

**ROLE OF HUMAN RESOURCE MANAGEMENT
PRACTICES ON RETENTION OF STAFF IN PUBLIC
HEALTH INSTITUTIONS IN MACHAKOS COUNTY,
KENYA**

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**Role of Human Resource Management Practices on Retention of Staff
in Public Health Institutions in Machakos County, Kenya**

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**A thesis submitted in partial fulfilment for the degree of doctor
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DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

To the Almighty God, my husband and friend Cosmas, my lovely children Hope and Hike and my dear loving parents Mutumi and Kinyili.

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TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	v
LIST OF TABLES	ix
LIST OF FIGURES	xii
LIST OF APPENDICES	xiii
DEFINITION OF TERMS	xv
ABBREVIATIONS AND ACRONYMS	xvi
ABSTRACT	xvii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem.....	9
1.3 Research Objectives	11
1.3.1 General Objective.....	11
1.3.2 Specific Objectives.....	11
1.4 Research Questions	11
1.5 Hypotheses	12
1.6 Significance of the Study	13
CHAPTER TWO	16
LITERATURE REVIEW	16
2.1. Introduction	16
2.2. Theoretical Frameworks.....	16
2.2.2 Victor Vroom’s Expectancy Theory	17

2.2.3 Stacey Adam’s Equity Theory	19
2.3 Conceptual Framework	20
2.4. Review of Literature on Variables	22
2.4.1 Employee Retention and Organizational Success.....	22
2.4.2 Remuneration Practices and Retention.	26
2.4.3 Career Advancement Practices and Retention	31
2.4.4 Work Environment Management Practices and Retention	40
2.4.5 Work–Life Balance Practices.....	43
2.5. Research Gaps	49
CHAPTER THREE	51
RESEARCH METHODOLOGY	51
3.1. Introduction	51
3.3. Target Population	52
3.4. Sample and Sampling Frame	54
3.4.1. Health Institutions	54
3.5. Research Instruments	56
3.7.1. Reliability.....	58
3.7.2. Validity	60
3.8. Data Analysis and Presentation.....	61
CHAPTER FOUR	65
RESEARCH FINDINGS AND DISCUSSION	65
4.1. Introduction	65
4.3.1. Response Rate	66
4.3.3. Gender of the Respondents	68
4.3.4. Age of Respondents in Years.....	69
4.3.5. Marital Status of the Respondents	71
4.3.6. Family Status of the Respondents	73
4.3.7. Status of Children in the Family	74

4.3.8. Level of Education	75
4.3.9. Designation of Respondents.....	76
4.3.10. Graduation Period	77
4.4. Research Hypotheses	79
4.4.1: H ₀₁ : There is no significant relationship between employee remuneration practices and retention of health care staff in Machakos County in Kenya.	79
4.4.2: H ₀₂ : There is no significant relationship between career advancement practices and retention of health care staff in Machakos County in Kenya.	81
4.4.3: H ₀₃ : There is no significant relationship between work environment management practices and retention of health care staff in Machakos County in Kenya.	84
4.4.4: H ₀₄ : There is no significant relationship between work-life balance practices and retention of health care staff in Machakos County in Kenya.	87
4.5 Collective Role of the Independent Variables pooled together on the Dependent Variable Retention.....	89
4.5.1 Relationship Between HRM Practices	89
4.5.2 Correlation between the Independent Variables and the Dependent Variable	91
4.5.3 Multivariate Linear Regression Analysis between the Independent Variables and the Dependent Variable	92
4.5.4 Significance of Each Independent Variable in the Model	93
4.6 Analysis Based on Research Objectives	94
4.6.1 Role of Remuneration Practices on the Retention of Health Care Staff.....	95
4.6.2 Role of Career Advancement Practices on the Retention of Health Care Staff.....	100
4.6.3 Role of Work Environment Management Practices on the Retention of Health Care Staff	109
4.6.4 Role of Work life Balance Practices on the Retention of Health Care Staff	116
4.6.5 Other Human Resource Management Practices that Influence Staff Retention	122
in Organizations.....	122
4.6.6 Employee Commitment and Tendency to Stay (Retention)	122

4.7 Presentation of Interview Findings.	128
CHAPTER FIVE	131
SUMMARY OF MAJOR RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	131
5.1. Introduction.....	131
5.2. Summary of Major Findings	131
5.2.1. Remuneration Practices and Retention	131
5.2.2 Career Advancement Practices and Retention	132
5.2.3 Work Environment Management Practices	133
5.2.4 Work-Life Balance Practices	134
5.2.5 Employee Commitment and Intent to Stay	135
5.3 Conclusion	137
5.5 Suggestion for Further Research.....	141
REFERENCES	143
APPENDICES	182

LIST OF TABLES

Table 3.1.	Target population	53
Table 3.2.	Sample Size	56
Table 3.3	Cronbach’s Alpha Analysis for the Pilot instruments	60
Table 4.1:	Cronbach’s Alpha Analysis for all Instruments used	66
Table 4.2:	Graduation Period.....	78
Table 4.3:	Anova results on role of remuneration practices on retention of health care staff	79
Table 4.4:	Model Summary	80
Table 4.5:	Coefficients ^a	81
Table 4.6:	Anova results on role of career advancement practices on retention of health care staff.....	82
Table 4.7	Linear regression analysis model summary.....	83
Table 4.8	Regression analysis correlation coefficient	84
Table 4.9:	Anova results on role of work environment management practices on retention of health care staff.....	85
Table 4.10	Model Summary	86
Table 4.11:	A Simple Regression Analysis Correlation Coefficients	86
Table 4.12:	Anova results on role of work life balance practices on retention of health care staff	87

Table 4.13: Model Summary.....	88
Table 4.14: Simple regression analysis correlation Coefficients.....	89
Table 4.15: Correlation analysis between the HRM practices.....	90
Table 4.16: Summary of the correlation analysis of the bivariate relationship of retention against the independent variables.....	91
Table 4.17 Multiple linear regression analysis Model Summary.....	92
Table 4.18: Anova for the independent variable and the four independent variables pooled together.	93
Table 4.19 : Multiple regression analysis correlation coefficients.	94
Table 4.20: Remuneration Practices Influence Staff Retention.....	95
Table 4.21: Role of Remuneration Practices on Retention of Health Care Staff	96
Table 4.21: Role of Remuneration Practices on Retention of Health Care Staff (cont).. ..	97
Table 4.22 Career Advancement Practices Affect Retention	101
Table 4.23 Role of Career Advancement Practices on Retention of Health Care Staff . ..	102
Table 4.23 Role of Career Advancement Practices on Retention of Health Care Staff (cont)	104
Table 4.24: Work Environment Management Practices Influence Staff Retention.....	109
Table 4.25: Role of Work Environment Management Practices on Retention of Health Care Staff	110

Table 4.25: Role of Work Environment Management Practices on Retention of Health Care Staff (cont) 112

Table 4.26: Work Life Balance Practices Affect Employee Retention 116

Table 4.27: Role of Work-life Balance Practices on Retention of Health Care Staff 117

Table 4.27: Role of Work-life Balance Practices on Retention of Health Care Staff (cont) 118

Table 4.28: Employees’ Commitment 123

Table 4.28: Employees’ Commitment (cont) 124

Table 4.29: Employees’ Intend to Stay 126

LIST OF FIGURES

Figure: 2.1	Conceptual frame work.	21
Figure 4.1:	Response Rate.....	67
Figure 4.2.	Response rate by designation	68
Figure 4.3:	Gender	69
Figure 4.4:	Age in Years	70
Figure 4.5:	Marital Status.....	72
Figure 4.7:	Status of Children	74
Figure 4.10:	Level of Agreement with Reward Practices	99
Figure 4.11:	Level of Agreement with Career Advancement Practices.....	107
Figure 4.12:	Level of Agreement with Work Environment Management Practices...	114
Figure 4.13:	Level of Agreement with Work Life Balance Practices	120
Figure 4.14:	Employees' commitment and intent to stay	128

LIST OF APPENDICES

Appendix i:	Authority letter	180
Appendix ii:	Authority letter from the county	181
Appendix iii:	Introduction Letter	182
Appendix iv:	Questionnaire	183
Appendix v:	Interview Schedule.....	194
Appendix vii:	Means and standard deviation.....	196
Appendix viii:	List of healthcare facilities.....	197
Appendix ix:	Maps	191

DEFINITION OF TERMS

- Brain Drain -** The movement of health personnel in search of a better standard of living and life quality, higher salaries, access to advanced technology and more stable political conditions in different places worldwide(Misau et al., 2010).
- Career advancement-** Career advancement is the lifelong process of managing progression in learning and work.(Gupta, 2008)
- Retention -** Retention is a voluntary move by an organization to create an environment which engages employees for long term (Chaminade, 2007).
- Role -** Function or position that something is expected to have in a situation or the degree in which something is involved in a situation or activity and the effect that they have on it (Hornby, 2010). Terms have been used interchangeably in the document.
- Remuneration-** Reward for employment in the form of pay, salary or wage Including allowances, benefits like cars, bonuses cash Incentives and monetary value of the noncash incentives (Döckel 2003,Armstrong, 2009). Used synonymously/ interchangeably with word reward.

Work-life balance-

An individual's ability to meet his or her work and family commitments, as well as other non-work responsibilities and activities, (Parkes and Langford ,2008)

Working Environment-

Surrounding conditions in which employees operate including physical conditions like office, equipment, ventilations as well as psychological conditions like the nature of social interaction with peers , managers and subordinates. (Gupta,2008)

ABBREVIATIONS AND ACRONYMS

BOSTI	The Buffalo Organization for Social and Technological Innovation
GOK-	Government of Kenya
HIV/AIDS-	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HR-	Human Resource
HRM-	Human Resource Management
IOM-	Institute of occupational Medicine
KNBS-	Kenya National Bureau of Statistics
MMS-	Ministry of Medical Services
MOH-	Ministry of Health
NCAPD-	National Coordinating Agency for Population Development
MPHS-	Ministry of Public Health and Sanitation
ROK-	Republic of Kenya
TI-K -	Transparency International -Kenya.
UK-	United Kingdom
UNDP-	United Nations Development Programme
UNHDR-	United Nations Human Development Report
UNECA-	United Nations Human Development Report
USA-	United States of America
WHO-	World Health Organization

ABSTRACT

The purpose of this study was to explore the role of HRM practices on the retention of staff in public health institutions in Machakos County. The objectives of the study were to explore the role of remuneration practices, to analyze the role of training and development practices, to explore the role of career advancement practices and to analyze the role of work-life balance practices on the retention of staff in public health institutions in Machakos County. Four hypotheses were developed in line with the research objectives. The study adopted a mixed methods research design and targeted all the 772 health care staff in the 152 public health facilities in the eight sub-counties in the county. The population was stratified into 8 main strata consisting of doctors, dentists, clinical officers, nurses, physiotherapists, pharmacists, laboratory technicians and radiographers. The hospitals were selected purposively while stratified random sampling was used to select the health care and dispensaries from each of the sub-counties. Stratified random and purposive sampling were used to select a total of 263 respondents from the various strata identified. Interviews were used to collect data from 12 officers in charge of sub county facilities and the four hospitals while self-administered questionnaires were used on the rest of the respondents. With the help of the statistical package for social sciences (SPSS) programme version 18 regression analysis was done and the results used to test the hypotheses, determine the coefficients of the multiple regression model to establish the sample regression model and to evaluate the reliability of the estimated relationship. Through content analysis qualitative data collected was analyzed in line with the major themes. The data was then presented using frequency tables, bar graphs and pie charts. Positive responses were received from 227 respondents out of the sampled 251 giving a 90% response rate. The findings were that there were weak but statistically significant positive relationships between remuneration practices, career advancement practices, work environment management practices and work-life balance practices and retention. The reward practices, career advancement practices,

work environment management practices and work-life balance practices in place were found to be unsatisfactory. For instances, salaries were poor and often delayed and critical allowances were not provided, promotions were not done appropriately, there facilities were not properly equipped and a number were in poor physical state while flexi working programmes were not provided. Due to the poor remuneration, career advancement, work environment and work-life balance practices, the employees' level of commitment was low. However their intent to leave was also low because finding alternative jobs was difficult among other reasons. Other HRM practices such as leadership, employee involvement, performance management were also said to influence retention in the health care facilities. Based on these findings, it was recommended that Machakos county government should look into the aspects of remuneration, career advancement, work environment and working life balance practices and put in place mechanisms that would address these practices and thus minimize their negative effects on staff satisfaction and commitment hence retention in the health care institutions in the county.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Accelerating product and technological changes, global competition, deregulation and demographic changes are among the revolutionary trends that organizations have to wrestle with while still striving to implement trends towards a service and information age society (Kane, 2003). One of the challenges facing many organizations is the retention of critical employees. Society has now become knowledge based where human capital is considered a key resource and indispensable to the survival of businesses. In an era where skills and knowledge of employees are amongst the main competitive enablers, organizations cannot ignore the significance of attracting and retaining talented people (Hallén, 2007; Minchington, 2010; Mohaptra, 2005; Prinsloo, 2008). The new economy is characterised by a volatile talent demand–supply equation set against erratic attrition trends and boundless cutthroat competition, and organizations have never had a tougher time in finding, managing and nurturing talent (Cheese,Thomas& Craig ,2007; Mohaptra, 2005).

The strength of any nation depends to a large extent on its productivity which in turn depends on the well-being of the population (Misau , Al-Sadat & Gerei, 2010). Mischa et al (2008) observed that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce. Health workers are vitally important for the effective functioning of healthcare systems (Ndetei, Khasakhala & Omolo, 2008). Health care is one of the sectors highly affected by turnover. An inadequate health workforce (with a high population-to-health worker ratio) contributes to the general

deterioration of health indicators (Dolvo 1999; Dolvo, 2002; Dolvo, 2003). Loss of clinical staff from low and middle-income countries is crippling already fragile health care systems. Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers (Mischa, Bidwell, Thomas, Wyness, Blaauw, & Ditlopo, 2008)

The health care system in the developing countries faces many problems, human resource retention being one of the majors. The system is structurally and systemically fragile and weak to provide effective service where it is most needed. Brain drain appears to have complicated the situation and made matters worse (Oyelere, 2007). In deed the availability of health personnel in Africa is considerably worse than in other regions of the world and it is one of the major stumbling blocks to the delivery of adequate healthcare (Chankova , 2006).

Pang , Lansang and Haines (2002) estimates that 23,000 health care professionals emigrate annually from Africa,. There are more African scientists and engineers in the USA than in Africa. According to UNECA some 127,000 highly qualified African professionals left the continent between 1960 and 1989. By contrast, North and South America, which together have 14% of the world's population but only 10% of the global disease burden, employ 37% of the global health workforce and contribute over 50% of the pool of global health expenditure (WHO, 2006). Malawi in southern Africa now has about 100 doctors and 2000 nurses to serve a population of 12 million people. The hospital beds in many poor countries are full and overflowing. Staff is unable to keep up with the seemingly endless flow of patients near death (Green, 2007). The negative impact of brain drain can be masked in the urban areas of developing countries with higher concentration of public and private health centers, but such effects remain clear in the rural areas.

As at 2006, more than 25% of doctors in the US were foreign trained, and US had an estimated ratio of 25.6 doctors per 10,000 population. In comparison, the small country of Lesotho in southern Africa has 0.5 doctors per 10,000 population, and an adult HIV prevalence rate of 28.9%, in addition to tuberculosis, malaria, and the host of other lower respiratory and gastrointestinal illnesses that plague that part of the world. Uganda had only one doctor per 24,700 inhabitants, and Zambia needed 15,000 physicians for its health care system to work properly, but only around 800 were registered (Richards,2003). The physician-to-population ratio is estimated to be 13/100,000 in Africa, compared with 280/100,000 in the United States (Hagopian et al, 2004). Despite these loop-sided statistics, about 23,000 qualified academics emigrate each year from Africa alone. In the year 2001, a Manila based newspaper reported 13,536 Filipino nurses left the country, whereas only 4780 graduated (UNDP, 2004).

A survey of Ghana's health-care facilities in 2002 found that 72% of all clinics and hospitals were unable to provide the full range of expected services due to a lack of personnel, 43% were unable to provide full child immunizations, 77% were unable to provide 24-hour emergency services and round-the-clock safe deliveries for women in childbirth. Figures released by the IOM showed that between 1993 and 2002, Ghana lost 630 medical doctors, 410 pharmacists, 87 laboratory technicians and 11,325 nurses to international migration and brain drain (Oyelere, 2007). More than a quarter of foreign nurses registered in the UK in the year1999-2000 came from South Africa. According to Migration Watch UK, South Africa is among the three countries supplying the largest number of overseas nurses to the UK (the others are The Philippines and India). Other African countries such as Nigeria, Zimbabwe, Ghana, Kenya, Zambia and Malawi are among those countries whose qualified nurses have been practicing in the UK and US since 1998 (UN HDR 1993; Lalla,2000) . To date, Africa remains a significant source of much needed nurses for the UK NHS. In 2003, 43% of nurses

registering in the UK, for example, were foreign trained, compared to 10% a decade earlier (Buchan et al. 2004;).

Hunt (2009) notes that losing these critical employees negatively impacts the bottom line of healthcare organization in a variety of ways including, decreased quality of patient care, (Dana, 2005), loss of patients (Price Waterhouse Coopers, 2007), increased contingent staff costs, increased nurse turnover (Anderson, Corazzini & McDaniel, 2004), increased turnover of medical support staff (Anderson, Corazzini, & McDaniel, 2004)), increased staffing costs, increased accident and absenteeism rates (Glass, McKnight, & Valdimarsdottir, 1993).

According to Pang et al (2002) and Kupfer, Hofman, Jarawan, McDermott & Bridbord (2004) emigration results from a combination of push factors (in source countries) and pull factors (in recipient countries). The key push factors driving out health workers include weak health systems, insecurity including violence at the workplace, poor living conditions; low remunerations, lack of professional development opportunities such as continuing education or training, lack of clear career development paths (Stiwel, Zurn, Connel, Awases, 2005) and risk of HIV infection due to lack of appropriate protective gear when handling specimens, blood and blood products, in- recruitment and promotion, political unrest/civil wars, widespread poverty, poor governance and work overload. Torrington, Hall, Taylor and Atkinson (2011) also cite insufficient development opportunities, boredom, ineffective supervision, poor levels of employee involvement and straight forward personality clashes as most common precipitating factors.

Some of the factors that pull professionals to developed countries may include: availability of information, easy access to communication and technology, making it easy to find jobs or complete visa applications and process, aggressive targeted recruitment to fill vacancies in richer countries, availability of employment opportunities, better remunerations and working conditions (Stilwel et al, 2004 and

Torrington, Hall, Taylor and Atkinson , 2011) , secure and conducive living conditions; and opportunities for intellectual growth such as refresher courses, access to Internet and modern library facilities.

Branham (2005) drawing on a research undertaken by the Saratoga Institute as cited in Torrington, Hall, Taylor and Atkinson (2011) identified the seven ‘hidden reasons why employees leave’ as the job or workplace not living up to expectation, mismatch between the person and the job, too little coaching and feedback, too few growth and advancement opportunities, feeling devalued and unrecognized, stress from overwork and work-life imbalance, loss of trust and confidence in senior leaders. These push and pull factors in tandem have led to brain drain of health professionals from African countries. This has exacerbated the already weak national and district health systems, making it extremely difficult for countries in the Region to achieve the United Nations Millennium Development Goals (MDGs) (UN,2000, UNDP,2004).

Like most countries in Africa, the shortage of healthcare workers is not unique to Kenya. Indeed, Kenya is one of the countries identified by the WHO as having a “critical shortage” of healthcare workers. While WHO has set a minimum threshold of 23 doctors, nurses and midwives per population of 10 000 as necessary for the delivery of essential child and maternal health services, Kenya’s most recent ratio stands at 13 per 10 000 (WHO, 2010). This shortage is markedly worse in the rural areas where, as noted in a recent study by Transparency International, under-staffing levels of between 50 and 80 percent were documented at provincial and rural health facilities (TI-K, 2011).

Kenya's health system faces a variety of human resource problems, primarily an overall lack of personnel in key areas, which is worsened by high numbers of trained personnel leaving the health sector to work overseas. Furthermore, those personnel who remain are inequitably distributed between urban and rural areas (Dambisya, 2007).In Kenya the brain drain of medical professionals is threatening the very existence of the country's health services. Kenya loses on average 20 medical doctors each month through either

brain drain or brain waste (Ndetei et al, 2008). The emigration rate of doctors currently stands at 51% with main destination being the UK; while the emigration rate of nurses is 8%. Hunt (2009) asserts that nurses in most healthcare organization have some of the highest levels of direct patient contact of any employees. As a result, they play a pivotal role in the financial performance of these organization (Boudreau, & Ramstad, 2007). The financial cost of losing a single nurse has been calculated to equal about twice the nurse's annual salary (Atencio, Cohen, Gorenberg, 2007,). The average hospital is estimated to lose highly (Kirigia et al,2006), about \$300,000 per year for each percentage increase in annual nurse turnover while on average for every doctor that emigrates, a country loses about US\$ 517,931 (Price Waterhouse Coopers ,2007).

A 2010 review (NCAPD,KNBS&ICF,2011) of the health situation in Kenya, performed by the Ministry of Medical Services and the Ministry of Public Health and Sanitation, reveals that improvements in health status have been marginal in the past few decades and certain indicators have worsened . Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR) have worsened over the past few decades, while Infant Mortality Rate (IMR) has only marginally improved. The review shows that disease burden as a result of malaria, tuberculosis and HIV/AIDS, which together account for almost 50 percent of all deaths in the country, have received the most attention GOK (2010) with the government and donors focusing on prevention, treatment and eradication efforts. While infectious diseases continue to be a burden to the Kenyan healthcare system, the incidence of non-infectious diseases such as diabetes, cancer, cardiovascular disease and high blood pressure are on the rise.

In terms of access to health care, Approximately 78 percent of Kenyans live in rural areas, yet a disproportionate share of healthcare facilities are located in urban areas (WHO,2012) .Those in rural areas often have to travel long distances, often on foot, to seek care. According to the World Bank, the index of access to health services (measuring the share of newborns delivered at a health facility) in Kenya, speaks volumes to this disparity. For example, over eight in ten children born in Kirinyaga

County, which is located in the central part of the country, are delivered in a health facility. In Wajir, which is located in one of the most remote and marginalized regions of the country, one child in twenty is born in a health facility (World Bank, 2012).

The devolution of health care in Kenya is also likely to complicate management of health care and staff retention endeavors. In the devolved government, the Kenya Health Policy 2012 – 2030 provides guidance to the health sector in terms of identifying and outlining the requisite activities in achieving the government’s health goals. The policy is aligned to Kenya’s Vision 2030, the Constitution of Kenya and global health commitments such as the Millennium Development Goals.(MMS & MPHS,2012) According to the policy paper, the new Ministry of Health (MOH) key mandates are ; development of national policy ,provision of technical support at all levels, monitoring quality and standards in health services provision, provision of guidelines on tariffs for health services and conducting studies required for administrative or management purposes . At county level, the Kenya Health Policy 2012 – 2030 proposes the formation of county health departments whose role will be to create and provide an enabling institutional and management structure responsible for “coordinating and managing the delivery of healthcare mandates and services at the county level.” In addition to the county health departments, the policy calls for the formation of county health management teams. These will provide “professional and technical management structures” in each county to coordinate the delivery of health services through health facilities available in each county.

Article 235 of the Constitution of Kenya ,2010 (RoK,2010), empowers the counties to establish offices and employ individuals performing functions allocated to them in Fourth Schedule. This means persons working in the county health departments including the community services primary healthcare services and County Referral Services are going to be employees of the County government. In effect some counties

will have the benefit of employing qualified healthcare providers than others. This may lead to further marginalization. A study of five years of devolution in Philippines revealed problems of understaffing, unmaintained infrastructure, unrepaired and un-replaced equipment. A lot of resources were used on staffing and less on other resources necessary to deliver the services to the people. Additionally the study in Philippines showed inequitable distribution of resources with cities receiving 3.5 times more than the provinces. This has resulted in many local government units being unable to finance the health services that they were required to provide (KPMG, 2013).

Like in the Philippines, health care provision within the devolved system of government as provided for in the Constitution of Kenya, 2010 will come up against several obstacles. Key among these being the challenge posed by uneven inter-county levels of development, unequal distribution of resources for health especially the distribution of health facilities, human resources, and poorly developed communication infrastructure. Also unevenly distributed across the country are poverty levels, the effect of which is to make health services largely inaccessible to a large chunk of the population that cannot afford the high out-of-pocket expenditures, which are known to be common in Kenya. Some counties starting at a relative disadvantage will take time to build up their capacity and ability to manage these facilities (Wamiti, 2013).

The background has shown that despite the enormous public finances spend in training of healthcare workers in Kenya and the prevalence of diseases, emigration of these workers continues to increase. These revelations prompted the researcher to empirically investigate the role of HR practices such as remuneration, career advancement, working environment, work-life balance and on the retention of healthcare professionals in public healthcare institutions in Machakos County.

1.2 Statement of the Problem

Health workers are vitally important for the effective functioning of healthcare systems (Ndetei et al, 2008). However studies show that health care is one of the sectors highly affected by turnover. Empirical studies show that Kenya's health system faces a variety of human resource problems, primarily an overall lack of personnel in key areas, which is worsened by high numbers of trained personnel leaving the health sector to work overseas (Dambisya, 2007). Indeed studies show that Kenya loses on average 20 medical doctors each month through either brain drain or brain waste (Ndetei et al, 2008). Furthermore, those personnel who remain are inequitably distributed between urban and rural areas. If the current trend of poaching of scarce human resources for health (and other professionals) from Kenya continues, the chances of achieving the Millennium Development Goals on health and Kenya vision 2030 would remain bleak.

Machakos County Government in its 2012 integrated strategic plan commits itself to live up to the vision 2030 expectations "*to provide equitable and affordable health care at the highest affordable standard to her citizens*". However the biggest challenge facing the County in health care sector is the increasing cases HIV/AIDS in spite of the awareness level of over 85 per cent. It also faces the challenges of providing medical care for the infected and support for the affected. Currently the County estimates that there are over 15,000 children who are in need of special care (CSP) and this numbers is expected to rise due to the increasing number of HIV/AIDS orphans.

The most prevalent diseases are Malaria and Skin diseases while the childhood diseases include anaemia, marasmus, eye infection, pneumonia, malaria, Kwashiorkor. Despite this high levels of disease prevalence the Doctor to Population Ratio is at 1:62,325 which is far below prescribed WHO ratio of 1:435 ,while the Infant Mortality Rates and Under Five Mortality Rates are 27/1000 and 38/1000 respectively; both of which are high when compared against 25 / 1,000, and 33 /1,000 targeted in the vision 2030. These

statistics imply that the county government must strategies to keep the existing health care staff and even attract more to be able to realize its 2017 goal of reducing the current high maternal mortality rate 147 per 1000, high infant mortality rate 80 per 1000, high under five infant mortality rate 52 per 1000 , low Immunization rate- 54.3% and low Safe delivery 30.5%, to desirable levels (Machakos Strategic Plan, 2012).

Theoretical and empirical studies have shown that there are many push and pull factors affecting retention among them human resource management practices such as remuneration (Dockel ,2003; Bierrglee,Nguyen, Clenney & Taylor 2009), career advancement (Gupta,2008 and Mello, 2009), work-life balance ((Kar and Misra,2013), work environment, (Winterton, 2011) , employee relations job design, recruitment and selection among others can enhance employee motivation and attachment to the organization hence retention.

While some studies have been conducted on the role of HR practices on employee retention and turnover in organizations, the available literature shows that most of these have been conducted in other countries like Pakistan (Rehman,2012), India (Mathur, Chhitorgarh, & Agarwal,2013) and United Arabs Emirates, (Alnaqbi, 2011). Only a few have been done in Kenya such as Ngethe, *et al.*, (2012) ; Obiero(2012); Bula, (2012); Kuria, Wanderi & Ondigi (2011); Machayo & Keraro (2013); Kamau & Mberia (2012) and Kiambati, Kiiro & Toweett (2013) and mostly in other sectors. In particular none has been done on the role of HRM practices on the retention of employees in the healthcare sector in Machakos County. It is against this background that the researcher carried out a research to explore the role of remuneration , career advancement , work environment and work-life balance practices on the retention of staff in the health care institutions in Kenya to provide a better insight into the relationship between these variables.

1.3 Research Objectives

1.3.1 General Objective

The general objective of the study was to investigate the role of human resource management practices on retention of staff in public health institutions in Machakos County in Kenya.

1.3.2 Specific Objectives

The specific objectives of the study were:

- i. To explore the role of remuneration practices on the retention of staff in public health institutions in Machakos County, Kenya.
- ii. To analyze the role of career advancement practices on the retention of staff in public health institutions in Machakos County, Kenya.
- iii. To establish the role of work- environment management practices on the retention of staff in public health institutions in Machakos County, Kenya.
- iv. To investigate the role of work life balance practices on the retention of staff in public health institutions in Machakos County, Kenya.

1.4 Research Questions

To meet these objectives, the following research questions were answered

- i. What is the role of the remuneration practices on the retention of staff in public health institutions in Machakos County, Kenya?
- ii. What is health institutions in Machakos County, Kenya?

1.5 Hypotheses

- iii. the role of career advancement practices on the retention of staff in public health institutions in Machakos County, Kenya?
- iv. What is the role of work environment practices on the retention of staff in public health institutions in Machakos County, Kenya?
- v. What is the role of work-life balance practices on the retention of staff in public

The study helped to test the following hypotheses.

- i. H_{01} : There is no significant relationship between remuneration practices and retention of staff in public health institutions in Machakos County, Kenya.

 H_1 : There is a significant relationship between remuneration practices and retention of staff in public health institutions in Machakos County, Kenya.
- ii. H_{02} : There is no significant relationship between career advancement practices and retention of staff in public health institutions in Machakos County, Kenya.

 H_2 : There is a significant relationship between employee career advancement practices and retention of staff in public health institutions in Machakos County, Kenya.
- iii. H_{03} : There is no significant relationship between work-environment management practices and retention of staff in public health institutions in Machakos County, Kenya.

 H_3 : There is no significant relationship between work-environment management practices and retention of staff in public health institutions in Machakos County, Kenya.

iv. H₀₄: There is no significant relationship between employee work-life balance practices and retention of staff in public health institutions in Machakos County, Kenya.

H₄: There is a significant relationship between employee work-life balance practices and retention of staff in public health institutions in Machakos County, Kenya.

1.6 Significance of the Study

The strength of any nation depends to a large extent on its productivity which in turn depends on the well-being of the population. Universal health coverage depends on having the necessary human resources to deliver health care services (Kiambati, Kiiio & Toweett, 2013). The background has shown that Kenya is among the African countries currently experiencing a crisis in the area of human resources for health and the situation is likely to get worse with the devolution of healthcare services given that the different counties in Kenya are differently endowed with resources.

The findings of this study will therefore be significant at the national and county policy levels. The study is important since an investigation into the role of HR practices on the retention of health care professionals in public facilities will help predict whether the country and counties will realize the Kenya Vision 2030 goals in the health sector using the existing practices. The research aims at providing information and guidance to the employer (government) on the effect of HR practices on the retention of health care professionals. As a result, the employer will understand the role of remuneration, advancement, work environment and work life balance practices on retention of employees hence be in a position to use practices that will not reduce the employees motivation hence retention.

The government and the private sector employers can also use the research findings to formulate policies on practices that will help improve employee retention hence facilitate achievement of Kenya vision 2030. The findings of the study also act as a yardstick against which the devolved governments (counties) as employers can gauge themselves on their provision of conducive conditions that enhance employee job satisfaction hence retention. Finally, the recommendations will ultimately generate interest for more extensive research in other counties and ministries of the public service and also in the private sector.

Thus this study provides a comprehensive approach to understanding the driving forces that affect the retention of health workers, in order to provide a basis for developing effective HR retention policies in the county and other counties that can contribute to retention hence progress towards universal health care coverage.

1.7 Scope of the Study

The study was limited to the public health institutions in Kenya. It purposely confined itself to the Machakos County because Machakos the county has high disease prevalence rate yet low health workers population ratio. For instance the doctor population ratio stood at 1:62,325 (Machakos County Strategic Plan ,2012). It was also only limited to the doctors, clinical officers, nurses and other technical people such as the pharmacists, lab technicians and radiologists who are directly concerned with provision of health care. It did not cover the support staff at the hospitals such as cleaners, mortuary attendants, clerks and security officers for they are not directly involved in the provision of medical care. The HR practices that influence retention of employees in organization are many and varied such remuneration, supervisor support, recognition, feedback and support, communication, leadership, job design, career advancement, organizational climate, work-life balance, nature of work among others. To enhance effectiveness the

study only focused on the role of remuneration, career advancement, work environment and work life balance practices since these are the factors that seemed to adversely influence staff retention in organization from literature review.

1.8 Limitations of the Study

The study was limited to the technical health care staff in public facilities in the County from where a sample was drawn. It was also limited to only four practices; remuneration, career advancement, work environment management and work life balance practices. Additionally, Some of the respondents especially the newly employed were afraid of giving genuine responses for fear of victimization despite the fact that the researcher had assured them of the confidentiality of the information provided. The researcher had to however keep reminding them that the information provided was going to be treated with ultimate confidence.

Since some of the respondents were newly employed, some of them did not seem to understand some of the practices in place hence could not respond to some of the items reducing the response rate for some of the items. Others were overexcited with the employment and may have given some responses that are not truly reflective of the true scenarios on the ground. Some of the respondents were also not co-operative and attempted to ignore the questionnaires; this threatened to reduce the response rate. The researcher minimized non response cases by taking and collecting questionnaires by hand from each respondent. Also, by having trustworthy people (especially heads of sections) to distribute and collect the questionnaires.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter consists of theoretical frameworks on retention, a conceptual framework for the study, a review of related literature on role of HRM practices on staff retention and the research gaps.

2.2. Theoretical Frameworks

The concept of employee motivation hence retention can best be explained using Herzberg's two factor theory, Victor Vrooms expectancy theory and Stacy Adams equity theory. These are discussed in the following sections.

2.2.1 Herzberg's Two Factor Theory

Herzberg (1969) two factor theory as cited in Bassett, Jones and Lloyd (2005) provides a theoretical framework for this study. Herzberg argued that employees are motivated by internal values rather than values that are external to the work. In other words, motivation is internally generated and is propelled by variables that are intrinsic to the work which Herzberg called "motivators". These intrinsic variables include achievement, recognition, the work itself, responsibility, advancement, and growth. Conversely, certain factors cause dissatisfying experiences to employees; these factors largely results from non-job related variables (extrinsic). These variables were referred to by Herzberg as "hygiene" factors which, although do not motivate employees; nevertheless, they must be present in the workplace to make employees happy. The dissatisfiers are company policies, salary, co-worker relationships, and supervisory styles (Bassett-Jones and Lloyd, 2005, Armstrong, 2009). Herzberg (1959) as cited in Bassett-Jones and Lloyd (2005) argued further that, eliminating the causes of dissatisfaction (through hygiene factors) would not result in a state of satisfaction; instead, it would result in a neutral state. Motivation would only occur as a result of the

use of intrinsic factors. Michael (2008) and Samuel and Chipuza (2009) used this theory to find out the motivational variables influencing staff retention in South Africa.

Empirical studies by Kinnear and Sutherland,(2001), Meudell and Rodham, (1998) and Maertz and Griffeth, (2004) have however revealed that extrinsic factors such as competitive salary, good interpersonal relationships, friendly working environment, and job security were cited by employees as key motivational variables that influenced their retention in the organization's. The implication of this therefore is that management should not rely only on intrinsic variables to influence employee retention; rather, a combination of both intrinsic and extrinsic variables should be considered as an effective retention strategy

2.2.2 Victor Vroom's Expectancy Theory

Victor vroom's expectancy theory (1961), asserts that individuals have different sets of goals and can be motivated if they have certain expectations. This theory is about choice. It argues that the strength of a tendency to act in a certain way depends on the strength of an expectation that the act will be followed by a given outcome and on the attractiveness of the outcome to the individual. It includes three variables namely, attractiveness, performance- reward linkage and effort -performance linkage. Thus, whether one has the desire to produce at any given time depends on one's particular goals and one's perception of the relative worth of performance as a path to the attainment of those goals.

The theory has basically four steps. First, what perceived outcomes does the job offer to the employee. The outcomes may be good such as pay, security, companionship, chance to use talents among others or negative such as fatigue, boredom, harsh supervision, treat of dismissal among others. Secondly, how attractive do employees consider these

outcomes? The individual who finds a particular outcome attractive; that is positively valued will prefer attaining it to not attaining it. Third what behavior must the employee exhibit in order to achieve these outcomes? The outcomes are not likely to have any effect on the individual employee's behavior unless the employee knows clearly and unambiguously, what she must do in order to achieve them. Lastly how does the employee view the chances of doing what expected of her? After the employee has considered her own competencies, and her ability to control that variable that will determine her success, what probability does she place on successful attainment?

This theory thus emphasizes on payoffs, or rewards. As employees have to believe that that the rewards the organization is offering align with their wants. It is a theory based on self-interest, that is, each individual seeks to maximize his or her expected satisfaction. A major concern here therefore is the attractiveness of the reward; hence there is need for knowledge and understanding of what value the individuals put on organizational payoffs so that employees can be rewarded with the things they positively value. Therefore according to the theory, how motivated an employee is depends on the link between effort and performance; the link between performance and outcome and the link between outcome and individual needs.

According to Gupta (2011) the theory emphasizes that motivation is based on the amount of effort required, the rewards or returns and the value the individual gives to the rewards. The theory states that individuals base decisions on their expectations that one or another alternate behavior is more likely to lead to needed or desired outcome (Jackson and Mathis, 2004). Basic to this theory is the notion that people join organization with expectations and if these expectations are met they will remain members of the organization (Daly & Dee, 2006). Turnover and retention framework developed from this theory assert that decisions to stay or leave an organization can be

explained by examining the relationship between structural, psychological and environmental variables. Johnsrud & Rosser, (2002), Zhou & Volkwein, (2004), Daly & Dee, (2006) employ a model of employees intent to stay that is grounded on expectancy theory which includes structural, environmental and psychological variables. Structural variables include work environment, autonomy, communication, distributive justice and workload. Psychological variables include job satisfaction, organizational satisfaction and organizational commitment while the environmental variables include availability of job opportunities. If these are aligned to employees expectations, then the employee develops loyalty and commitment to the organization and tends to stick with it.

2.2.3 Stacey Adam's Equity Theory

According to Gupta, (2011), Stacey Adam's Equity theory is based on the premise that people want to be treated fairly at work. It presumes that employees do not work in a vacuum and asserts that employees weigh what they put into a job situation (input) against what they get out of it (outcome) and then compare their input-outcome ratio with the input-outcome ratio of relevant others with whom they compare themselves. If ratios are equal, a state of equity is said to exist; they feel their situation is fair and that justice prevails. If the ratio is unequal, inequity exists. That is employees tend to view themselves as under rewarded and will therefore attempt to correct the inequity. Thus the theory asserts that employees level of motivation is dependent on the perception of whether they are being fairly treated for tasks related efforts, when compared with others employees.

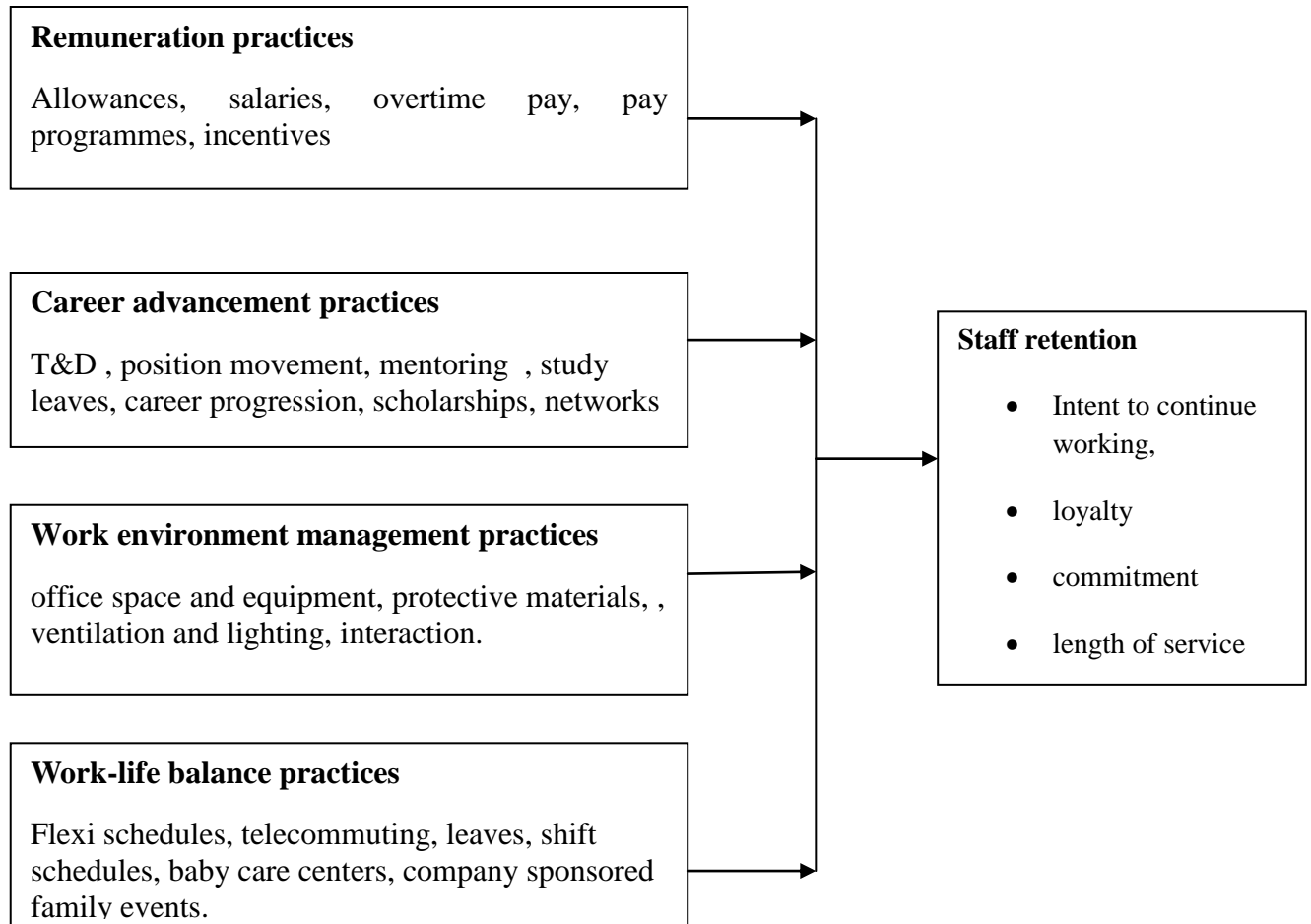
According to the theory an individual's motivation level is correlated to his or her perception of equity, fairness and justice as practiced by the management. Robbins and Decenzo (2012) and Gupta (2011) assert that equity exists if the employee's input-output ratio is comparable to that of other peers in the professional network. However, if their ratios are lower than others inequity is perceived, the employees become

dissatisfied and would be motivated to seek ways to attain equity. The employee might perceive the existing work environment and culture as hopeless and might choose to quite the current job in pursuit of a better and more equitable work environment.

The theory thus guides in understanding what may influence an employee to leave or stay in that they keep comparing what employees earn in other comparable organization in order to realize a balanced state of the of the input-outcome ratios. This in turn contributes to labour mobility inside and outside the organization

2.3 Conceptual Framework

The conceptual framework for this study is informed by retention models and studies by Muhammad & Fahad (2010), Adzei and Atinga (2012), Muhammad and Iqbal (2011), and Chibolwa, Samuel and Chipunza (2010). The study was based on the following conceptual framework.



Independent variables

Dependent variable

Figure: 2.1 Conceptual frame work.

The independent variables of the study are remuneration, career advancement, work environment and work-life balance practices while the dependent variable of the study is retention which is the intent to stay with an organization. The researcher wanted to investigate their role in the retention of staff in the public health institutions in the county because no similar studies exist. When employees are provided with remuneration that they believe is competitive, equitable and consistent with their

capabilities, experience and performance (Jackson& Mathis, 2004), they develop loyalty and commitments to an organization hence tend to stay. Remuneration aspects that were considered include salaries, allowances, bonuses, and other financial gains, pay mode-competency, pay for performance. Career advancement enhances employees' employability hence commitment to the organization (Gupta, 2008). The researcher explored various aspect of career advancement such as internal promotions, position movement, training and development opportunities, mentoring programmes, networking and scholarships among others.

According to George & Jones (2008), work environment is one of the factors that influence employees' decision to stay with the organization. Work environment aspects such as physical facilities like offices, furniture ventilations and psychological aspects like relationships, teamwork and counseling services were explored. Organization that help employees to work in a way which best supports them to balance work and personal needs are more likely to have engaged and committed employees (Devi, 2009). The work- life balance practices analyzed include among others leaves and off-days, flexi schedules, baby care centers, children education schemes, pension schemes and medical cover., health and wellbeing programmes, and health insurance for self and dependents.

2.4. Review of Literature on Variables

2.4.1 Employee Retention and Organizational Success

Retention is considered as all-around module of an organization's human resource management practices. It is a voluntary move by an organization to create an environment which engages employees for long term (Chaminade, 2007). The main purpose of retention is to prevent the loss of competent employees from the organization as this could have adverse effect on productivity and service delivery. It commences with the recruiting of right people and continues with practicing programs to keep them engaged and committed to the organization (Freyermuth, 2007). Drucker, (2001) asserts

that knowledge is always embodied in a person; carried by a person; created, augmented, or improved by a person; applied by a person; taught and passed on by a person; used or misused by a person. The shift to the knowledge society therefore puts the person in the center. Retaining employees whose knowledge has high competitive value is becoming a critical and well-recognized challenge (DeLong, 2004; Frank, Finnegan, & Taylor, 2004; Jamrog, 2004; Ready & Conger, 2008; Somaya & Williamson, 2008). Such employees are known as knowledge workers in that they “have high degrees of expertise, education, or experience, and the primary purpose of their jobs involves the creation, distribution or application of knowledge” (Davenport, 2005).

However, retention of high performing employees has become more challenging for managers as this category of employees frequently move from one job to another as they are being attracted by more than one organization at a time. For instance, research has shown that medical (Hill 2011; Holtom & O’Neill 2004) and information technology (IT) professionals have a strong tendency to leave the organizations for which they work (Korunka, Hoonakker & Carayon 2008) and the country where they live (Bezuidenhout, Joubert, Hiemstra & Struwig 2009). Professionals such as these are regarded as ‘intellectual capital’ and are necessary in the knowledge economy; therefore, understanding and managing their turnover can have significant consequences for the organization’s competitive advantage (Niederman, Sumner & Maertz 2007; Powell & Snellman 2004).

The retention challenge of these workers is the result of increasing job mobility in the global knowledge economy where workers average six employers over the course of a career (O’Neal, 2005), coupled with the baby boomer retirement, “brain drain” and a smaller generation of workers entering their prime working age during this time (Jamrog, 2004). It is occurring in all types of organization across all management levels.

Hendricks (2006) concurs when he notes that employees with scarce skills are in great demand by the South African government and are becoming difficult to source. When these categories of employees are eventually sourced, they become even more difficult for government to retain. It is not only government that is finding it difficult retaining highly skilled employees. The private sector managers also admit that one of the most difficult aspects of their jobs is the retention of key employees in their Organization (Litheko, 2008). Most of the time when these employees move, they migrate to competing Organization with the knowledge and trade secrets acquired from their former thereby creating an even more critical situation for the latter (Abassi and Hollman, 2000).

Irshad and Afridi (2012) and Muhammad et al (2011) assert that employee retention is the most imperative target for the organization because hiring of qualified candidate is essential for organization but their retention is more important than hiring, because a huge amount is spent on the orientation and training of potential employees. When employees leave the job, Organization loose not only the employees, but also loose customers and clients who were loyal with the employee, knowledge of production ,current projects, competitors and past history of the organization,(Naseem et al,2011).

Previous studies by Cappelli (2000) indicate that several factors are considered important in a well-functioning of employee retention. The determinants considered to have a direct effect are career opportunities, work environment and work-life balance. Cole (2000) suggests that the reasons to stay are work environment, rewards, growth and development and work-life balance. Samuel and Chipunza (2009) in their study in four South African organizations on why long-serving staff had remained in their jobs found out that the four key factors that served to retain staff were training and development, challenging and interesting work, freedom for innovative thinking and job security. According to Machayo and Keraro (2013), in a study titled incentives for health worker

retention in Kenya: An assessment of current practice, Ndetei ,Khasakhala and Omolo (2008) stressed that incentives are not only financial. According to the feedback they received from health workers, non-financial incentives such as improved working conditions, training and supervision, good living conditions, communications, health care and educational opportunities for themselves and their families were highly valued . In their view the government needs to invest not only in its health workers but in its facilities, by ensuring regular medical supplies, upgrading facilities and improving working conditions in rural and poorer areas.

Kaushik (2009) in a study on workplace issues- “Exit interview”, mentioned the freedom of the talented worker to work his work schedule , incentive packages , keeping and maintaining personal touch with the people , regular training sessions to help the employees achieve goals on their personalized career graphs , positive and constructive feedback on a regular basis, socialization of the employees to corporate culture, senior managers role as a committed leader and finally the practice of fair treatment of all the employees so as to foster a positive work environment as determinants of employee retention while Shoab, Noor, Tirmizi and Bashir (2009) identified career opportunities, supervisor support, working environment, rewards and work-life policies as the determinants of employee retention in telecom sector of Pakistan.

Janki (2009) said for retaining valuable employees the practices of proper attention should be given to every employee, get the right people at right time, provide training and coaching, plan for succession and acceleration pool, offer better career visibility, use explicit ranking systems tied to incentive and differentiate the organization with unique culture, can be adopted. Muhammad et al (2011) found out that the reasons for which employee wants to stay in leather industry were good career prospects, good attitude of employer, or a supervisor or a manager, good working conditions , benefits and fair pay, fair recruitment ,work and family life balance and job security .

Empirical studies such as Stovel and Bontis (2002) have shown that employees, on average switch employers every six years. This situation demands that management should identify the reason(s) for this frequent change of employment by employees. Once this reason(s) has been identified, management can then devise retention strategies that will help in keeping essential employees for a rather longer tenure.

This study empirically investigates the role of HR practices such as remuneration, career advancement, working environment and work-life balance on the retention of healthcare staff in public healthcare institutions in Machakos County.

2.4.2 Remuneration Practices and Retention.

Remuneration is clearly central to employment relationships. How much we are paid and in what form is an issue that matters hugely to us (Byars&Rue, 2008, Torrington, Hall, Taylor and Atkinson, 2011). For commercial organizations, it is a major determinant of both profitability and competitive advantage. The aim is to design competitive reward packages which serve to attract, retain and motivate staff, while at the same time keeping a lid on the costs so as to ensure the organization's commercial and financial viability,

(Torrington, Hall, Taylor & Atkinson, 2011; Byars&Rue, 2008).

Armstrong and Brown (2009) in their model adapted from work by Towers Perrin reward consultancy identify four categories of rewards each of which has equal potential significance as a source of reward from the employee perspective. The categories are, individual such as base pay, contingent pay, bonuses, incentives, shares and profit sharing often referred to as compensation. Transactional rewards include pensions, holidays, healthcare, other perks and flexibility. Relational rewards include career development while communal rewards comprise leadership, organizational values,

voice, and recognition, and achievement among others, (Torrington, Hall, Taylor and Atkinson, 2011).

Both monetary and non-monetary rewards and incentives can enhance employees' motivation and attachment to the organization (Bergiel, Nguyen, Clenney & Taylor 2009; Döckel 2003). Mello (2009) concurs when he asserts that compensation, a key strategic area for organizations impacts an employer's ability to attract applicants, retain employees, and ensure optimal levels of performance from the employees in meeting the organizations strategic objectives.

Attractive remuneration packages are one of the very important factors of retention because it fulfills the financial and material desires (Shoab *et al*, 2009). Tettey (2006) concurs with this when he states that dissatisfaction with salaries is one of the key factors undermining the commitment of employees to their institutions and careers, and consequently their decision to stay or intent to leave. Also as noted by Nawab & Bhatti (2011), compensation plays significant role in attracting and retaining good employees specially those employees whose give outstanding performance or unique skill which is indispensable to the organization because company invest more amounts on their training and orientation. (Bergiel *et al.*, 2009) notes that research findings suggest that there is a significant and positive relationship between compensation and job embeddedness. Accordingly, it seems that the higher the compensation, the greater the losses employees would feel if they leave the organization (Holtom & O'Neill. 2004). Some researchers argue that on the company side competitive compensation package is the only strong commitment and also build strong commitment on the workers side.

According to Lawler (1990) companies adopt the strategy of low wages if the work is simple and requires little training and companies competing in high labor markets adopt the high wages strategy. However, the contribution of compensation towards retention,

help in retention of employee irrespective of their skill and contribution to the company and it likely affect both turnovers desirable and undesirable. The total amount of compensation offered by other companies also affects the turnover. Organization offering high compensation package have large numbers of candidates applying for induction and have lower turnover rate when compared to others. Moreover high compensation package organizations also create culture of excellence (Lawler 1990).

Gupta (2008) asserts that one of the objectives of paying at competitive levels is to enable the organization to retain its personnel by minimizing the incidences of quitting and increasing employees loyalty. Indeed Ihsan and Naeem (2009) in a study indicated that Pharmaceutical sales force rated pay and fringe benefits as the most important retention factor. In addition, it indicated that pay and fringe benefits is highly valued by the sales force of all demographic backgrounds. The possible explanation could be that pay and fringe benefits enable salespersons to fulfill their physiological as well as esteem needs. Thus, for companies that have objective to retain their valuable employee, pay is considered as important factor for it (Brannick & Joan, 1999). Compensation is considered the most important factor for attracting and retaining the talent (Willis, 2000).

Fair wages are the foundation elements of the implied and contractual bond between employers and employees, the underlying supposition being that monetary reward can persuade behavior (Parker & Wright, 2001). Organization often offer high pay packages i.e. stock options, special pay, retention pay, gain share pay, performance base pay and bonus etc. for attraction and retention of talented employees of the market. Williams and Dreher (1992) note that wage is the key factor influence in the employee attraction and retention, and play important role in the recruitment process. The report therefore says a critical review of the current incentive schemes is required to make them more effective to cater to needs of the sales in both multinational and local pharmaceutical companies to retain their talent workers says the report.

Armstrong (2009) also notes that terms and conditions of service play an important role but other factors are often important. He notes that problems arise because of uncompetitive, inequitable and unfair pay systems. This calls for companies to undertake regular market surveys to ensure that the salaries and benefits that they pay are competitive and comparable with the labor market. Good and competitive pay structure is likely to encourage employees to stay for a longer period. Thus, organization should provide competitive remuneration packages to their employees as a deliberate employee retention strategy.

Other than the rewards themselves the reward practices adopted influence retention. Mello (2009) observes that in designing a reward or compensation strategy or system, an organization needs to be concerned with the perceived equity or fairness of the system for the employees. He asserts that the design of an equitable compensation system must incorporate three types of equity; internal, external and individual. Internal equity involves the perceived fairness of pay differential among different jobs within an organization (Mello, 2009; Byars & Rue, 2008). Employees should feel that the pay differential between jobs is fair, given the corresponding responsibilities. External equity involves employee's perception of the fairness of their compensation relative to those outside the organization (Mello 2009; Armstrong, 2009). Obviously, employees would not be thrilled to discover that those who do similar work in other organizations receive higher compensation. Individual equity considers employees perception of pay differential among individuals who hold identical jobs in the same organization. (Byars & Rue, 2008; Sababu, 2010).

Historically, the pay systems of most organizations have been based on jobs and job evaluation technology. This approach however made sense in a world where individuals had stable duties and the market value of individuals was largely determined by the way

in which their jobs were designed and managed. However in a world in which individuals do not have traditional jobs and are often able to add considerable value due to their high level of knowledge and skill, it would be very dangerous and misleading to pay them according to job worth. Other competitive reward practices would therefore suffice. These practices would include paying the individual for their worth, rewarding excellence and individualizing the pay system (Mello, 2009).

One of the reward practices that an organization can use is the use of base wages and salaries which consists of the hourly, weekly or monthly pay that employees receive in exchange for their work (Byars & Rue, 2008; Sababu, 2010). The basic objective of any base wage and salary system is to establish a structure for equitable compensation of employees depending on their jobs and their level of performance in their jobs (Byars & Rue, 2008)

Skill-based pay also known as knowledge based pay is another pay strategy that an organization can adopt (Ingram, 1990 ; Murray & Gerhart, 1990). This strategy is used in an effort to develop more versatile employees that are often required in today's organizations where jobs can be rapidly changing. It compensates employees for skills they bring to the job. Specifically the strategy pays employees for their range of knowledge, the number of business-related skills mastered, the level of those skills or knowledge, or some combination of level and range. In a conventional job based pay, employees must wait for a job opening before they can be promoted. However under skill based pay system, employees are eligible for a pay increase when they have learned a new skill and demonstrated they can progress another step. The advantages of this reward strategy according to Ingram (1990) and Murray and Gerhart, (1990) as cited by Byars and Rue (2008) is that it fits workforce values, increases staffing flexibility, builds leaner staffing requirements, encourages flatter organizational structure, inspires higher quality and quantity production levels and broadens incentives to increase knowledge and skills. Additionally, they reinforce group participation, deepens commitment when

promotions are unavailable, decreases overall labour costs, improves understanding of operations, leads to greater productivity, favorable quality outcomes and scrap reduction (Byars & Rue ,2008).

An organization can also adopt competency-based pay strategy (Byars & Rue, 2008). A competency is a trait or characteristic that is required by a job holder to perform that job well (Gerald & Ledford, 1995). The strategy is intuitively compelling in that it makes sense to put into account those traits that the organization values. An organization can also use the market based pay system (Byars & Rue, 2008; Kimberly, 2006) in which the employees are paid by the market rates. This entails carrying out at least three surveys to ensure proper representativeness of the jobs being priced (Grigson, Delaney & Jones, 2004).

Other than pay systems the organization can make use of incentive as rewards, whether at individual, group or organizational level (Byars & Rue, 2008). Individual incentive plans include differential piece rate plan, plans based on time saved, plans based on commissions, individual bonuses, suggestion systems, incentive for managerial staff and employee options (Jarboe,2004; Schwanhausser,2004) for non-managerial personnel(sababu,2010; Byars & Rue ,2008,). Group incentives include gain sharing, profit sharing and revenue sharing (Mello, 2009).

2.4.3 Career Advancement Practices and Retention

Career development opportunities and training have a direct effect on employee retention. Employees career advancement is a phenomenon which is formalized, organized and it is planned effort to accomplish the balance between requirement of organization workforce and individual career needs. The challenge of the HR professionals is to identify and develop the career development practices which would improve the commitment of employees as they would feel valued; helping the

organizations to retain the employees as they would be motivated to work hard and enthusiastically (Hassan et al, 2013). It is challenge for today's HR Managers to identify the organization developmental practices which enthruses the employee commitment to the organization vision and values to motivate the employees and help the organization to gain and sustain the competitive advantage (Graddick, 1988). Organizations that desire to strengthen their bond with employees must spend on the development of employees (Hall & Moss, 1998; Woodruffe, 1999; Steel *et al.*, 2002; Hsu, Jiang, Klein & Tang, 2003).

Career development involves creating opportunities for promotion within an organization and providing opportunity for training and skill development that allows employees to improve their employability on the internal and the external labour market (Meyer & Smith, 2003). Woodruffe (1999); Steel & Griffeth., (2002) and Hsu, Jiang, Klein & Tang, (2003) believe that an organization that wants to strengthen its relationship with its employees must invest in the development of its employees. They further argue that organizations will do a better retention job by spending more resources on training and development of employees. Employees who benefit from their organizations through training and educational facilities tend to be more committed and loyal to that organization.

Ongori and Agolla (2009), contend that lack of personal growth in organizations results in career plateau which in turn leads to increased employee intention to quit. Many employees find themselves in jobs that offer them limited mobility opportunities in terms of upward movement in the organization. Career plateau is thus seen as a major contributing factor to employees to quit in organizations. Human Resource professionals thus have a greater responsibility of managing career plateau and hence minimize employee turnover. According to Lee (2003), plateau employees are likely to have higher labour turnover because they want to advance their careers elsewhere in the

environment. Studies have shown that employees who have attained plateau have a high degree of intention to quit due to reduced opportunity in the present organization (Yamamoto, 2006)

Armstrong (2009) concurs when he asserts that, lack of clear career path or development is a major cause of poor employee retention. To maintain a stable work force, employers should learn to plan to provide career opportunities by providing employees with wider expectations, encouraging promotion from within and developing equitable promotion procedures. Armstrong (2009) and Sinha and Sinha (2012), say that the purpose of career planning as part of an employee development program is not only to help employees feel like their employer is investing in them, but also to help people manage the many aspects of their lives and deal with the fact that there is not a clear promotion track. Employers can no longer promise job security, but they can help people maintain the skills they need to remain viable in the job market.

Career opportunities may include the internal and external career options that an employee may have. Internal career opportunities may be in the employee's current organization, for example, a promotion or movement to a different position within the same organization. External career opportunities would mean obtaining a position at another organization (Coetzee & Roythorne-Jacobs, 2012). These career orientations of employees may reflect an employee's perceived compatibility or comfort with an organization (Mitchell et al., 2001). Butler and Waldrop (2001) also assert that it creates promotion opportunities within organization and provides training opportunities and skill development to improve their employee's employability on the internal and / or external labour market.

Rahman and Nas (2013) assert that the purpose of employee development programmes is to improve employee capabilities which lead to increased productivity for them and

their team thus sustaining a competitive position for their organizations. Thus career development is a vital and mutual beneficial process for both the employees and employer because it gives imperative outcomes to employer and employees (Hall, 1996; Hall, 2002; Kyriakidou & Ozbilgin, 2004). To gain and maintain competitive advantage organization required talented & productive employees and these employees need career development to enhance and cultivate their competencies (Prince, 2005).

Traditionally, HRD's contribution to career development has been through formalized programs such as training, mentoring, tuition reimbursement, job posting, and career-planning workshops. Hite & McDonald (2003) refer to these as "bounded" activities because access to and availability of these events is contingent on the organization's ability and willingness to offer them. According to Mello (2009), if an organization considers its employees to be the human assets, training and development represents an ongoing investment in these assets and one of the most significant investments an organization can make. Tettey (2006) notes that engaging in training and development widens ones compatibility with opportunities for advancement contingent upon one's ability to competently tackle new levels of responsibility and challenges. Hence it is an investment in human capital whether initiated by the individual or the organization. She further observes that professional development is the engine that keeps universities true to their mandate as centers of ideas and innovation.

Providing employees with sufficient training opportunities should be viewed as an essential investment strategy for employee growth and development. (Döckel, 2003; Kraimer, Seibert, Wayne, Liden & Bravo, 2011). This practice constitutes an important part of the organization's fulfillment of the informal contract between itself and employees, which deepens employees' sense of attachment to the organization (Bergiel et al. 2009 & Mitchell et al. 2001).

Mello (2009) asserts that employee training and development is increasingly becoming a major strategic issue for organizations due to rapid changes in technology , the redesign of jobs, mergers and acquisitions, frequent movement of employees and lastly due to globalization of business operations requiring managers to acquire knowledge and skills related to language and cultural differences. Muhammad (2008) notes that investment on employee training and career development is an important factor in employee retention. Garg and Rastogi (2006) explain that in today's competitive environment feedback is essential for organization to give and receive from employees and the more knowledge the employee learn the more he or she will perform and meet the global challenges of the market place.

Rahman and Nas (2013) state that as skilled employees benefit both employees and the organization, both should contribute their respective shares to the process. Organizations are thus required to provide environment and opportunities for continuous learning and practical implementation. Strategically targeted training in critical skills and knowledge bases adds to employee marketability and employability security which is critical in the current environment of rapid development in technologies and changing jobs and work processes. Currently organizations seek out and employ knowledge workers with narrowly defined technical skills (Mello, 2008). Organizations can benefit from training, beyond bottom line and general efficiency and profitability measures, when they create more flexible workers who can assume varied responsibilities and have a more holistic understanding of what the organizations does and the role they play in the organization's success.

Strategic training and development is crucial for the attraction and retention of a committed and efficient workforce. According to Gupta (2008), the first step to strategic training and development is training needs assessment at organizational, task and individual levels in order to determine the specific training activities required and place the training within the organizational context. After the training needs have been

identified, objectives for the training activities must be developed. These objectives should follow from the assessed need and be described in measurable terms (Gupta, 2008; Mello, 2008). In strategic design of training programs the issue of transfer should be taken into account.

Apart from on the job training (Gupta, 2008), another development with regard to training and development delivery strategies involves attempts to increase the efficiency and cost-effectiveness of off-the-job training and development. This can be achieved by shortening the time for design, delivery and administration of new training and development products and services Moskal (1990). Training and development programmes can be shortened by making the learning curve steeper through for example simulations, shifting the burden of learning to employees and introducing company supported off-hour learning (Mello, 2008).

Increased exploitation of computer aided learning especially information and telecommunication technologies is another development in training and development strategies (Mello, 2008). A study comparing the effectiveness of training and development delivered in the classroom to videodisk technology revealed that, although both groups of trainees scored the same on learning outcomes, the conventional training and development took 7.5 hours, versus 2.5 hours for the videodisks (Wilson, 1991).

Another training and development strategy is use of teams. This strategy takes a number of forms including training intact work teams to maximize relevance to job conditions, delegating decision making authority to the team to determine perceptions of its training and development requirements, including the team in training and development design and most importantly, using the team or selected team members as deliverers of training and development content (Michael, Sweet & Parmalee, 2009). Lastly mentoring is becoming an increasingly important vehicle for the development of management and

executive succession capabilities, especially with regard to historically disadvantaged groups (Mello, 2008; Gupta, 2008,).

The findings from a research by Chay and Norman (2003) on creating value for employees shows that perception of investment in development can improve nurses' morale and dedication to the level that emotionally binds them to the organization and encourages them to stay on. This implies that healthcare organization need to pay greater attention, both in investing and planning development activities that promote and develop organizational commitment and job satisfaction among nurses. Although these types of programs will continue to be important in developing some individuals' careers, the reality is that many organizations do not have the resources or the time to offer numerous formalized programs. There are however some less traditional, less formalized (boundary-spanning) learning opportunities that organizations can utilize. These bounded and "boundary-spanning" activities may overlap and be used in conjunction with each other to support the organization's career-development efforts. Hall (2002) concurs, noting that "the natural resources" within the organization offer quick, cost-effective career-development activities that reinforce the business strategy and promote learning through day-to-day work.

Hite and McDonald (2003) specifically highlighted and recommended four learning activities as alternative ways of developing employees' careers namely informal learning, networks, community involvement, and alternative forms of mentoring. Increasingly, scholars are focusing on "boundary-spanning" activities like informal learning as an alternative means of career development (Conlon, 2004; van Dijk, 2004). As Powell, Hubschman and Doran, (2001) write, "Currently, with the organizational community facing reorganization, downsizing and the constant evolving of job descriptions and roles, formal learning, implemented usually through training classes and workshops is diminishing; informal learning has become the mindset". Hall (2002)

concurr, noting that “the natural resources” within the organization offer quick, cost-effective career-development activities that reinforce the business strategy and promote learning through day-to-day work.

Powell et al. (2001) present a model to illustrate the role informal learning can take in “re-creating career development”. In their model, HRD plays a critical role in facilitating the “learning how” level of the experience, which involves reflection and critical thinking about the learning and in the “learning why” level, which involves integrating “the original learning experience into both professional and personal aspects of their lives” . According to Powell *et al.* (2001), the learner who gets to the “learning why” level will have greater self-efficacy, hence improved performance, and will consequently set more challenging career goals.

Another potential boundary-spanning activity to support career-development efforts is developing informal and or formal networks for employees both within and outside their work environments. For example, Forret and Sullivan (2002) recommend individuals develop and take advantage of networking opportunities within the organization, the profession, and the community. However, many networking opportunities, particularly informal ones, are not readily available to minority professionals and managers (Combs, 2003; Ibarra, 1993). In addition, nonexempt employees often find themselves excluded from informal and formal networks, despite some evidence that hourly employees see strong benefits in networking and desire such opportunities (McDonald ., 2002). Networks can serve multiple purposes, such as providing socio emotional support as employees attempt to balance life-work issues (Martins, Eddleston & Veiga, 2002) and facilitating knowledge acquisition (Friedman, 1996).

Networking also has been positively linked to perceived career success and marketability (Eby, Butts, & Lockwood, 2003). These results indicate organizations should play an active role in promoting networking opportunities for employees. Among the benefits the organization may derive from this activity includes a strong “knowledge

base within the company” and an increase in “cross-fertilization of ideas and information across business units and departments” (Eby, Butts, & Lockwood, 2003). Martins, Eddleston & Veiga (2002) suggest that organizations might create “organization-wide networking groups” to provide social support for individuals in the minority gender in their work groups, as well as encourage employees to develop stronger ties to their communities. HRD can play a valuable role in advocating the benefits of networks to upper management, offering expertise and or assistance in facilitating such groups, providing information on how to set them up, and monitoring their effectiveness.

Following Martins, Eddleston and Veiga (2002) observation, the third boundary-spanning activity suggested is community involvement. In today’s corporate environment, employees often recognize the need to develop their careers beyond the walls of corporate America. Serving on community boards, volunteering in nonprofit organizations, and assisting in community events can develop skills as well as provide additional networking opportunities and socio-emotional support (Martins, Eddleston & Veiga, 2002; McDonald *et al.*, 2002). Organizations benefit as well from the skills, knowledge, and confidence employees gain from participating in these activities. Again, HRD can take the lead in encouraging volunteerism, acting as a resource for employees wanting to become more involved in their communities, and advocating for flexible work schedules so employees can engage in such activities.

Finally, alternative forms of mentoring should be considered as examples of boundary-spanning activities. The literature on traditional dyadic mentoring relationships has documented the various benefits individuals derive from having a mentor. Practitioners have suggested other forms of mentoring such as mentor networks (de Janasz, Sullivan, & Whiting, 2003), group or team mentoring (Dansky, 1996; Mitchell, 1999), and virtual or e-mentoring (Bierema& Merriam, 2002; Hamilton & Scandura, 2002). Various

benefits of these alternative forms have been noted, such as reducing the number of mentors needed and creating more opportunities to access more diverse mentors (de Janasz et al., 2003; Hamilton & Scandura, 2002) , providing more flexible developmental opportunities for individuals telecommuting, working in remote sites or with work-life balance conflicts (de Janasz et al., 2003; Hamilton & Scandura, 2002); and making mentoring more accessible and egalitarian (Bierema & Merriam, 2002; Mueller,2004). HRD's involvement in these alternative forms of mentoring vary depending on the resources the organization is willing to commit to these activities. Organizations planning to offer these developmental activities will need HRD's involvement in connecting individuals and/or groups and providing training and coaching to mentors and participants. If group or team mentoring is employed, HRD practitioners may be asked to help facilitate these teams. Some organizations will not have the resources to fully implement these mentoring activities. In these cases, HRD practitioners should be aware of potential ways employees might become involved in mentoring outside of the work setting.

These boundary-spanning activities typically require fewer organizational resources than more traditional bounded-development initiatives. However, they have the potential to be very effective in meeting the needs of employees in turbulent organizational environments for two major reasons. First, these activities may expand individuals' perspectives of what a career can involve. For example, networking and community involvement may help employees better understand the multiple facets of how work and life intersect. Second, these initiatives may help individuals develop new and different skill sets, increasing resiliency and employability. Together they respond to employee needs and interests in the age of the protean career (Mueller, 2004).

2.4.4 Work Environment Management Practices and Retention

Numerous studies have attempted to explain work environment in various areas such as for example employee job satisfaction (Iaffaldano & Muchinsky, 1985), employee

turnover, job involvement and organizational commitment (Sjöberg & Sverke 2000). Work environment is one of the factors that affect employee's decision to stay with the organization (George & Jones 2008; Zeytinoglu & Denton, 2005). Hay Group (2007) contends that work environment includes a friendly, well designed, safe physical space, good equipment and effective communication which will improve productivity. Well designed and organized offices and work areas make significant differences to how people feel about their work.

Levi (2002), asserts that people enjoy to work in those organizations that provide positive work environment where they feel they are making a contribution to the achievement of the organization's objectives and moving the organization forward. Bushe, (2012) notes that working conditions refers to a work environment that promotes the efficient performance of job tasks by employees and touches on aspects such as space, tools and equipment, hours of work, internal customer support from the administration departments, nature and tenure of contract, safety in the workplace, and requisite support from supervisors. All these make job performance easier.

Hytter (2008) asserts that in industrial perspective, work environment focuses on physical aspects such as, heavy lifts, noise and exposure to toxic substances. However characteristics of work environment vary in services sector as compared to production sector because it has to interact with the clients/consumers (Normann, 1986). Irshid and Afrid (2012) conquer with this when they note that the interaction between employees and clients or customers move from physical to psychological dimension. They assert that the physiological environment consists of workload, decision, support, stressors, and attitude among others. Working environment that is comfortable, relatively low in physical and psychological stress and facilities attainment of work goals will tend to produce high levels of satisfaction among employees.

In contrast, stressful working environment result to low levels of satisfaction. Daly and Dee (2006) observe that heavy workloads, including assignments to teach large classes

may generate hostility towards the organization and diminish levels of faculty commitment to the institutions and mostly affects employees' retention negatively. Milory (2004) reported that people enjoy working, and strive to work in those organizations that provide positive work environment where they feel they are making difference and where most people in the organization are proficient and pulling together to move the organization forward. Workspace designs have a profound impact on workers and they tend to live with job as long as satisfied (Brill, Weidemann, Olsen, Keable & Bosti, 2001). To keep better privacy and to avoid distractions, the design of office equipment and furniture must be correspondence to it (Redman, Snape, & Ashurst, 2009). Netswera (2005) notes that flexible working hours, a challenging job, a sense of purpose and minimal grievances between staff and employers provide a favorable work environment. The psychological environment, which provides support for handling stress, and physical support infrastructures such as psychologists or a nurse, etc. on site provide a sense of security to employees.

Working environment can give some depressing messages about how much the organization value employees and the standards it expects from them (Armstrong & Murlis, 2007). An independent study conducted by the Society for Human Resource Management, demonstrated that physical work environment contributes a major factor affecting the decision of employee's whether to stay or leave the job (Sutherland, 2004). Access to friendly and natural environment helps to reduce job stress, depression and apprehension which are beneficial for health environment as well (Steel & Griffeth 2002).

Sutherland (2004) asserts that the focus of organizations must be on how to provide better jobs with great work environment to retain employees. The key to retaining employees is to create an environment employees choose to work in and will stay given the availability of other job opportunities (Winterton, 2011). Organizations can create the necessary environment by meeting the needs of current and future employees.

Communication and recognition to employees are essential factors in retaining employees. Organizations must be able to communicate their past, present, and future plans to employees so they are secure with the strength and stability of the organization. Research shows that organizations that are transparent and involve their high performing employees in finding solutions will be able to retain these individuals during downturns in the economy (Ongori, 2008).

The Hay Group study on the work environment also mentioned job autonomy. Job autonomy is defined as the amount of discretion that an employee has in carrying out his work activities (Perez, 2008). The research study demonstrated that job autonomy constitute an aspect of work environment. When employees have some control over their jobs and its outcomes, they feel less stressful and more interested in an organization to stay. Armstrong (2010), identified job autonomy as the degree to which the job provides substantial freedom, independence, and discretion to the individual' in work content, the method for accomplishing the work, and the pace at which work is accomplished. Job autonomy emerged as an important dimension of job outcomes following deCharm's theory of personal causation, which asserted that individuals will cherish behaviour and results that they perceived as stemming from their own choice (Sutherland, 2004). When employees are given the chance to control their own work outcomes, they become owners of the decisions, feel more involved in the organization, and are thus more willing to stay

2.4.5 Work–Life Balance Practices.

The challenges of integrating work and family life (work life balance) is a part of everyday reality for majority of workforce (Cleveland, 2007). Work–life balance refers to perceiving a satisfactory balance between one's personal life and work schedule, and minimal conflict between the multiple roles one has to fulfill in terms of one's personal and work lives (Döckel, 2003). Parkes and Langford (2008) describe work–life balance

as an individual's ability to meet his or her work and family commitments, as well as other non-work responsibilities and activities. Shrotriya (2009) said that work life balance entails attaining equilibrium between professional work and other activities, so that it reduces friction between official and domestic/personal life and thus enhances efficiency and productivity of employees with increase in commitment and contentment. Work-life balance practices are thus those institutionalized structural and procedural arrangements as well as formal and informal practices that enable individuals to easily manage the conflicting worlds of work and family, (Osterman,1995).

Munsamy and Bosch-Venter (2009) state that, the focus of work–life balance is on the notion of a flexible and stress-free work environment by making provision for childcare facilities and access to families. Employees work hard to strike a balance to fulfill the demands of the working life and meeting the commitments of family life. Those who fail to do so either quit the organization thereby increasing the rate of attrition or become less productive. In the personal front also they feel unhappy. At this cross road organizational culture plays a crucial role to support the employees; high culture has a mediating effect to link the Work Life Policies and practices with talent retention. (Kar and Misra,2013)

Increasing flexibility around work has therefore become more important to dual-income families. As a result, organizations that provide for this may be perceived as concerned employers, which positively influence employees and a positive attitude towards the organization (Döckel, 2003). Pasewark and Viator (2006) places flexible work arrangement as a very important part of work family support that plays pivotal rule in the retention of employees.

Work-life balance programmes have the potential to significantly improve employee morale, reduce absenteeism and retain organizational knowledge, particularly during the difficult economic times (Lockwood, 2003; Landaur, 1997). Indeed Rahman and Nas

(2013) assert that obtaining a balance between work and life has a great role in employee's decision to remain with the organization. They assert that the conflict between these dimensions of human activity can cause both job dissatisfaction and hence an intention to leave the organization as well as causing conflict with family members and family activities. Thompson and Prottas (2005) and Yanadoria and Katob (2010) examined the relationship between employee turnover intention and organization support such as supervisor support, flex time work family culture and co-worker support etc, and they conclude that organization support reduced the employee turnover intention.

Studies have shown that there are several work-life balance practices that organizations may adopt in order to increase employee commitment and hence retain them (Estes & Michael, 2005). These practices include flexible scheduling (Perry-Smith *et al.*, 2000) such as flextime, which permits workers to vary their start and finish times provided a certain number of hours is worked. Flexi time allows employees, to determine (or be involved in determining) the start and end times of their working day, provided a certain number of hours is worked. This can allow them to meet family or personal commitments/emergencies (enable employees to respond to both predictable and unpredictable circumstances), during the day or to reduce their commuting time by starting and ending work before or after the rush hour.

Another practice is compressed or condensed work week (Byars & Rue, 2008). A compressed or condensed work week is an arrangement whereby employees work longer shifts in exchange for a reduction in the number of working days in their work cycle for instance on a weekly or biweekly basis. This can be beneficial for employees in terms of additional days off work (e.g. longer weekends allowing "mini vacations") and reduced commuting time, whereas employers can extend their daily operating hours, with less need to resort to overtime. Compressed work week arrangements may be

particularly useful for employees who wish to reduce the number of days per week spent at work, but who cannot financially afford to decrease their working hours. Compressed work weeks are often initiated by the employee, but sometimes the employer may initiate the option to improve operational efficiency, to maximize production (reduced daily startup costs) or to establish longer business hours which can enhance customer service. Common arrangements for a forty hours work week are working ten hours per day, four days a week; working an extra hour a day with one day off every two weeks; or working an extra half hour a day and having one day every three or four weeks off. (Byars & Rue, 2008; Lazar, Osolan, & Ratiu, 2010)

Teleworking also called telecommuting (Kathy, 2006; Byars & Rue, 2008) is another work life balance practice This type of arrangement is often called 'telework' or 'telecommuting'. It is the practice of working at home or while travelling and being able to interact with the office (Byars & Rue, 2008). It can be advantageous for employees by allowing them to organize their work day around their personal and family needs, to decrease work-related expenses, to reduce commuting time, and to work in a less stressful and disruptive environment. It may also help to accommodate employees who because of particular disabilities, are unable to leave home (Kathy, 2006; Byars & Rue, 2008). The fact that employees who telework can use this added flexibility to capitalize on their personal peak productivity periods can also favorable influence a company's bottom line (Lazar *et al.*, 2010).

Despite these benefits and the attention that telecommuting has attracted in the media, very few collective agreements contain telework provisions. The paucity of telework clauses is partly due to the fact that not all occupations are amenable to such an arrangement. Moreover, employers may be concerned by the initial implementation costs, potential legal liabilities, and difficulties in supervising and appraising the performance of teleworkers. Trade-Unions may disapprove of work-at-home clauses if they perceive them as leading to greater isolation of employees, reduced job security and

promotion opportunities, and diminished health and safety protection (Lazar *et al.*, 2010). Other Potential disadvantages of telecommuting are insurance concerns relating to health and safety of employees working at home and lack of the professional and social environment of the workplace. Another drawback is that some state and local laws restrict what kind of work can just be done at home. (Byars & Rue, 2008).

Part-time arrangements, (Lazar *et al.*, 2010) is another work-life practice that can also allow people with health problems, disabilities or limited disposable time (like students) to participate in the labour force, develop their skills and obtain work experience. Finally, they can facilitate re-entry into the workforce for those who have had career breaks —particularly mothers (or fathers) who have stayed at home to raise their children or provide a gradual exit for employees nearing retirement. From the employer's point of view, the use of part-time workers, where feasible, can help maximize the use of human resources and increase operational flexibility, by providing additional coverage during peak periods. Part-time employment can also be considered unsatisfactory for those employees who would prefer working longer hours to increase their income, thereby ensuring a higher standard of living for their families. (Lazar *et al.*, 2010). The European Working Conditions Survey found that 85% of those working less than 30 hours per week were satisfied with their work–life balance. Furthermore, part-time workers and those working less than 35 hours a week reported the lowest levels of both physical and psychological health problems. Part-time work is one strategy frequently used by workers who wish to better balance their work and family life. Part-time work should be promoted in more, higher-level occupations, for instance, Daimler Chrysler in Germany promotes part-time work in leading positions in the company (Clarke, 2001).

Job sharing is an arrangement which allows two (or sometimes more) employees to jointly fill one fulltime job, with responsibilities and working time shared or divided

between them. It can be in the form of shared responsibilities, split duties, or a combination of both. (Byars & Rue 2008). Job sharing may be appropriate where opportunities for part-time jobs or other arrangements are limited. Apart from the obvious advantage of allowing employees more time for other commitments, including family responsibilities, job sharing also facilitates the development of partnerships, where job sharers can learn from each other while providing mutual support. It can benefit employers as well by improving staff retention, increasing productivity and combining a wider range of skills and experience in a single job. In some cases, such an arrangement can also provide additional coverage during busy periods, while ensuring continuity of coverage when one partner is on sick leave or holidays. (Byars & Rue, 2008 & Lazar *et al.*, 2010).

Other practices may support children's education, employees' participation in volunteer work, or facilitate phased retirement (Lazar *et al.*, 2010). In addition, employers may provide a range of benefits related to employees' health and well-being, including extended health insurance for the employee and dependents, personal days, and access to programs or services to encourage fitness and physical and mental health,(Shrotriya,2009). Employees who had access to family-friendly policies showed significantly greater organizational commitment and expressed significantly lower intention to quit their jobs (Grover & Crooker, 1995), whereas the problem of work life balance is clearly linked with withdrawal behavior ,including turnover and non-genuine sick absence (Hughes &Bozionelos, 2007). Indeed research by Kenexa Research Institute in 2007 shows that those employees who were more favorable toward their organization's efforts to support work-life balance also indicated a much lower intent to leave the organization, greater pride in their organization, a willingness to recommend it as a place to work and higher overall job satisfaction.

2.5. Research Gaps

As alluded in the background, retention of employees in public service is key in driving economic development in Kenya (Ministry of State for Public Services, 2008). Evidence in the background has shown that retention of staff in particular that of the Ministry of Health is below expectations as is supported by the data on brain drain and turnover in the background of the study. Literature reviewed has shown that various factors account for low retention of employees in organization.

Similarly past researches have been done in other organization and sectors in Kenya such as sugar industry (Bula, 2012), Kenya Airways (Mokaya,2008), three and five star rated hotel (Kuria, Wanderi & Ondigi, 2011), health (Machayo & Keraro, 2013), public universities (Ng'ethe, Namusonge & Iravo,2012; Kamau & Mberia, 2012), sugar companies (Bula, 2012), health (Kiambati, Kiiro & Toweett,2013) and financial institutions (Obiero,2012). They have also been done in other countries like Pakistan (Rehman, 2012), Australia (Chew, 2004), Pakistan (Nawaz,2012), India (Mathur, Chhitorgarh & Agarwal, 2013) and United Arabs Emirates (Alnaqbi, 2011). However the few done on the Ministry of Health were done before devolution of these services and non has been done on retention of staff in Machakos county. It is against this background that the researcher decided to investigate the role of the human resource practices on the retention of staff in public health institutions in Machakos County.

2.6 Summary of Literature Review

Related literature has been reviewed on various theories behind retention, models of retention and on remuneration, career advancement work-environment and work-life balance practices and their on retention retention practices. Empirical studies on the influence of these practices on retention in various sectors have also been reviewed which show a positive relationship between these practices and retention in the sectors studied.

2.7 Critique of the Existing Literature

The reviewed literature identified several theories such as Herzberg theory, Victor Vrooms Expectancy theory and equity on which the study is successfully anchored. Various empirical studies reviewed have to a great extent assisted in bringing a better understanding of the role of remuneration, career advancement, work environment management practices and work-life balance practices on staff satisfaction and commitment hence retention in organizations. The literature reviewed on retention has also indicated that besides the HRM practices being investigated in the study, there are other practices that also influence retention and therefore may influence employees intent to stay.

However the tendency to be retained may not only be due to HRM practices. employees may stay due to external factors such as job unemployment, financial demands and job security among others.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter discusses the research design, target population, sampling frame, sample and sampling techniques, research instruments, data collection procedure, piloting of the instruments, data processing and analysis.

3.2. Research Design

Zikmund (2003) states that research design is a master plan specifying the methods and procedures for collecting and analyzing the needed information. In this study, the researcher adopted a mixed methods research design to investigate the role of HR practices on the retention of staff in public health facilities in Machakos County. Creswell (2012) and Wallen, & Fraenkel, (2001) asserts that a mixed methods research design is a procedure for collecting, analyzing, and “mixing” both quantitative and qualitative research methods in a single study to understand a research problem. The designs utilizes both quantitative and qualitative data collection methodologies such as interviews and questionnaires, performance tests and observation, questionnaires and follow up focus groups and document analysis, performance tests, questionnaire, and interviews.

According to Creswell (2008) this design is used when both quantitative and qualitative data, together, provide a better understanding of the research problem than either type by itself, when one type of research (qualitative or quantitative) is not enough to address the research problem or answer the research questions and in case of pragmatism (practicality; multiple view points; biased and unbiased; subjective and objective). It can also be used to incorporate a qualitative component into an otherwise quantitative study or to build from one phase of a study to another like for example, to explore qualitatively

then develop an instrument or to follow-up a quantitative study qualitatively to obtain more detailed information(Creswell,2012; Wallen & Fraenkel,2001).

Common mixed methods designs are sequential explanatory design, sequential exploratory design, concurrent triangulation design, concurrent embedded design and concurrent transformative design. In this study the researcher used concurrent triangulation design. The purpose of this concurrent mixed methods study is to better understand a research problem by converging both quantitative and qualitative data (Creswell, 2012; Martens,2011). In this study, questionnaires with both open ended and closed ended questions were used to establish the relationship between the remuneration, work environment, career advancement and work-life balance practices and employee retention. The closed- ended questions generated quantitative data. At the same time in the study, the roles of these variables on the retention of the staff were explored using qualitative interviews with the managerial health care staff at the hospital and those in charge of the health facilities in each of the sub counties. Mixed methods research design was therefore appropriate for gathering and analyzing this kind of data.

3.3. Target Population

Kombo and Tromp (2006) define a population as a group of individuals, objects or items from which samples are taken for measurements. Sommer & Sommer (1997) on the other hand defined target population as all members of a real or hypothetical set of subjects, people or events in which a researcher wishes to generalize the results of a study. The researcher targeted all the 152 public health institutions in the county which consists of 1 level five hospital, 4 level four hospitals (sub county hospitals),19 health centers and 128 dispensaries. The number of the healthcare staff is as tabulated below:

Table 3.1. Target population

Category of health care staff	Number
Doctors	67
Dentists	10
Clinical officers	81
Nurses	479
Pharmacists	15
Radiographers	13
Physiotherapists	20
Orthopedics	5
Laboratory technicians	82
Totals	772

Source: Machakos County Office for Preventive and Promotive Services (2014)

The doctors, dentists and clinical officers were targeted because they are responsible for diagnosis and prescriptions of the appropriate medical service. They are also in charge of health care facilities. The nurses were targeted because they administer the medical care including drugs to patients as prescribed by the doctors and clinical officers. The radiologists and laboratory technicians were targeted because they assist the doctors and clinical officers by carrying out tests to assist in diagnosis of patients' problems. Wrong tests can lead to wrong diagnosis hence wrong prescriptions that can have adverse effects on the patient. The pharmacists were targeted because they dispense drugs to the patients as prescribed by the doctors and the clinical officers. Dispensing the wrong drug or wrong dosage can adversely affect the efficiency and effectiveness of the health care services. All these health care professionals were targeted because each plays a critical

role in the provision of health care hence the loss of any has a very significant effect in health care delivery.

3.4. Sample and Sampling Frame

Orodho (2005) & KIM (2009) define a sample as a part of a large population, which is thought to be representative of the larger population. Sampling is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of characteristics in the entire group (Orodho and Kombo, 2002). In the study, the researcher used both probability and non- probability sampling designs to select facilities and respondents to be included in the sample. Sampling in this study was necessary to minimize costs and time of the research.

3.4.1. Health Institutions

Purposive sampling a non-probability sampling design was used to pick the level five and level four hospitals which are referral hospitals in the county while stratified random sampling was used to select 16 health centers and 50 dispensaries out the remaining 147 from where were respondents to be included in the sample were picked. Stratification was done on the basis of the sub counties to ensure representativeness. The number of health centres and dispensaries respectively from each of the sub counties was as indicated in parenthesis . Yatta (1 and 8) , Mwala (4 and 9), Matungulu (2 and 6), Masinga (2 and 10), Machakos (1 and 8), Kathiani (2 and 4), Kangundo (3 and 3) and Athi River (1 and 2). Purposive sampling in this study was necessary to ensure gathering of information from respondents in these facilities which may not have been possible if probability sampling was done.

3.4.2. Respondents.

The study used the Yamane's (1989) formula for categorical data as cited by Odhiambo et al (2010) in determining the sample size.

$$n = \frac{N}{1 + N(\delta)^2}$$

Where:

N is the target population

n is the desired sample size

δ is the critical value of the confidence level (0.05)

Using the formula and given a target population (N) of 772 respondents a sample of 263 respondents was drawn. The investigator then employed stratified random sampling method, a probability design to select respondents. The method involves dividing the population into homogenous sub groups (strata) and then taking a simple random sample in each sub-group (Kombo, 2006).

Krathwohi (1993), Kothari (2006) and KIM (2009) contend that one major advantage of this method is that the researcher classifies the units into strata on the basis of characteristics that if not properly represented in sample, may bias the inferences of the researcher. There are different categories of staff in the healthcare facilities hence the choice of the method. For this study, the strata were doctors, dentists, clinical officers, nurses, pharmacists, radiographers, physiotherapists, orthopedics and laboratory technicians. The researcher used the lottery method, a simple random sampling technique to choose subjects from the strata of doctors, clinical officers, nurses and lab technologists and purposive sampling for the rest of the strata

Table 3.2. Sample Size

Category of Staff	Target Population	Sample size
Medical doctors	67	22
Dentists	10	4
Clinical officers	81	28
Nurses	479	163
Pharmacists	15	5
Radiographers	13	5
Physiotherapists	20	7
Orthopedic technologists	5	2
Lab technicians	82	27
Total	772	263

3.5. Research Instruments

The researcher used the questionnaire and interview schedules to facilitate gathering of information from the selected respondents. Sommer & Sommer (1997) defines a questionnaire as a series of questions on a topic about which respondents' opinions are sought, while Borg (1996) & Mugenda (2003) says that a questionnaire is a document that asks the same question to all individuals in the sample. In this study, the researcher used structured questionnaires with both open ended and closed ended questions. The questionnaires were self-administered questionnaires in which the respondents filled on their own since they were all literate. The investigator chose to use the questionnaire on most of the respondents because it is economical to administer in terms of time and cost to a large number of respondents. It ensures anonymity hence respondents can respond

genuinely without fear of identification. Finally, the questions are on paper and are standardized hence no opportunity for the researcher to be biased.

The questionnaire consisted of a section on demographic information of the respondents and a set of items to measure the role of the selected human resource management practices on the retention of staff. A five- point likert scale anchored by strongly disagrees and strongly agrees was used to measure the perceived role of the human resource management practices on retention of staff in the health care facilities. The likert scale was used because its relatively easy to construct, it facilitates quantifications of the responses, enables ranking of items thus tendencies can be identified , the respondents are more likely to respond to all the statements in the instrument and can best help capture people opinions(Kothari and Garg, 2014).

Structured interviews were also conducted on some of the participants especially those in charge of the facilities in order to get in-depth information on the issues under investigation. In-depth interviews help to discover underlying needs, motives, feelings and desires of the respondents.

3.6. Data Collection Procedure

The following procedure was used to collect data:

- i. A letter of introduction was obtained from the chairperson ETLM department in JKUAT (see appendix I)
- ii. The researcher then visited and sought authority from the Chief Officer of Health, Machakos County from where authority to carry out a research in the health institutions was granted through a letter (see appendix II).
- iii. Using this letters the researcher visited the officers in in charge of each of the sub-counties where she sought authority to collect data from each of the selected health institutions.

- iv. The researcher then visited the selected health institutions and with the help of the medical officer in charge, sampled some staff from each of the strata to whom the questionnaire would be administered.
- v. The researcher then administered the questionnaires to the sampled staff with the assistant of those in charge of various sections in the hospitals or the facility in-charge.
- vi. The researcher then administered interviews to the medical superintendents in charge of each of the four hospitals and the sub-county public Health officers in charge of the eight counties
- vii. Finally, the researcher collected the questionnaires after one week from the persons in charge of the health facilities selected as had been agreed.

3.7 Piloting

Piloting of the research instruments means administering the instruments to a small representative sample identical to but not including the group one is going to survey. This is important, in order to determine the validity and reliability of the instruments (Orodho, 2005).

3.7.1. Reliability

Orodho (2005) says; “Reliability of a measurement concerns the degree to which a particular measuring procedure gives equivalent results over a number of repeated trials while Wallen & Fraenkel, (2001) say reliability relates to the consistency of the data collected. In this study, reliability of the questionnaires were assessed through use of Cronbach’s Alpha. This is a technique of estimating reliability that does not require either splitting of a scale or the subjects retaking the test for a given construct hence eliminating the challenges inherent in split-half and the test-retest techniques(Mugenda,2011). This coefficient of internal consistency is computed as follows:

$$\text{Alpha} = Nr / (1 + r(N-1))$$

Where r=the mean inter-item correlation

N=number of items in the scale

In this technique, the more the number of items in a scale, the higher the reliability as long as the added items do not reduce the average inter-item reliability (Mugenda, 2011, KIM 2009). Cronbach's alpha reliability coefficient normally ranges between 0 and 1. The closer Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale. The size of alpha is determined by both the number of items in the scale and the mean inter-item correlations. George and Mallery (2003) provide the following rules of thumb: “ $\alpha > .9$ – Excellent, $\alpha > .8$ – Good, $\alpha > .7$ – Acceptable, $\alpha > .6$ – Questionable, $\alpha > .5$ – Poor, and $\alpha < .5$ – Unacceptable”. However an alpha of .8 is probably a reasonable goal.

In this study 25 respondents from the level five hospital, one health center and three dispensaries were picked from strata of doctors nurses, clinical officers and laboratory technicians. These were not included in the study sample. The results of the pilot study were as represented in table 3.3 below.

Table 3.3 Cronbach's Alpha Analysis for the Pilot instruments

Variable	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
Reward	.963	.964	13
Career Advancement	.957	.957	16
Working Environment	.961	.963	18
Work life balance	.945	.948	16
Retention	.763	.763	17
Overall Cronbach's	.972	.970	80

Table 3.3 above shows the Cronbach's alpha values for reward, career advancement, work environment management and that of work-life balance practices were all above 0.9 while that of the dependent variable retention was 0.763. These were excellent and acceptable respectively according to George & Mallery, (2003). This meant that the instrument was reliable and could be used to collect data for the study.

3.7.2. Validity

Nachmias and Nachmias (2008) points out that validity is the degree to which the instrument measures what it purports to measure and consequently permits appropriate interpretation of scores. According to Mugenda (2011), validity is the accuracy, truthfulness and meaningfulness of inferences that are based on the data obtained from

the use of a tool or a scale for each construct or variable in the study. An instrument is valid if it measures what it is intended to measure and accurately achieves the purpose for which it was designed (Patten, 2004; Wallen & Fraenkel, 2001). According to Patten (2004) validity is a matter of degree and no test instrument is perfectly valid. The instrument used should result in accurate conclusions (Wallen & Fraenkel, 2001). Validity involves the appropriateness, meaningfulness, and usefulness of inferences made by the researcher on the basis of the data collected (Wallen & Fraenkel, 2001). According to Patten (2004) content validity is determined by judgments on the appropriateness of the instrument's content. Patten (2004) identifies three principles to improve content validity: 1) use a broad sample of content rather than a narrow one, 2) emphasize important material, and 3) write questions to measure the appropriate skill. These three principles were addressed when writing the survey items. Additionally the supervisors who are experts went through the instrument to check the content coverage and clarity of the questions on the issues that were to be investigated.

3.8. Data Analysis and Presentation

Kerlinger (1986) defines data analysis as categorizing, manipulating and summarizing of data in order to obtain answers to research questions. Gay (1981) asserts that quantitative data is commonly represented by use of frequency tables, graphs, pie-charts and frequency polygons. Zikmund (2003) states: "interpretation is the process of making inferences and drawing conclusions concerning the meaning and implications of a research investigation".

The researcher used the SPSS program (Nachmias&Nachmias, 2008) version18 to analyze the quantitative data collected. This program is appropriate for social sciences for it enables the researcher to recode variables, to deal with missing values, to sample, to weight and select cases and to compute new variables and effect permanent or temporary transformations. Through this tool, the researcher determined partial

correlation coefficient (Kothari, 2006, Nachmias&Nachmias, 2008 & Mukras, 1993) between the dependent variable and each of the independent variable. This helped the researcher to confirm the existence of a relationship between the dependent variable and each of the identified independent variables, the direction of the relationship as well as the strength of the relationship.

The researcher also used the least square method (Kothari, 2006) through the SPSS tool to determine the coefficients of the multiple linear regression model below to establish the estimated/ sample regression model.

$$Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

Where:

Y_i is the dependent variable retention

$\beta_0, \beta_1, \beta_2, \beta_3$ and β_4 are coefficients of the model

X_1 is remuneration

X_2 is career advancement

X_3 is work environment

X_4 is work-life balance and

e is error term representing omitted variables

To evaluate the reliability of the estimated multiple linear relationship, the researcher made use of coefficient of determination to establish the goodness of fit of the estimated model. (Mukras, 1996). Secondly, the researcher carried out analysis of variance (ANOVA) to determine the contribution of each of the explanatory variable to the change in the dependent variable. (Kothari, 2006). In addition researcher did thematic analysis (Clarke & Braun, 2013,) an analytic technique used with qualitative data to analyze the qualitative data which is one of the types of data that that was collected. They define thematic analysis as: “a method for identifying, analyzing and reporting patterns within data.” It entails perusing through the collected data and identifying

information that is relevant to the research questions and objectives. It also involves coding of data, highlighting key quotations or insights and interpretations, placing together all materials relevant to a certain topic and finally developing a summary report identifying major themes and the associations between them (Kombo and Tromp, 2006). The data was represented using tables using tables, bar graphs, and pie charts.

3.8.1 Variable Definition and Measurement

The dependent variable retention was measured through the employee's expression of intent to continue working for the organization, satisfaction with their jobs and also through their loyalty and commitment to the organization. Remuneration which in this context refers to compensation and other rewards was be measured in terms of provision of equitable and satisfactory salaries and allowances including risk allowances, strenuous allowances, housing allowances, overtime pay, pension schemes, benefits like car loans, mortgages and any other payable allowances. Existence of Payment programmes such as base pay, competency pay, pay for performance among others was also explored. Career advancement here refers to opportunities to develop or grow in one's career and was measured through assessment of availability of training and development opportunities, position movement, mentoring programmes , succession management programmes, study leaves, scholarships, clear progression scheme of service, policy on career progression, full or partial tuition fee payment and existence of formal and informal networks.

Working environment here refers to the location where tasks are completed and was measured in reference to physical aspects such as geographical location, office space and furnishings, equipment, protective materials, , dust, noise , ventilation, lighting among others. It also included psychological aspects such as social interactions at the work place including interaction with peers, subordinates and managers. Lastly work-life balance here refers to the efforts of employees to split their time and efforts between

work and other important aspects of their lives. It was measured through existence of policies , procedures and actions that enable employees to easily pursue more balanced lives such as flexible schedules, paid time off policies, responsible time and communication, expectations and company-sponsored family events and expectations.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1. Introduction

Data in this chapter is presented, analyzed and interpreted in five major sections. The first section is on the demographic (background) data of the respondents. The second is on testing of the hypotheses, the third is an analysis based on the four research objectives that were guiding the study while the last section is analysis of the interview responses. .

Data were analyzed to identify, describe and explore the relationship between Human resources management practices retention of staff in Health institutions in Machakos County, Kenya. The level of significance was set at 0.05.

4.2 Reliability

Although a pilot test (Cronbach test) was done to establish the reliability of instruments, it was done again with the whole set of the returned questionnaires to confirm the consistency in the reliability of the instruments. Table 4.1 below shows the reliability results for the final research instruments.

Table 4.1: Cronbach's Alpha Analysis for all Instruments used

Variable	Alpha	N of items
Reward Compensation Practices	.883	13
Career Advancement Practices	.896	16
Working Environment	.806	18
Work life Balance	.856	16
Retention(commitment and intent to stay)	.807	17
The Overall Cronbach's Alpha Test	.935	80

Table 4.1 above shows that the test items were highly reliable. The individual Cronbach's alpha values were all above 0.8 while the overall was above 0.9 which are good and excellent respectively according to George & Mallery, (2003).

4.3. Response Rate and Demographic Information

4.3.1. Response Rate

The sample for the study comprised of a total of 263 employees drawn from 128 public health care institutions in Machakos County. A total of 251 questionnaires were distributed to employees in selected health care facilities in each of the 8 sub counties. 12 employees mainly the sub county health officers and medical superintendents who are in charge of the health care facilities and hospital respectively in each of the sub counties were targeted for interviews. Out of this a total of 227 questionnaires were dully filled and returned from the health care facilities in the 8 sub counties while the 8

sub county health officers and 4 medical superintendents were successfully interviewed. 24 of the questionnaires distributed were not returned as some of the respondents were unavailable when they were being collected while others simply declined to return despite continued request by the officers in charge. The response rate was thus 90% which was adequate for the researcher to continue with the data analysis. Indeed O'Regan et al., (2012) asserts that a response rate of 27% is too high given that typical response rates for studies addressing strategic issues are in the range of 10-12% (Koch & McGrath, 1996 & GeletKanycz, 1997). Contacts prior to the dispatch of the questionnaires and follow up calls could account for the fairly high response rate. The response rate in the study is shown in Figure 4.1.

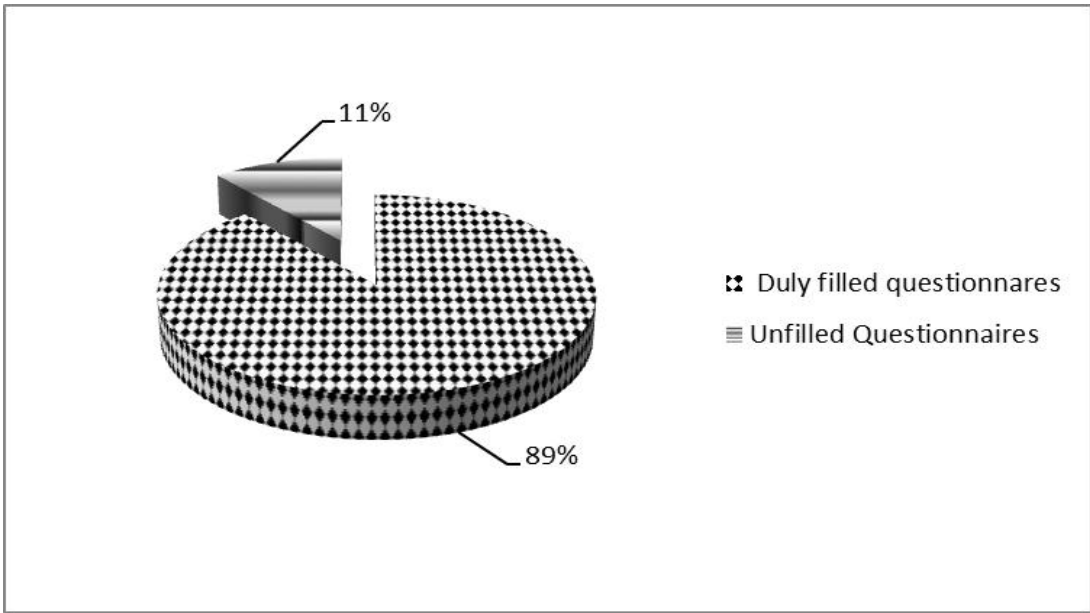


Figure 4.1: Response Rate

4.3.2. The Response Rates by Designation

The response rates by designation were as represented in figure 4.2 below

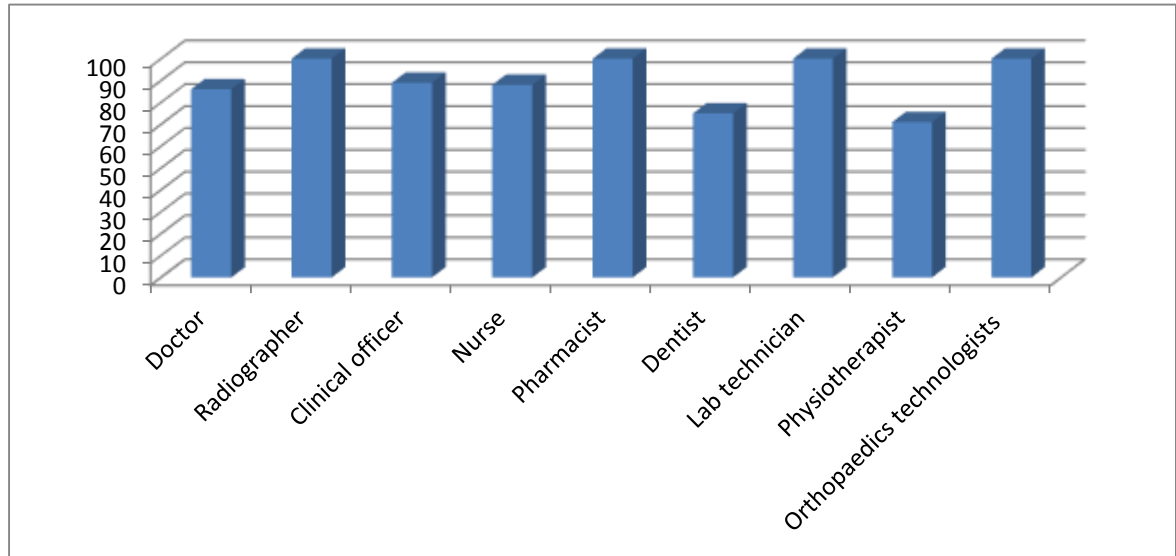


Figure 4.2. Response rate by designation

The figure shows all (100%) the radiographers, pharmacists and orthopedic technologists chosen responded, 89%, 88% and 86% of the clinical officers, nurses and clinical officers respectively responded while 75% of the dentists and 71% of the physiotherapists chosen responded. The high response rates for each of the categories of selected samples indicate that the results of the study are quite reliable.

4.3.3. Gender of the Respondents

The researcher also sort to find out the composition of the respondents by sex and the findings are as shown in the figure 4.3 below.

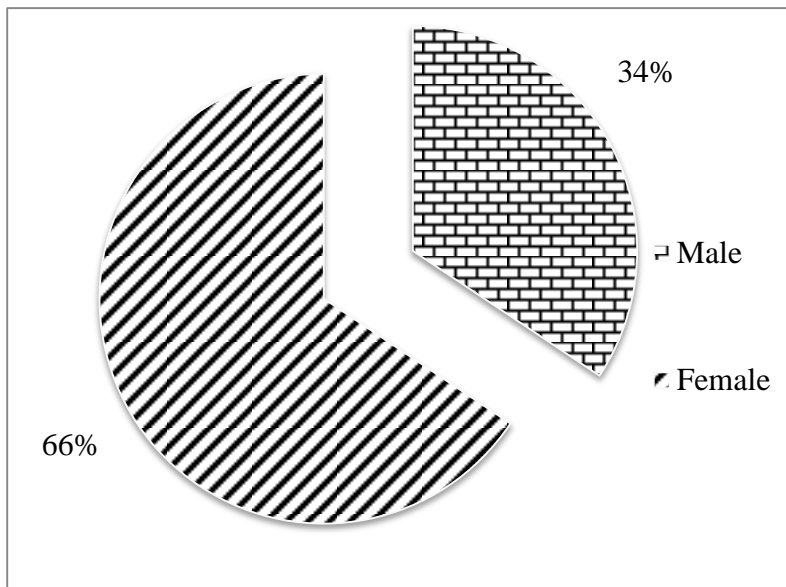


Figure 4.3: Gender

The findings in figure 4.3 show that 66% of the respondents were female while 34% were males. This shows that there are more female employees in the health care sector than the male. The staff mix however shows that gender distribution in the health care sector is in line with the requirements of Kenya constitution (2010) which requires that no one gender should take up more than two thirds of employment positions in public institutions.

4.3.4. Age of Respondents in Years

Information on the age of the respondents was sort to find out the staff mix in terms of age and also to establish if there was a correlation between the age of the respondents and the tendency to stay in the facilities.

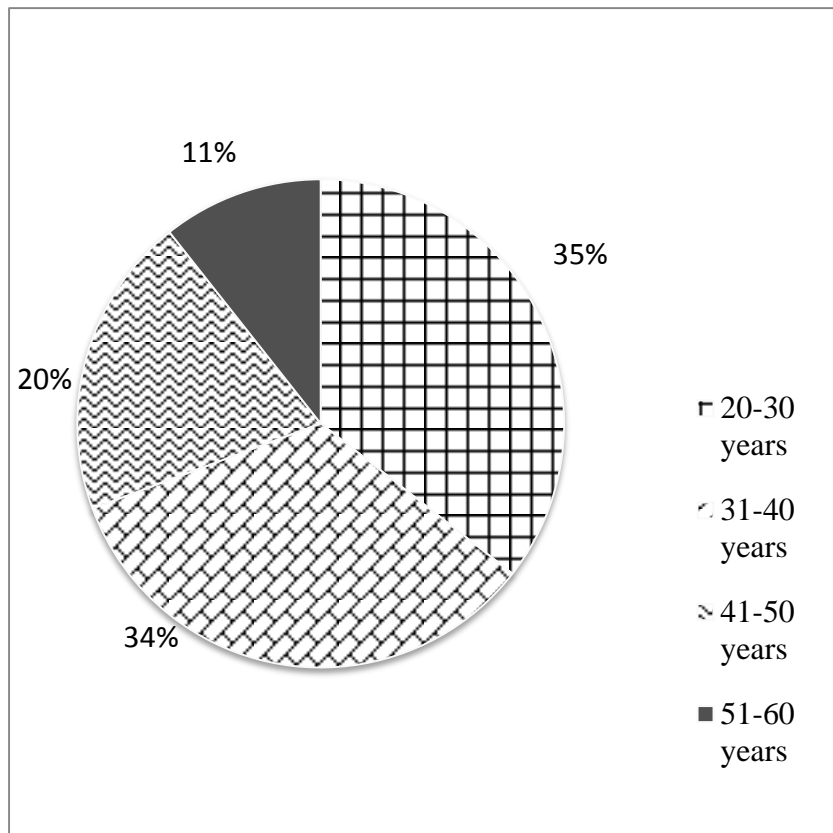


Figure 4.4: Age in Years

The findings as shown in in fig. 4.4 show that majority of the respondents were aged between 20-30 years (35%) followed by those aged between 30-40 years (34%) then 41-50 years (20%) with the minority having been aged between 50-60 years(11%). Several factors could account for the trend in the ages. First the number of health care facilities has progressively been increasing over the years and that could account for the

progressive increase in the number of young people joining the service. Secondly with the devolution of health care services, most county governments have employed their staff in most of the sectors, the health care sector being one of them; with majority of those employed being the young. Thirdly the relatively low number of the aged employees could be due to departure from service due to natural attrition as a result of death or resignation to join private practice or other engagements having gained enough experience in the service. Correlation test between age and retention show that there is a weak and negative (-0.025) correlation between age of the respondents and retention (see appendix VI). This shows that age in the health care sector is a poor predictor of retention and that as age increases the tendency to stay (retention) decreases.

4.3.5. Marital Status of the Respondents

The researcher also sought information on the respondents' marital status. The results indicated that a great majority (90%) was married and only a minority (10%) was unmarried. The high number of the married suggests that majority of the workers had fulfilled their lower order needs to some extent, the physiological and security needs due to their permanent employment hence could satisfy the social need of love and belonging through marriage. This is in line with propositions of Maslow in his Hierarchy of needs Theory (1949) where he proposes that human beings strive to satisfy their lower order needs before they begin striving to satisfy higher needs. The results are as shown in Figure 4.5 below.

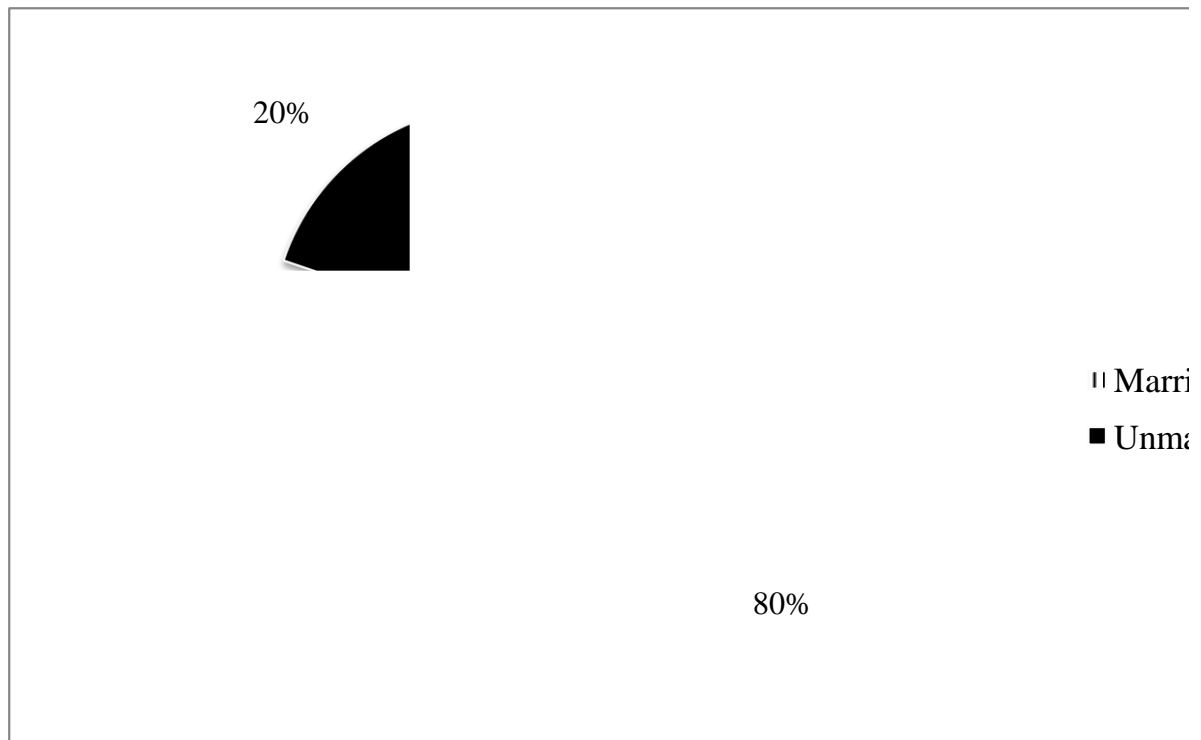


Figure 4.5: Marital Status

Correlation test between marital status and retention indicate that there is a weak but positive (0.015) relationship between the marital status of the employees and retention (see appendix VI). Thus marital status is a weak predictor of retention although it contributes to some extent to the tendency to stay. This could be because the married sometimes tend to settle in on place to avoid disrupting their children from school especially those with school going children while others prefer to stick closer to their spouses yet turn over could disrupt these .

4.3.6. Family Status of the Respondents

A person's family status is likely to influence their decision to stay in an organization. Employees with children are less likely to leave an organization unless they get an opportunity with better financial returns or other benefits. Of the respondents who were married, 78% had children while 22% did not have children. However a correlation analysis between family status and retention of employee showed that there is a very weak and negative correlation (-0.013) between family status and retention. The proportion of those with children to those without can be represented as follows.

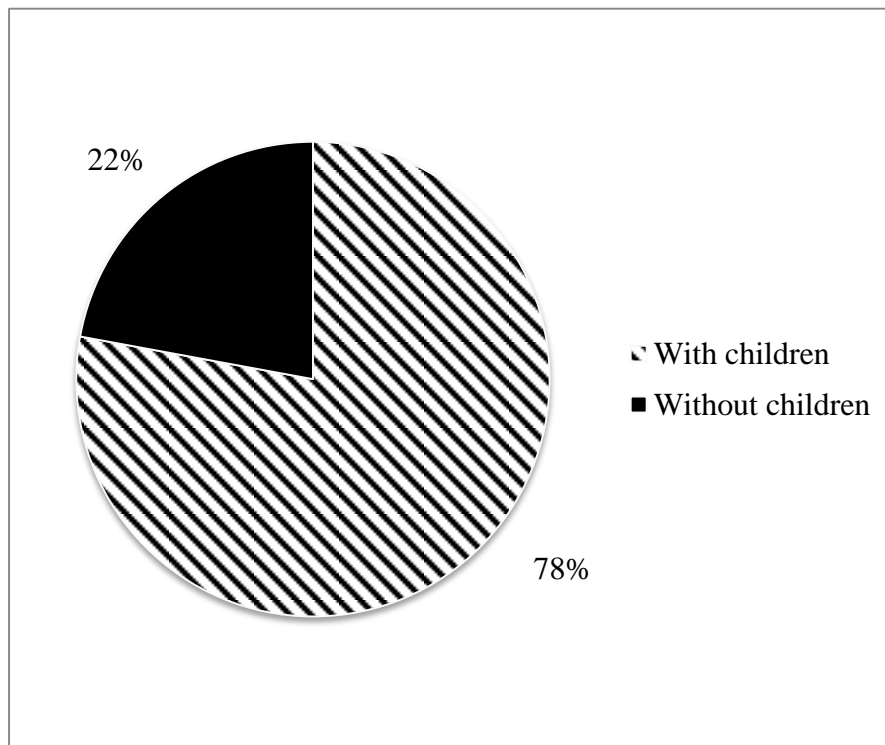


Figure 4.6: Family Status

4.3.7. Status of Children in the Family

If the children are young hence dependents an employee would be more cautious to quite a job unless they are assured of another with better terms. They are also hesitant to leave because that is likely to disrupt dependent children who are in school. 66% of the respondents who had children had dependents while the rest 34% were non dependents. This shows that majority of them would have to be cautious when quitting their jobs. These results are represented in the pie chart below.

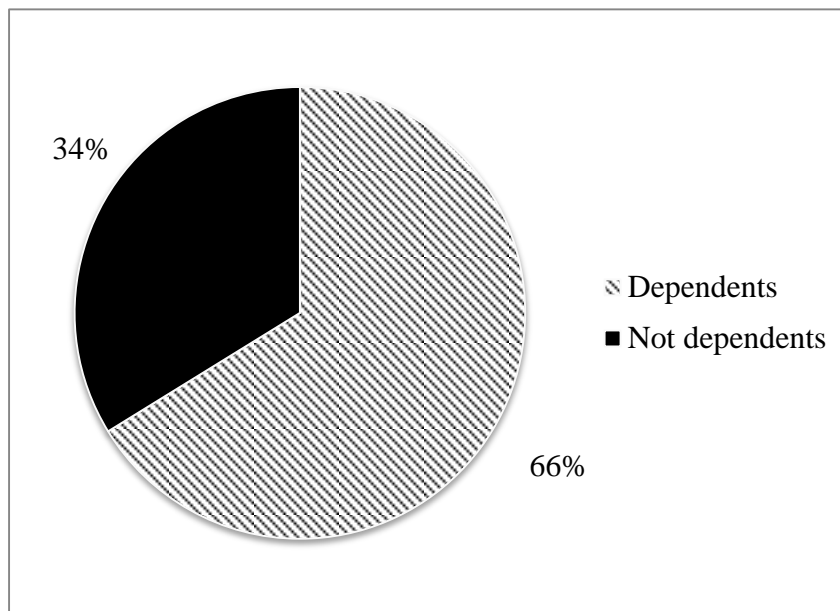


Figure 4.7: Status of Children

Correlation results between the status of the children in the family and retention however showed that there was a weak and negative correlation (-0.045) between the status of the children in the family and the decision to stay in the health care sector (see

appendix V). This results show that the status of children in a family is a poor predictor of the intention to stay in the public health care sector.

4.3.8. Level of Education

The researcher also sort to find out the academic qualification of the respondents. All the 227 respondents respondent to this question. Of these only 1 representing 0.4% held a master's degree, 13.2% had a bachelor's degree, and 25.5% were certificate holders while the majority representing 60.7% had diploma qualifications in their respective areas of specialization. This results indicate that only a few of the health care staff with high academic qualification (only 13.6% had a bachelors and masters qualification) tend to stay in the service. This observation could be due to the fact that those who attain higher qualification tend to leave and join private practice as consultants while high qualification also increases their employability in Non-Governmental Organizations (NGO) and also private health care facilities that have better remuneration and other terms of service. This observation was also confirmed by interviews administered to the sub-county health care officers who said that most of the health care workers upon attainment of high qualification tended to quit for private practice and engagement in in the NGO and prominent private health care facilities. These findings are represented in figure 4.8 below.

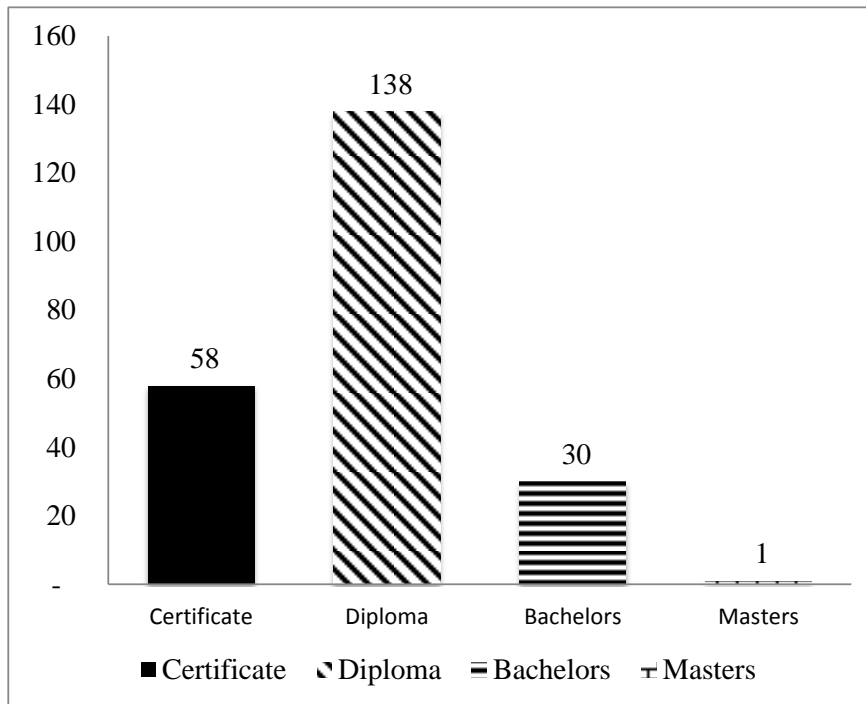


Figure 4.8: Level of Education

The results of correlation analysis between the level of education and the intention to stay showed there was a weak but positive (0.089) correlation between the level of education and the intent to stay. This means that academic qualification is a weak predictor of intention to stay in the health care sector.

4.3.9. Designation of Respondents

The respondents were requested to indicate their designation and their responses were as represented in the bar graph below

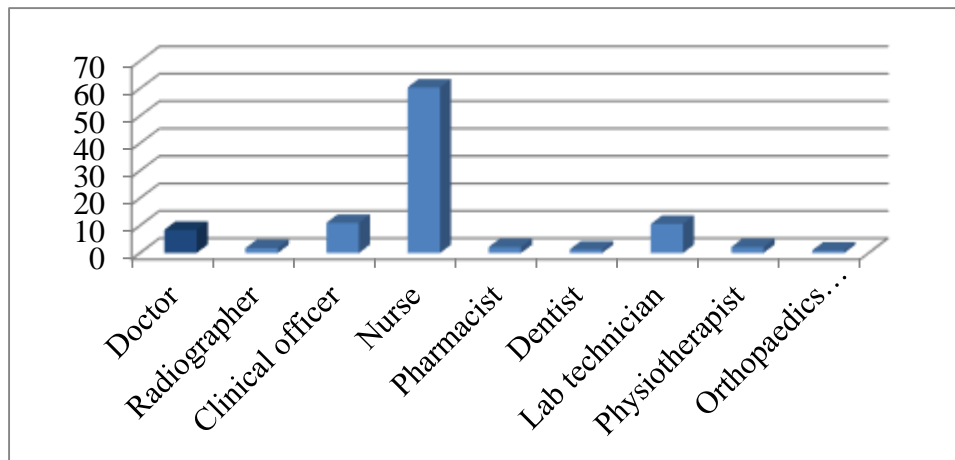


Figure 4.9 Proportion of respondents by designation

A correlation test showed a weak and negative (-0.119) correlation between the employees designation and the tendency to stay. This suggests that the decision to stay is often taken irrespective of the employees' designation in the health care sector.

4.3.10. Graduation Period

Information on the year of graduation and therefore the length of service was sort in order to establish the reliability of the information given. The results show majority of the employees (47%) were employed between 2001 and 2010 and that generally over80% of the employees had more than 5 years' experience which is sufficient to give reliable information about the variables under investigation.

The trend also shows that the number of engagement have been increasing over the years. This could be attributed to increase in the number of health care facilities. This information on year of graduation can be represented on a frequency table as shown below

Table 4.2: Graduation Period

Period	Frequency	Percentage [%]
1971-1980	6	2.7
1981-1990	30	13.2
1991-2000	41	18.1
2001-2010	108	47.5
2011-2014	42	18.5
Total	227	100.0

The correlation analysis value between year of engagement and retention is very low and negative (-0.060). This implies that the duration of working is a poor predictor of retention in the health care sector. The negative sign however implies that as the number of years increase retention is reduced. This could be due to several factors, among them, resignation to engage in private practice or consultancy. This is further confirmed by the fact that of the doctors who responded to the items none had over five years' experience. Further interviews with the sub- county public health officers and medical superintendents revealed that most of the long serving doctors were only visiting consultants and that the highest turnover was usually experienced among the doctors majority of whom tended to quit for private practice or to be employed in the highly paying private hospitals and non-governmental facilities especially on attaining their master degrees.

4.4. Research Hypotheses

In order to achieve the objectives designed for this study, the following research hypotheses were formulated and tested based on the revelations in the review of literature concerning human resources management practices and staff retention. The statistical test results (regression and correlation analyses) of each null hypothesis at 95% confidence level are as shown in the hypotheses that follow:

4.4.1: H_{01} : There is no significant relationship between employee remuneration practices and retention of health care staff in Machakos County in Kenya.

An ANOVA was done to test the null hypothesis that there is no significant relationship between employee remuneration practices and retention of health care staff in Machakos County. The results are presented in table 4.3

Table 4.3: ANOVA Results on Role of Remuneration Practices on Retention of Health Care Staff

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	387.383	1	387.383	9.847	.002 ^b
Residual	8851.692	225	39.341		
Total	9239.075	226			

a. Dependent Variable: Retention

b. Predictors: (Constant), Reward

Since $P(0.002)$ is less than alpha (.05), the researcher rejected the null hypothesis and adopted the alternative hence concluded that with the data obtained, there is evidence

of significant relationship between remuneration practices and the retention of health care staff in Machakos county in Kenya ($F(9.847, df=1, P<0.05)$). Thus remuneration practices play a significant role in the retention of health care staff in public health care institutions in Machakos County.

This finding is consistent with the study by Bergiel et al. (2009) who noted that research findings suggest that there is a significant and positive relationship between compensation and job embeddedness. Additionally Ihsan and Naeem (2009), indicated that Pharmaceutical sales force rated pay and fringe benefits as the most important retention factor which is supported by the findings of past studies. They further it indicates that pay and fringe benefits is highly valued by the sales force of all demographic backgrounds. Shoab et al, (2009) also noted that attractive remuneration packages are one of the very important factors of retention because it fulfills the financial and material desires Tetey (2006) concurs with this when he states that dissatisfaction with salaries is one of the key factors undermining the commitment of employees to their institutions and careers, and consequently their decision to stay or intent to leave.

A correlation analysis show a significant relationship between retention and remuneration practices ($r=0.166, \alpha =0.05$). To test whether the relationship between retention and remuneration practices is linear, a regression analysis was run whose results are as shown in table 4.4 below.

Table 4.4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.205 ^a	.042	.038	6.272

a. Predictors: (Constant), Reward

The Karl Pearson product moment of coefficient of correlation $r=0.205$ is low and suggests a weak relationship. The adjusted r squared= 0.038 indicates that only 3.8% of the change in retention can be explained by a change in the remuneration practices. Other factors therefore account for the remaining percentage.

As shown in table 4.5 below, the beta $\beta=0.194$ value is however significantly higher than 0 hence the linear relationship holds with a model $R= 58.164+0.194Rw$

Table 4.5: Coefficients^a

Model	Unstandardized		Standardized	t	Sig.	
	Coefficients					
	B	Std. Error	Beta			
1	(Constant)	58.164	3.347		17.377	.000
	Reward	.194	.062	.205	3.138	.002

a. Dependent Variable: Retention

These findings indicate that although the relationship is weak, the remuneration practices cannot be ignored and should be improved to have a greater role in the retention of staff in the public health institutions.

4.4.2: H_{02} : There is no significant relationship between career advancement practices and retention of health care staff in Machakos County in Kenya.

To test the above hypothesis a simple linear regression was done and the an analysis of variance (ANOVA) results are presented in table 4.6 below.

Table 4.6: ANOVA results on role of career advancement practices on retention of health care staff

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	586.818	1	586.818	15.260	.000 ^b
Residual	8652.257	225	38.454		
Total	9239.075	226			

a. Dependent Variable: Retention

b. Predictors: (Constant), Career advancement

Since $P(0.000)$ is less than alpha (0.05), the researcher rejected the null hypothesis and adopted the alternative hypothesis and concluded that with the data obtained, there is a significant relationship between career advancement practices and retention. Thus career advancement practices play a significant role in the retention of health care staff in public health care institutions in Machakos County.

The above findings are in line with the findings from a research by Chay and Norman (2003) on creating value for employees: investment in employee development which showed that perception of investment in development can improve nurses' morale and dedication to the level that emotionally binds them to the organization and encourages them to stay on. This implies that healthcare organization need to pay greater attention, both in investing and planning development activities that promote and develop organizational commitment and job satisfaction among nurses. Armstrong (2009) concurs when he asserts that, lack of clear career path or development is a major cause of poor employee retention. He further says that to maintain a stable work force, employers should learn to plan to provide career opportunities by providing employees

with wider expectations, encouraging promotion from within and developing equitable promotion procedures. (Armstrong, 2009).

A correlation analysis show a significant positive relationship between retention and career advancement practices ($r=0.245$, $\alpha =0.01$). A regression analysis was run to test whether the relationship between retention and remuneration practices is linear and results are as shown in table 4.7 below.

Table 4.7 Linear Regression Analysis Model Summary

Model	R	R Square	AdjustedR Square	Std Error of the Estimate
1	.252 ^a	.064	.059	6.201

a. Predictors: (Constant), Career_advancement

The Karl Pearson product moment of coefficient of correlation $r=0.252$ is low and suggests a weak relationship. The adjusted r squared= 0.059 indicates that only 5.9 % of the change in retention can be explained by a change in the career advancement practices. Thus other factors could be accounting for the remaining 94.1%.

As shown in table 4.8 on the correlation coefficient below, the beta $\beta=0.150$ value is however significantly higher than 0 hence a simple linear regression relationship holds with a model ; $R= 59.661+0.150 CA$

Table 4.8 Regression Analysis Correlation Coefficient

Model	Unstandardized		Standardized	t	Sig.
	Coefficients				
	B	Std. Error	Beta		
(Constant)	59.661	2.321		25.700	.000
1 Career_advanceme nt	.150	.038	.252	3.906	.000

a. Dependent Variable: Retention

This indicates that although there is a relationship it is weak hence the career advancement practices should be improved to have a greater role in the retention of staff in the public health institutions in the county.

4.4.3: H₀₃: There is no significant relationship between work environment management practices and retention of health care staff in Machakos County in Kenya.

An analysis of variance (ANOVA) was done to test the above hypothesis whose results are presented in table 4.9 below.

Table 4.9: ANOVA Results on Role of Work Environment Management Practices On Retention Of Health Care Staff

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	635.236	1	635.236	16.612	.000 ^b
Residual	8603.839	225	38.239		
Total	9239.075	226			

a. Dependent Variable: Retention

b. Predictors: (Constant), Work_environment

The P(0.000) is less than alpha (0.05). The researcher therefore rejected the null hypothesis and adopted the alternative hypothesis and concluded that with the data obtained there is significant relationship between work environment management practices and the retention of health care staff in Machakos County Kenya (F 16.612, df=1, and P<0.05). Thus work environment management practices play a significant role in the retention of health care staff in public health care institutions in Machakos County .

These findings are in line with the findings from an independent study conducted by the Society for Human Resource Management which demonstrated that physical work environment contributes a major factor affecting the decision of employee's whether to stay or leave the job (Sutherland & Jordaan, 2004). Indeed Winterton, (2011) asserts that the key to retaining employees is to create an environment employees choose to work in and will stay given the availability of other job opportunities.

A correlation analysis show no significant relationship between work environment management practices and retention (r=0.126, at either $\alpha =0.01$ or 0.5). The positive

value of the correlation however show there exists a positive relationship at an alpha value higher than 0.05.

The simple regression analysis ran also gave a low Karl Pearson's product moment coefficient $r=0.262$ which suggests a weak relationship. The adjusted $r^2=0.065$ value indicate that only 6.5% of the change in retention of staff in public health institutions in Machakos County can be attributed to work environment management. This is represented in table 4.10 .

Table 4.10 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.262 ^a	.069	.065	6.184

a. Predictors: (Constant), Work_environment

However the beta $\beta=0.203$ value is significantly higher than 0 and hence a linear relationship $R=54.069+0.203WE$. These values are as shown in table 4.11 below.

Table 4.11: A Simple Regression Analysis Correlation Coefficients

Model		Unstandardized Coefficients		Standardized T	Sig.
		B	Std. Error	Beta	
1	(Constant)	54.069	3.585	15.081	.000
	Work_environment	.203	.050	.262	4.076

a. Dependent Variable: Retention

The findings imply that the work environment management practices are not good and a lot needs to be done to improve them so that the correlation coefficient improves.

4.4.4: H₀₄: There is no significant relationship between work-life balance practices and retention of health care staff in Machakos County in Kenya.

To test the above hypothesis, a simple regression analysis was done whose ANOVA results were as shown in the table 4.12.

Table 4.12: ANOVA Results on Role of Work Life Balance Practices on Retention of Health Care Staff

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	692.244	1	692.244	18.224	.000 ^b
Residual	8546.831	225	37.986		
Total	9239.075	226			

a. Dependent Variable: Retention

b. Predictors: (Constant), Work_life_balance

Since P(0.00) is far much less than alpha (.05), the null hypothesis was rejected and the alternative adopted hence concluded that with the data obtained, there is evidence of significant relationship between work-life balance practices and the retention of health care staff in Machakos County in Kenya (F (18.224, df=1, and P<0.05). Thus work-life balance practices play a significant role in the retention of health care staff in public health care institutions in the county.

These observations are in line with the findings of Thompson and Prottas (2005) and Yanadoria and Katob (2010) who examined the relationship between employee turnover intention and organization support such as supervisor support, flex time, work family culture and co-worker support and concluded that organization support reduced the employee turnover intention. A correlation analysis show a statistically significant weak but positive relationship between retention and work-life balance practices ($r=0.211$, $\alpha =0.05$) (see appendix VI).

A linear regression analysis shows that the relationship is very weak with Karl Pearson's product moment coefficient of linear correlation $r = 0.274$ as shown in table 4.13 below. The adjusted r squared = 0.071 indicates that only 7.1% of the change in retention can be explained by change in work-life balance practices. Other factors therefore account for the rest of the retention.

Table 4.13: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.274 ^a	.075	.071	6.163

a. Predictors: (Constant), Work_life_balance

As shown on table 4.14 below, testing the simple regression model $R = \alpha + \beta WL$ where $\alpha = 53.553$ and $\beta = 0.253$ shows that the beta value is significantly higher than 0 and so the model holds hence $R = 53.553 + 0.253WL$.

Table 4.14: Simple regression analysis correlation Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	53.553	3.545		15.106	.000
	Work_life_balance	.253	.059	.274	4.269	.000

a. Dependent Variable: Retention

These findings indicate that although the work-life balance practices enhance retention, various parameters that enhance their attractiveness should be looked into to make them better so that the correlation coefficient can improve.

4.5 Collective Role of the Independent Variables pooled together on the Dependent Variable Retention.

A multivariate regression analysis was done in order to answer the questions; How do the independent variables influence each other?; How does each independent variable influence the dependent variable?; To what extent does the model $R = \beta_0 + \beta_1 R + \beta_2 CA + \beta_3 WE + \beta_4 WL$ represent what is actually happening on the ground?; How do the independent variables influence the dependent variable collectively? ; To what extent does each independent variable affect the dependent variable in the collective set up? and which are the more significant factors?

4.5.1 Relationship Between HRM Practices

To establish if there are significant relationships between the different HRM practices used by the public health care institutions in Kenya, a correlation analysis was done. Table 4.15 represents the results.

The results in table 4.15, there exists a moderate but statistically significant relationship between career advancement and work-life balance practices ($r=0.395$, $p<0.05$), remuneration and career advancement practices ($r=0.336$, $p<0.05$) and career advancement and work environment management practices ($r=0.318$, $p<0.05$) used by public healthcare institutions in Kenya. However, there exists a weak but statistically significant relationship between work-life balance and work environment management practices ($r=.289$, $p<0.05$), remuneration and work environment management practices (0.231 , $p<0.05$) and reward and work life balance practices (0.190 , $p<0.05$).

Table 4.15: Correlation analysis between the HRM practices

N=227			Reward .cat	career.ca t	worlifebala nce.cat	Workenviro nment.cat
Spearman correlation	Reward.c at	Correlation Coefficient	1.000	.336**	.190**	.231**
		Sig. (2- tailed)	.	.000	.004	.001
	career.cat	Correlation Coefficient	.336**	1.000	.395**	.318**
		Sig. (2- tailed)	.000	.	.000	.000
	worlifebal ance.cat	Correlation Coefficient	.190**	.395**	1.000	.289**
		Sig. (2- tailed)	.004	.000	.	.000
	workenvir onment.ca t	Correlation Coefficient	.231**	.318**	.289**	1.000
		Sig. (2- tailed)	.001	.000	.000	.

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

4.5.2 Correlation between the Independent Variables and the Dependent Variable

A correlation analysis between each of the independent variables and the dependent variable was done to establish how these independent variables influence the dependent variable and the results were as shown in table 4.16 below

Table 4.16: Summary of the correlation analysis of the bivariate relationship of retention against the independent variables

		Reward. cat	career.c at	worlifebala nce.cat	Work environment cat	retention. cat
retention. cat	Correlati on Coefficie nt	.166*	.245**	.211**	.124	1.000
	Sig. (2- tailed)	.012	.000	.001	.068	.
	N	227	227	227	219	227

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

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

From the results it was found that there are weak but statistically significant positive relationships between career advancement practices and retention ($r=0.245$, $p<0.05$), work-life balance practices and retention ($r=0.211$, $p<0.05$) and remuneration management practices and retention ($r=0.166$, $p<0.05$). However, the results show a weak positive relationships which is not statistically significant at either 0.01 or 0.05

between work environment management practices and retention ($r=0.124$, $p>0.5$), Therefore, there is a positive correlation between the human resource management practices and retention of staff in the public health care institutions in Kenya , particularly Machakos county since the table shows the zero order coefficient for the dependent variable against each independent variable.

4.5.3 Multivariate Linear Regression Analysis between the Independent Variables and the Dependent Variable

A multivariate linear regression analysis shows that the relationship between all the independent variables pooled together and the dependent variable is weak but positively significant with the value of R the model collective correlation coefficient= 0.349 as shown in table 4.17 .

Table 4.17 Multiple linear regression analysis Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.349 ^a	.122	.106	6.045

a. Predictors: (Constant), Work_environment, Reward, Work_life_balance, Career_advancement

The value of adjusted R squared is 0.106 implying that only 10.6% of the change in the level of retention in the public health institutions in Machakos County can be explained by a change in the four variables pooled together. This shows that besides the four human resource management practices, there are other factors that play a significant role in the retention of staff in the institutions. The R value also shows that the model improved when more variables are incorporated when trying to analyze the factors that affect the retention of staff in public health institutions in Kenya.

The ANOVA results show that P (0.000) is less than alpha (0.05). Thus the four variables play a significant role in the retention of health care staff in Kenya (F (7.700), df=4, and P<0.05), table 4.18

Table 4.18: ANOVA For The Independent Variable And The Four Independent Variables Pooled Together.

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	1125.614	4	281.403	7.700	.000 ^b
Residual	8113.461	222	36.547		
Total	9239.075	226			

a. Dependent Variable: Retention

b. Predictors: (Constant), Work environment, Reward, Work life balance, Career advancement

4.5.4 Significance of Each Independent Variable in the Model

The beta value is used to answer the question which of the independent factors play a more important role in the retention of staff. Table 4.19 below indicates that the most important factor is work life balance, followed by work environment, then career advancement and finally remuneration. The beta values for these variables; 0.147, 0.134, 0.103 and 0.100 respectively indicate that the dependent variable retention would change by a corresponding number of standard deviations when the respective independent variables change by one standard deviation. The order of importance of the factors is similar to that suggested by the bivariate regression analysis using the zero order correlation coefficients as shown in table 4.16 above.

Table 4.19 : Multiple regression analysis correlation coefficients.

Coefficients^a						
Model		Unstandardized		Standardized	t	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
1	(Constant)	44.359	4.643		9.555	.000
	Work_life_balance	.136	.068	.147	1.985	.048
	Reward	.095	.065	.100	1.447	.149
	Career_advancement	.061	.044	.103	1.385	.167
	Work_environment	.104	.056	.134	1.842	.067

a. Dependent Variable: Retention

The resulting multiple regression equation is therefore:

$$\text{Retention(R)} = 44.359 + 0.095\text{Remuneration(Rn)} + 0.061\text{Carreer advancement(CA)} \\ + 0.104\text{Working Conditions (WC)} + 0.136\text{ Work Life Balance .}$$

$$\text{Thus , R} = 44.359 + 0.095\text{Rn} + 0.061\text{CA} + 0.104\text{WC} + 0.136\text{WL}$$

4.6 Analysis Based on Research Objectives

The analysis of the findings based on the research objectives were as follows

4.6.1 Role of Remuneration Practices on the Retention of Health Care Staff

The first research objective was to analyze the role of remuneration practices on the retention of staff in public health care institutions in Machakos county; Kenya. To meet this objective, four research questions were formulated. The first question sought to find out if in the respondents' opinion, remuneration practices affected staff retention. The respondents were required to tick against Yes if they thought it affected or against No if they thought it never affected staff retention. The responses were as shown in the table 4.20.

Table 4.20: Remuneration Practices Influence Staff Retention

Response	Frequency	Percentage
Yes	199	88.8
No	25	11.2
Total	224	100.0

Almost all (88.8%) of the respondents in each category said remuneration practices affected staff retention while the remaining 11.2% said it did not affect

The second question sought to get the respondents' views about remuneration practices in their institutions. The respondents were requested to react to various statements on this issue remuneration by ticking whichever was applicable at their workplace on a five point scale of Strongly Agree (SA), Agree (A), Undecided (UN), Disagree (DA) and strongly disagree (SDA). The responses obtained were quantified using frequencies and percentages and tabulated as follows:-

Table 4.21: Role of Remuneration Practices on Retention of Health Care Staff

Statement	Response												
	SA		A		UD		DA		SDA		TOTAL		
	F	%	F	%	F	%	F	%	F	%	TOTAL	%	
Retention is enhanced because													
Salaries and benefit provided are adequate	0	0	0	0	1	6	3	11	52	96	42	227	100
There are periodic salary review	0	0	0	0	1	6	4	11	50	99	44	226	100
salaries and benefits are paid promptly	3	1	3	1	0	0	1	86	38	74	33	227	100
provision of incentives results into retention	4	2	5	2	9	4	4	53	24	63	28	225	100
due to competitive, fair and equitable pay system provided	0	0	0	0	2	12	7	10	49	88	39	224	100
Salaries and benefit policy is fairly and equitably administered	2	1	3	1	2	11	3	79	35	67	30	224	100
to employee benefits such as car loans	0	0	0	0	0	0	0	56	25	170	75	226	100
adoption of competency based pay strategy	2	1	2	1	4	18	3	63	28	68	31	223	100
implementation of performance related pay strategy	1	8	4	1	0	0	8	68	31	96	43	223	100

Table 4.21: Role of Remuneration Practices on Retention of Health Care Staff (cont)

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	TOTAL	%
to employees being rewarded fairly for their performance	2	1	2	1	6	3	83	37	84	37	225	100
Retention is enhanced because employees are rewarded for their excellence	2	1	2	1	0	0	67	30	110	49	224	100
Retention is enhanced due to provision of group incentives such as profit sharing	0	0	0	0	0	0	94	42	130	58	224	100
Retention is enhanced due to implementation of skill based pay system	1	8	3	1	2	11	64	29	78	35	223	100

The table shows that all (100%) the respondents either strongly disagreed or disagreed that retention was enhanced due to provision of benefits such as car allowances and due provision of group incentives such as profit sharing. 214 (94%) felt that the salaries and benefits provided were inadequate while another 212 (94%) either disagreed or strongly

disagreed that there were periodic salary reviews. 197 (88%) and 177 (79%) either disagreed or strongly disagreed that retention was enhanced due to competitive, fair and equitable pay systems provided and because of employees being paid for their excellence respectively.

Of those who responded, 165(74%) and another 166 (74%) also either strongly disagreed or disagreed that retention was enhanced due to implementation of performance related pay strategy or due to employees being rewarded for their performance. 160(71%), 146(65.5%) and 145(65%) either strongly disagreed or disagreed that salaries and benefits were paid promptly, salary and benefits policy was fair and equitably administered and that retention was enhanced due to implementation of competency based pay strategy.

The above responses from the respondents indicate that despite the high value attached to rewards, the salaries and allowances provided were inadequate, were not reviewed regularly, they were not paid promptly and that the salary and benefits policy was unfair and not administered equitably. Additionally the salaries and benefits systems and policies were unfair and inequitable while benefits such as car loans, profit sharing were not provided. Excellence/ competence and performance was not recognized and rewarded.

In general out of the 227 respondents 90% either disagreed or strongly disagreed with the remuneration practices, 9% were undecided while only 1% either agreed with the practices. The mean response was 4.12 with a standard deviation of 0.592. The total score on the responses was thus 53.56 which is significantly higher than half of 65 (the expected maximum score). The reward index obtained by dividing the total score by the maximum possible score is 0.824 which is significantly higher than 0.5. All these values shows a high level of dissatisfaction with the remuneration practices. The summary of responses on the reward practices can be represented on a pie chart as follows.

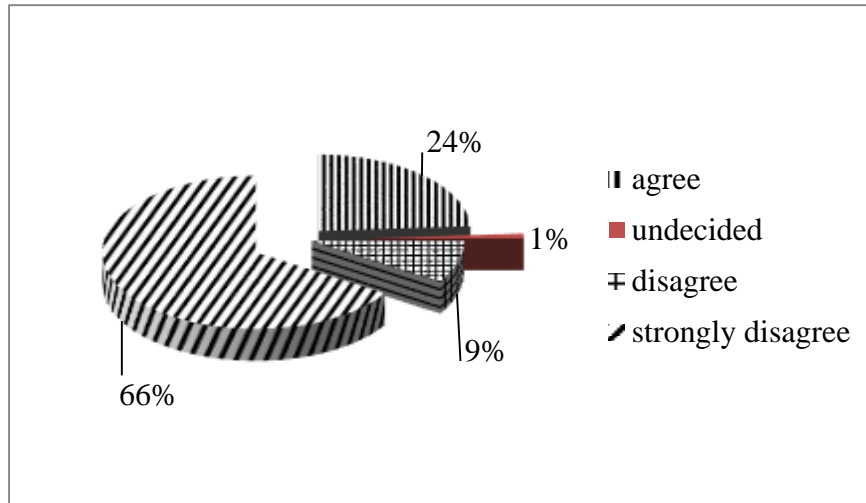


Figure 4.10: Level of Agreement with Reward Practices

In the third research question the researcher sought to find out what other reward management aspects in the respondents' opinion affected employees in their organizations. A majority of the respondents said that salary delays, non-remittance of various dues such as loan deductions, insurance premiums, and statutory deductions among others all of which were usually deducted from their salaries negatively affected staff morale and commitment hence intent to stay. Others cited provision of payment for overtime, salary increment, rewarding the best performers, recognition of the best workers in various departments either through awarding of trophies, word of mouth or just giving a small token. Others said that giving special allowances such as night duty allowance (a form of premia pay), travelling and commuter allowances, leave allowance affected are reward management practices that affected employee retention health care facilities. However they indicated that these were not provided for in their

institutions and this greatly negatively affected the employees' levels of attachment and commitment to the healthcare institutions in the county.

In the last question in this section the researcher sought to get the respondents opinions on the remunerations practices that they thought need to be put in place in the organization to help enhance retention . Among the responses were that there should be timely payment of salaries and remittance of any dues deducted to the relevant institutions, payment of adequate and competitive salaries (salary increments), employees be rewarded for excellence and that performance related pay policy be introduced. Others felt that there should be rewards for excellence, the terms of service should be improved and allowances such as risk allowances, house allowance, commuter allowance and leave should be increased. Additionally others felt that mortgage loans and car loans should be provided , entertainment allowances be given, staff be paid for overtime work, night call/duty allowances and responsibility allowances be introduced and that staff efforts be recognized through periodic rewards especially at the end of the year by being given gift or shopping vouchers. There was also a suggestion that salaries and allowances in the public service be harmonized including harmonizing with those county employed officers of equivalent qualification and experience. Staff employed on contract should also give be put on permanent terms while those in hardship areas be given hardship allowance for these would increase financial and job security hence commitment to the organizations.

4.6.2 Role of Career Advancement Practices on the Retention of Health Care Staff

The second research objective was to analyze the role of career advancement practices on the retention of staff in public health care institutions in Machakos county; Kenya. To meet this objective, four research questions were formulated. The first question sought to find out if in the respondents' opinion, career advancement practices affected staff retention. The respondents were required to tick against Yes if they thought it affected or

against No_if they thought it never affected staff retention. The responses were as in table 4.22.

Table 4.22 Career Advancement Practices Affect Retention

Response	Frequency	Percentage
Yes	180	80.8
No	43	19.2
Total	223	100.0

Almost all 180 (88.8%)of the respondents said career advancement practices affected staff retention while only 43(19.2%) said it did not really affect.

The second question sought to get the respondents' views about career advancement practices in their institutions. The respondents were requested to react to various statements on this issue by ticking whichever was applicable at their workplace on a five point likert scale of Strongly Agree (SA), Agree (A), Undecided (UN), and Disagree (DA) and strongly disagree (SDA). The closer the responses are to five, the higher their dissatisfaction with the career advancement practices. A score of 3 would indicate indecisiveness while scores significantly below 3 shows dissatisfaction with career advancement practices. The responses obtained were quantified using frequencies and percentages and tabulated as follows:-

Table 4.23 Role of Career Advancement Practices on Retention of Health Care Staff

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	TOTAL	%
comprehensive progression scheme of service exists	60	27	5	25	0	0	80	3	28	12	223	100
The scheme of service is very clear on the criteria for promotion and career progression	41	18	6	28	1	8	69	3	33	15	224	100
The policy on employee promotion is equitably applied among all the employee	38	17	3	16	0	0	96	4	53	24	222	100
There is provision of wide career expectations advancement opportur	0	0	0	0	0	0	119	5	106	47	225	100

There exists opportunities to grow internally in the institutions	38	17	6	29	0	0	58	2	61	28	222	100
			5					6				
Internal promotion is encouraged	0	0	0	0	0	0	114	5	111	49	225	100
								1				
Promotions in the health facilities are based on merit	33	15	5	26	2	10	67	3	43	19	223	100
			7		3			0				
There exists position movement which enhances learning and retention	33	15	7	35	0	0	73	3	39	18	223	100
			8					3				
There is provision for training and development opportunities enhancing employability	39	17	7	35	0	0	77	3	29	13	224	100
			9					4				

Table 4.23 Role of Career Advancement Practices on Retention of Health Care Staff (cont)

Statement	Response												
	SA		A		UD		DA		SDA		TOTAL		
	F	%	F	%	F	%	F	%	F	%	TOTAL	%	
												L	
Training and development opportunities are fairly distributed	37	17	34	15	0	0	98	44	53	24	222	100	
Tuition payment (reimbursement is done)	2	1	0	0	0	0	97	43	126	56	225	100	
There are provision of scholarships	35	16	30	13	0	0	84	38	73	33	227	100	
There is provision of paid study leaves or time-off to participate in development programmes	44	20	50	22	0	0	75	33	55	25	224	100	
Mentoring is embraced as a	39	18	65	29	28	13	46	20	45	20	223	100	

career advancement strategy													
There are formal and informal networks strategy for career advancement are embraced	0	0	0	0	25	11	118	53	79	36	222	100	
Position movement is used as a career progression strategy	0	0	0	0	0	0	145	66	75	34	220	100	

The table shows that all representing (100%) the respondents in each case either strongly disagreed or disagreed that there existed wide career advancement opportunities, that internal promotions were encouraged and that position movement was used as a career advancement strategy. 225(100%), 197(89%) and 157(71%) respectively either disagreed or strongly disagreed that tuition fees was reimbursed, formal and informal network strategies were embraced for career advancement and that scholarships were provided. A further 151(68%) either disagreed or strongly disagreed that training and development opportunities were fairly distributed while 149 (67%) felt that the policy on employee promotion was not equitably applied.

The above responses from the respondents show that despite the high value attached to career advancement, the career advancement practices were not good, opportunities

were not equitably provided while sponsorship in the form of scholarships or tuition reimbursements. Even cheaper career advancement practices such as position movement and internal promotion to facilitate career advancement were not in place.

In general out of the 227 respondents 67% either disagreed or strongly disagreed with the appropriateness of the career advancement practices, 32% were undecided while only 1% strongly agreed with the practices. The mean response was 3.85 with a standard deviation of 0.793. The total score on the responses was thus 61.6 which is significantly higher than half of 80 (the expected maximum score). The reward index obtained by dividing the total score by the maximum possible score is 0.77 which is significantly higher than 0.5. The above responses and values show a high level of dissatisfaction with the career advancement practices. The summary of responses on the career advancement practices can be represented on a pie chart/ bar graph as follows.

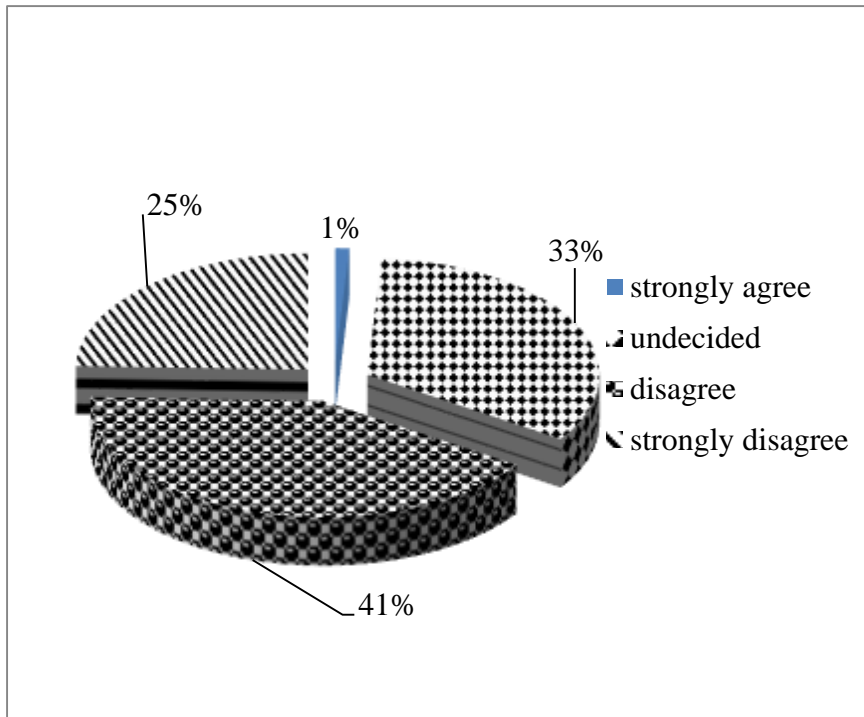


Figure 4.11: Level of Agreement with Career Advancement Practices

The third research question sought to establish other career advancement practices that the respondents thought influenced the retention of staff. Their responses included encouragement of internal promotion, provision of equal opportunities for career advancement, on the job training opportunities and provision of equitable training opportunities for all. Others cited prompt promotion on attainment of higher qualifications, promotion on merit, holding of seminars, provision of study leaves and exposure of staff through bench marking with more advanced facilities.

In the last question the respondents were requested to state career advancement practices that they thought needed to be adopted in their institutions to enhance staff retention. Their responses included, sponsorship of staff to specialize in their career fields, establishment of staff development kitty which should fairly be administered, provision of scholarships and granting of paid study leaves. Others felt that there should be equitable promotion of staff based on merit and devoid of nepotism and tribalism and prompt promotion on attainment of higher qualification for delays tended to discourage the staff. Others felt there should be opportunities for continuous training including on the job training/ internal training while others felt that practical assessment should be part of the career advancement practices.

A number felt that the period of work required before one qualified for study leave should be shortened, that there should be fair and equitable selection of staff for career advancement that the qualified should be recognized and that promotion should be based on merit. Seminars, refresher training mentorship programmes, position movement and regular capacity building in rural areas should also be embraced as career advancement practices to enhance retention. Some also indicated that the criteria for promotion and career advancement should be made clear and that information on advancement opportunities should be provided such as on seminars and courses available. Some respondents also suggested that there should be loan facilities to facilitate career advancement and that there should be opportunities for internal promotion. Lastly exchange programmes with other countries and networking should also be used as career advancement practices.

4.6.3 Role of Work Environment Management Practices on the Retention of Health Care Staff

In the third research objective the researcher was to explore the role of work environment management practices on the retention of staff in public health care institutions in Machakos county; Kenya. To meet this objective, four research questions were formulated. The first question sought to find out if in the respondents' opinion, work environment management practices affected staff retention. The respondents were required to tick against Yes if they thought they affected or against No if they thought it never affected staff retention. The responses were as shown in table 4.24 below.

Table 4.24: Work Environment Management Practices Influence Staff Retention

Response	Frequency	Percentage
Yes	192	87.7
No	27	12.3
Total	219	100.0

Majority (87.7%) of the respondents indicated that work environment management practices affected staff retention while 12.3% felt it did not affect staff retention.

In the second question the researcher sought to get the respondents' views about work environment management practices in their institutions. The respondents were requested to react to various statements on this issue by ticking whichever was applicable at their workplace on a five point likert scale of Strongly Agree (SA), Agree (A), Undecided (UN), Disagree (DA) and strongly disagree (SDA). The closer the responses are to five, the higher their dissatisfaction with the work environment management practices. A score of 3 would indicate indecisiveness while scores significantly below 3 shows

dissatisfaction with work environment management practices. The responses obtained were quantified using frequencies and percentages and tabulated as shown on table 4.25

Table 4.25: Role of Work Environment Management Practices on Retention of Health Care Staff

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	F	%
Retention is enhance because there are sufficient working tools	0	0	0	0	0	0	118	52	108	48	226	100
because working tools are provided as and when needed	0	0	0	0	0	0	106	47	119	53	225	100
because office space is sufficient	37	17	51	23	0	0	73	33	63	27	224	100
because offices are well furnished	0	0	0	0	0	0	114	51	111	49	225	100
because offices and working rooms are well ventilated	47	21	77	34	0	0	64	28	38	17	226	100
because offices and rooms are well lit	47	21	88	39	0	0	64	28	27	12	226	100
because working area is free of pollution of noise	44	20	83	36	0	0	72	32	26	12	225	100

and dust													
because workspace is well designed to provide privacy	0	0	0	0	0	0	135	60	90	40	225	100	
because protective gear is provided where necessary	0	0	0	0	0	0	129	58	93	42	222	100	
because risk allowance is sufficient	0	0	0	0	0	0	89	40	134	60	223	100	
because offices are well furnished	0	0	0	0	0	0	118	53	103	47	221	100	
because workload is manageable	38	17	51	23	0	0	77	34	58	26	224	100	

Table 4.25: Role of Work Environment Management Practices on Retention of Health Care Staff (cont)

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
because:	F	%	F	%	F	%	F	%	F	%	F	%
employees are involved in decision making	0	0	0	0	0	0	105	47	116	53	221	100
Retention is enhanced because of job security	45	20	51	23	0	0	84	37	44	20	224	100
there is support by colleagues supervisors and administrators	59	26	96	43	0	0	46	21	23	10	224	100
there are minimal conflicts at the work place	0	0	0	0	0	0	133	59	93	41	226	100
there is provision of support to handle work stress eg psychologist	0	0	0	0	0	0	101	45	123	55	224	100

The table shows that all the respondents in each case either strongly disagreed or disagreed that retention was enhanced because there were sufficient work tools, work tools were provided as and when needed, offices were well furnished and because workspace was well designed to provide privacy. All again representing 100% in each

category either disagreed or strongly disagreed that retention was enhanced due to provision of protective gear when necessary, because risk allowance was sufficient, employees, because employees were involved in decision making, because there were minimal conflicts in the work place or because there was provision of support to handle work stress from specialists such as psychologists. Instead they indicated that all these practices were either absent or insufficiently. 60% disagreed that retention was enhanced because the workloads were manageable. However 161 (72%) either agreed or strongly agreed that retention was enhanced due to support from supervisors and colleagues while 135 (60%) felt it was due to teamwork. Generally the responses indicate that despite the high value attached to work environment, the work environment management practices were not good, work tools were insufficient, offices were poorly furnished, risk allowance was insufficient, employees were not involved in decision making and there weren't support to manage work stress.

In general 71% out of the 219 respondents either disagreed or strongly disagreed that retention was enhanced due to existence of good environment management practices while 10% were undecided. The mean response was 3.79 with a standard deviation of 0.604. The total score on the responses was thus 68.22 which is significantly higher than half of 90 (the expected maximum score). The work environment management index obtained by dividing the total score by the maximum possible score is 0.758 which is significantly higher than 0.5. These responses and values signify a high level of dissatisfaction with the work environment management practices. Figure 4.12 below shows a summary of responses on the work environment management practices.

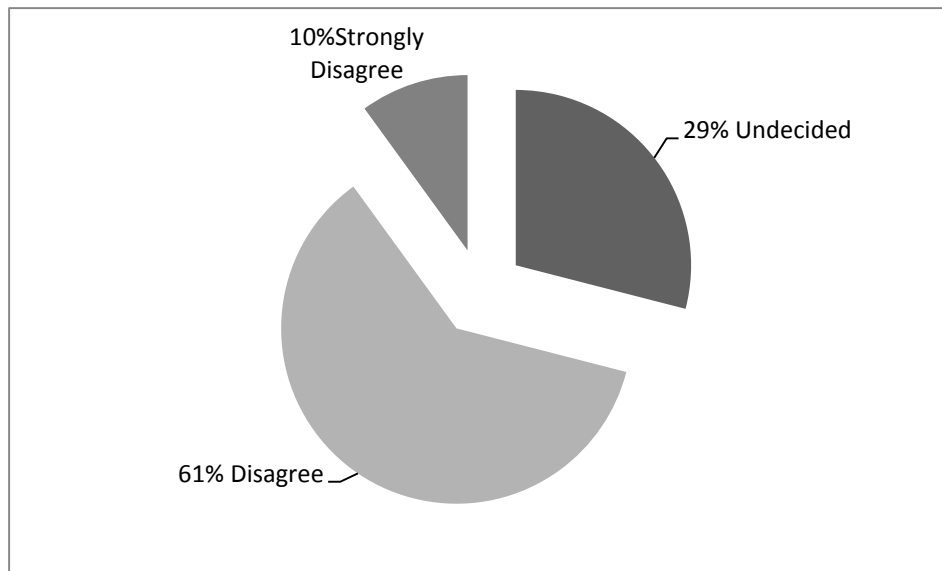


Figure 4.12: Level of Agreement with Work Environment Management Practices

To answer the third question which was on the respondents opinion on other aspects of work environment management practices that played a role in staff retention, the respondents cited amount of workload, quality of infrastructure such as safety of buildings, number of staff, physical security, working space , delegation, work schedules and managerial/ supervisor support. Others were division of work, presence of well ventilated, lit and furnished offices, disability friendly facilities, availability of medical supplies like drugs and other essentials like protective materials and equipment and availability of staff houses. The nature of political relationship, clientele relationship and embracing of technology were other practices cited. However all these were rated as being poor in almost all the health care institutions in the county.

In the fourth question the respondents were requested to outline some of the work environment management practices which they felt needed to be put in place to enhance retention. Their responses included provision of conducive working environment

characterized by proper communication both vertical and horizontal, involvement in decision making, a conducive organizational climate and work place civility. They also felt that some of the facilities were too small and required expansion, that storage spaces should be expanded and provided for in each department, and that operational spaces should be well cleaned, ventilated, lit and furnished. Safety in the working space should be enhanced as some cited that they were prone to insecurity incidences especially during night shifts while others felt that protective gears and equipment should be readily available to minimize exposure to health hazards while on duty. Working tools and other supplies such as drugs need to be readily available and provided as and when required and water supply required to be improved. Indeed some facilities did have readily available water supply and this exposed the staff and patients to serious health hazards.

Others felt that the work places should be well designed to provide privacy and that the staff should be housed within the institutions because at times they would be on call at night and security would be more certain if they were in a close proximity. In the absence of housing, some felt that provision of transport facilities would come in handy especially given that they sometimes were on duty until late. Disability friendly facilities such as ramps, walk-ways wash rooms and sitting facilities needed to be provided as almost all facilities did not have a provision for this which posed lots of challenges to the physically disabled staff.

To deal with the issues of workloads they felt staffing levels should be improved, technology embraced and team work improved through team building exercise for this would encourage members to assist one another where possible. Public awareness also needed to be created on the role of health care staff to manage public expectations and employee clientele (patients) relationship while the supervisors also need to be friendlier. The staff on contract should be engaged permanently as this would enhance their commitment hence retention.

4.6.4 Role of Work life Balance Practices on the Retention of Health Care Staff

The fourth objective was to analyze the role of work life balance practices on the retention of staff in public health care institutions in Machakos county; Kenya. To meet this objective, four research questions were also formulated. The first question sought to find out if in the respondents' opinion, work-life practices affected staff retention. The respondents were required to tick against Yes if they thought they affected or against No if they thought they never affected staff retention.

Table 4.26: Work Life Balance Practices Affect Employee Retention

Response	Frequency	Percentage
Yes	185	88.5
No	24	11.5
Total	209	100.0

185 (85.5%) of the respondents said that work life balance practices affected staff retention while the rest 24 (11.5%) felt that it did not affect the staff retention.

In the second question the researcher sought to get the respondents' views about work life balance practices in their institutions. The respondents were requested to react to various statements on this issue by ticking whichever was applicable at their workplace on a five point likert scale of Strongly Agree (SA), Agree (A), Undecided (UN), and Disagree (DA) and strongly disagree (SDA). The closer the responses are to five, the higher their dissatisfaction with the work environment management practices. A score of 3 would indicate indecisiveness while scores significantly below 3 shows dissatisfaction

with work life balance practices. The responses obtained were quantified using frequencies and percentages and tabulated as follows:-

Table 4.27: Role of Work-life Balance Practices on Retention of Health Care Staff

Statement	Responses											
	SDA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	F	%
Retention is enhanced because annual leave is given	96	42	106	47	4	2	11	5	10	4	227	100
Retention is enhanced because there is provision of sick leave	75	33	112	50	13	6	12	5	13	6	225	100
Retention is enhanced because compassionate leave is granted,	53	24	82	37	34	15	30	14	24	11	223	100
Retention is enhanced because sabbatical leave is granted	42	19	48	21	0	0	95	42	39	18	224	100
Retention is enhanced because study leave are given to employees	52	23	91	41	24	11	30	14	26	12	223	100
Retention is enhanced because staffs are given their off days as required	52	23	102	46	0	0	49	22	20	9	223	100

Table 4.27: Role of Work-life Balance Practices on Retention of Health Care Staff (cont)

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	F	%
Retention is enhanced because employees are given time away whenever they have issues to attend to	57	25	95	42	0	0	53	23	22	10	227	100
Retention is enhanced because there is part time working	31	14	47	21	0	0	98	44	48	21	224	100
Retention is enhanced because there is provision of onsite child care services	0	0	0	0	0	0	96	43	129	57	225	100
Retention is enhanced because work schedule are flexible	0	0	0	0	0	0	124	55	102	45	226	100
Retention is enhanced because of provision of social and family events	0	0	0	0	0	0	109	48	117	52	226	100
Retention is enhanced because there is gym and mental relaxation programmes	0	0	0	0	0	0	81	36	143	64	224	100
Retention is enhanced because there provision for children	0	0	0	0	0	0	88	39	136	61	224	100

education schemes

Retention is enhanced because 48 21 47 21 14 6 45 20 71 32 225 100
there is availability of health
and well-being programmes
like health insurance for self
and dependents

The table shows that all the respondents in each case either strongly disagreed or disagreed that retention was enhanced because there provision of onsite childcare services, because work schedules were flexible, because there was provision of social and family events, there were gym and mental relaxation programme and because there was provision of child education schemes another 146 (65%) disagreed or strongly disagreed that retention was because there was part-time working arrangement.

However 202 (89%), 189 (88%), 154 (69%), 154(67%) and 143(64%) respectively either strongly agreed or agreed that annual leave, sick leave, off days, time away and study leave were granted to the staff accordingly and this could have enhanced retention of staff in the institutions. Generally the responses indicate that despite the high value attached to work environment and there being in place some work-life balance practices in place the staff was still dissatisfied because some of the work- life balance practices were such as flexible schedules, provision of social and family events, mental relaxation programmes and child education schemes not in place.

In general 98 % out of the 227 respondents either disagreed or strongly disagreed that retention was enhanced due to existence of good work-life balance practices while only 1% were undecided and another 1% strongly agreed with the work-life balance practices in place (Appendix VIII). The mean response was 4.17 with a standard deviation of

0.479. The total score on the responses was thus 58.38 which is significantly higher than half of 70 (the expected maximum score). The work-life balance practices index obtained by dividing the total score by the maximum possible score is 0.834 which is significantly higher than 0.5. These responses and values signify a high level of dissatisfaction with the work life balance practices in place. Figure 4.13 shows a summary of responses on the work –life balance practices.

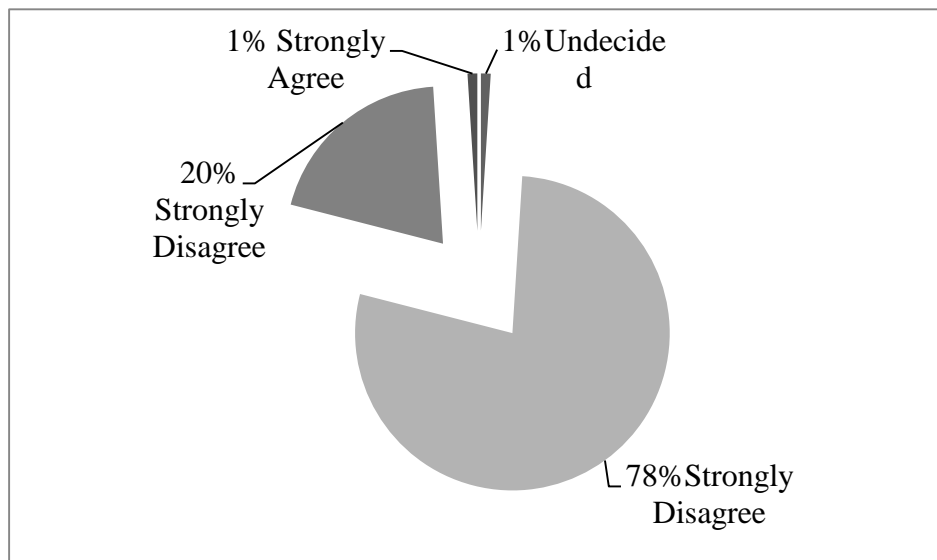


Figure 4.13: Level of Agreement with Work Life Balance Practices

In the third research question, the researcher sought to find out other work life balance practices that affected staff retention. The respondents cited provision of means of transport, comfortable housing, and availability of loans, emergency loan schemes, and insurance schemes such as life insurance for self and family, health insurance schemes and friendly working hours as other factors that play a significant role in staff retention in health care institutions.

When asked the work life balance practices that needed to be put in place to enhance staff retention in their institutions the respondents said that staff should be provided with comprehensive medical covers or access to free treatment and child care services (onsite child care services). They also suggested that length of maternity leave should be increased to 6 months so that the breastfeeding mothers can do so for at least 6 months as is recommended. They said that paternity leave days should also be increased because often the fathers reported back for duty when the mothers still needed their assistant most. Others suggested that all employees should be given time to proceed for annual leave as required and that the number of off days should be increased. Related to these some felt that they should be granted off days during public holidays and the management should source for part-timers to step in during such days. The interviewees also concurred when they said that many times staff are usually recalled to duty even when on leave or off-day and this makes it difficult for them to plan for their free time.

They also suggested that there should be flexi working arrangements such as compressed week, flexible hours and part-time working to enable employees attend to personal issues and have time to do locums which would enhance their financial well-being. Others suggested that they should be deployed near their families for a number felt that family bonds were seriously strained due to distances. They also said that there should be family support in the event of death of staff member or a member of their nuclear family that they should be provided with paid holidays, that there should be provisions for retreats and group recreational opportunities and facilities such as social clubs which will provide avenues for relaxation and also team building. The respondents felt that if these practices were embraced, the staffs' morale would improve; their commitment to the organization increased hence increased tendency stay.

4.6.5 Other Human Resource Management Practices that Influence Staff Retention in Organizations

In the last question in this section the researcher sought to find out the other human resource management practices that influence staff retention in organization. 80% of those who responded identified the management style, 96% indicated job security, 95% identified staff involvement and participation in decision making and ownership of the facilities, 90% talked of employee motivation. 85% identified communication practices as key, 80% talked about performance management, another 75% enumerated recruitment practices, while 70% felt management of staff welfare was significant in determining employee retention in organization. These factors could account for the remaining 89.4% influence on retention.

4.6.6 Employee Commitment and Tendency to Stay (Retention)

In addition to exploring the human resource Management practices that influence employee retention, the researcher also sought to find out the respondents' tendency to be retained. To get insights into this issue the researcher formulated questions to establish the respondents' levels of commitment to their organizations and also their intentions to stay. The respondents were requested to react to various statements on levels of commitment and intent to stay by ticking whichever was applicable to them on a five point likert scale of Strongly Agree (SA), Agree (A), Undecided (UN), Disagree (DA) and strongly disagree (SDA). The closer the responses are to five, the lower their commitment and their intent to stay respectively. A score of 3 would indicate indecisiveness while scores significantly below 3 imply higher level of commitment and intent to stay longer in the organization. The responses obtained on organizational

commitment were quantified using frequencies and percentages and tabulated as shown in table 4.28

Table 4.28: Employees' Commitment

Statement	Response										TOTAL	
	SA	A	UD	DA	SDA							
Employees feel strong sense of belonging to their organizations	0	0	0	0	0	0	163	73	59	27	222	100
Employees agree with this organization's policies regarding employee	0	0	0	0	0	0	180	80	44	20	224	100
Employees can gain little by remaining in this organization	0	0	0	0	0	0	167	74	58	26	225	100
Employees are willing to put in more effort to help the organizations to succeed	0	0	0	0	0	0	136	60	90	40	226	100
Employees are proud to tell others that they are part of their organizations	0	0	0	0	0	0	153	68	73	32	226	100

Employees care about the fate of their organizations	0	0	0	0	0	0	124	56	99	44	223	100
Employees are happy to spend the rest of their career with their organizations	0	0	0	0	0	0	117	52	10	48	226	100
									9			

Table 4.28: Employees' Commitment (cont)

The table shows that all the respondents either strongly disagreed or disagreed that they

Statement	Response										TOTAL	TOTAL
	SA	A	UD	DA	SDA							
Employees feel as if their organizations problem are theirs	0	0	0	0	0	0	127	57	97	43	224	100
Employees feel that they could easily be attached to other organizations as they are attached to theirs now	33	15	63	2	4	2	57	25	27	12	224	100
				8	4	0						
The organizations have great deal of meaning to the employees	0	0	0	0	0	0	120	54	10	46	223	100
									3			

felt a strong sense of belonging to their organizations, they agreed with this organizations policies regarding employee, they were willing to put more efforts to help the organization succeed, that they can gain little by remaining in the organizations, they were proud to tell others they were part of their organizations and that they cared about the fate of their organizations. They all representing 100% also either disagreed or strongly disagreed that they were happy to spend the rest of their career life with their organization, that they felt that the organizational problems were theirs and that the organizations had a great deal of meaning to them. These responses show that the staff are generally not committed to their organization

On their intention to stay, the other indicator of retention, the responses were as tabulated in Table 4.29

Table 4.29: Employees' Intend to Stay

Statement	Response											
	SA		A		UD		DA		SDA		TOTAL	
	F	%	F	%	F	%	F	%	F	%	F	%
Employees plan to work in this organization for as long as possible	0	0	0	0	0	0	12	5	10	4	22	10
							1	4	4	6	5	0
Employees would certainly look for new jobs in the near future	0	0	0	0	5	25	10	4	68	3	22	10
					6		2	5		0	6	0
Given opportunity, the employees would look for a transfer to other stations near bigger towns	0	0	40	1	3	16	81	3	68	3	22	10
					8	5		6		0	4	0
Given opportunities, employees would rather work in smaller facilities	0	0	35	1	0	0	12	5	65	2	22	10
					6		4	5		9	4	0
Employees plan to stay on this job for the shortest time possible	0	0	0	0	0	0	16	7	65	2	22	10
							1	1		9	6	0
Employees would hate to quit this job	0	0	0	0	3	17	12	5	57	2	22	10
					9		9	7		6	5	0
One of the major reasons employee will continue to work for the organization is that another organization may not match the overall benefits gain	0	0	0	0	0	0	15	7	68	3	22	10
							6	0		0	4	0

From the table it clear that all the respondents either strongly disagreed or disagreed that they planned to work for the organization as long as possible, that they planned to stay on the job for the shortest time possible, and that the reason they would continue to work for the organization is that another organization may not match the overall benefits gained. (84%), (83%), (75%) and (66%) respectively either strongly disagreed or disagreed that given an opportunity they would rather work in smaller towns, they would hate to quite the job that they would certainly look for another job in the near future and that they would look for transfer to stations near bigger towns.

These responses indicate that despite the poor HRM practices and the low level of commitment to the organizations, the employees' tendency to leave was still low. This could have been due to a number of reasons. First the fact that they are already trained in a particular field in this case health care makes it difficult to fit in jobs in other fields. Secondly, with devolution of health care services, transfers to other counties is difficult hence they have to either bear or quite altogether. Thirdly the level of unemployment is high with a number of health care trained personnel still out in the job market and looking for employment. Quitting would thus be treated cautiously. Fourth some of the staff has worked for a long period of time thus they wouldn't like to lose their benefits. Fifth, a number of them had dependents some of whom were in school hence they would be hesitant to disrupt their schedules.

However given a better chance in the same field like in NGO's they would consider quitting. This is in line with responses from interviews where the interviewees indicated that those who got job opportunities with good paying NGOs readily left and that majority of those who left either went for private practice or got job with better paying organizations such as the NGOs.

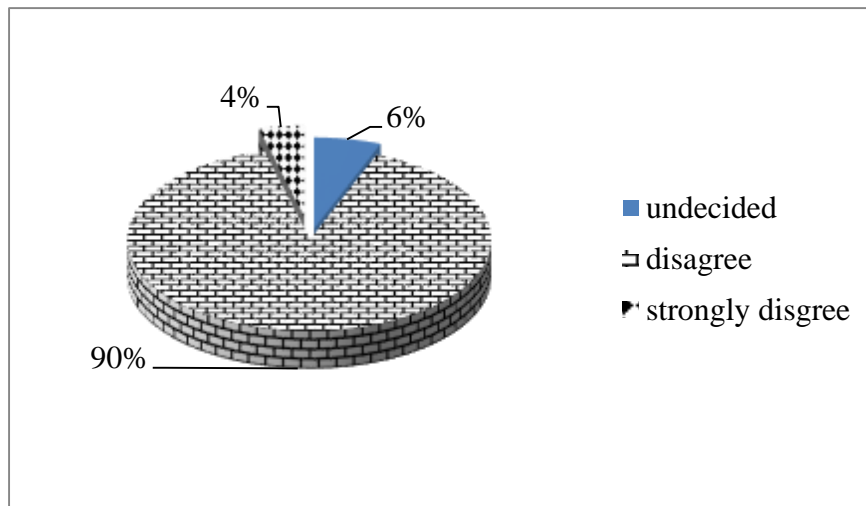


Fig 4.14: Employees' commitment and intent to stay

4.7 Presentation of Interview Findings.

There were a total of 12 interviewees. These consisted of the four medical superintends in charge of the referral hospitals; the three level four and one level five hospital while the remaining 8 were in charge of the health institutions mainly health care centers and dispensaries in the eight sub counties. The interviewees were requested to state if turnover was a challenge in their institutions. Out of the 12 interviewees, 8 said that it was not a problem while the other four said it was a major problem. The four were the medical superintends. Related to this question, they were asked how they would rate retention in the facilities in the institutions in their sub counties or the hospitals. The sub-county health officers said that retention was very good because almost all employees remained in service while those in the level five and level four facilities said it was fairly good. Asked to account for the trend in the retention rate, those who said it

was high said that retention was high because the staff did not have options hence had to stick with their current job, because inter county transfers were difficult, possibility of government scholarship, availability of staff houses in some incidences, proximity to their homes due to job security in public sector and also because of assurance of pension on retirement. It's also worth noting that the staff in these facilities is mainly clinical officers and nurses. Those who said it was fair cited the same reasons but also indicated that high workloads in the busy facilities coupled with poor salaries and lack of incentives and opportunities in private sector due to their experiences were responsible for the departure of some of them.

When asked where those who left went, their responses included transfer to smaller facilities where there is less workload or to larger towns especially Machakos town where they would get locums in the private facilities, others joined the forces (army), others changed career and opted to do farming, majority got jobs with NGOs and private sectors that are considered to pay better while others went abroad to advance their careers. Related question was the category of staff who were most affected. It was revealed that the doctors and pharmacists were most affected followed by the clinical officers. A few of the other were affected. On the reasons advanced for leaving the interviewees cited poor pay and uncompetitive pay, lack of career advancement opportunities, poor working conditions including lack of working tools and equipment and high workloads. Others included lack of staff motivation, work-life balance issues such as to get nearer families and personal issues.

When asked to rank the practices in order of priority, work environment was ranked first, followed by career advancement, then work-life balance and finally remuneration practices. Other factors that influence retention of staff according to the interviewees are good pay, recognition through provision of incentives, provision of necessary supplies, adequate staffing/ manageable workload, good leadership/ management, career advancement opportunities, teamwork, desire to gain experience, physical security, provision of housing facilities and good infrastructure especially transportation.

Majority of the interviewees said that they wouldn't mind leaving if given the opportunity. When asked why they wouldn't mind leaving or what would prompt them to leave they cited poor pay, salary delays, non-remittance of dues that were deducted at times even attracting penalties from the relevant institutions like banks, poor working conditions and too much work load including night shifts which were often laborious as some of the reasons for their dissatisfaction hence desire to leave. Others were lack of pay increment even after career advancement, corruption, absence of hardship and night duty allowances, lack of career advancement opportunities and lack of free time to attend to personal issues.

Finally the interviewees were asked to suggest what they thought should be done to enhance retention. They suggested that pay should be increased, employees should be paid according to their competences, that pay increase should be implemented immediately upon attainment of higher qualification, employees should be promoted to avoid stagnation, employees should be given incentives and that allowances such as hardships, responsibility and night duty should be given. Others said that employees should be sponsored to advance their careers, medical supplies should be improved, staffing should also be improved to reduce workload and reduce burnouts and other working conditions also be improved. Lastly majority felt that health care should be centralized and managed by county government citing the inability of most counties to manage the same. Majority said that conditions in some of the facilities were now worse than they were when they were managed centrally.

CHAPTER FIVE
SUMMARY OF MAJOR RESEARCH FINDINGS, CONCLUSIONS AND
RECOMMENDATIONS

5.1. Introduction

This chapter presents a summary of the major findings from the study as presented in the previous chapter. Conclusions are then drawn based on the findings of the study and recommendations made based on the findings and conclusions of the study. The chapter ends with suggested areas in which further research can be undertaken.

5.2. Summary of Major Findings

This study aimed at establishing the role of remuneration practices, career advancement practices, work environment management practices and work-life balance practices on the retention of staff in public health care institutions in Machakos County in Kenya. Mixed research design was employed and questionnaires and interviews were used to collect primary data. The target population was all technical staff in all the public health care institutions in the county and the respondents were doctors, dentists, clinical officers, physiotherapists, nurses, pharmacists, radiographers and laboratory technicians who were selected through purposive sampling and stratified random sampling. 251 questionnaires were distributed out of which 227 were duly filled and returned giving a response rate of about 90%. 12 interviews were also conducted. Majority of the staff were young people aged below forty years and were mostly females .

5.2.1. Remuneration Practices and Retention

From the results there it was evident that there was a weak but statistically significant positive relationships between remuneration practices and retention of health care staff in Machakos County ($F(9.847, df=1, \text{ and } p<0.05)$). Thus remuneration practices play a

critical role in employee retention. Majority of the respondents felt that remuneration practices affect staff motivation hence retention in organizations. This is consistent with the findings of (Bergiel et al. 2009) who noted that research findings suggest that there is a significant and positive relationship between compensation and job embeddedness

However, despite the high value attached to remuneration practices, most of the respondents were dissatisfied with the remuneration practices in place. Indeed majority said that benefits such as car allowances and group incentives were not provided while the salaries and benefits provided were inadequate and there weren't periodic salary reviews. A great number also felt that the salary systems were uncompetitive, unfair and inequitable and that staff were not paid for their excellence. Additionally, performance related pay and competency based strategies were not embraced neither were salaries and benefits paid promptly. These sentiments were confirmed by recent strikes by nurses from various counties including nurses from Machakos, Meru, Mombasa, and of late Bugoma and Embu. The reward practices in place had little though positive impact on the retention of staff in public health care institutions in the county as indicated by the low value of adjusted r squared of 0.038 meaning that only 3.8% of the change in retention can be explained by a unit change in the remuneration practices.

5.2.2 Career Advancement Practices and Retention

Most respondents felt that career advancement practices affect staff retention in public health care institutions in the county. These practices include a progressive scheme of service, the promotion criteria in place, provision of wide career opportunities, opportunities for internal growth, internal promotion, merit based promotion, position movement, fair distribution of training and development opportunities, provision of paid study leaves, mentoring and formal and informal networks. Indeed the results of the study showed a significant relationship between these career advancement practices and retention of staff in the health care institutions in the county ($F(15.260, DF=1)$, and

P<0.05). These findings are consistent with findings from a research by Chay and Norman (2003) on creating value for employees which shows that perception of investment in development can improve nurses' morale and dedication to the level that emotionally binds them to the organization and encourages them to stay on.

However despite the high regard for career advancement practices most of the respondents felt that the career advancement practices in place were not good, career advancement opportunities were not equitably provided while sponsorship in the form of scholarships or tuition reimbursements was not done. Even cheaper career advancement practices such as position movement and internal promotion to facilitate career advancement were limited. This observation is confirmed by the low value of r squared (0.059) which means that career advancement practices in the institutions contribute only 5.9% of the change in staff retention.

5.2.3 Work Environment Management Practices

The results showed that majority of the respondents said that work environment management practices such as provision of adequate work tools, proper design of the workplace to ensure privacy, provision of protective gear and risk allowances, involvement indecision making, stress management, manageable workloads and supervisor support among others enhance retention of staff in public health care institutions. The results showed a significant positive relationship between the work environment management practices and retention of staff in the public health care facilities in the county (F 16.612, df =1, and P<0.05) . The findings are in line with those of Milory (2004) who reported that people enjoy working, and strive to work in those organizations that provide positive work environment where they feel they are making difference and where most people in the organization are proficient and pulling together to move the organization forward. Indeed workspace designs have a profound

impact on workers and they tend to live with job as long as satisfied (Brill, Weidemann, Olsen, Keable & Bosti, 2001).

However, majority of the respondents were dissatisfied with the work environment management practices in place. For instance they said that work tools were insufficient, offices were poorly furnished, and risk allowance was insufficient, employees were not involved in decision making and that there weren't support to manage work stress. The coefficient of determination r squared of 0.065 confirms this for it shows that work environment management practices account for only 6.5% of a unit change in retention of staff in public health institutions in the county.

5.2.4 Work-Life Balance Practices

The study revealed that most respondents felt that work-life balance practices affect staff motivation hence their retention in the public health care institutions. These practices include among others provision of onsite childcare services, flexible work schedules, social and family events, gym and mental relaxation programmes, children education schemes, leave (maternity, compassionate, maternity, study, paternity, annual etc.), off days and time away when necessary. Indeed there was a significant positive relationship between these work-life balance practices and retention of staff in the public health care institutions in the county (F (18.224, $df = 1$, and $P < 0.05$). This is in line with the findings of Lockwood, 2003 and Landaur, 1997 who asserted that work-life balance programmes have the potential to significantly improve employee morale, reduce absenteeism and retain organizational knowledge, particularly during difficult economic times. Indeed Rahman and Nas (2013) assert that obtaining a balance between work and life has a great role in employee's decision to remain with the organization.

The high value attached to work life balance practices notwithstanding the staff was dissatisfied because some of the work- life balance practices such as onsite childcare

services, flexible schedules (e.g. compressed week and flexi hours), provision of social and family events, mental relaxation programmes and child education schemes were not in place. The low $r^2 = 0.071$ meaning that only 7.1% of the change in retention can be explained by change in work-life balance practices index confirms these observation. However some of the work life balance practices such off day, sick leave, annual leave, maternity and paternity leave and compassionate leaves were said to be in place and were partly attributed to the observed retention level.

5.2.5 Employee Commitment and Intent to Stay

The research revealed that the employees' level of commitment was low. Indeed all the respondents indicated that they didn't have a strong sense of belonging to their organizations, didn't agree with most of their organizations employee policies, were not willing to put more efforts to help the organization succeed, felt they could gain little by remaining in the organizations, were not proud to tell others they were part of their organizations and never cared about the fate of their organizations. Majority were also not willing to spend the rest of their career life with their organization given an alternative, felt that the organizational problems were not theirs and that the organizations didn't have a great meaning to them.

Although their level of commitment was low due to the poor HRM practices, their intent to leave was also low. In fact most of the respondents disagreed that they planned to stay on the job for the shortest time possible, that the reason they would continue to work for the organization is that another organization may not match the overall benefits gained, that given an opportunity they would rather work in smaller towns, that they would certainly look for another job in the near future and that they would look for transfer to stations near bigger towns. These findings are consistent with the responses from the

interviewees where retention in the health care centers was said to be very good while it was fairly good in the level four and level five hospitals.

The reasons advanced for the good retention were among others that the staff did not have options hence had to stick with their current job, because inter county transfers were difficult, possibility of government scholarship, availability of staff houses in some incidences, proximity to their homes, due to job security in public sector and also because of assurance of pension on retirement. In the level four and five hospital where retention was rated as fairly good, high workloads in the busy facilities coupled with poor salaries and lack of incentives and availability of opportunities in private sector due to their experiences were responsible for the departure of some of staff. It was noted that those who left transferred to smaller facilities where there is less workload or to larger towns especially Machakos town where they would get locums in the private facilities. Others joined the forces (army), others changed career and opted to do farming, and majority got jobs with NGOs and private sectors that are considered to pay better while others went abroad for further studies.

To enhance commitment hence retention, majority of the respondents and interviewees suggested that pay should be increased, employees should be paid according to their competences, that pay increase should be implemented immediately upon attainment of higher qualification, employees should be promoted to avoid stagnation, employees should be given incentives and that allowances such as hardship, responsibility and night duty should be given. Others said that employees should be sponsored to advance their careers, medical supplies should be improved, staffing should also be improved to reduce workload and reduce burnouts and other working conditions also be improved. They also suggested that duration for maternity and paternity leaves should be increased, onsite childcare facilities provided and paid holidays and avenues for relaxation and bonding be provided among others. Lastly majority felt that health care should be

centralized and managed by county government citing the inability of most counties to manage the same.

5.3 Conclusion

Human resources are one of the most critical components for strategic success across all organizations. Effective human resources management practices should be able to satisfy and retain this most critical asset. The role of HRM is generally seen in ensuring that firms are able to attract, retain, motivate and develop human resources according to current and future requirements according to Som, 2008.

In this study the role of remuneration, career advancement, work environment management and work life balance practices on the retention of staff in public health care institutions in Machakos County was investigated. From the findings it is concluded that these human resource management practices play a significant role in the retention of staff in public health care institutions in Machakos County as evidenced by the positive correlation values between these variables and retention (see appendix VII). It is however concluded that the practices in place were unsatisfactory. For instance remuneration practices were not good; career advancement was not undertaken appropriately, work environment management practices were not effective with the working conditions in most cases being deplorable and requiring urgent attention while work-life balance practices were either absent or inadequate.

Despite this, the findings show that retention in the facilities was either good or fairly good. From this study it is concluded that a set of HRM practices will not necessarily have a direct impact on the retention of staff in public health institutions in the county. For instance, if remuneration practices were not good, the retention of the staff was found to be either unchanged or in some cases it was affected negatively. However,

commitment of the staff which is a critical factor in the performance of staff was negatively affected.

From the results, it is also concluded that besides remuneration practices, career advancement practices, work environment management practices and work-life balance practices, other organizational and human resource management practices such as leadership, employee involvement and participation, recruitment, performance management practices and employee motivation also play significant role in enhancing employee loyalty and commitment to organizations hence their retention and should therefore not be ignored.

These findings thus suggest that there is need for the Machakos county government to look into the aspects of remuneration, career advancement, work environment and working life balance practices and other human and organizational practices such as leadership, participation, performance management and recruitment among others and put in place mechanisms that would address these practices and thus minimize their negative effects on staff satisfaction and commitment hence performance and retention in the health care institutions in the county.

5.4. Recommendations

The study explored the role of some HR practices on the retention of staff in the public health institutions in Machakos County. Based on the findings, the following recommendations were made which the county government of Machakos, other county governments and even the national government should put in place to address these issues if Kenya is to achieve its vision 2030 plans on the health sector.

To enhance staff commitment hence retention through remuneration practices, the county government ensure timely payment of salaries and remittance of any dues

deducted to the relevant institutions to avoid penalties and enable staff get their benefits accordingly. The salaries and benefit should be increased and made competitive to minimize turnover to private sector. The government should also adopt performance related pay policy and competency based pay policy in order to motivate the hard working staff and also those who advance their qualification. Given that these staff at times work under extremely difficult and risk conditions and sometimes at odd times and for long hours in a day, risk allowances should be improved, overtime pay and night call/duty allowances be introduced and staff efforts be recognized through periodic rewards especially at the end of the year by being given gift or shopping vouchers. Lack of equity in the remunerations of county staff was expressed as one of the dissatisfiers among the staff. The salaries and allowances of staff in public service should be harmonized with those of county employed officers of equivalent qualification and experience who most of the health staff felt had been engaged and placed on higher job grades. Staff employed on contract should also be put on permanent terms while those in hardship areas are given hardship allowance for these would increase financial and job security hence commitment to the organizations.

Career advancement prospects are one of the intrinsic motivators in the work place. Now that health care is a devolved function; the county government should establish a staff development kitty which should fairly be administered through granting of scholarships to its officers including the health care staff. Promotion should be done equitably and should be based on merit while those who attain higher qualification should be promoted promptly for delays tend to discourage the staff. Opportunities for continuous training including on the job training/ internal training should be provided and these together with practical assessment should be part of the recognized career advancement practices. Seminars, refresher training mentorship programmes, position movement and regular capacity building should also be embraced as career advancement practices to enhance retention. Importantly, the criteria for promotion and career advancement should made

clear and information on advancement opportunities should be provided such as on seminars and courses available. Lastly exchange programmes with other countries and counties and networking should be used as career advancement practices.

To improve the work environment, a conducive working environment characterized by clear channels of communication should be established. In particular, upward communication should be encouraged so that the staff can be able to express their views, give feedback on performance and express their dissatisfactions. Involvement in decision making, a conducive organizational climate and work place civility should also be embraced. The county government should also allocate some funds for expansion of facilities to provide for the medical needs of the ever increasing population. Physical and mental health is paramount as outlined in the Occupation Safety and Health Act, 2007 part VI on health general provisions. Therefore operational spaces should be well cleaned, ventilated, lit and furnished. Safety in the work place should be enhanced through staff housing and provision of protective gears as some of the respondents indicated they were prone to insecurity incidences especially during night shifts while others felt that protective gears and equipment were not readily available predisposing them to health hazards while on duty. Facilities be equipped with working tools, drugs and other facilities necessary for efficient operations.

It was noted that most areas in the county have acute water shortages and therefore the county government needs to look for alternative water sources such as boreholes for the facilities to improve hygiene and reduce exposure of the staff and patients to health hazards. The staff should be housed within the institutions and disability friendly facilities such as ramps, walk-ways, wash rooms and sitting facilities be provided as almost all facilities did not have a provision for this which poses lots of challenges to the physically challenged staff. Staffing levels should be improved to make workloads manageable, technology embraced and team work improved through team building

exercise. The staff on contract should be engaged permanently as this would enhance their commitment hence retention.

To provide work-life balance, provide staff with comprehensive medical covers or access to free treatment and child care services (onsite child care services). Flexi working arrangements such as compressed week, flexible hours and part- time working be introduced to enable employees attend to personal issues. There should be family support in the event of death of staff member or a member of their nuclear family. Occasionally the staff should be taken for retreats and group recreation to provide avenues for relaxation and also bonding.

The issue of devolution of health care sector should also be looked into. Majority of the staff felt that the county governments seem not to have been prepared enough to manage this very important sector. The central government should therefore consider centralizing some of the roles such as management of the payrolls and provision of essentials such as drugs to the facilities. If these practices are embraced, the staffs' morale will improve, their commitment to the organization will increase and hence there will be an increased tendency to stay.

5.5 Suggestion for Further Research

This study was done in public health care facilities in Machakos County in Kenya over a period of two months (December 2014 and January, 2015). A longitudinal study should be carried out to monitor the relationship between demographic factors such as the age, marital status, family status, educational level and experience of employees and their intention to stay with the organization.

Secondly the study only explored the role of remuneration practices, career advancement practices, work environment management practices and work-life balance practices in the retention of staff in public health institutions in Machakos County. For

better insight into the role of these human resource management practices in the public sector health, similar studies should also be done in public health care institutions in other counties in order to generalize the findings to all public health care institutions in the Country. Further research in this area should focus on the role of management style, employee motivation, recruitment practices, employee participation and involvement, communication and performance management among others on retention of staff in public health care institutions in the County.

The findings of the study were that most of the staff that left went to work for NGOs and private health care institutions. Similar studies should also be done in the private health care institutions and NGOs to establish the retention strategies developed and adopted and how these strategies are embedded within the organizations' dynamic environment. The study looked at the role of human resource management practices on the retention of staff in health care institutions, studies should also be done to establish the relationship between employee retention and employee performance in organizations.

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APPENDIX I: AUTHORITY LETTER

APPENDIX I



**Jomo Kenyatta University of Agriculture and Technology
School for Entrepreneurship, Procurement & Management
Department of Entrepreneurship, Technology Leadership and
Management**

Telegrams "Thika"
Telephone: 067 52711 ext 2239
Fax: 067 52164

Office of the Chairman
P.O. Box 62000
NAIROBI

Date: 4/11/2014

Ref: JKU/SHRD/EPD/Phd/14(04)

To whom it may concern:

Dear Sir/Madam,

RE: PhD RESEARCH PROJECT FOR: MS. JACINTA M. KINYILI (HD412-1691/2010)

This is to introduce to you Ms. Jacinta who is a student pursuing Doctor of Philosophy degree in Human Resource in the Department of Entrepreneurship, Technology Leadership and Management in the School of Entrepreneurship, procurement and Management at Jomo Kenyatta University of Agriculture and Technology.

The student is currently undertaking a research proposal on: "Effect of Human Resource Management Practices on the retention of staff in public Health institutions in Kenyan. (Machakos county)" in partial fulfilment of the requirement for the programme.

The purpose of this letter is to request you to give the student the necessary support and assistance to enable her obtain the necessary data for the research. Please note that the information given is purely for academic purposes and will be treated with strict confidence.

Thank you.

Yours faithfully,

A3 **MR. ALLAN MUGAMBI**
**COD. ENTREPRENEURSHIP, TECHNOLOGY, LEADERSHIP AND
MANAGEMENT DEPARTMENT**



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APPENDIX II: AUTHORITY LETTER FROM THE COUNTY

APPENDIX II



REPUBLIC OF KENYA
GOVERNMENT OF MACHAKOS COUNTY
MINISTRY OF HEALTH & EMERGENCY SERVICES
Office of The Chief Officer

Telephone: +254-44-20575
Fax: +254-44-20655
When replying please quote
Ref. No.:

Machakos Highway,
Level 5 Hospital,
P.O. Box 2574-90100
Machakos, Kenya

DHES/RESEARCH/1/VOL.1/17

10th November, 2014


Ms. Jacinta M. Kanyili
P.O. Box 2256 - 90100
Machakos

RE: AUTHORITY TO CONDUCT RESEARCH - EFFECT OF HUMAN RESOURCE MANAGEMENT PRACTICES ON THE RETENTION OF STAFF IN PUBLIC HEALTH INSTITUTIONS IN KENYA.

I am in receipt of your letter dated 05th November, 2014 on the above subject.

This office has agreed and granted you authority to carry out the research that aims at finding out the effects of Human Resource Management practices on retention of staff in public health Institutions in Kenya in addition to assessing knowledge skills and attitudes of Health Workers in primary healthcare setting within Machakos County.

Kindly feel free to contact the undersigned or the County Director for Preventive and Promotive Services for any assistance.

for 
Kennedy Auma Msc. HSM
Health Informatics Fellow (UoN)
CHIEF OFFICER

Copy to:

Director of Medical Services, MOH – Nairobi, **Dr. N. Muraguri**
Executive Member for Health & Emergency Services, **Hon. N. Mutie**
Director, Preventive and Promotive Services, **Dr. Jacks Nthanga**

187

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APPENDIX III INTRODUCTION LETTER

JKUAT

P. O. Box 62000

Nairobi.

Mobile No. 0721 512293

December, 2014.

Dear Respondent,

**RE: ROLE OF HUMAN RESOURCE PRACTICES ON RETENTION OF STAFF
IN PUBLIC HEALTH INSTITUTIONS IN MACHAKOS COUNTY.**

I am a post graduate student at JKUAT pursuing a PhD in Human Resource Management. In this regard, I am carrying out a research on the above topic, in partial fulfillment for the requirement for the award of the degree.

I kindly request you to assist me by filling the attached questionnaire to the best of your knowledge. The information provided will be treated with utmost confidentiality and will only be used for the above indicated purpose.

Yours sincerely,

Jacinta Kinyili.

APPENDIX IV: QUESTIONNAIRE

ROLE OF HRM PRACTICES ON THE RETENTION OF STAFF IN PUBLIC HEALTH INSTITUTIONS QUESTIONNAIRE FOR THE PUBLIC HEALTH INSTITUTION STAFF.

PART A

Background information

Please tick (✓) the appropriate response where applicable.

1. Gender

a) Female [] b) Male []

2. Age in years :

a) 20-30 [] d) 51-60 []
b) 31-40 [] e) 61-70 []
c) 41-50 [] f) above 70 []

3. Marital status :

a) Married [] b) Unmarried []

4. Family status:

a) With children [] b) Without children []

5. If with children state if:

a) Dependents [] b) Not dependents []

6. Level of education :

a) Certificate [] d) Masters []
b) Diploma [] e) Doctorate []
c) Bachelors []

7. State the Department in which you work _____

8. Designation

- | | | | |
|-----------------------------|-----|--------------------|-----|
| a) Doctor | [] | (e) Pharmacist | [] |
| b) Radiographer | [] | f) Dentist | [] |
| c) Clinical officer | [] | (g) Lab technician | [] |
| d) Nurse | [] | h) Physiotherapist | [] |
| i) Any other (specify)..... | | | |

9. Year of attainment of qualification

PART B

Section I: Reward and Compensation Practices

- In your own opinion, do you think reward and compensation practices affect employee retention?
 - Yes []
 - No []
- The following are statements about rewards and compensation practices that enhance retention in organizations. Please react to them on a five point scale in the levels of Strongly Agree (SA)-1, Agree (A)-2, Undecided (UN)-3, Disagree (DA)-4 or Strongly Disagree (SDA)-5 regarding their applicability in your organization.

Statement	Response				
	SA	A	UN	DA	SDA
Retention is enhanced due to/because:	1	2	3	4	5
Salaries and benefits provided are adequate					
There are periodic salary reviews					
Salaries and benefits are paid promptly					
Provision of incentives such as risk allowances					

,overtime pay, strenuous allowances, pension					
Pay system provided is competitive, fair and equitable					
The salary and benefit policy is fairly and equitably administered					
There exists employee benefits such as car loans , mortgage , paid holidays and other fridge benefits					
Adoption of competency based pay strategy					
Implementation of performance related pay strategy					
Employees are fairly rewarded for their performance ,					
Employees are rewarded for excellence					
Provision of group incentives such as profit sharing,					
Implementation of skill/knowledge based pay system					

3. Please mention other aspects of the reward and compensation practices not mentioned above that influence retention in your organization

- i.
- ii.

Suggest other aspects of reward and compensation practices that you feel should be put in place to enhance employees' retention

- i.
- ii.

Section III: Career Advancement Practices

1. In your own opinion, do you career advancement practices affect employee retention?

a) Yes [] b) No []

2. The following are statements about the career advancement practices that enhance retention in organizations. Please react to them on a five point scale in the levels of Strongly Agree (SA)-1, Agree (A)-2, Undecided (UN)-3, Disagree (DA)-4 or Strongly Disagree (SDA)-5 regarding their applicability in your organization.

Statement	Response				
	SA 1	A 2	UN 3	DA 4	SDA 5
Retention is enhanced due to/because:					
Existence of a comprehensive progression scheme of service					
The scheme of service is very clear on the criteria for promotion and career progression					
The policy on employee promotion is equitably applied among all the employee					
Provision of wide career expectations advancement opportunities					
Existence of opportunities to grow internally in this institution					
Internal promotion is encouraged					
Promotions in this organization are based on merit					

Existence of position movement which enhances learning					
Provision of training and development opportunities enhancing employability					
Training and development opportunities are equitably and fairly distributed					
Tuition payment/ reimbursement is done					
Provision of scholarships					
Provision of paid study leaves or time- off in the evening to participate in development programmes.					
Mentoring is embraced as a career advancement strategy					
Formal and informal networks strategy for career advancement are embraced					
Position movement is used as career progression strategy					

3. Please mention other career advancement practices not mentioned above that enhance retention in your organization

- i.
- ii.

4. In your opinion how can career advancement and development practices be improved to enhance employees' retention

- i.
- ii.

Section III: working environment

Please indicate with a tick (✓) where possible

1. In your opinion, does working environment affect the retention of employees?

a) Yes [] b) No []

4. Below are some statements about work environment based practices that enhance employee retention in organizations. Please react to them on a five point scale in the levels of Strongly Agree (SA)-1, Agree (A)-2, Undecided (UN)-3, Disagree (DA)-4 or Strongly Disagree (SDA)-5 regarding their applicability in your organization.

Statement	Response				
	SA 1	A 2	UN 3	DA 4	SDA 5
Retention is enhanced due to/because:					
There are sufficient working tools					
Working tools are provided as and when needed.					
Office space is sufficient					
Offices are well furnished					
Offices and working rooms are well ventilated					
Offices and rooms are well lit					
Working area is free of noise pollution and dust pollution					
Workspace is well designed to provide privacy					
Protective gear is provided where necessary					
Risk allowances is sufficient					
Offices are well furnished					
Workload is manageable					
Assurance of job security of job					
Employees are involved in decision making					
Existence of teamwork					
Support by colleagues supervisors and					

administrators					
Conflicts in the workplace are minimal					
Provision of support to handle work stress e.g existence of psychologist.					

2. Please mention other aspects of working environment not mentioned above that affect employee retention

(i)

(ii)

3. In your opinion, what aspects of working environment should be put in place to enhance employee retention?

i.

ii.

Section IV: work-life balance

1. In your own opinion, do you think work-life balance affect employee retention?

a) Yes [] b) No []

2 .The following are statements about work-life balance practices that enhance employee retention in organizations. Please react to them on a five point scale in the levels of Strongly Agree (SA)-1, Agree (A)-2, Undecided (UN)-3, Disagree (DA)-4 or Strongly Disagree (SDA)-5 regarding their applicability in your organization.

Statement	Response				
	SA 1	A 2	UN 3	DA 4	SDA 5
Retention is enhanced due to/because:					
Annual leave is given					
There is provision of sick leave					
Compassionate leave is granted					
Sabbatical leave is provided					
Employees are given study leaves					
Staff are given their off-days as required					
Whenever an employee has a personal issue to attend do they are given time away					
Availability of part-time working arrangements					
Provision of onsite childcare services					
Work schedules are flexible enough to allow employees attend to personal issues					
The supervisors are supportive and caring whenever someone is needs such support					
Counseling services are provided to employees whenever needed.					
There is provision for social and family events					
Availability of gyms and mental relaxation programmes					
Provision of children education schemes					
Availability of health and well-being programmes like health insurance for self and dependants					

3. Please mention other aspects of the work-life balance practices not mentioned above that enhance employee retention in your organization

- i.
- ii.
- iii.

4. Suggest work-life balance practices that you feel should be put in place to enhance employees' retention

- i.
- ii.
- iii.

5. Other than remuneration practices, career advancement practices, work environment management practices and work-life balance practices please state in the spaces below other human resource management practices that you think influence the retention of employees in organizations.

.....
.....
.....
.....

Section V: organizational commitment

Statement	Response				
	SA 1	A 2	UN 3	DA 4	SDA 5
I feel a strong sense of belonging to this organization					
I often find it difficult to agree with this organization's policies regarding employee.					
There is little I can gain by remaining in this organization					
I am willing to put in greater more effort to help this organization be successful					
I am proud to tell others I am part of this organization					
I really care about the fate of this organization.					
I would be very happy to spend the rest of my career with this organization					
I really feel as if this organization's problems are my own.					
I think that I could easily become attached to another organization as I am to this one.					
This organization has a great deal of personal meaning for me					

Section VI: Intention to stay

Statement	Response				
	SA 1	A 2	UN 3	DA 4	SDA 5
I plan to work in this organization for as long as possible					
I will most certainly look for a new job in the near future					
Given an opportunity I would look for a transfer to another station near bigger town.					
Given an opportunity I would rather be working in a smaller facility					
I plan to stay on this job for the shortest time possible					
I would hate to quite this job					
One of the major reasons I continue to work for this organization is that another organization may not match the overall benefits I have here.					

I sincerely appreciate your time and cooperation. Please check to make sure that you have not skipped any questions inadvertently

Thank you.

APPENDIX V: INTERVIEW SCHEDULE

ROLE OF HRM PRACTICES ON THE RETENTION OF STAFF IN PUBLIC HEALTH INSTITUTIONS INTERVIEW SCHEDULE FOR THE PUBLIC HEALTH INSTITUTION STAFF.

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PART A

Background information

Please state.

1. Gender
2. Age in years :
3. Marital status :
4. Family status:
 - a) With children
 - b) Without children
5. If with children state if:
 - a) Dependents
 - b) Not dependents
6. Level of education:
 - a) Certificate
 - b) Diploma
 - c) Bachelors
 - d) Masters
 - e) Doctorate
7. Please state the department in which you work
8. Designation
9. Year of attainment of qualification

SECTION B

- 10 .In your opinion is turn over a challenge facing this organization?
11. In your own assessment, how would you rate the level of employee commitment to this organization?
12. How would you rate the retention rate in this organization?
13. Why?
14. What reasons do employees give for staying in this organization?
15. Where do those who leave go?
- 16 .Which category of employee is most affected?
17. For those who leave the organization; what reasons do they advance for their departure?
18. Compensation, career advancement, working environment and work-life balance practices are human resource management practices that have been cited as influencing employees' decision to stay in an organization. Name them in order of priority starting with the one with the greatest effect in your organization.
19. What other factors do you think influence retention of employees in an organization?
20. Given an opportunity else where would you mind leaving this organization?
21. Please explain why.
22. If you left this organization where would you go?
23. What factors would prompt you to leave this organization?
24. What do you think should be done to enhance the retention of employees in this sector?

I sincerely appreciate your time and cooperation.

Thank you.

APPENDIX VII: MEANS AND STANDARD DEVIATION

Variable	Percentage [%]					N	Mean	SD
	SA	A	UN	DA	SDA			
	[1]	[2]	[3]	[4]	[5]			
Reward practices	0	1	9	66	24	227	4.12	.592
Career advancement practices	1	0	34	42	25	227	3.85	.793
Work environment	0	0	29	61	10	219	3.79	.604
Work life balance	1	0	1	78	21	227	4.17	.479
Retention(commitment & intend to stay)	0	0	6	89	4	227	3.96	.396

APPENDIX VIII: LIST OF HEALTHCARE FACILITIES

Facility Code	Facility Name	Subcounty	Division	Type
1	Katani Dispensary	Athi River	Athi River	Dispensary
2	Mlolongo Wellness Centre	Athi River	Athiriver	Dispensary
3	KMC Staff Clinic	Athi River	Athi River	Dispensary
4	Athi River Health Centre	Athi River	Athi River	Health Centre
5	Kinanie Dispensary	Athi River	Athi River	Dispensary
6	Kivaani Health Centre	Kangundo	Kakuyuni	Health Centre
7	Mukunike Dispensary	Kangundo	Kakuyuni	Dispensary
8	Kakuyuni Health Centre	Kangundo	Kakuyuni	Health Centre
9	Kangundo Community Clinic	Kangundo	Kangundo	Health Centre
10	Kangundo District Hospital	Kangundo	Kangundo	SubCounty Hospital
11	Kathaana Dispensary	Kangundo	Kakuyuni	Dispensary
12	Kawauni Dispensary	Kangundo	Kangundo	Dispensary
13	Kyevaluki Dispensary	Kangundo	Kakuyuni	Dispensary
14	Ithaeni Dispensary	Kathiani	Kathiani	Dispensary
15	Kaani Dispensary	Kathiani	Kathiani	Dispensary
16	Kalunga Dispensary	Kathiani	Kathiani	Dispensary

17	Miumbuni Dispensary	Kathiani	Kathiani	Dispensary
18	Mitaboni Health Centre	Kathiani	Kathiani	Health Centre
19	Kathiani District Hospital	Kathiani	Kathiani	SubCounty Hospital
28	Kaviani Health Centre	Kathiani	Kathiani	Health Centre
29	Mutitu Dispensary	Kathiani	Kathiani	Dispensary
30	Ngoleni Dispensary	Kathiani	Kathiani	Dispensary
31	APDK Dispensary (Machakos)	Machakos	Central	Dispensary
32	Kititu Dispensary	Machakos	Kalama	Dispensary
33	Mua Hills Dispensary	Machakos	Central	Dispensary
34	Nzaini Dispensary	Machakos	Kalama	Dispensary
35	School for the Deaf (Machakos)	Machakos	Central	Dispensary
36	GK Prison Dispensary (Machakos)	Machakos	Central	Dispensary
37	Kalama Dispensary	Machakos	Kalama	Dispensary
38	Kamuthanga Dispensary	Machakos	Central	Dispensary
39	Machakos Level 5 Hospital	Machakos	Central	Level 5 Hospital
40	Makyau	Machakos	Central	Dispensary
41	Kola Health Centre	Machakos	Kalama	Health Centre

46	Approved School Dispensary (Machakos)	Machakos	Central	Dispensary
47	Mutituni Dispensary	Machakos	Central	Dispensary
48	Muumandu Dispensary	Machakos	Kalama	Dispensary
49	Muvuti Dispensary	Machakos	Central	Dispensary
50	Katumani Dispensary	Machakos	Central	Dispensary
51	Kiitini Dispensary	Machakos	Kalama	Dispensary
52	Kimutwa Dispensary	Machakos	Central	Dispensary
53	Kyawalia Dispensary	Machakos	Kalama	Dispensary
54	Kiseuni Dispensary (Yatta)	Masinga	Masinga	Dispensary
55	Mukusu Dispensary	Masinga	Masinga	Dispensary
56	Kitangani Dispensary	Masinga	Masinga	Dispensary
57	Kivaa Health Centre	Masinga	Masinga	Health Centre
58	Milaani Dispensary	Masinga	Ndithini	Dispensary
59	Kithyoko Dispensary	Masinga	Masinga	Dispensary
60	Endei Dispensary	Masinga	Masinga	Dispensary
61	Ikaatini Dispensary	Masinga	Masinga	Dispensary
62	Itunduimuni Dispensary	Masinga	Masinga	Dispensary
63	Iuuma Dispensary	Masinga	Masinga	Dispensary

69	Kaewa Dispensary	Masinga	Masinga	Dispensary
70	Kakongo Dispensary	Masinga	Masinga	Dispensary
71	Kangode Dispensary	Masinga	Masinga	Dispensary
72	Kangonde Dispensary	Masinga	Masinga	Dispensary
73	Kaonyweni Dispensary	Masinga	Masinga	Dispensary
74	Kikumini Dispensary	Masinga	Masinga	Dispensary
75	Kathukini Dispensary	Masinga	Ndithini	Dispensary
76	Katothya Dispensary	Masinga	Masinga	Dispensary
77	Manaja Dispensary	Masinga	Ndithini	Dispensary
78	Masinga Health Centre	Masinga	Masinga	Health Centre
79	Katulye Dispensary	Masinga	Masinga	Dispensary
80	Ndela Dispensary	Masinga	Mananja	Dispensary
81	Ndithini Dispensary	Masinga	Ndithini	Dispensary
82	Ngetani Dispensary	Masinga	Masinga	Dispensary
83	Muthesya Dispensary	Masinga	Ndithini	Dispensary
84	Kyondoni Dispensary	Masinga	Masinga	Dispensary
85	Wamboo Dispensary	Masinga	Masinga	Dispensary
86	Matuu District Hospital	Masinga	Yatta	SubCounty Hospital

87	Kituluni Dispensary	Matungulu	Kyanzavi	Dispensary
88	Matungulu Health Centre	Matungulu	Matungulu	Health Centre
89	Sengani Dispensary	Matungulu	Matungulu	Dispensary
90	Kwa Nguu Dispensary	Matungulu	Kyanzavi	Dispensary
91	Kalandini Dispensary	Matungulu	Matungulu	Dispensary
92	Kambusu Dispensary	Matungulu	Matungulu	Dispensary
93	Kikuyuni Dispensary	Matungulu	Kyanzavi	Dispensary
94	Katheka Dispensary	Matungulu	Matungulu	Dispensary
95	Kayatta Dispensary	Matungulu	Kyanzavi	Dispensary
96	Kiliku Dispensary	Matungulu	Matungulu	Dispensary
104	Kimiti Dispensary	Matungulu	Matungulu	Dispensary
105	Kyeleni Health Centre	Matungulu	Kyanzavi	Health Centre
106	Ndunduni Dispensary	Matungulu	Kangundo	Dispensary
107	Nduu Dispensary	Matungulu	Matungulu	Dispensary
108	Nguluni Health Centre	Matungulu	Matungulu	Health Centre
109	Uamani Dispensary	Matungulu	Kyanzavi	Dispensary
110	Kwakala Dispensary	Mwala	Yathui	Dispensary
111	Mathima Dispensary	Mwala	Mwala	Dispensary

112	Kathama Dispensary	Mwala	Mwala	Dispensary
113	Muusini Dispensary	Mwala	Masii	Dispensary
114	Maweli Dispensary	Mwala	Mwala	Dispensary
115	Mbiuni Health Centre	Mwala	Mwala	Health Centre
116	Miu Sub-Health Centre	Mwala	Yathui	Health Centre
117	Nthwanguu Dispensary	Mwala	Kibauni	Dispensary
118	Mumbuni Dispensary (Mwala)	Mwala	Mwala	Dispensary
119	Wamunyu Health Centre	Mwala	Yathui	Health Centre
120	Yathui Dispensary	Mwala	Yathui	Dispensary
121	Ikalaasa Dispensary	Mwala	Kibauni	Dispensary
122	Kavumbu Dispensary (Mwala)	Mwala	Masii	Dispensary
123	Kaiani Dispensary	Mwala	Yathui	Dispensary
124	Kalala Dispensary	Mwala	Kibauni	Dispensary
125	Mango Dispensary	Mwala	Masii	Dispensary
126	Masii Health Centre	Mwala	Masii	Health Centre
127	Katulani Dispensary	Mwala	Kibauni	Health Centre
128	Kilembwa Dispensary	Mwala	Yathui	Dispensary
129	Tulila Dispensary	Mwala	Kibauni	Dispensary

130	Kyawango Dispensary	Mwala	Mwala	Dispensary
131	Mwala District Hospital	Mwala	Mwala	SubCounty Hospital
132	Muthetheni Health Centre	Mwala	Masii	Health Centre
133	Ngulini Dispensary	Mwala	Mwala	Dispensary
134	Vyulya Dispensary	Mwala	Masii	Dispensary
135	Miu dispensary	Mwala	Kivaani	Dispensary
136	Kitheuni Dispensary	Yatta	Katangi	Dispensary
137	Kisiiki Dispensary	Yatta	yatta	Dispensary
138	NYS Dispensary (Mavoloni)	Yatta	Yatta	Dispensary
139	Kithimani Dispensary	Yatta	Yatta	Dispensary
140	Kwa Mwatu Dispensary	Yatta	Yatta	Dispensary
141	Mbembani Dispensary	Yatta	Masinga	Dispensary
142	Nthungululu Dispensary	Yatta	Yatta	Dispensary
143	Ikombe Disp	Yatta	Katangi	Dispensary
144	Katangi Health Centre	Yatta	Katangi	Health Centre
145	Kisesini Dispensary	Yatta	Katangi	Dispensary
146	Kinyaata Dispensary	Yatta	Katangi	Dispensary
147	Kyasioni Dispensary	Yatta	Yatta	Dispensary

148	Kauthulini Dispensary	Yatta	Kithimani	Dispensary
149	Kikesa Dispensary	Yatta	Katangi	Dispensary
150	Mamba Dispensary (Yatta)	Yatta	Yatta	Dispensary
151	Musingini Dispensary	Yatta	Yatta	Dispensary
152	Ndalani Dispensary	Yatta	Yatta	Dispensary

APPENDIX IX: MAPS

APPENDIX IX

