

Accepted, unedited version, to be replaced soon by the final version

# Continuous Organizational Learning and Industrial Harmony in Kenya's Devolved Public Health Sector

\*Beauttah Mwangi<sup>1</sup>, Ann Kariuki<sup>2</sup>, Edward Mburu<sup>2</sup>

<sup>1</sup>Zetech University, Kenya.

<sup>2</sup>Karatina University, Kenya.

\*Corresponding Author

Received: Oct 30, 2024; Revised: Dec 14; Accepted: Dec 17; Published (unedited first): Dec 20, 2024

**COPYRIGHT:** Mwangi *et al.* It is an open-access article published under the Creative Commons Attribution License (CC BY) terms. It permits anyone to copy, distribute, transmit, and adapt the work, provided the original work and source are appropriately cited.

**CITATION:** Mwangi B, Kariuki A, Mburu E, 2024. Continuous Organizational Learning and Industrial Harmony in Kenya's Devolved Public Health Sector. *Management and Economics Research Journal*, 10(4): 9900104. <https://doi.org/10.18639/MERJ.2024.9900104>

## ABSTRACT

A workplace that is harmonious and that guarantees satisfaction of workers and employers' aspirations is essential for enhanced services provision in Kenya's devolved public health sector. The devolved public health sector has experienced frequent and often localized health workers' industrial actions since the devolution of health care services in 2013. These industrial actions not only affect the economic growth of the country but also have an effect on the citizens' well-being. The objective of the study was to determine the influence of continuous organizational learning on industrial harmony in Kenya's devolved public health sector. The study was guided by Experiential Learning Theory. The study used a pragmatic research paradigm with concurrent mixed methods research methodology being the research design. The target population was 351 health workers in Level Five County Referral Hospitals selected using stratified random sampling in the CEREb. Data analysis involved both qualitative and quantitative analysis. Descriptive statistics comprised means and standard deviation, with inferential statistics comprising regression analysis. The study established that continuous organizational learning has a positive and significant influence on industrial harmony ( $\beta=1.093$ ,  $p\text{-value}=0.000$ ). Continuous organizational learning was found to enhance industrial harmony in Kenya's devolved public health sector. The study recommended that increased efforts be put in place to enable creating, retaining and transferring knowledge within the sector. In addition, the study recommended the enhancement of continuous organizational learning to enable the sector to respond quickly and adapt to the turbulent and changing business environment. The study also recommended the need for re-training of managers within the sector in strategic human resource management and employee welfare so that the employees can become psychologically attached to the sector. The sector should also focus on promoting open and transparent communication as well as training on leadership and emotional intelligence. The training should also focus on the legal framework of engagement, diversity and inclusion. This will enable the creation of an inclusive workplace where the employees feel respected and valued, thereby reducing potential causes of conflict.

**KEYWORDS:** Continuous Organizational Learning; Industrial Harmony; Devolved Public Health Sector.

**ABBREVIATIONS:** CEREb: Central Economic Regional Bloc; ...

## 1. INTRODUCTION

An effective and efficient healthcare system is relied on not only by the citizens but, by extension, by the country's economy (Waithaka *et al.*, 2020). Industrial actions have the potential to significantly disrupt operations, with potentially serious consequences on patients, particularly those with terminal illnesses (Shitsinzi, 2015). Statistics retrieved from the World Health Organization portray that at least 3.9 billion of the world's population cannot obtain essential health services. The situation is said to be worse in developing countries (WHO, 2017).

Healthcare workers' industrial actions have become a global phenomenon with increasing incidences in many countries (Chima, 2013). Industrial actions do not only disturb the economic aspects but also the social and political life of a country (Raj and Rajakrishnan, 2014). According to Kluski *et al.* (2021), the public healthcare sector faces immense pressure not only in offering quality services but also in creating favorable working environments for their employees. Bassey *et al.* (2017) noted that cases of industrial disharmony are a common phenomenon in the public health sector. The majority of industrial actions have been attributed to the sectors' failure to provide employees with a platform to learn and improve on knowledge, experience and competence in their areas of specialization.

### 1.1 STATEMENT OF THE PROBLEM

According to Sitienei *et al.* (2021), the right of employees to industrial action and the citizens' right to health care are two delicate and conflicting constitutional provisions that continue to elude the policy and legislative environment. There is, therefore, a need for a balance between the protection of employees' right to industrial action and the citizen's right to health care. Even though there is consensus that industrial action is an instrument in the exercise of employees' economic and social rights, there requires a balance between the protection of these rights and, at the same time, guaranteeing the provision of essential public services in order to safeguard citizens and their well-being (Kangasniemi *et al.* 2010).

An organization's workforce's ability to learn, acquire knowledge and innovate has come out as an important factor influencing organizational performance and industrial harmony (Akhtar and Arif, 2011; Hussein *et al.*, 2014). Most of the industrial actions have been attributed to the devolved public health sectors' failure to provide employees with a platform where they employees learn and increase their knowledge, experience and competence in their areas of specialization. The situation has also been linked to leaders not being able to support employees through continuous learning and work-related job aids in response to the changing work dynamics in the sector.

Industrial actions lead to increased deaths and far-reaching consequences for those with ailments that require continuous medical attention. A case in point is during an industrial action at the Mombasa County Referral Hospital. Outpatient attendance went down by 64.4%, special clinic attendance declined by 74.4%, newborn children deliveries went down by 53.5%, inpatient admissions declined by 57.8%, and inpatient deaths also went down by 26.3% (Njuguna, 2018). In another study by Irimu *et al.* (2018), the admissions across all wards decreased dramatically during the industrial action period. A separate study on the impact of health workers' industrial actions by Friedman and Keates (2014) established that babies born during industrial actions have fewer chances of survival and are less likely to receive valuable early-life health immunizations and medical care.

### 1.2 OBJECTIVE OF THE STUDY

The objective of the study was to establish the influence of continuous organizational learning on industrial harmony in Kenya's devolved public health sector.

### 1.3 INDUSTRIAL HARMONY

Kinzley (2018) defines industrial harmony as a situation in which the employees and the managers willingly work together in order not only to achieve the organization's objectives but also for the benefit of the employees. Industrial harmony, according to Puttapalli and Vuram (2012), is concerned with the relationship that exists between the management and the employees with respect to the terms and conditions of employment at the workplace. Industrial harmony, therefore, requires that those in management understand their responsibilities and possess the requisite training and authority to discharge them.

Industrial disharmony arises when there is a discrepancy between what is offered by the employers and the expectations of the employees on terms and conditions of work (Alkerman and Torenvlied, 2017). According to Chukwuka (2013), employers should work towards honoring agreements with their employees as failure to do so is likely to result in industrial action by employees expressing their demands.

### 1.4 CONTINUOUS ORGANIZATIONAL LEARNING

According to Akhtar and Arif (2011), continuous organizational learning is a transformational process where different stakeholders share their learning experiences as individuals and collectively in order to attain set organizational goals. Continuous organizational learning is in itself holistic in nature and does consider an individual's dynamic use of knowledge and also in directing behaviors in ways that assist an organization in adapting to changing scenarios. It highlights the rules, strategies, and policies that are supportive of promoting learning and affecting decisions and actions (Namada, 2018).

In today's business world, attention has shifted dramatically from not only focusing on acquiring wealth for the organization; to an era where knowledge acquisition and learning are important to the organization's survival and continuous growth. An organization's capability to learn, acquire knowledge and innovate has come up as an important factor influencing organizational performance and industrial harmony.

## 2. EMPIRICAL LITERATURE REVIEW

Continuous organizational learning is a multi-dimensional construct and scholars have proposed various dimensions that can measure learning processes (Akhtar and Arif, 2011). The majority of the researchers have placed their focus on the seven dimensions proposed by Watkins and Marsick (1996). These include system connections, continuous learning, team learning, embedded systems, dialogue and inquiry, empowerment, as well as leadership. According to Hussein *et al.* (2014), there exists a significant strong relationship between organizational learning and industrial harmony.

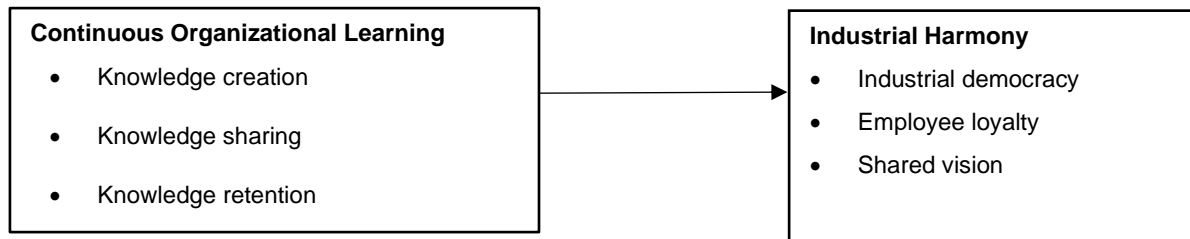
A study by Tan and Olaore (2021) investigated the effect of organizational learning and effectiveness on operations, employee productivity and management performance. The study analyzed data using the Confirmatory Factor Analysis (CFA). The study established a positive relationship between organizational learning and effectiveness on operations, employees' productivity and management performance. Another study undertaken by Kinzley (2018) established that industrial harmony requires that people in management understand their responsibilities and possess the requisite training and authority to discharge them. The two studies by Tan and Olaore (2021) and Kinzley (2018) relied on desktop review, which limited the comprehensiveness of the findings, resulting in a methodological gap.

Landau and Cooke (2017) undertook a study and established that employee training is not significant in cultivating industrial harmony. Jusnitah and Linneria (2016), using desktop review research methodology, ascertained that organizational learning contributes to industrial harmony. The two studies relied on desktop review, which inhibited the comprehensiveness of research findings, resulting in a methodological gap. The current study on the influence of continuous organizational learning on industrial harmony employed both quantitative and qualitative research methods. The study findings by Jusnitah and Linneria (2016) and Landau and Cooke (2017) indicated a lack of consensus among authors on the influence of continuous organizational learning on industrial harmony, hence the need to undertake this study.

Another study carried out by Osaro and Charles (2014) interrogating past studies found that organizational learning has a positive significant effect on industrial harmony. However, another study by Alonazi (2021) to establish the effect of learning organizational culture using a cross-sectional study established that continuous organizational learning did not have an effect on industrial harmony.

The studies by Osaro and Charles (2014), and Alonazi (2021) imply that there is no concurrence among scholars on the relationship between continuous organizational learning and industrial harmony. This informs the need for further study and hence necessitates the undertaking of this study to clarify the relationship between continuous organizational learning and industrial harmony.

### Conceptual Framework of the Study



The null hypothesis stated that there is no statistically significant relationship between continuous organizational learning and industrial harmony in Kenya's devolved public health sector.

### 3. METHODOLOGY

This study adopted a pragmatic research paradigm. The study's target population was the health workers from the Level Five Hospitals in CEREB in Kenya, which is part of the eight economic blocs in Kenya. The economic bloc consists of ten counties, including; Nakuru, Murang'a, Nyeri, Laikipia, Kirinyaga, Meru, Embu, Tharaka Nithi, Kiambu and Nyandarua. According to the Kenya National Bureau of Statistics (KNBS), the bloc contributes over 26% of the total National GDP (KNBS, 2020). The block has experienced substantial industrial actions in the devolved public health sector with some of the cases resulting in dismissals and ongoing court cases.

Two counties, Laikipia and Kirinyaga, experienced very serious stand-offs and protracted court battles between the county governments and the trade unions, some of which are yet to be settled to date (Kenya Law, 2019; Kenya Law, 2020; Sitienei *et al.*, 2021). The target population for this study comprised consultants, medical doctors, pharmacists, clinical officers, medical laboratory technologists and technicians, nurses, public health officers, radiologists, dieticians and nutritionists comprising 3,355 health workers. Through the use of Bartlett, Kotrlik and Higgins' table, using stratified random sampling; the study selected a sample size of 351 respondents. The reliability of the research instrument was tested using 10% of the target population during the pilot study.

The study used questionnaires to collect primary data which were distributed through drop and pick method using well-trained research assistants to the health workers at the Level Five Hospitals. A total of 255 questionnaires were filled up representing a 71.5% response rate. The process of data analysis involved the use of both qualitative and quantitative analysis, where qualitative data was analyzed using a content analysis technique. Analysis of quantitative data was done using descriptive

statistics and presented in the form of tables. Correlation and linear regression methods were used to carry out inferential analysis.

In order to establish the relationship between continuous organizational learning and industrial harmony in Kenya's devolved public health sector, regression analysis was conducted through the use of linear regression models. Normality, linearity and multi-collinearity tests were carried out in order to ensure model test assumptions were considered before running the regression model. The test of the hypothesis was conducted using P-calculated values, with the acceptance/rejection criterion being that if the P-value is  $>0.05$ , the null hypothesis is thus accepted, but if P-value is  $<0.05$ , the null hypothesis is rejected. The study emulated the recommendations of Blumberg *et al.* (2014) in testing the significance of the model.

#### 4. RESULTS OF THE FINDINGS

This section provides the findings and discussions of the study.

##### 4.1 DESCRIPTIVE STATISTICS

The descriptive statistics findings are presented in Table 1 below.

**Table 1: Descriptive Statistics for Continuous Organizational Learning.**

	Statement	Mean	SD
i.	The management encourages research initiatives through funding innovative and helpful ideas by employees	2.08	1.35
ii.	There are strategies and mechanisms to make knowledge accessible through mentoring and apprenticeship	2.33	1.47
iii.	The mentoring services provided by senior medical officers towards junior employees are inspiring and make one feel part and parcel of the institution	2.31	1.43
iv.	Refresher trainings are periodically provided by the sector for the workers in the respective sections.	2.29	1.46
v.	The management emphasizes capacity building using project teams.	2.13	1.36
vi.	There are well-structured platforms where medical employees create and share knowledge	2.19	1.47
vii.	The sector has partnered with other learning institutions like universities and medical training colleges to better equip employees with the necessary knowledge	2.24	1.43
viii.	Continuous research, creation and utilization of contemporary knowledge have helped the sector deliver its mandate	2.27	1.49
ix.	There are established mechanisms of storing knowledge and making it available for future reference	2.24	1.40
<b>Mean of means</b>		<b>2.23</b>	<b>1.36</b>

*N*=255

Item i sought to establish whether the sector management encourages research initiatives through funding innovative and helpful ideas by employees. From the results in Table 1, the respondents disagreed, as exhibited by the mean score of 2.08 and a standard deviation of 1.35, signifying that there is more that needs to be done. Item ii sought to know whether there are strategies and mechanisms to make knowledge accessible through mentoring and apprenticeship. The mean score was 2.33, showing that the majority of the respondents rated the item moderately. Item iii sought to establish whether the mentoring services provided by senior medical officers towards junior employees are inspiring and make one feel part and parcel of the institution.

The item had a mean score of 2.31 and a standard deviation of 1.43. This result indicated that a sense of belonging and inclusiveness was lacking. The standard deviation of 1.43 signified that there was minimal variation among the respondents. Item iv, on the other hand, sought to establish whether refresher training is periodically provided by the sector for the workers in the respective sections. Most of the respondents were of the contrary opinion that the trainings are periodically undertaken as shown by the mean score of 2.29 with a standard deviation of 1.46. Item v sought to assess whether the management emphasizes capacity building using project teams. The respondents rated it at a mean score of 2.13 and a standard deviation of 1.36, indicating that it was lowly rated.

Item vi sought to establish whether there are well-structured platforms where medical employees create and share knowledge. The majority of the respondents were of the opinion that there are no well-structured platforms for knowledge sharing, as indicated by the mean score of 2.19 and a standard deviation of 1.47. The low mean score indicated a sense of misunderstanding, lack of transparency and mistrust. Item vii sought to establish whether the sector has partnered with other

learning institutions like universities and medical training colleges to better equip employees with the necessary knowledge. Based on the respondent's responses, the item was lowly rated with a mean score of 2.24 and a standard deviation of 1.43, indicating that there was minimal variation among the respondents.

Item viii sought to assess whether continuous research, creation and utilization of contemporary knowledge has helped the sector deliver on its mandate. The respondents were of a contrary opinion as shown by the mean score of 2.27 and a standard deviation of 1.49. Item ix sought to assess whether there are established mechanisms of storing knowledge and making it available for future reference. The results registered a mean score of 2.24 and a standard deviation of 1.40 which signified a low rating.

The results indicated a mean score of 2.23 and a standard deviation of 1.36. These results implied that the respondents lowly rated Kenya's devolved public health sector in terms of supporting continuous organizational learning. The results indicated that Kenya's devolved public health sector has embraced continuous organizational learning in achieving industrial harmony only to a moderate extent.

These results corresponded with the responses to the open-ended questions. The respondents were of the view that continuous organizational learning has influenced industrial harmony but to a moderate extent in Kenya's devolved public health sector. They indicated that learning is mostly prioritized for the managers and only a few benefits in the junior cadre staff category.

The results of the study concur with Kinzley (2018), who indicated that organizational learning is crucial in the promotion of industrial harmony. Likewise, Jusnita and Linneria's (2016) study also established that continuous organizational learning contributes to harmonious industrial relations. The results of this study, however, do not agree with the findings of Landau and Cooke (2017), who indicated that organizational learning is not significant in promoting industrial harmony.

#### 4.2 NORMALITY TEST

The study carried out an analysis of the Kolmogorov-Smirnov test to determine if the data was fit for regression analysis. A P-value  $>0.05$  implies that the data is normally distributed and, therefore, fit for regression analysis (Ahad *et al.*, 2011). A P-value of  $<0.05$  would imply that the data is not normally distributed and, hence, not stable for regression model estimation. The results are exhibited in Table 2.

**Table 2: Normality Test.**

Variable	Kolmogorov-Smirnov	
	Statistic	Sig.
Continuous Organizational Learning	0.104	0.61

The normality test results indicated that the data was normally distributed with a P-value of 0.61  $>0.05$ .

#### 4.3 LINEARITY TEST

A linearity test was undertaken using compare means and the relationship between continuous organizational learning and industrial harmony was found to be linear. The linearity test of the relationship between continuous organizational learning and industrial harmony is presented in Table 3.

**Table 3: Linearity Test.**

		Sig.
	Between Groups	(Combined) 0.000
		Linearity 0.000
Industrial Harmony * Continuous Organizational Learning	Deviation from Linearity	0.632

#### 4.4 CORRELATION ANALYSIS

Pearson's correlation ( $r$ ) test was undertaken to explore the association between continuous organizational learning and industrial harmony, in terms of direction and strength ranging  $\pm 1$ . Where  $r < 0.29$ , it indicates a weak association; where  $r = 0.3$  to  $0.49$ , it indicates a moderate association; where  $r = +0.5$  to  $0.69$ , it indicates a strong association; whereas where  $r = +0.7$  and above, it indicates a strong association. Where  $r = 0$ , it is an indication that there is no association. The correlation analysis results are presented in Table 4 below.

**Table 4: Correlation Analysis.**

Industrial Harmony		
Continuous Organizational Learning	Pearson Correlation	.374**
	Sig. (2-tailed)	0.000

The study findings indicated that the correlation between continuous organizational learning and industrial harmony was (r=0.374) implying that the correlation was positive and moderate.

**Table 5: Coefficients<sup>a</sup>.**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.		
		B	Std. Error	Beta				
1	(Constant)	35.224	.295		119.285	.000		
	Continuous Organizational Learning	1.093	.171	.374	6.398	.000		
a. Dependent Variable: Industrial Harmony Score b. Predictors: (Constant), Continuous Organizational Learning								

The study established that the beta coefficient value of continuous organizational learning ( $\beta=1.093$ ,  $p<.000$ ) was positive and, therefore, statistically significant. In this regard, therefore, the first hypothesis that stated that continuous organizational learning has no statistically significant influence on industrial harmony in Kenya’s devolved public health sector was rejected. The conclusion was thereby made that continuous organizational learning has a statistically significant influence on industrial harmony in Kenya’s devolved public health sector. The findings in Table 5 showed that the constant had an unstandardized coefficient of 35.224, which indicated that holding all other factors constant and continuous organizational learning at zero (0), the industrial harmony level would be equal to 35.224.

The t-statistic for the constant was found to be 119.285 and, therefore, greater than the t-critical value (at 152 df and 0.05 significance level = 1.655). The results also indicated that the standardized beta coefficient for continuous organizational learning was 1.093. This indicated that when all the factors are held constant, a rise in continuous organizational learning by a single unit will lead to a 1.093 rise in industrial harmony in Kenya’s devolved public health sector. The t-test statistic for this coefficient was 6.398, which was greater than the t-test critical value (t-critical at 152 df and 0.05 significance level = 1.655).

The P-value for the continuous organizational learning coefficient was 0.000, which was less than a 0.05 significance level, leading to the rejection of the null hypothesis that continuous organizational learning has no significant influence on industrial harmony in Kenya’s devolved public health sector. The study’s conclusion was that continuous organizational learning has a significant influence on industrial harmony in Kenya’s devolved public health sector.

The summarized model was in the form of  $Y_1 = \beta_0 + \beta_1 X_1 + \epsilon$  thus;  
 Industrial Harmony = 35.224+1.093 continuous organizational learning + error.

The results of simple regression analysis indicated that continuous organizational learning explained 14.0% of industrial harmony in Kenya’s devolved public health sector. The coefficient of continuous organizational learning and industrial harmony was therefore found to be positive and significant. The results indicated that the correlation coefficient between continuous organizational learning and industrial harmony was 0.374.

These results indicate a moderate and positive correlation between continuous organizational learning and industrial harmony. The coefficient value of continuous organizational learning ( $\beta=1.093$ , p-value 0.000<0.005) was positive and statistically significant, indicating that continuous organizational learning enhances industrial harmony in Kenya’s devolved public health sector.

## 5. CONCLUSIONS

The study confirmed that continuous organizational learning has a significant and positive influence on industrial harmony in Kenya's devolved public health sector. The study established that continuous organizational learning is a vital tool for innovation and change that is geared towards combating emerging challenges in ensuring industrial harmony at the workplace. It demonstrated that continuous organizational learning is an enabler of development and realization of efficiency within a business environment. In addition, the delivery of quality services largely depends on the level of learning that the employees are exposed to.

Increased continuous organizational learning equips employees with skills and expertise and this results in better service delivery. The equipping with knowledge also makes employees motivated to handle the tasks at hand. More importantly, their level of job satisfaction is enhanced, and thus, industrial harmony is strengthened. Continuous organizational learning also enables organizations to respond quickly and adapt to the turbulent business environment. Proper management of knowledge grants an organization a competitive advantage over others as it has competent personnel who can formulate and implement innovative solutions to emerging problems. Namada (2018) pointed out that a firm's ability to learn, acquire knowledge and innovate is an important factor influencing organizational performance and survival.

Continuous organizational learning can reduce industrial actions in the workplace by fostering a proactive and collaborative environment where employees feel valued, heard, and engaged. This can be achieved through improved communication and transparency to promote open dialogue and thereby reduce misunderstandings. Training managers and employees in conflict resolution management assist in resolving grievances constructively. This enables employees to voice their concerns internally rather than resorting to industrial action by addressing the root causes of workplace dissatisfaction. Fostering a culture of continuous improvement encourages employees to contribute ideas for improvement hence creating a sense of ownership.

In consideration of the findings of the study, the null hypothesis was rejected, and an inference was made that continuous organizational learning significantly influences industrial harmony in Kenya's devolved public health sector. Continuous organizational learning forms the fundamental substance that enables a firm to have a competitive edge, over others. The devolved public health sector should empower employees through continuous organizational learning. This will enable the sector to remain ahead as competition today is no longer about physical resources but rather also includes other investments such as skills and knowledge.

Continuous organizational learning will contribute to the improvement of the sector's functionality by enhancing the sector's overall performance and adaptability, enabling it to remain competitive and innovative. This will bring about improved adaptability, increased efficiency, enhanced innovation and better decision-making. It will contribute to employee satisfaction by boosting employee morale and engagement, creating a motivated and loyal workforce. This can be enhanced through career growth and development, empowerment, improved work relationships, recognition and inclusion. Continuous learning also ensures high-quality, customer-focused service delivery, which is crucial for organizational success and client satisfaction. This can be maintained by consistent quality, speedy problem resolutions, enhanced customer experience, innovative service delivery and alignment with emerging trends.

## 6. RECOMMENDATIONS

The null hypothesis of the study was that there is no statistically significant relationship between continuous organizational learning and industrial harmony in Kenya's devolved public health sector. The descriptive findings of the study indicated that most of the respondents concurred that continuous organizational learning influences industrial harmony in Kenya's devolved public health sector. Nevertheless, the sector did not encourage research initiatives through funding, or capacity building and lacked well-structured platforms for sharing, storing and retaining knowledge.

With the adoption of the simple regression model, the study also established that continuous organizational learning has a positive and significant influence on industrial harmony in Kenya's devolved public health sector. Mentoring sessions where skills are enhanced should be prioritized. Few training opportunities and limited funding makes it difficult for employees to learn new knowledge. It is retrogressive as it hampers the acquisition of new skills and knowledge. Short and long-term formal courses, shadowing, use of consultants/experts invited to train staff, mentorships, and internships are a necessity in the sector and should be enhanced further.

The study recommends continuous training of employees to enable them to gain more knowledge and sharpen their skills. The training of the employees will lead to talent acquisition and exploration that can be nurtured to incorporate innovativeness and creativity. Talent retention is extremely important to the performance of an organization and industrial harmony to a larger extent. Intensive and focused training will always improve and leverage the efficiency of individual talent. It is by training that talent is nurtured and utilized to strengthen a firm's competitive advantage.

There is an urgent need for Kenya's devolved public health sector to strengthen mentorship programs in order to equip employees with more related knowledge. In the current era, organizations' over-reliance on physical resources is not enough to enable them to remain competitive and efficient. The study recommends that more initiatives be undertaken in creating, retaining and transferring knowledge within the sector as well as benchmarking with best-world practices. The sector should invest in mentorship programs that not only develop but also retain and share knowledge appropriately.

Further, the study emphasizes having knowledge management programs to enable the sector to respond quickly and adapt to the turbulent business environment. This can be achieved by having three major components of knowledge management. These include; having people who create, share and retain knowledge; establishing processes that aid in acquiring, creating, capturing, organizing, sharing, transferring and applying knowledge; and the right technology that enables storage and access to that knowledge.

The study also recommends re-training managers within the sector on emerging human resource management practices so that they become psychologically attached to the needs and emotionally attached to the general well-being of the employees. The training curriculum should be tailored towards the uniqueness of sector needs as well as the unique challenges and opportunities thereof. Continuous organizational learning will reduce industrial actions in the workplace by fostering a proactive and collaborative environment where employees feel valued, heard, and engaged. This can be achieved through improved communication and transparency to promote open dialogue between management and employees. This will reduce misunderstandings, enhancing employee engagement as engaged employees are less likely to participate in strikes or protests. Training managers and employees in conflict resolution mechanisms will assist in resolving grievances constructively.

Building trust and collaboration shall enable employees to voice their concerns internally rather than resorting to industrial action; learning from past industrial actions will help in developing fair and inclusive policies that address the root causes of workplace dissatisfaction. This will foster a culture of continuous improvement hence encouraging employees to contribute ideas and thereby creating a sense of ownership. By the sector fostering a culture of learning and mutual respect, it will address issues proactively, thereby reducing the likelihood of industrial actions and creating a more harmonious workplace.

To achieve continuous organizational learning that promotes industrial harmony, specific training programs, timelines, and oversight structures are crucial. The sector should focus on training both the managers and the employees on conflict resolution and mediation so as to equip them with skills to resolve disputes constructively before they escalate. The sector should also focus on promoting open and transparent communication as well as training on leadership and emotional intelligence. This will assist in developing empathetic and proactive leaders who can manage employees' concerns effectively. Another area of training would be on employee engagement and feedback to instruct managers and leaders on how to gather, analyze, and act on employee feedback and address their concerns early enough.

Training on change management can also help prepare employees and managers to navigate organizational changes smoothly, reducing resistance and friction. Other training that can be undertaken includes teamwork and collaboration to foster a culture of trust and cooperation among employees and management; Labor laws and workplace rights to ensure that both employees and managers understand their rights, responsibilities and legal framework to avoid disputes; Diversity, Equity and Inclusion (DEI) training to create an inclusive workplace where all employees feel respected and valued, reducing potential sources of conflict. These training programs should be overseen by the Human Resources Department (HRD), which should act as the primary driver and coordinator of all training programs as well as collaborate with departmental heads to align training with sector needs.

Other stakeholders should include Learning and Development (L&D) teams to design and deliver customized training materials, monitor progress and evaluate the effectiveness of programs; External experts to bring specialized knowledge for example on labor laws; Diversity, Equity and Inclusion (DEI) as well as leadership development and ensure credibility and an unbiased perspective; Union and employee representatives to act as co-facilitators for programs involving workplace rights and collective bargaining as well as leadership teams to champion the programs and model expected behaviors and encourage participation. By implementing these programs under the outlined structures and in a timely manner, organizations can create a learning culture that directly addresses workplace grievances, fosters industrial harmony and minimizes the risk of industrial actions.

#### **CONFLICT OF INTEREST**

None.

#### **ORCID**

BM: <https://orcid.org/>

AK:

EM:



## REFERENCES

- Ahad, N. A., Yin, T. S., Othman, A. R., and Yaacob, C. R. (2011). Sensitivity of normality tests to non-normal data. *SainsMalaysiana*, 40(6), 637-641.
- Alkerman, A. and Tolenvlied, T. (2017). *Effect of industrial conflict between and within organizations: Contagion in collective bargaining and deterioration of work relations*. Paper presented at the annual meeting of the Dutch and Flourish Political Science Associations, Leuven, May 27-28.
- Alonazi, W. B. (2021). Building learning organizational culture during COVID-19 outbreak: a national study. *BMC Health Services Research*, 21(1), 1-8.
- Akhtar, C. S., and Arif, A. (2011). Impact of organizational learning on organizational performance: Study. *International Journal of Academic Research and Development*, 3(5), 327-331.
- Argote, L., and Miron-Spektor, E. (2011). Organizational learning: From experience to knowledge. *Organization science*, 22(5), 1123-1137.
- Bassey, A. O., Ojua, T. A., Archibong, E. P., and Bassey, U. A. (2017). The impact of inter- union conflicts on industrial harmony: The case of tertiary health institutions in Cross River State, Nigeria. *Geografia-Malaysian Journal of Society and Space*, 8(4), 33-39
- Bartlett, J., Kotrlik, J. W. and Higgins, C. C. (2001). Organizational research: Determining appropriate sample size in survey research appropriate sample size in survey research. *Information technology, learning, and performance journal*, 19 (1), 43.
- Blumberg, B. F., Cooper, D. R. and Schidler, P. S. (2014). *Business research methods*. New York: McGraw-hill education.
- Chima, S. C. (2013). Global medicine: Is it ethical or morally justifiable for doctors and other healthcare workers to go on strike? *BMC Medical Ethics*, 14(1), 1-10.
- Chukwuka, C. O. (2013). Industrial conflict - causes and effects in Universities/Colleges. DoubleGist, July 22, 2013. [www.com/industrial-conflict-effects-universities-colleges](http://www.com/industrial-conflict-effects-universities-colleges)
- Creswell, J. W., and Plano Clark, V. L. (2011). *Designing and Conducting Mixed Methods Research*. Sage Publications.
- Creswell, J. W., and Plano Clark, V. L. (2018). *Designing and Conducting Mixed Methods Research (3rd ed.)*. Sage Publications.
- Creswell, J. W. and Plano Clark, V. L. (2011). *Designing and conducting mixed methods research (2nd ed.)*. Los Angeles: Sage Publications.
- Friedman, W. and Keates, A. (2014). What can we learn from babies born during health workers industrialactions? <http://akeats.faculty.wesleyan.edu/files/2019/03/strikes202228sep22.pdf>
- Glesne, C. (2015). *Becoming qualitative researchers: An introduction*. Delhi: Pearson Education.
- Hall, R. F. (2013). *Mixed methods: In search of a paradigm*. In T. Le, and Q. Le (Eds.), *Conducting research in a changing and challenging world (71-78)*. New York: Nova Science Publishers Inc.
- Henwood, K. (2014). Qualitative research. *Encyclopedia of Critical Psychology*, 19(23), 1611-1614.
- Hussein, N., Mohamad, A., Noordin, F., and Ishak, N. A. (2014). Learning organization and its effect on organizational performance and organizational innovativeness: A proposed framework for Malaysian Public Institutions of Higher Education. *Procedia-Social and Behavioral Sciences*, 130(34), 299-304.
- Irimu, G., Ogero, M. and Mbevi, G., (2018). Tackling health professionals' industrial actions: an essential part of health system strengthening in Kenya. *British medical journal*, 3(6), 1-5.
- Johson, C. (2012). Numerical solution of partial differential equations by the finite element method. Courier Corporation. *Journal of Mathematics and Physics*, 6 (3), 345-378.

- Jusnitha, I. and Linneria, L. (2016). *Factors that contribute to harmony Industrial Relation*. <https://www.academia.edu/32948510/Factors>
- Kangasniemi, M, Viitalahde, K and Porkka, S. (2010). A theoretical examination of rights of nurses. *Nursing Ethics* 17(5):628-635.
- Kenya Law; Case no. 2 of 2020.
- Kenya Law; Case no.17 of 2019.
- Kinzley, W. D. (2018). *Industrial harmony in modern Japan: the invention of a tradition*. Routledge:London.
- Kuluski, K., Reid, R. J., and Baker, G. R. (2021). Applying the principles of adaptive leadership to person centred care for people with complex care needs: Considerations for care providers, patients, caregivers and organizations. *Health Expectations*, 24(2), 175-181.
- Landau, I., and Cooke, F. L. (2017). *Employment regulation and industrial relations in Indonesia, Malaysia, the Philippines, Thailand, and Vietnam*. Routledge Handbook of Human Resource Management in Asia (109-127). <https://research.monash.edu/en/publications/employment-regulation-and-industrial-relations-in-indonesia-malay>
- Maxwell, J. A. (2016). Expanding the history and range of mixed methods research. *Journal of Mixed Methods Research*, 10(1), 12–27.
- McCharen, B., Song, J., and Martens, J. (2011). School innovation: The mutual impacts of organizational learning and creativity. *Educational Management Administration and Leadership*, 39(6), 676-694.
- Morgan, D. L. (2014). *Integrating qualitative and quantitative methods: A pragmatic approach*. Sage Publications. DOI: <https://doi.org/10.4135/9781544304533>
- Mugenda, O. M. and Mugenda, A. H. (2009). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi; Acts Press.
- Namada, J. M. (2018). *Organizational learning and competitive advantage*. In Handbook of research on knowledge management for contemporary business environments (86- 104). IGI Global. DOI: [10.4018/978-1-5225-3725-0.ch006](https://doi.org/10.4018/978-1-5225-3725-0.ch006)
- Njuguna, J. (2018). Impact of nurses' industrial action in Kenya on number of fully immunized infants in 18 county referral hospitals. *Journal of Health Care*, 29(4): 1281-1287.
- Osaro, E., and Charles, A. T. (2014). Harmony in health sector: a requirement for effective healthcare delivery in Nigeria. *Asian Pacific journal of tropical medicine*, 7, S1-S5.
- Puttapalli, A. K., and Vuram, I. R. (2012). Discipline: The tool for industrial harmony. *International journal of multidisciplinary educational research*, 1(1), 146-151.
- Raj, A. E. A and Rajakrishnan, V. S. (2014). A study on industrial disputes and its effects: Exceptional reference to Indian Industries. *International Journal of Interdisciplinary Research*. 1(6), 1-8.
- Ratnapalan, S. and Uleryk, E. (2014). Organizational learning in health care organizations. *Systems*, 2(1), 24-33.
- Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of Mixed Methods Research*, (10), 319-334.
- Shitsinzi, R. S. (2015). *Influence of industrial action on provision of medical services by nurses in public hospitals: a case of rift valley provincial general hospital, Nakuru County, Kenya* (Doctoral dissertation, University of Nairobi). <http://erepository.uonbi.ac.ke/bitstream/handle/11295/90540/Shikuku%2CRonald%20S%20influence%20of%20industrial%20action%20on%20provision%20of%20medical%20services%20by%20nurses%20in%20public%20hospitals%20a%20case%20of%20rift%20valley%20provincial%20general%20hospital%20%20nakuru%20county%20kenya..pdf?sequence=3>
- Sitienei, J., Manderson, L., and Nangami, M. (2021). Community participation in the collaborative governance of primary health care facilities, Uasin Gishu County, Kenya. *PloS one*, 16(3), 34.56.
- Tan, F. Z., and Olaore, G. O. (2021). Effect of organizational learning and effectiveness on the operations, employees' productivity and management performance. *Journal of Management*, 27(34), 34-56.

- Waithaka, D., Kagwanja, N., Nzinga, J., Tsofa, B., Leli, H., Mataza, C., ...and Molyneux, S. (2020). Prolonged health worker industrial actions in Kenya-perspectives and experiences of frontline health managers and local communities in Kilifi County. *International journal for equity in health*, 19(1), 1-15.
- Watkins, K. E., and Marsick, V. J. (1996). In action: Creating the Learning Organization. Alexandria VA. *American Society for Training and Development*, 14(3), 1-5.
- WHO (2017). *World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses.* <https://www.who.int/news/item/13-12-2017>
- Yvonne Feilzer, M. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, 4(1), 6-16.