

Work Life Integration and Employee Engagement in the Public Health Sector in Kenya: The Moderating Influence of Organizational Culture

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Abstract: The main objective of this study was to investigate the moderating influence of organizational culture on the relationship between work life integration and employee engagement in the public health sector in Kenya's Western Region. The study adopted a descriptive survey research design. The study targeted a population of 3,092 from which a sample size of 342 respondents was drawn. The sample was drawn using simple random and stratified sampling techniques. A proportionate allocation was used to select a representative sample from each stratum and a self-administered questionnaire used to collect the required data. Data was analysed using percentages, correlation, linear, hierarchical and stepwise regression techniques. Thematic content analysis was used to analyse qualitative data. The study findings revealed that work-life integration had a positive, strong and significant influence on employee engagement. Further, the study findings also indicated that, organizational culture had a positive and a significant moderating influence on the relationship between work life integration and employee engagement. Therefore, the study concludes that work life integration is positively associated with employee engagement. Furthermore, organizational culture weakly but significantly moderates the relationship between work life integration and employee engagement. Thus, the study recommends that administrators of public health sector should adopt policies that forecast work-life integration practices such as flexible work timings and job sharing to enable employees attend to their commitments which fosters employee engagement, and team performance.

Keywords: work life integration, Employee Engagement and organizational culture.

I. INTRODUCTION

Employee engagement is very key in conceptualization and the quantification of human capital's effect at the workplace (Cattermole, Johnson, Jackson, 2014; Datche, & Elegwa, 2015; Rich, Lepine & Crawford, 2010), the public health sector included. However, employee engagement in the public sector all over the world has declined greatly, leading to increased disengagement among employees. (Shuck, Rocco, Carlos & Albornoz, 2011). Research done by Muna, (2021) revealed that there is a significant relationship between employee engagement and work life integration strategies, yet most employees are not engaged fully (Cattermole, Johnson & Jackson, 2014). Previous researches have indicated that sectors that involve high levels of employee engagement tend to outperform their competitors (Eshiteti, 2020; Makhanu, Mukanzi & Eshiteti, 2018). Consequently, the output of engaged employees tend to transcend that of their disengaged counterparts

(Rekha & Sasmita, 2019). Gupta and Sharma (2016) posited that employee engagement motivates, attracts, and retains employees for higher productivity. Furthermore, engaged employees contribute to social progress in organizations by showing high morale, stress on teamwork, and keeping a positive work attitude (Motyka, 2018; Ullah, Khattak, & Rahman, 2018).

Nonetheless, there seem to be inadequate literature that treats employee engagement as a predicted variable of work life integration in the public health sector in Kenya, as well as organizational culture as a moderating variable between the two. Work life integration initiatives involve employee interactions between family, personal, paid and unpaid work responsibilities. Further, work life integration has been used by managers to sustain employee engagement by coordinating a balance between obligations that are related to work and non-work (Zheng, Kashi, Fan, Molineux & Ee, 2016). On the other hand, organizational culture is a set of key values, assumptions, understandings, and norms which are shared by members of an organization and taught to new members (Gardner, Wickramasinghe, & Pierce, 2018) ; (Schneider *et al.*, 2013). Organizational culture is an important moderator in business research (Farooq & Vij, 2017). Moderation usually occurs when the influence of the predictor on a predicted variable tends to vary in accordance with the third variable's level (Farooq & Vij, 2017).

II. STATEMENT OF THE PROBLEM

Employee engagement in Kenya is said to be among the top most urgent trends to be addressed by some of the sectors with a capability gap (Makhanu *et al.*, 2018). According to the Kenya Health Workforce Report (2015) the public health sector in Kenya seems to experience a very high proportion of employee engagement crisis. The Gallup report (2016) observed that this could also be a world-wide public sector problem with 13% and 30% of the global workforce reported to be fully and partially engaged respectively (Eshiteti, 2020). Shuck, Rocco, Carlos and Albornoz (2011) supported the view that a huge number of employees within the civil service across the globe are deeply disengaged. In Kenya, the main elements propelling the disengagement among the workforce in the public health sector include dissatisfying working conditions such as work life integration, as well as poor management practices and organizational culture. Kirui, Luciani, Ochieng, and Kamau (2013) posited that this has led to persistent crises in the Kenyan health sector occasioned by threats for and holding demonstrations and strike actions. World Health Organization (2006) revealed that Kenya is among the countries that face a severe health workforce catastrophe because of the insufficiency in crucial health workers as well as the disengaged ones. Similarly, HRH (2012) confirms that, arising out of disengaged workforce, there is a striking and noticeable depletion of frontline health workers leaving the public sector yearly because of high levels of disengagement.

Further, several studies across the globe, have been carried out concerning employee engagement and other outcomes, Kenya included (Eshiteti, 2020; Makhanu *et al.*, 2018; Kilonzo *et al.*, 2018; Rich *et al.*, 2010). However, many of these researches have treated employee engagement as an independent variable and in other sectors of the economy. Eshiteti (2020) linked employee engagement to commitment within the county government of Kakamega. Makhanu *et al.* (2018) correlated physical engagement to job performance in the civil service in Kenya. Furthermore, Rich *et al.* (2010) had earlier on looked at the relationship between employee engagement and organizational performance. Nonetheless, this study investigated the influence of work life integration on employee engagement moderated by organizational culture in the public health sector in Kenya.

III. SPECIFIC OBJECTIVES

- i) To determine the influence of work-life integration on employee engagement in the public health sector in Kenya.
- ii) To investigate the moderating influence of organizational culture between work life integration and employee engagement in the public health sector in Kenya

A. Hypotheses

- i) Ho1: Work-life integration has no significant influence on employee engagement in the public health sector in Kenya.
- ii) Ho2: Organizational culture has no moderating significant influence on the relationship between relational rewards and employee engagement in the public health sector in Kenya.

IV. THEORETICAL REVIEW

Burnout Theory of Engagement provided the study's theoretical framework. This theory postulates that job characteristics (Job demands and Job resources) contribute to employee burnout in the sense that the presence of job demands impart to emotional exhaustion by draining employees' mental and physical energy. The absence of job resources hinders employees from achieving meaningful work goals and personal development, which affects employees' motivation and, as a result, contributes to disengagement, withdrawal, and detachment from the job through depersonalization and view their work negatively (Bakker, Demerouti, Taris, Schaufeli, & Schreurs, 2008). In connection with burnout, when job demands such as stressful events, role ambiguity, role conflict, work pressure, role stress, and workload exceed employees' capacities, they will perceive that their autonomy is vanquished and become more endangered to emotional exhaustion (Alarcon, Lyons, & Tartaglia, 2010). In other words, the feeling of being trapped in a situation can drain employees' emotional resources (Ortqvist & Wincent, 2006). This means that if the work environment is substandard, or when employees have a personality that does not fit the work situation, chronic job burnout is likely to set in. Exhausted employees make more mistakes, need more time to finish their tasks, and are less able to mobilize their resources. This view is compatible with the conservation of resources theory (Hobfoll & Freedy, 1993), which posits that job strain and burnout result when significant resources are lost or threatened. As employees' psychological needs are hampered either by taxing conditions or the absence of resourceful conditions, they would become in jeopardy of burnout.

Studies have indicated that burnout is negatively related to employee behavioural outcomes. For instant, research done by Fernet, Austin, Tre'panier, and Marc (2013) on how job characteristics such as job demands and job resources subscribe to burnout in Canada on 356 employees of the school board revealed that burnout is one of the most familiar psychological noticeable of job-related health problems as coined by (Schaufeli, Leiter & Maslach, 2009). It is crucial to agitate for practitioners and managers, given the extent of the outcome costs to individuals on disengagement and low satisfaction and organizations on absenteeism and higher turnover (Halbesleben & Buckley, 2004). They further advocated that burnout emanates from a detrimental link between the job and the person who performs it. It is identified by three main elements: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion is when one feels emotionally crunched and fatigued at work. Depersonalization is when negative, sarcastic, or excessively impartial responses to other employees at work, also referred to as disengagement. Reduced personal accomplishment is when there is a feeling of exhaustion of efficiency and productivity at work, also known as loss of professional efficacy (Fernet *et al.*, 2013).

Maslach and Leiter (2008) revealed that reduced personal accomplishment or exhaustion is contemplated as the primary characteristic of burnout; the two other components seize critical facets of these symptoms. Thus, incorporating reduced emotional energy, burnout suggests interpersonal and personal dispersion from the job. Similarly, Martinussen *et al.* (2007) revealed that certain job demands (work-family pressures) and resources (social support) were related to all three burnout components. In a large meta-analytic study including no less than 115 different studies, Swider and Zimmerman (2010) found the three dimensions of job burnout had multiple correlations .23 with absenteeism, .33 with turnover, and .36 with job performance. One possible clarification for the negative association between burnout and performance is that exhausted employees lack the attentiveness required to perform well and, as a result, make more mistakes. Further, the negative emotions characteristic of burnout limit the wideness of thought processing, diminish the focal point on new or global information and debilitate the quality of decision-making (Fredrickson, 2001). Penney and Spector (2008) reported that individuals who experience negative emotional states and are psychologically disengaged from work also demonstrate fewer approach behaviours toward others and more counterproductive work behaviours such as taking longer breaks, withholding effort and information, and stealing. Besides, burned-out employees are rarer willing to help others (Swider & Zimmerman, 2010) and rarer likely to receive help from others, which may cause losses in productivity (Bakker & Demerouti, 2014). This is because burned-out employees cannot satisfy their daily basic needs for autonomy, relatedness, and competence through work since their daily work engagement is low. Bakker *et al.* (2014) posit that chronic burnout incapacitates the gain cycle of daily work engagement, daily job resources, and daily job crafting and concluded that employees with high burnout levels need help structurally changing their health status and working conditions.

The implication of the burnout theory to this study is that it supports the significance of interpersonal resources present in the workplace, such as the management support by coordinating a balance between obligations related to work and non-work (Zheng *et al.*, 2016). From the public health sector's standpoint, interventions that reduce job demands are

recommended. These include coming up with time policies to include flexible jobs such as shift work, part-time work, homework, annualized hours, job sharing, term-time work, compressed hours, telecommuting / teleworking / e-work, career breaks (Ojo *et al.*, 2014). To alleviate job demands, the ministry can reinforce psychological resources through employee assistant programs like employer-supported child care and dependent care initiatives (Oludayo *et al.* 2018).

V. LITERATURE REVIEW

Work life integration has been used by managers to sustain employee engagement by coordinating a balance between obligations that are related to work and non-work (Zheng, Kashi, Fan, Molineux & Ee, 2016). Managers who apply flexibility strategies allow workers to handle personal and job requirements, resulting in more workplace vigor (Bal & De Lange, 2015). Cahill, McNamara, Pitt-Catsoupes, and Valcour (2015) described work-life integration as the capacity of an individual to effectively manage personal, family, paid, and unpaid duties roles. Nonetheless, Asiedu-Appiah, Dufie-Marfo, and Frempong (2013) posited that paid work and non-work responsibilities are two important realms in an employee's work-life in that staying long hours at the workplace reduce the presence of employees at home, and they frequently miss family and social activities. Darko-Asumadu, Sika-Bright, and Osei-Tutu (2018) agree that more participation in the job leads to less time for social activities reducing commitment to work, whereas spending more time with family than work can lead to absenteeism and labor turnover among employees. Hence the need to balance work responsibilities and non-work activities to ameliorate engagement to work as advocated by (Porter & Ayman, 2010).

Work-life integration can be recognized under two major brackets: formal and informal work-life integration. Formal work-life integration strategies include work-leave programs, dependent care initiatives, flexible work arrangements, telecommuting, job sharing, and part-time work (Oludayo *et al.*, 2018) whereas the informal work-life integration strategies include managerial, supervisor, and co-worker support (Kroll & Nuesch, 2019). Work life integration benefits employees and organizations altogether. Employees benefit by maintaining a healthy and beneficial lifestyle that influences their performance, job predictability, and career sustainability. Organizations benefit in the form of increasing job satisfaction, loyalty, and productivity, promoting job performance, reducing costs due to turnover and absenteeism, productive innovation, talented employee retention, and customer retention (Benito-Osario, Muñoz-Aguado & Villar, 2015 ; Mesimo-Ogunsanya, 2017; Oludayo, *et al.*, 2018).

Employee engagement has been defined as how employees show complete dedication to their jobs, emotional bonding, and long-term goals (Ganesan, Ali, & Fageeh, 2017) and how they perform physically, emotionally, and cognitively (Sanneh & Taj, 2015). The dedicated employee is one that is content, passionate, enthusiastic, and goes the extra mile for the growth of the company (Joo & Lee, 2017; Sarangi & Nayak, 2016). Employee engagement is also a way of how workers think, feel, and behave in ways that reflect high loyalty levels to their organization (Ganesan *et al.*, 2017). Dewing and McCormack (2015) advocate that managers who prioritize employee engagement will likely witness notable transformations in employees' dedication, vigor, and absorption. On the other hand, employee engagement enables retention of the best employees in the organization, enhances client trust, and becomes more creative and innovative in their jobs, enhancing the organization (Bakker & Albrecht, 2018; Bhavani, 2015). Bulkapuram, Wundavalli, Avula, and Reddy (2015) posit that engaged employees are diligent, motivated, and blossoming, who devote themselves to superior performance standards. Work becomes more meaningful to engaged employees in an environment where their endeavors are recognized (Asiwe, Rothmann, Jorgensen, & Hill, 2017). Engaged employees are inclined, fervent, and intensely involved (Sun & Bunchapattanasakda, 2019). Research by the Institute of Employment described the following characteristics as characteristic of those involved; faith in the organization, desire to work to better things, awareness of the business context and the 'bigger picture, supporting and helping colleagues, willingness to 'go the extra mile and keeping up to date with innovations in the sector.

The three dimensions of employee engagement according to the Chartered Institute of Personnel Development (CIPD) (2014) include; intellectual engagement, which they described as being dedicated to the job, hard thinking about the job and how to do it better, affective engagement, which they elaborate as feeling optimistic about doing a good job leading to self-fulfilment, and social engagement which refers to having a positive relational and actively taking possibilities. Truss, Alfes, Shantz, Rees, and Gatenby (2012) equates intellectual engagement to cognitive dimension of engagement which involves a diligent personal commitment to investigation, exploration, inquiry and problem solving due to an absorbing, creatively energized focus. Soane *et al.*, (2012) advocate that experiencing a state of positive affect relating to an individual's work role denotes affective engagement whereas sharing common values with colleagues and being connected with the working

environment denotes social engagement. Accordingly, as a predicted variable, employee engagement has been studied widely and linked to other employee behavioural outcomes such as; employee performance (Makhanu *et al.*, 2018; Rich *et al.*, 2010), employee commitment (Eshiteti, 2020). However, the treatment of employee engagement as a predicted variable of work life integration and the relationship between the two moderated by organizational culture has not been exhaustively studied.

Organizational culture is a pattern of values, norms, beliefs, attitudes, and assumptions that may not have been articulated but model how people in organizations behave and things get done (Armstrong, 2006; Liu *et al.*, 2018). They form the core identity of an organization. It represents the social glue, generates 'we-feeling' in an organization, and offers a shared system of meanings, the basis for communications and mutual understanding. According to Sokro (2012) culture is a crucial part of the internal environment of any organization. In their study, Jones *et al.* (2015) disclosed the importance of incorporating culture in organization processes and practices as it gives a form to the organizational processes which aid in creating a modified culture in organizations. Robust organizational culture is critical in building a successful business as it helps employees in sense-making, recognizing the affair of the organization, and fixing objectives which stimulate the tolerance of the employees in the organization and boost their confidence level. Johari (2003) posit that some studies have been conducted with the focus of identifying the nature and type of organization culture in organizations, the key values, beliefs, and norms in the organization that has caused the needed effort in attaining the success and quality performance of the organizations (Oparanma, 2010; Tseng, 2010).

A. Conceptual Framework

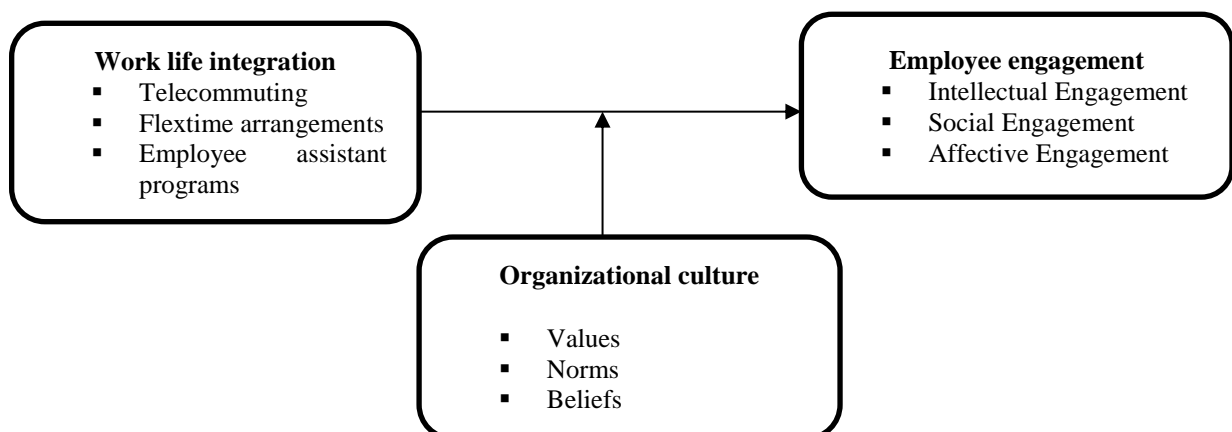


Fig. 1. Conceptual Framework

VI. METHODOLOGY

This study used a descriptive survey research design involving self-administered questionnaires to 342 respondents selected from a targeted population of 3,092 comprising doctors and nurses working in the public health sector within the western region of Kenya (County Health Sector statistics, 2019). Four counties of Kakamega, Bungoma Busia and Vihiga form the administrative units of western region. Further, Stratified sampling technique, with a proportionate allocation of the sample sizes was used to obtain the respondents to the study. Simple random sampling technique was used to get the sample from each stratum which comprised of doctors and nurses within the public sector in western region. All the items in the questionnaire were adapted from previous researches (Nienaber's, 2010; Sashkin & Rosenbach, 2013; Soane *et al.*, 2012) and measured on a five-point likert scale that ranged from; 1=Strongly Disagree to 5= Strongly Agree. Work life balance was measured in terms of telecommuting, flextime and employee assistant program, employee engagement was measured in terms of intellectual, social and affective constructs, and organization culture measured in terms of values, norms and beliefs. Descriptive statistics of percentages, frequency, means and standard deviation were used to analyze the data before the multivariate correlation and regression analyses were inferentially conducted to test whether work life integration had a significant influence on employee engagement. Furthermore, hierarchical and stepwise regression analysis were also run to establish whether organizational culture had a significant moderating influence on the relationship between work life integration and employee engagement. A regression model used to investigate this relationship is as shown.

$$Y = \alpha + X_1 \beta_1 + \mu \dots \dots \dots (I)$$

$$Y = \alpha + X_1 \beta_1 + \beta_2 ZX_1 + \mu \dots \dots \dots (II)$$

Where Y is Employee Engagement;

X₁ is work life integration;

Z is Organizational culture

$\beta_1 - \beta_2$ are the regression coefficients

μ is the error term; α is a constant or the y- intercept

VII. RESULTS AND DISCUSSION

A. Descriptive Statistics

The study sought to determine the extent to which work life integration influences employee engagement in the public health sector in Kenya. Five questionnaire statements adapted from Nienaber's (2010) Total Reward Preference Model for the work life integration construct measured by a five-point likert scale that range from 1=strongly disagree to 5= strongly agree were used.

The findings in table1 indicated that the majority of respondents, 234(70.1%), cumulatively agreed that they were equally satisfied with balancing work and family roles. Nonetheless, 34(10.2%) of respondents disagreed with the statement, with 66(19.8%) being neutral. One more statement sought to determine whether the employer enables them to log into his network from home. The majority of the respondents, 198(59.3%), cumulatively agreed with the statement, with 65(29.5%) disagreeing. However, some participants, 71(21.3%), were neutral in their responses. Table 1 also sought to determine whether the sector provides employee assistance programs. 209(62.5%) participants cumulatively agreed with the statement. In contrast, 55(16.5%) disagreed with the idea, while 70(21.0%) of those surveyed were neutral with the statement. Similarly, the findings from table 1 revealed that majority of respondents 238(71.1%), agreed that the sector recognizes the need for job sharing among employees, with 27(8.1%) who disagreed to the statement. Further, 69(20.7%) of those surveyed were neutral on the statement. Accordingly, the findings revealed that the majority of respondents, 139(41.6%), cumulatively disagreed that they could not balance work priorities with their personal life, with 141(42.2%) agreeing on the same. However, 54(16.2%) were neutral on the same. Work-life integration had a composite mean of 3.6. A summary of the results was presented in table 1.

TABLE 1: Work Life Integration

Work Life Integration	SD	D	N	A	SA	Mean	S. D
	%	%	%	%	%		
Work and Family Roles Satisfaction	2.1	8.1	19.8	24.6	45.5	4.03	1.080
Working from home	5.4	14.1	21.3	48.2	11.1	3.46	1.038
Employee Assistant Programs Provided	2.7	13.8	21.0	35.3	27.2	3.71	1.092
Job Sharing Recognized	1.2	6.9	20.7	61.4	9.9	3.72	.782
Balancing work and personal life	5.7	35.9	16.2	38.0	4.2	2.99	1.067
Composite mean						3.6	

N=334; Strongly Disagree (SD=1), Disagree (D=2), Neutral (N=3), Agree (A=4), Strongly Agreed (SA=5)

From table 1, it can be inferred that the public health sector recognizes the need for job sharing among its employees. This implies more excellent continuity and coverage of work during absences and enhanced problem-solving by having two people work on the task. Equally, the environment does not enable employees to balance work and personal life, as indicated by most study participants. The study findings are consistent with those obtained by Darko-Asumadu, Sika-Bright, and Osei-Tutu (2018), who established that there is a need to balance work responsibilities and non-work activities to facilitate engagement to work. They argued that more participation in the job leads to less time for social activities reducing commitment to work, whereas spending more time with family than work can lead to absenteeism and labor turnover among employees. Similarly, the findings are in collaboration with Williamson and Baird (2015), who opines that job sharing

results in the retention of highly skilled employees, helps in work-life balance by meeting both family and work responsibilities, and employers' benefit by having two employees who can exchange ideas and support each other.

Further, the study sought to investigate the moderating influence of organizational culture on the relationship between work life integration and employee engagement in the public health sector in Kenya. Organizational culture was operationalized using values, norms and beliefs (Sashkin and Rosenbach, 2013). All measures of the moderating variable used a 5-point likert scale from 1= strongly disagree (SD) to 5= strongly agree (SA). The findings in table 2 indicated that majority of respondents 30.2% agreed that top managers help them discover how to validate their personal values with the organizational values with 8.4% strongly agreeing with the statement. However, 34.2% cumulatively disagreed with the statement whereas, 27.2% were neutral with the statement. Consistently, majority of the study participants 34.1% agreed that they share the same values and vision that the sector represents with 6.9% strongly agreeing with the statement. 24.6% cumulatively disagreed that they share the same values and vision that the sector represents. The respondents who were neutral with the statement were 34.4%.

Further, the study sought to find out whether the public health sector rewards employees in proportion to the excellence of their job performance. Majority of the respondents 22.5% strongly disagreed with the statement with 24.9% disagreeing with the statement. Those who answered in affirmative cumulatively were 26.7% with 19.5% agreeing and 7.2% strongly agreeing with the statement. The findings from table 2 also showed that 26% of the respondents disagreed that management practices in the sector allow freedom to plan and act in one's own sphere with 13.8% strongly disagreeing on the same. In the contrary, 28.5% of respondents cumulatively agreed that they are allowed to plan and act in one's own sphere. Equally, 31.7% were neutral with the statement. Nonetheless, the findings in table 2 also revealed that 29.9% of respondents had the opinion that organization culture supports improved employee performance. This was against 29.7% of the respondents who disagreed that organization culture supports improved employee performance. However, 31.7% were neutral on the statement. Further, the findings indicated that 34.1% of respondents cumulatively agreed that the public health sectors culture is open to change and employees are able to adapt with 29.7% in contrary to the statement. However, 35.3% were neutral on the statement. A summary of the findings was presented in table 2.

TABLE 2: Organizational Culture

Organizational Culture	SD %	D %	N %	A %	SA %
Management Support on Value Congruent	13.8	20.4	27.2	30.2	8.4
Sharing of Values and Vision	8.1	16.5	34.4	34.1	6.9
Performance based Rewards	22.5	24.9	26.0	19.5	7.2
Freedom to Plan and Act	13.8	26.0	31.7	23.1	5.4
Organizational Culture Supports Energetic Improved Performance	9.9	19.8	31.4	29.9	9.0
OC is open to change	8.4	21.3	35.3	24.3	10.8

From table 2 it can be concluded that the organizational culture practiced in the public health sector supports energetic improved performance. This is achieved through sharing of values and vision, and management support on value congruent. These findings are supported by Warrick, and Gardner (2021) who argued that one of the most effective ways to build culture is to have a compelling vision, purposeful mission, memorable core values that are known, valued, and practiced, and goals that are clearly communicated and understood throughout the organization. Similarly, Gardner, Wickramasinghe and Pierce (2018) reckon that organizational culture is propelled by the values which are abstract beliefs about what is good or bad. When people share these beliefs, they agree regarding what is acceptable in terms of their organizational behavior, attitudes, and decisions.

The study went further to determine how far employees within the public health sector are engaged to the industry and how such engagement could be influenced by work life integration. Employee engagement was operationalized using the intellectual, affective and social (Soane *et al.* 2012). All measures of the predicted variable used a 5-point likert scale from 1= strongly disagree (SD) to 5= strongly agree (SA). The results indicated that majority of respondents strongly agreed that they focus hard, concentrate and pay attention on their work with a mean of 4.24. In addition, the study participants strongly agreed that they share work values, goals and attitude with colleagues with a mean of 3.39. Further, results revealed that respondents strongly agreed that they feel positive, energetic, and enthusiastic about in their work with a mean of 3.87.

TABLE 3: Employee Engagement

Employee Engagement	SD %	D %	N %	A %	SA %	Mean	S. D
Intellectual Engagement							
Focusing hard on work	2.7	2.7	12.3	37.4	44.9	4.19	.942
Concentrating on work	1.8	2.4	8.4	39.8	47.6	4.29	.857
Paying attention to work	1.8	2.1	12.6	37.1	46.4	4.24	.883
Mean						4.24	
Social Engagement							
Values sharing with colleagues	3.9	8.1	21.0	39.5	27.5	3.79	1.057
Goals sharing with colleagues	3.9	15.9	31.7	32.6	15.9	3.41	1.055
Attitudes sharing with colleagues	8.4	30.2	25.4	25.4	10.5	2.99	1.147
Mean						3.39	
Affective Engagement							
Feeling positive about work	1.5	4.2	15.9	36.2	42.2	4.13	.931
Feeling energetic about work	4.5	9.9	14.7	34.7	36.2	3.88	1.140
Being enthusiastic in work	3.9	11.7	25.4	38.0	21.0	3.60	1.062
Mean						3.87	

$N=334$; *Strongly Disagree* ($SD=1$), *Disagree* ($D=2$), *Neutral* ($N=3$), *Agree* ($A=4$), *Strongly Agreed* ($SA=5$)

Table 3, indicated consistency in general agreement on all responses by the study participants to the likert statements about employee engagement. This gave a clear indication that majority of the public health sector employees are intellectually absorbed in their work and they think hard about the work they do and how they can do it better. Further, the respondents were optimistic about doing a good job and were equally affectively engaged. Kavya & Padmavathy (2017) provided backing that such employees become powerful leaders who positively model organizational culture. This view is in collaboration with Ullah, Khattak, and Rahman (2018) who reckoned that engaged employees show high morale, stress on teamwork, and keep a positive work attitude. Also, Bhavani (2015) posited that engaged employees are a loyal worker who feel a sense of belongingness, fulfilled and satisfaction.

B. Correlation Analysis

Correlation analysis was conducted to determine the strength, direction, and presence, of a linear relationship between work life integration and employee engagement using the Pearson correlation coefficient technique. The correlation coefficient (r) values range from -1 , indicating a perfectly linear negative correlation to $+1$, showing a perfectly linear positive correlation. Nevertheless, a correlation coefficient close to (0) indicates little correlation (Cooper & Schilder, 2015). The results are shown in table 4.

TABLE 4: Correlation Matrix

		Work life Integration	Employee Engagement
Work life Integration	Pearson Correlation	1	
	Sig. (2-tailed)		
Employee Engagement	Pearson Correlation	.748**	1
	Sig. (2-tailed)	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation matrix results from table 4 indicated that work-life integration has a positive, strong and significant influence on employee engagement ($r=0.748^{**}$, $p < 0.01$). Thus, the obtained results suggest that an increase in work-life integration activities will lead to an automatic increase in employee engagement. The findings were supported by Zheng *et al.* (2016), who noted that managers use work-life integration to sustain employee engagement by coordinating a balance between obligations related to work and non-work. In collaboration with the view, Darko-Asumadu, Sika-Bright, and Osei-Tutu (2018) agree that there is a need to balance work responsibilities and non-work activities to ameliorate commitment and engagement to work, arguing that more participation in the job leads to less time for social activities reducing commitment to work, whereas spending more time with family than work can lead to absenteeism and labor turnover among employees. Oludayo *et al.* (2018) argue that without successful management balance between workers' jobs and non-work roles, adverse employee behavioral outcomes correlated with conflict, tension, and job dissatisfaction in multiple roles can arise.

C. Regression Analysis

Additionally, the study performed a regression analysis by fixing the linear regression models for the data to examine the specific quantity of variation of the work-life integration on the employee engagement. The hypothesis predicted that work-life integration significantly influences employee engagement in the public health sector in Kenya. The outcome obtained was presented in tables 5.

TABLE 5: Work Life Integration on Employee Engagement

Model Summary							
Model	R	R Square	Adjusted Square	RStd. Error of Estimate	Change Statistics		
					R Square Change	F Change	Sig. F Change
1	.748 ^a	.559	.558	.34416	.559	421.068	.000

a. Predictors: (Constant), Work Life Integration

From table 5 above, the regression analysis yielded the coefficient R-value of 0.748 and the R² of 0.559, which meant that 55.9 % of the corresponding variation in employee engagement could be explained by work-life integration. The rest of the variance could be spelled out by other variables not included in the multiple regression models. Consistently, the F change value of (421.068, $p < 0.001$) derived was large enough to buttress the goodness of fit of the model in elaborating the variation in employee engagement. It also indicated that there is less than 1 in 1000 chances with a p-value of less than 0.001 that a flat line could explain the influence of work-life integration on employee engagement. Thus, this cooperates with the view that work-life integration can be helpful predictor variable of employee engagement. These findings are in line with previous study findings on the relationship between work-life integration and employee engagement (Bal & De Lange, 2015; Darko-Asumadu, Sika-Bright, & Osei-Tutu, 2018; Muna, 2021; Oludayo *et al.*, 2018; Shockley & Allen, 2015; Wijaya and Suwandana, 2022; Zheng *et al.*, 2016).

TABLE 6: Regression Coefficients of Work Life Integration

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.659	.108		15.386	.000
	Work Life Integration	.608	.030	.748	20.520	.000

a. Dependent Variable: Employee Engagement

Equally, the results obtained in table 6 disclosed that the unstandardized regression coefficients β value of the computed (composite index) work-life integration score was 0.748 with a t-test of 20.520 at a significance level of $p < 0.01$. This implied that for every 1 per cent increase in work-life integration, there was a predicted increase in the percentage of employee engagement of zero. As a result, the study rejected the null hypothesis, having achieved the set objective that; *H₀₁: Work-life integration has no significant influence on employee engagement in the public health sector in Kenya.*

D. Hierarchical Regression Analysis

Furthermore, hierarchical regression analysis was conducted to investigate the moderating influence of organizational culture on the relationship between work life integration and employee engagement. The independent variable and the moderator were standardized to reduce the risk of multi-collinearity (Eshiteti 2020). After that, the interaction terms were created by multiplying the standardized independent variable and the moderator. Further, hierarchical regression analysis was carried out using standardized predictor and moderator values against the predicted variable, followed by several steps. These included control variables regressed on predicted variable as model 1, model 2 and 3 involved addition of work life integration and moderating variables respectively and lastly model 4 was obtained by adding interaction terms. Eventually, the study also conducted a step-wise regression analysis to determine the incremental contribution of the variables used on the variance in the dependent variable. The hierarchical regression summary model obtained was presented in table 7 shown:

TABLE 7: Hierarchical Regression Model

Model Summary							
Model	R	R Square	Adjusted R Std. Error of the Change Statistics				
			Square	Estimate	R Square Change	F Change	Sig. F Change
1	.185 ^a	.034	.028	.51013	.034	5.879	.003
2	.749 ^b	.562	.558	.34419	.527	397.131	.000
3	.776 ^c	.603	.598	.32819	.041	33.957	.000
4	.778 ^d	.605	.599	.32787	.002	1.627	.203

a. Predictors: (Constant), Years worked, Age

b. Predictors: (Constant), Years worked, Age, Work life integration

c. Predictors: (Constant), Years Worked, Age, Work life integration, Organizational culture

d. Predictors: (Constant), Years worked, Age, Work life integration, Organizational culture, Work life integration* Organizational culture

Table 7 shows that the two demographic variables taken as control variables were positive but weakly correlated with employee engagement ($r = .185$, $p < 0.01$). Nevertheless, although the model was significant ($p < 0.01$), it could only explain 3.4% of variance in employee engagement. In the second step, work life integration was positively, strongly and significantly related to employee engagement ($r = .749$, $p < 0.01$). The R^2 value increased from .034 to .562, implying that the new model could explain 56.2 percent of variance in employee engagement at $p < 0.01$. In the third step, organizational culture was added as a moderator to obtain model 3. The results indicated that both work-life integration and the moderator (organization culture) were jointly and significantly related to employee engagement ($r = .776$, $p < 0.01$). This indicated that the relationship between work life integration (on the addition of organizational culture) and employee engagement was found to be positive and statistically significant. This implied that model 3 could still explain 77.6 percent of variance in employee engagement. Ultimately, in the fourth step, the interaction terms of the standardized work-life integration and organization culture were entered in the regression model to obtain model 4. The entry caused a negligible increase in R^2 from .603 to .605. Therefore, these models were found to be applicable and fit. The findings showed that organizational culture has a positive but insignificant moderating influence on the relationship between work life integration and employee engagement ($R^2 = 0.605$, $p > 0.01$). This inferred that, when moderated by organizational culture, the influence of work life integration could only explain 60.5 per cent of variance in employee engagement.

E. Step-wise Regression Analysis

Step-wise regression was performed to determine the gradual contribution of organizational culture as a moderator on the relationship between work life integration and employee engagement. The output results are presented in table 8.

TABLE 8: Unstandardized Coefficients of Step-Wise Regression

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.639	.064		56.641	.000
	Age	.091	.027	.185	3.431	.001
2	(Constant)	1.647	.109		15.088	.000
	Age	.013	.018	.026	.685	.494
3	work life integration	.604	.030	.742	19.877	.000
	(Constant)	1.389	.113		12.297	.000
	Age	.014	.018	.029	.824	.410
4	work life integration	.470	.037	.577	12.722	.000
	organizational culture	.211	.036	.262	5.862	.000

a. Dependent Variable: Employee engagement

The Unstandardized regression coefficients β value of the computed (composite index) score of the independent variable when moderated with organizational culture was (0.742) work-life integration, with t-test values of 19.877 (work-life integration). The t-value was above +1.96 and below -1.96 and the p value for the variable was less than 0.01. Therefore, work life integration had a statistically significant influence on employee engagement. Similarly, table 7 indicated that organizational culture had a little positive significant moderating influence on the relationship between work life integration

and employee engagement. The study rejected the null hypothesis, having achieved the objective that: *H02: Organizational culture has no moderating significant influence on the relationship between relational rewards and employee engagement in the public health sector in Kenya.*

VIII. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The study aimed to determine the influence of work-life integration on employee engagement in the public health sector in Kenya moderated by organizational culture. Descriptive statistics showed that four statements were answered in the affirmative except one account on balancing work and personal life. The respondents neither agreed with nor disagreed with the item. The computed Chronbach Alpha of the items of work-life integration similarly revealed the reliability of the study instrument. The correlation and inferential statistics findings showed that work-life integration had a positive, significant strong influence on employee engagement in the public health sector in Kenya. Accordingly, the findings revealed that organizational culture slightly moderated the relationship between work life integration and employee engagement. Further, the findings established that the public health sector recognizes the need for job sharing among employees, the same implication being that there is excellent continuity and coverage of work during absence and enhanced problem solving by having two people working on the task. It also enables the exchange of ideas, increases retention, and acts as mentorship. Further, the findings revealed that work-life integration induces employee engagement by providing flexible work plans and breaks between the work schedule, enabling sharing of knowledge and working on personal commitments, reducing burnout, stress, and depression. Therefore, the study rejected the null hypothesis set with the establishment that work-life integration had a positive, significant strong influence on employee engagement in the public health sector in Kenya and that organizational culture slightly moderates the relationship between work life integration and employee engagement.

The study concluded that work-life integration had a positive, strong, significant influence on employee engagement and that organizational culture slightly moderates the relationship between work life integration and employee engagement. The implication being that an increase in work-life integration would cause a corresponding increase in the engagement among nurses and doctors in the public health sector in Kenya. This study recommends that the public health sector administrators should promote flexible work timings to enable employees attend to their commitments which increases engagement. The promotion of such activities reduces cases of burnout, stress and depression among frontline healthcare providers. Further, they should recognize the need for job sharing, which implies exchanging ideas, mentorship, retention, and support for each other. However, future research should consider expanding the scope to include other health care providers and patients, together with other stakeholders in the public health sector, to achieve reliable conclusions of the variables under the study.

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