraton. He is currently writing his thesis entitled *Factors influencing attitudes towards participation in industrial action of nurses in public hospitals in Nandi county, Kenya*.

Kindly allow him to administer his questionnaires to nurses in your hospital. He will gather data within the months of July and August 2018.

Any assistance you will grant him will be greatly appreciated. May God richly bless you in all your undertakings.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'ER', positioned above the typed name of the Director.

Prof. Elizabeth M. Role, PhD
Director

Cc: Chair, Department of Nursing
Office File



REPUBLIC OF KENYA



COUNTY GOVERNMENT OF NANDI

Telephone
When replying
Please quote

County Director of Health
Nandi County
P.O. Box 5
KAPSABET

Ref: No: CDH/NDI/R.S/1 / 96

20/9/2018

To all Medical Superintendent.
To all Sub County Medical Officers of Health
Nandi County.

REF: AUTHORITY TO GATHER RESEARCH DATA.

This is to inform you that Mr.Joshua Gwaro is a graduate student pursuing Master of Science Degree in Nursing at the University of Eastern Africa, Baraton.

His thesis is entitled: '**Factors influencing attitudes towards participation in industrial action of Nurses in Public Hospitals in Nandi County**'.

This purpose of this letter is to inform you that this office has granted him permission to administer his questionnaires to Nurses in our facilities within the months of September and October 2018.

Kindly accord him the necessary assistance.



P.K.Kogo
For: County Director of Health
Nandi County.



REPUBLIC OF KENYA



COUNTY GOVERNMENT OF NANDI

Telephone 053 52233
When replying
Please quote

County Director of Health,
Nandi County
P.O. Box 5-30300
KAPSABET

Ref. No CDH/NDI/RS/1/101.

22/11/2018

To all Medical Superintendents
To all Sub County Medical Officers of Health
Nandi County.

RE: AUTHORITY TO GATHER RESEARCH DATA –EXTENSION.

This is to inform you that Mr. Joshua Gwaro is a graduate student pursuing Master of Science Degree in Nursing at the University of Eastern Africa, Baraton.

His thesis is entitled: "Factors influencing attitudes towards participation in industrial action of Nurses in Public Hospitals in Nandi County".

The purpose of this letter is to inform you that this office has granted him permission for an extension to administer his questionnaire to Nurses in our facilities within the months of November and December 2018.

Kindly accord him the necessary assistance.


DR. JOSEPH KANGOR
Ag. COUNTY DIRECTOR OF HEALTH
NANDI COUNTY.



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/23933/24972**

Date: **14th September, 2018**


Joshua Nyangau Gwaro
University of Eastern Africa, Baraton,
P.O. Box 2500-30100
ELDORET.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"Factors influencing attitudes towards participation in industrial action of nurses in public hospitals in Nandi County, Kenya"* I am pleased to inform you that you have been authorized to undertake research in **Nandi County** for the period ending **13th September, 2019**.

You are advised to report to **the County Commissioner and the County Director of Education, Nandi County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.





BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO



Copy to:

The County Commissioner
Nandi County.

The County Director of Education
Nandi County.

APPENDIX VIII: NACOSTI PERMIT

<p>THIS IS TO CERTIFY THAT: MR. JOSHUA NYANGAU GWARO of UNIVERSITY OF EASTERN AFRICA, BARATON, 0-30209 Kiminini, has been permitted to conduct research in Nandi County</p> <p>on the topic: FACTORS INFLUENCING ATTITUDES TOWARDS PARTICIPATION IN INDUSTRIAL ACTION OF NURSES IN PUBLIC HOSPITALS IN NANDI COUNTY, KENYA</p> <p>for the period ending: 13th September, 2019</p> <p style="text-align: center;">  Applicant's Signature </p>	<p>Permit No : NACOSTI/P/18/23933/24972 Date Of Issue : 14th September, 2018 Fee Received :Ksh 1000</p> <div style="text-align: center;">   Director General National Commission for Science, Technology & Innovation </div>
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<p style="text-align: center;">THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013</p> <p>The Grant of Research Licenses is guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014.</p> <p>CONDITIONS</p> <ol style="list-style-type: none"> 1. The License is valid for the proposed research, location and specified period. 2. The License and any rights thereunder are non-transferable. 3. The Licensee shall inform the County Governor before commencement of the research. 4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies. 5. The License does not give authority to transfer research materials. 6. NACOSTI may monitor and evaluate the licensed research project. 7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research. 8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice. <p>National Commission for Science, Technology and Innovation P.O. Box 30623 - 00100, Nairobi, Kenya TEL: 020 400 7000, 0713 788787, 0735 404245 Email: dgi@nacosti.go.ke, registry@nacosti.go.ke Website: www.nacosti.go.ke</p>	<div style="text-align: center;">  REPUBLIC OF KENYA <hr style="width: 10%; margin: 0 auto;"/>  National Commission for Science, Technology and Innovation RESEARCH LICENSE </div> <p style="text-align: center;">Serial No.A 20575</p> <p style="text-align: center;">CONDITIONS: see back page</p>
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APPENDIX IX: MAP OF NANDI COUNTY



APPENDIX X: CURRICULUM VITAE

JOSHUA GWARO NYANG'AU Mr.

PERSONAL DETAILS

Marital status: Single
Nationality: Kenyan
Religion: Christian
Sex: Male
Date of birth: 1987

CONTACTS

P. O. BOX 117-30209
KIMININI, KENYA
Phone: +254720004873
E-mail: jogwanyx@gmail.com

OBJECTIVE

To provide quality service to humanity and make a positive impact in the community wherever I am called to serve and globally.

SKILLS AND COMPETENCIES

- Teamwork and team leading.
- Good research and public relation skills
- Reproductive Health Commodity Management.
- Advanced Trauma Life Support provider.
- European Pediatric Life Support provider.
- Advanced Cardiovascular Life Support provider.
- Monitoring and Evaluation.
- Basic Emergency Life Support.

PROFESSIONAL EXPERIENCE

MARCH 2016-PRESENT

Clinical Instructor

UNIVERSITY OF EASTERN AFRICA BARATON (SCHOOL OF NURSING)

- To accompany students to the hospital clinical area.
- Managing and overseeing all student activities in the clinical area.
- Planning and teaching clinical practice procedures.
- Helping students to properly practice acquired knowledge and skills in hospital setting.
- Organizing and planning for student transport needs.
- Administering and marking student exams and assignments.
- Overseeing student patient care and management.

AUGUST 2015-MARCH 2016

Nursing officer-Locum (Critical Care Units: Pediatric I.C.U, Neurosurgical I.C.U, and Cardiac I.C.U)

KENYATTA NATIONAL HOSPITAL

- Planning and executing comprehensive patient nursing care.
- Assessing needs and planning care for critically ill patients.
- Ordering and administering patient medications.
- Post-operative care of Open Heart Surgery patients.
- Nursing care of neurosurgical critical patients.
- Taking care of critically ill children.
- Proper care and maintenance of Ventilators and monitors.
- Electronic charging of patient services and procedures.
- Admitting and discharging patients.
- Proper maintenance of patient records.

NOVEMBER 2015-DECEMBER 2015

Clinical Instructor

UNIVERSITY OF EASTERN AFRICA BARATON (SCHOOL OF NURSING)

- To accompany students to the hospital clinical area.

- Planning and teaching clinical practice procedures.
- Helping students to properly practice acquired knowledge and skills in hospital setting.
- Organizing and planning for student transport needs.
- Administering and marking student exams and assignments.
- Overseeing student patient care and management.

JULY 2015-JANUARY 2016

Nursing Officer-Locum (HDU/Critical Care Unit)

THE KAREN HOSPITAL, NAIROBI

- Planning and implementing nursing care for critically ill patients.
- Administering dialysis for critically ill renal patients.
- Assessing and caring for ventilated critical patients.
- Ordering and administration of patient medications.
- Charging and ordering of patient supplies.
- Consulting specialists and recommending review of critical patients.
- Accompanying patients for radiological examinations.
- Administering recommended nutrition for critical patients.

JULY 2014-JULY 2015

Nursing officer (Critical Care Unit)

MERIDIAN EQUATOR HOSPITAL, NAIROBI

- Team leading in the High dependency, Critical and medical-surgical units.
- Providing general nursing care to medical-surgical patients.
- Consulting Medical specialists to review patients.
- Ordering and administering medications as prescribed by physicians.
- Teaching patients on self-care and use of medications.
- Accompanying patients by ambulance on admission or transfer from/to other healthcare facilities as the need arises.
- Assisting the in-charge in making the staff Rota.

JUNE 2013-JUNE 2014

Nursing Officer Intern

MINISTRY OF HEALTH (Kerugoya District Hospital)

- Hospital administration and covering nurse responsibilities.
- District management of records and reports.
- Triage and admitting patients through the Emergency department to the wards.
- Providing nursing care to patients in various units (medical-surgical wards, Paediatric wards, psychiatric ward and maternity wards).
- Delivery of term mothers and immediate post-partum care.
- Post-operative care of Caesarian section mothers.
- Scrubbing in theatre for major and minor procedures.
- Ordering and organizing for provision of ward supplies.
- Assessing and providing for needs of newborn babies in the newborn unit.
- Antenatal care and mother child health nursing management.
- Counseling and providing Family Planning services.
- Immunization services provision to children and adults.
- Cleaning and Sterilization of surgical equipments.

PROJECTS AND RESEARCH

JULY 2017

PRESENTER

BIRJ (Baraton Interdisciplinary Research Journal) Conference-Article published.
An Inquiry into Industrial Action among Nurses in Kenya: A Management Problem Or A Leadership Failure?

Dr. Owino Joyce and I presented the above entitled concept paper in July 2017 which was successfully published in the BIRJ journal.

OCTOBER 2014

RESEARCH ASSISTANT

Establishment of an effective evidence based infection control program at the neurosurgical unit of Kenyatta National Hospital.

UNIVERSITY OF NAIROBI

Responsibilities included: analysis of the type of surgery done and how it was done, administration of questionnaires to medical personnel, interaction and individual

assessment of patient conditions in the wards, follow up of patient treatment throughout the hospital admission period, and follow up of patients on their return to the outpatient clinic after discharge. Also analyzing and compiling data for study purposes.

OCTOBER 2012

Community Based Rehabilitation (CBR) in Disability Management Team Member.

Participated in needs assessment of Households having Children with Disability in Kabondo Division.

ADRA

- Door-to-door visiting of homes.
- Filling questionnaires about family information.
- Establishing a rapport and interacting with family members.
- Summarizing information for data analysis.

OCTOBER-DECEMBER 2012

Community Health Nursing Leadership Project Team Member.

Rehabilitation of clean water collection sources in the community.

UNIVERSITY OF EASTERN AFRICA, BARATON

- Mobilized resources to fund the project.
- Participated in formulation of a workable plan to provide clean water.
- Inspected the execution of the plan to completion.
- Participated in handing over the completed project to the community.

2008-2012

Baraton University Nursing Students Association Member.

Participated in Community awareness and school development project activities among other various association activities.

UNIVERSITY OF EASTERN AFRICA, BARATON

- Participated in medical camps.
- Doing awareness of cancer and other diseases in the community.
- Distribution of medications to the community.

- Cleaning of the community.

EDUCATION

2006-2013

Bachelor of Science in Nursing

UNIVERSITY OF EASTERN AFRICA, BARATON

2004-2005

A-Level

BUGEMA ADVENTIST COLLEGE

2000-2003

O-Level

BUGEMA ADVENTIST COLLEGE

1999-1999

Certificate of Primary Education

BUGEMA S.D.A PRIMARY SCHOOL

CERTIFICATIONS

MARCH 2016

- **Reproductive Health Commodity Management**

MINISTRY OF HEALTH, KENYA

DECEMBER 2015

- **Advanced Trauma Life Support**

NATIONAL RESUSCITATION COUNCIL OF KENYA

SEPTEMBER 2015

- **European Pediatric Life Support**

NATIONAL RESUSCITATION COUNCIL OF KENYA

DECEMBER 2014

- **Advanced Cardiovascular Life Support**

KENYA RED CROSS

MAY 2014

- **National Monitoring and Evaluation (ADAM)**

AMREF, KENYA

APRIL 2012

- **Basic Emergency Life Support**

EMERGENCY LIFE SUPPORT GROUP

LICENSURES AND MEMBERSHIP

Nursing Council of Kenya

- BScN (KRCHN)

National Resuscitation Council of Kenya

- Pediatric Advanced Life Support Provider
- Advanced Cardiovascular Life Support Provider
- Advanced Trauma Life Support Provider

LANGUAGES

Native: Kiswahili, Kisii

Advanced: English

Basic: French

COMPUTER SKILLS

Advanced: Microsoft Office

Intermediate: Microsoft publisher

HOBBIES AND INTERESTS

Main: Reading, playing guitar, singing, swimming, Photography, soccer and travelling.

OTHERS: Driving (B, C, E) with valid driving license, Cycling.

REFEREES

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Senior Lecturer.