

**FACTORS INFLUENCING RETENTION OF HEALTH WORKERS IN THE
PUBLIC HEALTH SECTOR IN KENYA: A CASE STUDY OF KENYATTA
NATIONAL HOSPITAL**

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Agriculture and Technology**

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DECLARATION

This research project is my original work and has not been presented for a degree in any other University.

Signature Date.....

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HD312-2591/2012

This research project has been submitted for examination with my approval as University Supervisor

Signature Date.....

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DEDICATION

To my loving mother Florence Wairimu and, my late father James Kigathi for your prayers and support throughout the study.

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LIST OF ABBREVIATIONS AND ACROYNYS

KNH	Kenyatta National Hospital
HRH	Human Resources for Health
DALYs	Disability Adjusted Life Years
NHSSP	National Health Sector Strategic Plan
PHC	Primary Health Care
CHW	Community Health Worker
HBC	Home Based Care
ESP	Economic Stimulus Programme
EHP	Emergency Hiring Programme
MDG	Millennium Development Goals
SDG	Sustainable Development Goals
UNDP	United Nations Development Programme
EQUINET	Equity in Health in East and Southern Africa
GTZ	German Organization for Technical Support
MDGs	Millennium Development Goals
HR	Human Resource
GoK	Government of Kenya
SPSS	Statistical Package for Social Sciences
EU	European Union
EFTA	European Free Trade Association
R&R	Recruitment and retention
WHO	World Health Organization
CARPS	Capacity Assessment and Rationalization of Public Service

DEFINITION OF TERMS

Human Resources for Health (HRH) can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention (Ojaka, Olango & Jarvis, 2014).

Leadership: It is a relationship through which one person influences the behavior or actions of other people towards a goal (Gwavuya, 2011).

Leadership Style: A leadership style refers to a particular behavior applied by a leader to motivate his or her subordinates to achieve the objectives of the organization (Northouse, 2007).

Plateauing: is a term Bardwick uses to describe the situation in which employees reach a point where they are no longer advancing in their career ladder. Instead, they remain at the same hierarchical level (Chandler, 1990).

Remuneration: It is the distinct type of financial rewards which include salary, direct benefits and performance pay (Mtazu, 2009).

Staff Retention: Ability of an organization to engage valuable staff for a long period. It is a voluntary move by an organization to create an environment which engages employees for long term (Michael, 2008).

Supervision: This is the ability to get work done through other people so that organizational objectives are achieved (Okumbe, 2001).

Turnover Intention: It is the voluntary intention of an employee to leave an organization (Berry, 2010).

Training: It involves the application of formal processes to impart knowledge and help people to acquire the skills necessary for them to perform their jobs satisfactorily (Armstrong, 2010).

Work environment: Consists of the system of work, the design of jobs, working conditions and the ways in which people are treated at work by their managers and co-workers (Armstrong, 2010).

ABSTRACT

Universal health coverage depends on having the necessary human resources to deliver health care services. Kenya is among the African countries currently experiencing a crisis in the area of Human Resources for Health (HRH). The major causes of the crisis include inadequate and inequitable distribution of health workers; high staff turnover; weak development, planning and management of the health workforce; deficient information systems; high migration and high vacancy rates; insufficient education capacity to supply the desired levels of health workers needed by the market; inadequate wages and working conditions to attract and retain people into health work, particularly in public sector. This shortage affects most of the available health worker categories. The importance of retention of health workers has been captured in the Sustainable Development Goals which is one of the targets.

The aim of the research was to determine whether leadership style, remuneration, promotion, training and work environment influence retention of health workers in the public sector. A cross sectional survey of the health workers was conducted in Kenyatta National Hospital. A total of 400 questionnaires were distributed to the respondents. Stratified sampling was used in the first stage to ensure all categories of health workers are represented. Simple random sampling was used in the second stage. Participants from the Focus Group Discussion were drawn from the five distinct categories of health workers as classified by World Health Organization. Key informant interviews were conducted for each head of division (Deputy Director) to get in depth information on retention but one declined to be interviewed.

Data collected was analyzed using descriptive statistics and presented in form of graphs. Inferential statistics were correlation and regression. The research findings indicated remuneration and leadership remained key determining health workers retention. The findings also indicated that promotion, training and work environment influenced health workers. Non clinical staff felt that hospital favors clinical staff on remuneration while among nonclinical staff feels specialists are favored when it comes to remuneration.

The study recommends improvement in remuneration compensation factors and encouraged participatory approach in leadership from the departmental heads to senior management. The Management should proactive, to avail suitable working conditions, adhere to best practices in corporate governance to promote fairness in allocation of promotion and training opportunities and competitive remuneration . KNH management is called upon to draw lessons from other health institutions within and outside the country and come up with

proactive pragmatic approaches that would ensure the hospital is an employer of choice so that it can succeed in attracting and retaining staff. Workload need be managed and supervision should be done in ways that make staff appreciate its benefits.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The turnover of key employees can have a disproportionate impact on the business. The people organizations wish to retain are often the ones most likely to leave. The most valuable asset available to an organization is her people, thus retention of staff in their jobs is essential for an organization. Indeed there is a paradigm shift from human resource to human capital which consists of the knowledge, skills, and abilities of the people employed in an organization which is indicative of their value (Armstrong, 2012). Society has now become knowledge based where human capital is considered a key resource and indispensable to the survival of the business organization. Firms are competing for the best talent in the market (Porter, 2001).

When employees leave their jobs, it is often a sign that something is going wrong. Guma (2011) contends that poor job retention among employees leads to many costs associated with employee turnover which includes additional burden on remaining staff, recruitment and training costs, lost productivity, loss of clients and loss of intellectual capital. Another more insidious cost of turnover involves the sharing of a company's methods, technology, and clients with competitors who may have hired the employee. It thus goes with little emphasis that undesirable employee turnover is costly and disruptive, drains resources and can cause inefficiency (Harting, 2008). The loss of a needed talent is costly because of the resultant bidding up of the market prices for experienced hires to replace them, the cost of recruiting and assimilating new talent, the lost investment in talent development and the hidden cost of the lost productivity (Eskilden and Nussler, 2001). The cost of replacing an employee amounts to a quarter of an individual annual salary.

In the Kenyan public sector, employee retention is one of the most critical issues facing organizational managers as a result of skilled manpower, economic growth, and high employee turnover (Michael, 2008). The success of any organization depends on its human resource capital for the organization to perform effectively and efficiently. It is because of this background that employees are very critical to the success or failure of any

organization. Retention of health workers is important for several reasons. Good workforce retention is vital to ensuring well-functioning health services capable of delivering improved health outcomes. Longer duration of employment may be associated with increased experience, local knowledge, and skills, and provides continuity of service and care. When a health worker leaves an organization these benefits are lost and there may be a shortage, or even complete absence, of suitably qualified candidates to fill the vacant role. Even when there is an appropriate candidate, the recruitment of new staff is often a costly exercise, in terms of both time and money. New staff members are not optimally productive until fully inducted into the workplace (Humphreys and Wakeman, 2009).

A prerequisite for a well-functioning health system is a well-motivated staff. Low level of health worker motivation has often been identified as a central problem in health service delivery among existing human resources. Motivation and retention are major concerns in Human Resources for Health (HRH). Health workers are susceptible to push factors such as pay and working conditions and pull factors such as job satisfaction and economic prospects. Ensuring staff receive adequate pay for their work is key to retention. However, it is not just salary that is important. In many contexts, the low numbers of trained health staff in remote areas is due to the lack of supporting infrastructure and opportunities for staff and their families. In fragile contexts, these factors include poor living conditions, the lack of safety and security in the workplace, and the absence of continuous professional development (Global Health Magazine July 2010).

Human resources are the most important asset of any health system strengthening and consume a major share of the resources allocation in the sector. Human Resources for Health (HRH) can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. The global shortage of health workers is estimated to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall (WHO, 2009). Regional disparities exist between countries within sub-Saharan Africa requiring an almost 140% increase in the health workforce in order to overcome the crisis of the health workforce. A statistically significant relationship has been established between health worker density and the burden of disease, expressed in Disability Adjusted Life Years (DALYs) (Castillo-Laborde, 2011).

Increased investments in HRH produce many tangible benefits which include improving the overall health of individuals and families. Moreover, investments in HRH would allow people to enjoy a basic human right; and in this context, therefore, HRH is not solely a health issue, but a matter of economic development and social justice. An estimated \$500 million is spent annually on medical education of workers from Africa who will eventually immigrate to the developed world and serve the populations in these countries (Chen L *et.al*). The UN recognized that MDGs which expired this year and were replaced by Sustainable Development Goals (SDGs) cannot be achieved in low resource settings without attention to population issues and access to services (UNDP, 2005). Quick-win HRH interventions such as increasing the efficiency and effectiveness of skilled care during and after labour and delivery can make the difference between life and death for both women and their newborns.

Several Kenyan policy documents articulate HRH issues. Two of these are the Kenya Health Policy 2012-2030 and the Kenya Health Sector Strategic Plan July 2012-June 2017. In the health policy, the health workforce is identified as one of the seven policy orientations which the health sector will invest in and strive to attain. Under health workforce policy direction, the Government intends to provide for the adequate and equitable distribution of human resources. This will be achieved through several strategies; one of them being an enhancement of the management of the health workforce by setting up or strengthening mechanisms for the attraction, retention and motivation of the workforce, particularly in the marginalized areas.

The health sector strategic plan divides the implementation of the health policy framework into five years. As such, the current strategic plan (2012-2017) is the first of the five year plans of the Kenya Health Policy 2012-2030. It is aligned to two key Government agenda: the 2010 Constitution and the Vision 2030. Several articles of the Kenya 2010 Constitution have a bearing on health. One of these is Article 174 relating to the staffing of the respective county Governments: establish and abolish offices, appointments, confirmations, and discipline of staff. The strategic plan outlines the main issues related to the attraction and retention of human resources for health in Kenya. These include high levels of attrition, unfavorable terms, and conditions of service, lack of incentives in hard to reach areas, disharmonized remuneration, low levels of employee satisfaction, and stagnation due to unfavorable career guidelines.

The Government of Kenya (GoK) views human resource development in the health sector as an essential component of the health system especially in the provision of basic health services. There is a growing recognition that HRH in the public sector is shrinking dramatically, thereby affecting the delivery of services. Several studies have shown that the emergence and re-emergence of infectious diseases, such as HIV/AIDS, Tuberculosis, and Malaria, have also increased the demand for health services, putting enormous stress on the existing human resources (RoK, 2006). Generally, the HRH function in Kenya can be observed from three broad lenses: availability of the required health workforce to deliver quality health care services at all levels of health care; equitable distribution of health workforce across the country irrespective of the nature of the physical and social environment; and provision of quality health care services supported by strong pillars of performance management, compensation and sensitivity to basic human requirements that make service delivery in harsh environments possible.

Kenya currently faces several HRH related challenges. HRH ratios in Kenya fall below the WHO recommended standards, for example, the WHO recommended staffing levels for key health workers (doctors, nurses, and midwives) is 2.3 per 1000 population as compared to Kenya's 1.5 per 1000 population. In 2008, the Ministry of Health had 33,317 filled positions out of the approved required number of 47,247; an overall vacancy level of 29% as compared to 2006 when 35,627 positions were filled out of an establishment of 44,8135. Retirement has previously been cited in the Human Resources for Health Strategic Plan 2009-2012 as the major cause of attrition with the attendant imbalance in the equitable distribution of HRH, especially in public sector. However, with the increase of the public sector retirement age in 2007-2008 from 55 to 60 years, there is hope that attrition due to retirement will improve, although migration and streamlining of public sector employment in line with the new constitution has presented new challenges with regard to equitable distribution (MoH, 2009).

With regard to quality health care services, it is estimated that in Kenya, US\$65,997 is spent educating one medical doctor from primary school to university and for every doctor who emigrates US\$517,931 returns on investment are lost, seriously undermining the quality of HRH work force (Kirigia J *et.al*). Kenya has been trying to improve the functioning of the health care delivery system to ensure that the general population receives quality services. Towards this end, the Government launched the first ever National Human Resources for Health Strategic Plan 2009-2012 in 2009. This strategic plan has five projected outcomes:

appropriate numbers and types of health workers in post and equitably distributed, retention of health workers improved at all levels, improved institutional and health worker performance, strengthened human resources development systems and practices and strengthened human resources planning and management.

The strategic plan identifies retention as a major concern as health workers continue to leave the subsector and sector especially the highly mobile cadres of doctors and nurses and the problem is acuter in remote/hard to reach areas. The plan, therefore, prioritizes improved attraction and retention of health workers as one of the anticipated outcomes. The Human Resources for Health Strategic Plan 2009-2012 (RoK, 2009) summarizes the situation of the health workforce in Kenya. Out of a total establishment of 47,247 positions in 2008, the Ministry of Health had 33,317 positions occupied. Between 2004 and 2008, however, the number of staff employed by the Ministry of Health declined significantly. During the same period, the population increased by 7%, implying a decline in coverage. A number of development partners (such as the US-funded Capacity Project) have supported the recruitment of the health workforce. This number of contract staff is significant – it represents the equivalent of increasing the MoH workforce by 10%.

There is inadequate data on the health labour market. Informal data, however, indicate that there is a large number of unemployed qualified health personnel in the country. This is mainly due to the past freeze on public sector recruitment with a large number of people applying for a limited number of positions. Other programmes that have attempted to rapidly absorb health workers are the Emergency Hiring Programme (EHP) and the Economic Stimulus Package (ESP) which focused at the constituency level.

The Kenya HRH strategic plan has identified five strategic objectives to be addressed which are based on five outcomes, one of which is retention of health workers improved at all levels. The two objectives to be attained in order to reach this outcome are making health sector jobs more attractive in order to improve staffing levels and reduce attrition, and making hard to reach areas more attractive to health workers.

According to research conducted on factors affecting provision of service quality at Kenyatta National hospital, employee incompetency was found to be affecting service quality. (92% of the respondents were in agreement while a few (8%) of the respondents were of contrary

opinion (Wanjau, Wanjiku & Ayonde, 2012). This concurred with Argote (2000) who stated that highly skilled physicians, nurses, administrators, and ancillary staff are critical to producing high-quality outcomes and effective quality improvement hence hospital growth (Argote, 2000). There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement (Brown and Duguid, 2003). The hospitals need to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals to form working teams, including case managers, pharmacists, social workers, and others, to promote quality (Brown and Duguid, 2003). To facilitate service quality and growth, hospitals must implement effective human resource strategies involving selective hiring, and retention of physicians and nurses (Cohen and Levinthal, 2001).

The management of the KNH attributes the shortage of various kinds of experts to; high turnover of those hired due to the Hospital's unattractive scheme of service and poor working conditions; and the long training periods required to acquire skills in specialized healthcare delivery. The management said the Hospital perennially loses staff to other hospitals and institutions in the country and abroad because it does not offer them competitive terms of employment and an attractive working environment. The global scarcity of health workers. The long training health workers take to train necessitate the adoption of retention strategies that ensures that health workers at least stay five years after recruitment (Obura, 2014) notes in her research that majority of health care workers in Kenyatta National hospital are between 30 and 39 years which indicates there is a high turnover in the organization.

1.1 Kenyatta National Hospital

KNH has turned 112 years and it had its Centenary Celebration in 2001. The Hospital was built to fulfill the role of being a National Referral and Teaching Hospital, as well as to provide medical research environment. Established in 1901 with a bed capacity of 40, KNH became a State Corporation in 1987 with a Board of Management and is at the apex of the referral system in the Health Sector in Kenya. It covers an area of 45.7 hectares and within the KNH complex are College of Health Sciences (University of Nairobi); the Kenya Medical Training College; Kenya Medical Research Institute and National Laboratory Service (Ministry of Health).

KNH has 50 wards, 22 out-patient clinics, 24 theatres (16 specialized) and Accident & Emergency Department. Out of the total bed capacity of 1800, 209 beds are for the Private Wing. Kenyatta National Hospital in Nairobi is the oldest hospital in Kenya. Founded in 1901 with a bed capacity of 40 as the Native Civil hospital, it was renamed the King George VI in 1952. At that time the settler community was served by the nearby European Hospital (now Nairobi Hospital). It was renamed Kenyatta National Hospital — after Jomo Kenyatta — following independence from the British. It is currently the largest referral and teaching hospital in the country.

Kenya Health Policy Framework 1994-2010, structures the national healthcare delivery system into six levels. KNH is positioned at Level 6, the apex of the system. The main role of the Hospital is to receive and treat patients on referral from hospitals at Level 5 and below.

However, contrary to what the national health-care referral system provides for, KNH receives many patients without any referral letters from institutions on Level 5 and below. Until September 2009, the Hospital did not maintain records on patients on referral from other institutions. However, the management sampled patients treated at the Hospital between September and December 2009 and found out that out of 168,417 patients attended to at the Hospital during the period, only 6,069 or 3.6% came on referral from other health facilities. The rest (96.4%) were walk-in patients. The sample study conducted revealed that lower-tier health facilities were capable of treating at least 60% of the ailments attended to at the Hospital.

KNH requires personnel with specialized skills to deliver its special mandate in an efficient and effective manner. As at July 1, 2010, the Hospital had an approved establishment of 3,427 staff members but only 2,593 of the positions were filled resulting in a shortfall of 834 or 24% of the approved establishment. In particular, the Hospital had severe shortages of specialist staff. For instance, the Cardiology Unit had 323 approved positions but only 207 (64%) in position.

The Cancer Treatment Centre had 62 approved posts, but only 26 (59%) were in position at the time of the audit by the Office of the Auditor General undertaken in 2012. Taken together the Cardiology Department and the Cancer Treatment Centre staff levels were equivalent to only 60% of the approved levels. One of the Hospital's critical service functions faced with staff shortages is nursing care. The World Health Organization (WHO) has set standards for minimum nurse-patient ratios for referral health facilities such as the KNH. The Hospital does not meet the nurse-patient ratios recommended by the WHO.

1.2 Statement of the Problem

The global shortage of health workers is estimated to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall (WHO, 2009). Regional disparities exist between countries within Sub-Saharan Africa requiring an almost 140% increase in the health workforce in order to overcome the crisis of the health workforce. HRH ratios in Kenya fall below the WHO recommended standards, for example, the WHO recommended staffing levels for key health workers (doctors, nurses and midwives) is 2.3 per 1000 population as compared to Kenya's 1.5 per 1000 population. In 2008, the Ministry of Health had 33,317 filled positions out of the approved required number of 47,247; an overall vacancy level of 29% as compared to 2006 when 35,627 positions were filled out of an establishment of 44,813.

Sectors that have suffered massive strikes and demonstration by the professionals and trade unions representing workers include the education and health sector. An analysis of these sectors shows that there is indeed a significant wage difference between workers in private and public sector. Wage differences in favor of the private sector may result in massive 'brain drain' of specialized expertise from the public sector to the private sector, thereby incapacitating the public sector in its mandate of making and implementing sound policies (KIPPRA, 2013)

The management of the KNH attributes the shortage of various kinds of experts to; high turnover of those hired due to the Hospital's unattractive scheme of service and poor working conditions; and the long training periods required to acquire skills in specialized healthcare delivery. The management said the Hospital perennially loses staff to other hospitals and institutions in the country and abroad because it does not offer them competitive terms of employment and an attractive working environment (Auditor General, 2012).

Migration of qualified doctors and nurses from Kenyatta National Hospital to the private sector and other countries has resulted to shortage of medical personnel in this hospital. Research shows that up to three quarters (75%) of doctors do leave the government employment three years after joining the public health sector to join either the private health sector or travel abroad to seek a better employment (Mwenda, 2012).

Kenyatta National Hospital's failure to provide services efficiently is mainly caused by lack of sufficient numbers and variety of medical equipments and specialist staff to cater for the very large number of patients who come to the Hospital for treatment. The resource constraints faced by the Hospital are caused by lack of sufficient funds with which to buy acquire and maintain the resources. In addition to resource constraints, management systems and practices applied by the Hospital, for example, its weak management information system and ineffective revenue management practices hinder timely delivery of services: The Hospital also lacks sufficient numbers of trained nurses and radiographers. In the endeavor to serve as many patients as possible, doctors shorten the time they consult with each patient.(Auditor General ,2012)

There have been a number of studies in the United States and Canada showing that the risk to the patient increases when the number of qualified personnel decreases (Ndetei, Khasakhala, & Omolo, 2008). 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).

The distinction between retention and turnover is important because we need to measure what we want (retention) instead of what we don't want (turnover). Retention should be the focus because an experienced employee is more valuable than a newly-hired one. Where the workforce is experienced the quality of care is better due to fewer errors, and long-term employees minimize the cost of reduced productivity.

1.3 Objectives of the Study

1.3.1 General objective

The general objective of this study was to investigate the factors influencing health workers retention in Public Health Sector in Kenya: a case study of Kenyatta National Hospital.

1.3.2 Specific objectives

1. To determine the influence of leadership style on retention of health workers in Kenyatta National hospital.
2. To establish the influence of remuneration on retention of health workers in Kenyatta National Hospital.

3. To determine the influence of training on retention of health workers in Kenyatta National Hospital
4. To establish the influence of promotion on retention of health workers in Kenyatta National hospital.
5. To establish the influence of work conditions on retention of health workers in Kenyatta National hospital.

1.4 Research Questions

1. What is the influence of remuneration on retention of health workers in Kenyatta National hospital?
2. What is the influence of leadership on retention of health workers in Kenyatta National hospital?
3. What is the influence of training on retention of health workers in Kenyatta National hospital?
4. What is the influence of promotion on retention of health workers in Kenyatta National hospital?
5. What is the relationship of work conditions on retention of health workers in Kenyatta National hospital?

1.5 Significance of the Study

This study attempts to make an important contribution to the management of public health sector organizations by exploring the issue of health workers retention which contributes to the wider human capital development in the country. To the best of my knowledge, to date, there is no study that has examined determinants of health workers retention in referral hospitals in Kenya although various studies have been conducted in Kenya and Africa concerning primary health care givers on this subject. Other studies have focused on turnover. The reasons why workers stay is not the same reason why they leave. Thus the main purpose of this study is to provide exploratory findings in this field in the Kenyan context. The paper tries to identify determinants of retention of health workers in public health sector organizations.

The study was expected to have a threefold contribution to academia, policy, and practical contribution. The study will be significant to public health sector organizations in creating operational and strategic control systems that will enhance achievement of organizational goals. At the organizational level, the study will be significant as it will contribute to an

objective evaluation of why health workers stay. The loss of health workers continues to affect organizational knowledge and transfer as the talented workers are likely to leave and those who remain may lack the competencies required to perform the job. This affects the organizational performance. The study will also be useful to the human resource practitioners by providing an objective assessment of the effectiveness of retention and talent management strategies. It will also contribute to academia by adding to the existing literature on employee retention.

1.6 Scope

The scope of the study will be Kenyatta National hospital (KNH) which is a public referral, teaching and research hospital established in 1901. The Government converted it into a state corporation through Legal Notice No. 109 of 6 April 1987. The focus of the study will be the influence of work environment, leadership, training, promotion, and how remuneration affects retention of health workers in Kenyatta National Hospital. KNH is the oldest and the largest referral hospital in East and Central Africa. This makes it ideal for the study as it has a fair representation of health workers as categorized by WHO.

1.7 Limitation of the Study

The study had a number of limitations. The case data are often vitiated because the subject, according to Read Bain, may write what he thinks the investigator wants; and the greater the rapport, the more subjective the whole process is. The measurements relied on the perceptions of the respondents and not their actions. A longitudinal study would have revealed whether the staff left. However, cross sectional studies (Chew, 2004; Sutherland, 2004) has consistently proved that employee's behavioral patterns of intention to leave their employers are the strongest predictors of actual turnover and is used in retention studies.

Response of the respondents limited the study results particularly the freedom which respondents felt in disclosing their beliefs about leadership style, promotion and training unlike the free expression noted on items on remuneration and work environment. One deputy director declined to be interviewed. However the use of focus group discussions and interviews gave additional information that led to valid conclusions. The study was also limited by the fact that it was based in Kenyatta National Hospital which is one of the public hospitals managed by central government. Eighty percent of the health workers are under county government. The factors influencing retention however remain the same as evidence by the contents of the Collective Bargaining Agreement (CBA) which lack of full

implementation paralyzed the health sector in Kenya for a hundred days. The persistent calls for formation of health commission to manage human resources for health underscores the uniformity of variables.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter deals with literature review. The literature review conducted covers theoretical framework, conceptual framework, extrinsic and intrinsic factors influencing staff retention, personal characteristics, critique of existing literature on staff retention, research gaps and summary of the literature.

2.2 Theoretical Framework

According to Philip *et al.*, (2003) employee retention involves being sensitive to employee needs and demonstrating the various strategies in meeting these needs and hence the application of relevant motivation theories in this study. Most notable are Expectancy theory (1964); Human Capital theory and Herzberg two factor theory (1959), all of which are relevant to this study.

2.2.1 Human Capital Theory

The current world of work puts the importance of human capital at the centre of the current organizational environment. Attracting and retaining intellectual capital, a cadre of highly skilled employees with idiosyncratic skill is essential. Therefore organizations must move from human resources to the notion of human capital. The human capital theory was proposed by Schutz (1961) and developed extensively by Becker (1964) and the theory posits that the knowledge and skill a worker has generates a certain stock of productive capital. This approach also sees people, not as an expense item on their income statements, rather as an asset capable of not only adding value to their organizations but also in some cases ensuring its very survival in the current competitive environment (Sutherland, 2004).

Armstrong (2012) defines human capital as a human factor in the organizations, the combined intelligence, skills and expertise that gives the organization its distinctive character. The human elements of the organization are those that are capable of learning, changing, innovating and providing the creative thrust which if properly motivated can ensure the long term survival of the organization.

Human capital comprises intellectual capital (which are the unique knowledge and skills that people possess), social capital (which is flexible networks among people that allow the organizations to link, embed and leverage its diverse knowledge) and the organizational capital (which is the institutionalized knowledge possessed by an organization that is stored in databases and manuals). Sutherland (2004) also adds emotional capital which is the ability to convert the potential in intellectual capital into committed realized action. According to Stewart (1998) in Sutherland (2004) a significant amount of an organizations value is possessed by its employees and when the key employees leave companies, they take this value with them. It is indeed the knowledge, skills, and abilities of individuals that create value, which is why the focus has to be on means of attracting, retaining, developing and maintaining the human capital they represent.

2.2.2 Expectancy Theory

Expectancy theory is more concerned with the cognitive antecedents that go into motivation and the way they relate to each other. That is, expectancy theory is a cognitive process theory of motivation that is based on the idea that people believe there are relationships between the effort they put forth at work, the performance they achieve from that effort, and the rewards they receive from their effort and performance. In other words, people will be motivated if they believe that strong effort will lead to good performance and good performance will lead to desired rewards. Victor Vroom (1964) was the first to develop an expectancy theory with direct application to work settings, which was later expanded and refined by Porter and Lawler (1968) and others (Pinder, 1987). Expectancy theory is based on four assumptions (Vroom, 1964). One assumption is that people join organizations with expectations about their needs, motivations, and past experiences. These influence how individuals react to the organization. A second assumption is that an individual's behaviour is a result of conscious choice. That is, people are free to choose those behaviours suggested by their own expectancy calculations. A third assumption is that people want different things from the organization (e.g., good salary, job security, advancement, and challenge). A fourth assumption is that people will choose among alternatives so as to optimize outcomes for them personally. (Lunenburg, 2011)

According to expectancy theory, decisions to stay or leave an organization can be explained by examining relationships between structural, psychological and environmental variables. The theory suggests that organizational members have certain expectations for the structural

properties of work (Price, 2001). Daly *et.al.*, (2006) surmise that for faculty members, these structural expectations may include collegial communication, equitable rewards, work autonomy, job security, and a role in organizational decision making. It posits that when these structural expectations are met, faculty members will report higher levels of job satisfaction and stronger commitment to the employing organization, which in turn strengthen intent to stay. Conversely, when structural expectations are not fulfilled, levels of satisfaction and commitment decline, and intent to leave increases. In this way, perceptions of organizational structures affect psychological dispositions toward staying or leaving the institution.

Daly *et al.*, (2006) further observe that relationship between faculty perceptions of organizational structure and their psychological attitudes toward work may be mitigated however by environmental factors such as employment opportunities. Price (2000) developed a model of intent to stay based on expectancy theory. The model suggests that perceptions of the work environment (for example, organization structure) and perceptions of the external environment (for example, availability of alternate jobs) explain intent to stay.

Empirical studies (Al-Omari *et al.*, 2008; Daly& Dee, 2006; Zhou &Volkwein, 2004) employ the model of employee intent to stay that is grounded in expectancy theory which includes structural, psychological and environmental variables. Structural variables include work environment, autonomy, communication, distributive justice, and workload. Psychological variables include job satisfaction and organizational commitment and the environmental variables include the availability of job opportunities. However, Sutherland (2004) established that job satisfaction and organizational commitment do not necessarily lead to loyalty, long defined as the intention to remain with the employer.

2.2.3 Herzberg's two-factor theory

Herzberg two factor theory is considered relevant in understanding the factors that influence retention of health workers in the public sector and hence provides the theoretical background for this study. Herzberg (1959) argued that employees are motivated by internal values rather than values that are external to their work. In other words, motivation is internally generated and is propelled by variables that are intrinsic to the work which Herzberg called the motivators. These intrinsic variables include achievement, recognition, the work itself, responsibility, advancement, and growth.

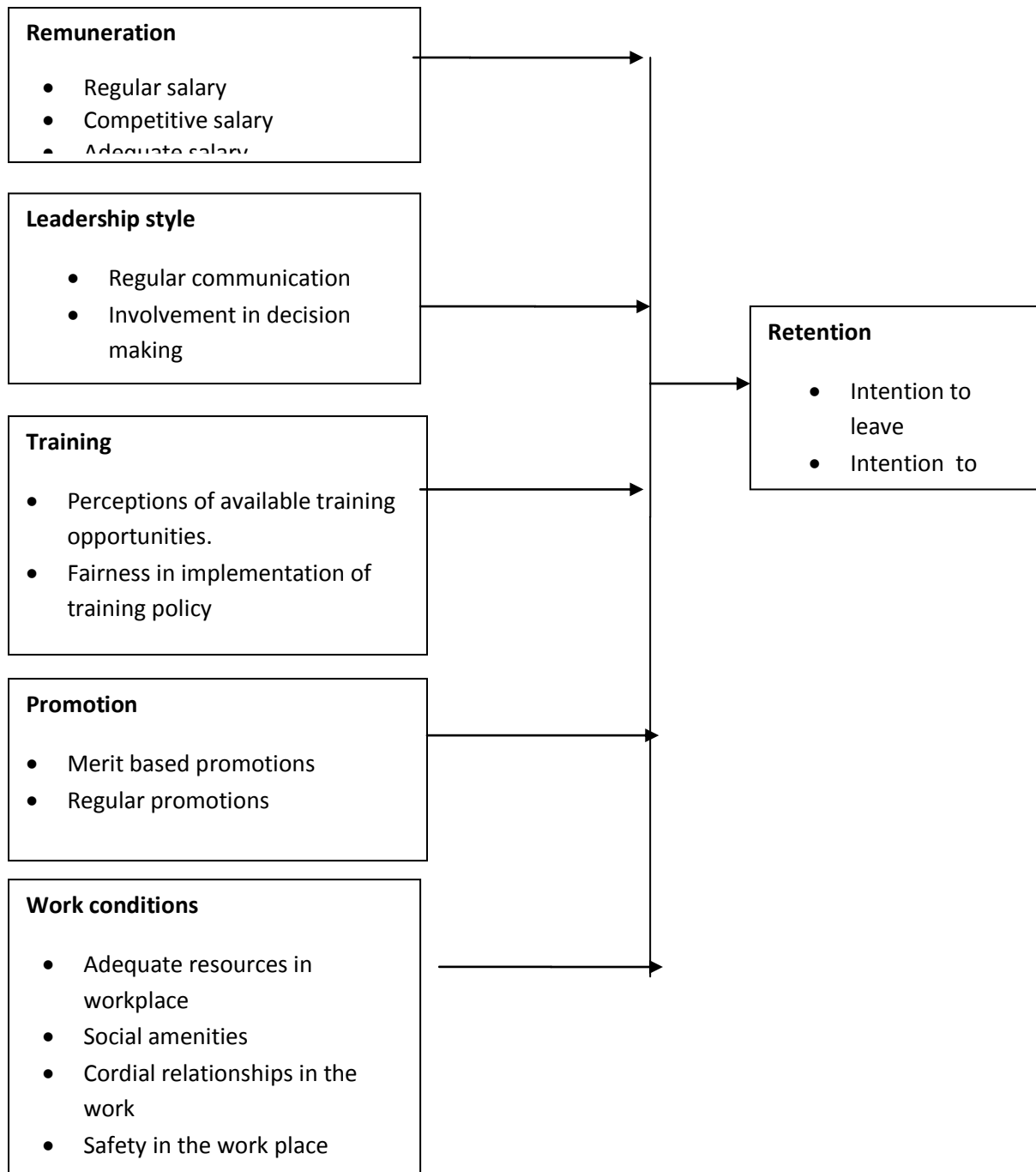
Conversely, certain factors induce dissatisfying experiences to employees and these factors largely result from non-job related variables also called extrinsic variables. These variables were referred to by Herzberg (1959) as hygiene factors which although do not motivate employees, nevertheless, must be present in the workplace to make employees happy. The dissatisfiers are company policies, salary, coworker relationships, supervisory or management styles and work environment (Armstrong, 2010).

On empirical studies, an attempt was also made to apply Herzberg's motivational and hygiene factors to recruiting and retaining technical personnel at a U.S Department of Energy site (Tamosaitis&Schwenker, 2002). Consistent with the two-factor theory, the authors found that hygiene factors are a major factor influencing turnover and that the work itself provides job satisfaction, but they also found an emphasis on hygiene as a retention factor which was inconsistent with Herzberg's theory.

Also relating the two-factor theory to retention, Udechukwu (2009) studied turnover among correctional officers using the two-factor theory as a frame of reference. This is a field that suffers from a high level of turnover, and the author suggests that it is due to "less-than-hospitable" conditions on the job, impacting hygiene factors among these employees (Udechukwu, 2009). The author concluded that because of these hygiene factors, the field will always be plagued by high turnover which can only be combated with deliberate and aggressive attempts to create defined career paths and feasible promotional opportunities for its officers (Udechukwu, 2009). Studies (Michael, 2008; Netswera *et al.*, 2005; Radivoev, 2005; Sutherland, 2004) indicate that extrinsic factors (competitive salary, good working environment, job security) and intrinsic factors (training, development and challenging work) influence employee retention in organizations. This is consistent with Herzberg's two factor theory focusing on intrinsic and extrinsic factors

2.3 Conceptual Framework

A conceptual framework shows the relationship between the independent, moderating and dependent variables. The conceptual framework of this study is based on five independent variables namely work environment, leadership style, remuneration, training and promotion). Staff retention is the dependent variable whose indicator is an intention to leave or stay. The relationship between variables is illustrated in the figure 2.1



Independent variables

Figure 2.1 Conceptual Framework

2.4 Explanation of variables

2.4.1 Remuneration

Reward encompasses non-financial rewards such as promotion, recognition responsibility. These are rewards that do not involve any direct payments and often arise from the work itself. On the other hand are the financial rewards commonly known as remuneration. The objectives of reward systems are to attract, motivate and retain highly performing employees and to improve organizational success (Armstrong, 2010).

Attractive remuneration packages are one of the very important factors of retention because it fulfills the financial and material desires as well as provides the means for employee status (Shoib *et al.*, 2009). Compensation has always been at the heart of any employment relationship. A well designed compensation plan gives an organization a competitive advantage. It helps to attract the best job candidates, motivates them to perform to their maximum potential and retain them for the long term. To encourage valuable staff members to remain, the compensation system must offer competitive rewards for these employees to feel contented when they compare their rewards with those received by individuals performing similar jobs in other organizations.

Sectors that have suffered massive strikes and demonstration by the professionals and trade unions representing workers include the education and health sector. An analysis of these sectors shows that there is indeed a significant wage difference for the health sector, nursing and mid-wifely professionals in state corporations, on average, suffer a wage penalty of Ksh 25,675 on their basic salary. Health professionals previously in local government incur a wage penalty of Ksh 95,000 on their gross salary. Medical/clinical officers in civil service incur a wage penalty of Ksh 7,940 on their basic salary, while government health services in the civil service suffer a penalty of Ksh 9,641 and Ksh 983 on basic and gross wage respectively (KIPPRA, 2013). Personnel compensation takes a substantial amount of government spending on health. The private hospitals pay relatively higher basic salaries than the government-owned hospitals. Nurses and technicians earn less than half the highest wage, which is earned by medical officers and specialists, dentists, and radiologists. Although the medical officers earn the highest salary, this remains very low compared with international

salaries, showing the poor competitiveness of Kenya on the international health labour market (WHO, 2013).

The marked degree of both internal and external migration is likely to affect service delivery. Internal and external movement can be attributed to various factors, with the key being remuneration and career prospects. In addition, the remuneration packages seem to vary between governments, faith based organizations, and the private sector, and health workers strongly attribute the internal movement to this variation (KIPPRA, 2013; WHO, 2013).

When health system appears to 'favour' a certain cadre through the provision of incentives in order to retain them, it is likely that feelings of injustice by other cadres will emerge leading to de-motivation. This in the Kenyan system is apparent between doctors (who have numerous allowances and clear career prospects) and Clinical officers (Cos) who, act as substitute physicians, have significantly lower levels of pay and benefits. It is thought that a major factor creating conditions likely to reduce motivation is the actual implementation of the schemes of service in place (Mbindyo, Gilson, Blaauw, & English, 2009)

According to (Mbindyo, Gilson, Blaauw, & English, 2009) properly functioning national schemes of service could greatly enhance worker motivation and retention, because every health worker would be treated and remunerated fairly. Inadequate salary and promotion problems are very de-motivating for health workers. This is perhaps exacerbated by feelings of unfairness. Within the health sector, doctors have been receiving a number of allowances aimed at improving their recruitment and retention rates, while Clinical officers and other paramedics do not receive such financial incentives. Financial incentives tend to have dramatic, immediate results in terms of attracting new health workers or slowing the rate at which health workers leave. This reflects the reality in many countries where health worker salaries are low making it difficult for them to make ends meet (McColl, 2008)

Financial incentives in the form of money remain, arguably, the most significant strategy of motivation (Akintoye, 2000). The existence of salary supplements, benefits and allowances greatly contribute to health worker motivation and therefore the enthusiasm to remain in the healthcare facility. Henderson and Tulloch (2008) identified such allowances to include attraction and retention allowance for rural location, transportation allowance, accommodation allowance and others. In Thailand for instance, special allowances schemes

(hardship allowances) has been instituted for doctors to remain in rural districts, remote districts and the most remote districts (Wibulpolprasert and Pengpaiboon, 2003). Additionally, to encourage retention in the rural areas, Vietnam has since the mid-1990s motivated doctors to work in peripheral areas by paying them with salaries and allowances from the state budget (Nguyen *et al.*, 2005).

Studies in most developing countries have shown that low salaries primarily account for job dissatisfaction and migration of health workers (Dieleman *et al.*, 2003; Stilwell *et al.*, 2004). An improvement in recruitment and retention requires offering higher financial rewards that make health workers see alternative employment less attractive. Health workers migrate from public to private hospitals or to other high rewarding jobs because of the absence of higher salaries in such public institutions. Paying health workers with adequate salaries and allowances on regular basis has been identified as a key driver of motivation and retention (WHO, 2006). In a study of 100 doctors in Bangladesh, it was established that doctors in primary healthcare would decline to take up the private practice if paid higher salaries (Gruen *et al.*, 2002).

But incentives need to be carefully tailored to the particular context. Poorly planned measures can be counterproductive. In Ghana for example, an additional duty hour's allowance was introduced to improve retention of health workers. However the fact that nurses received less than doctors under this allowance is widely reported to have demotivated the nursing work force. The ministry of health saw an increase in the number of nurses wanting to migrate and anecdotal evidence suggests this was linked to the demoralizing effect of this perceived unfairness. In Lesotho, the allowance paid to doctors for night shift duty generated resentment among other health workers working night shifts, and in Botswana, the higher pay, free housing, and other benefits for foreign doctors were resented by local doctors (McColl, 2008)

In a study of retention of skilled workers in South Africa (Samuel & Chipunza, 2009), recognition and reward for good performance were found to have significantly influenced retention of employees in the private sector organizations but not so in the public sector. Employees, especially those with esteem and self-actualization drives want to be appreciated and rewarded, not necessarily with money, but by openly acknowledging their achievements and contribution to the attainment of organizational goals and objectives.

In a study by AMREF (2012), salary was found to influence the retention of health workers in the primary health care. According to Ndetei (2008), income clearly plays a role in the decision to leave. Salaries in public medical facilities are lower than those in private and semi-autonomous government institutions. Private institutions also offer bonuses and special awards to honour and exemplify good service. In public institutions, nurses are given awards but there are no bonuses.

Working conditions are also important. Working hours vary from institution to institution. In private and mission hospitals, staff work 40 hours per week – if on night shift (12 hour shift), they work for two nights consecutively, then take the following two days to rest (off duty). In public institutions, workers have similar schedules but have to work four nights before they are allowed two days to rest. Workers who work extra hours in private and semi-autonomous medical institutions are compensated financially. If they work as locums in public medical facilities, the extra hours are accumulated and awarded as leave days. In contrast, workers at Primary Health Care (PHC) centers, despite the heavy workload, are not compensated or recognized by their employers for the extra responsibilities they have to undertake. For these extra responsibilities, the workers have to use their own initiative to acquire the necessary skills to meet the needs of the populations they serve.

2.4.2 Leadership Style

Leadership is defined as the behavior of an individual that results in non-coercive influence when the person is directing and coordinating the activities of a group toward the accomplishment of a shared goal (Bryman, 1992). Leadership is conceptualized in terms of four tasks that need to be accomplished in any organization: providing direction, assuring alignment, building commitment and facing adaptive challenges (Rischer and Stopper, 2002). Leaders are central to the process of creating cultures, systems and structures that foster knowledge creation, sharing and cultivation (Bryant, 2003).

Leadership is the process of encouraging and helping others to do something of their own volition, neither because it is required nor because of the fear of the consequences of non-compliance. Management and leadership are used interchangeably. Management is about developing, planning and controlling of organizations' resources while leadership is about aligning the people to the expected outcomes of the vision. In order to lead, one must be able to manage and hence the two are closely related (Gwavuya, 2011). On the other hand,

leadership style refers to a particular behaviour applied by a leader to motivate his or her subordinates to achieve objectives of the organization (Northouse, 2007). It may cover aspects such as the ability to involve others in decision making, showing concern for personal issues, fair treatment to all staff, ability to communicate and have open door policy, and also a prompt response to staff issues.

Research findings suggest that leadership enhanced organizational commitment (Alban Metcalfe, 2001). Transformational leaders are regarded as active leaders that have four distinguishing characteristics: charisma, inspiration, intellectual stimulation and individualized consideration (Kouzes and Posner, 1995; Yammarino and Bass, 1990). Numerous leadership studies in a wide variety of organizations have examined the impact of transformational and charismatic leaders, and findings indicate that transformational and charismatic leadership style “result in a high level of followers motivation and commitment as well as above average organizational performance” (Rush and lance, 1999).

Yammarino and Bass (1990) found transformational leadership more highly related to employee perceived satisfaction and effectiveness than transactional leadership. Several researchers have highlighted the positive influence of transformational leaders in organizational outcomes which resulted in lowered intention to leave and increased organizational behavior.

The Health Action Framework (MSH, 2009) is a useful perspective for showing how human resources for health are linked to better health outcomes. It is also a tool that Governments and programmes can use to address the HRH crisis. It consists of six elements which are described briefly. Human Resource management systems include integrated use of data, policy and experience from practice in order to adequately plan for, recruit, post, develop, and support health workers. The second element focuses on leadership – the capacity to provide direction, organize people, and mobilize resources. The third aspect – partnerships – involves linking stakeholders in order to maximize use of human resources for health. The aspect of Finance focuses on sourcing, sharing, and distributing funding for human resources for health. The fifth aspect of the action framework – education - is producing and maintaining a skilled workforce. The policy is the sixth and last element of the HRH action framework. It covers legislation, regulations, and requirements for employment, working

standards, and development of the health workers (Ndetei, D. M., Khasakhala, L., & Omolo, J. O., 2008). Leadership is very important in an organization because it is their behavior that ruins or builds an organization. The direction of the organization relies on the style of the leaders. Since leadership helps to chart the future direction of the organization, the behavior of the leaders is the catalyst in directing the followers to achieve the common goals hence followers follow the leader's behavior when carrying out their duties (Thrush, 2012).

The important role of the health workforce is universally recognized in the WHO health systems framework (WHO, 2007). Together with service delivery, information, medical products, financing, leadership and governance, human resources for health constitute the six building blocks which are essential for promoting and maintaining health. The concern about the health workforce is that it should be well-performing. In this regard, good performance of the health workforce is assessed in terms of its adequacy in numbers, combination of the various cadres, equitably distributed between the various regions of the country, competent, and productive.

Human resource leadership is important (O'Neil, 2008). Research findings (O'Neil, 2008) show that the leadership development programmes make a profound difference in health managers' attitude towards their work. Rather than perceiving that one is defeated by a workplace environment, people report that they are being mobilized to take action to change the status quo. The lesson is that without this capacity at all levels, global policy and national human resources for health strategies will fail to make a difference.

Social support has been shown to play an important role in mitigating intention to quit, although not all findings have been in agreement. For example, Moore (2002) found that social support from supervisors reduced the level of nurses' burnout and indirectly, through reduced levels of burnout, reduced nurses' intention to quit. A similar result was reported by Kalliath and Beck (2001) when they tested the impact of social support on two components of burnout, namely depersonalization and emotional exhaustion, and found that supervisory support reduced not only those symptoms of burnout but also, directly and indirectly, nurses' intention to quit (Claude, 2004).

Previous research in retention of health workers in rural and remote areas of Australia has highlighted the significant role in Primary Health Care (PHC) services in rural and remote

areas of good governance, strong and visionary leadership, and sound management. These attributes contribute immensely to how workforce supply, recruitment, and retention issues are addressed, and the performance of the workforce over time. Another research project commissioned by the Australian Primary Health Care Research Institute demonstrates that those small PHC services in rural and remote areas that meet these requirements are also monitoring their workforce in terms of its professional satisfaction and retention within the organization as an integral part of human resource activity. Improved human resource management should result from improved recognition of managers as integral to the health team and enhanced preparation and education for managers (Zarebski, 2012).

Health managers, who possess adequate supervisory and leadership skills, are more likely to induce a high level of motivation in their employees. Skilled managers take the responsibility of lobbying on behalf of their employees and try to share in their problems. Most importantly, leaders who pursue others to perform a task by the use of motivation rather than power and authority has been emphasized (Kotter, 1996; Yammarino and Dubinsky, 1994). Research has revealed that health workers feel better motivated when managers give them the opportunity to participate in meetings to discuss issues affecting the hospital (Hagopian *et al.*, 2009).

2.4.3 Training

In today's competitive global market, the only strategy for organizations to improve workforce productivity radically and enhance retention is to seek to optimize their workforce through comprehensive training and development programmes. To accomplish this undertaking, organizations will have to invest in vast resources to ensure that employees have the information, skills, and competencies they need to work effectively in a complex and rapidly changing environment. It is therefore important for organizations to invest in their human resource or human capital development which in general terms is the process of helping employees become better at their tasks, their knowledge, and their experiences and add value to their lives. This is achieved through training, education, and development (Michael, 2008).

Training is considered a form of human capital investment whether that investment is made by the individual or by the firm. Training provides employees with specific skills or helps to correct deficiencies in their performances (Chew, 2004). The purpose of training in the work

context is to develop the abilities of the individual and to satisfy the current and future manpower needs of the organization. In addition to initial training, training to improve employee skills is important in order to enhance employees' performance in the organization (Michael, 2008).

A study to determine policies to improve nurse recruitment and retention in rural Kenya (Mudhune, 2009) has identified a number of job attributes that can be directly influenced by health policy in order to increase attraction to rural postings. These include permanent contracts linked to rural posts, allowances, opportunities for training and reduced years of experience before being promoted. These results show that nurses place the highest value on attributes that would be expected to have immediate monetary advantages such as salary enhancement or long term factors (promotion, training, and permanent contract). A study conducted in rural Ghana (Snow *et al.*, 2011) has investigated the factors related to low retention of health workers. For doctors, although salary is important, it is more the career development concerns which keep them in urban areas. The study also shows that short-term service in rural areas would be preferable if it was linked to coaching and mentoring, as well as career growth.

Employees want good training opportunities to increase their marketability. The conventional wisdom used to be that if the company makes them marketable, employees will leave at the first opportunity. But today, companies are finding that the more training employees get, the more likely they are to stay on. Indeed, when the training ends, turnover tends to begin (Hill, 2002 cited in Chew, 2004). Dockel (2003) strongly argues that when employees believe that the company is doing a good job of providing proper training, they feel that the company is concerned with improving employees' skills and ability, making them attached to their company and hence the willingness to stay is enhanced.

At Kenyatta National Hospital, opportunities for furthering careers are on merit. Thereafter, the graduates join either the University of Nairobi or Kenya Medical Training College. Foreign scholarships are also available on merit for specialized training in specific branches of medicine. The hospital runs post-diploma courses for nurses in neonatology, renal medicine, cardiology, intensive care and emergency medicine. All these terms and conditions of service are implemented by the human resource department (Kenyatta National Hospital, 2006).

Obura (2014) study on the migration of health workers in KNH found out that Job Training had no statistical significance but very few of those who said training extremely enhanced their duties were associated with migration. In contrast, access to training and career path development can be incentives for personnel working in priority health services. This concurs with a statement that lack of further education and career development opportunities, compels migration of health workers (EQUINET, 2005).

The movement and migration of health personnel itself affects the training of interns. The loss of health professionals in Ghana, for example, has led to the ranks of academia being severely depleted and has affected the country's ability to train new healthcare workers. In Malawi, the inadequate number of tutors in nursing colleges and hospitals has been cited as one of the reasons for the low intake of nursing students (EQUINET, 2008). The 2003 GTZ multi-country study identified a mix of non-monetary incentives applied in 18 sub-Saharan African countries. The incentives included training opportunities, study leave, award schemes, housing benefits, transportation allowances and clear career structures. The study findings suggest that in Zambia, refresher training opportunities led to high retention, while in Ethiopia, a mix of continuing education, provision of housing and establishment of clear career structures led to improved job satisfaction and retention (Yumkella, 2005).

The extent to which health workers are exposed to career and professional development has a strong motivational effect on retention (Ebuehi and Campbell, 2011). Access to training opportunities is strongly correlated with motivation and retention since it enables health workers to take on more challenging duties. Kotzee and Couper (2006) discovered that South African doctors in rural areas were unwilling to remain and work in such areas as opportunities for career development were far below the urban centers. Even some health workers perceive life in rural areas as lacking educational and recreational facilities (Mullei *et.al.* 2010) which constituted a major setback of retention. Therefore training programmes with a focus on local needs can help curtail health worker attrition (WHO, 2006).

2.4.4 Promotion

A study to determine policies to improve nurse recruitment and retention in rural Kenya (Mudhune, 2009) has identified a number of job attributes that can be directly influenced by health policy in order to increase attraction to rural postings. These include permanent

contracts linked to rural posts, allowances, opportunities for training and reduce years of experience before being promoted. These results show that nurses place the highest value on attributes that would be expected to have immediate monetary advantages such as salary enhancement or long term factors (promotion, training and permanent contract).

To retain employees, departments must offer career advancement opportunities. Departments failing to offer employees career opportunities, room for advancement and enhancement of skills and knowledge may find it difficult to retain qualified employees (Taylor, 1997). Marx (1995) concludes this by pointing out that promoting from within is one of the proven methods of employee retention. Promoting from within shows that there is truly room for advancement and growth within the department. Delayed promotions continue to demotivate health workers in the district hospitals. This is especially the case of clinical officers who feel they have reached a career plateau, unlike nurses and doctors who their careers are clearly defined (Mbindyo, 2009). According to study conducted in Malawi on retention of health workers, delayed promotions and promotions not based on merit was the greatest demotivator (Normand, 2009)

Promotion is one of the most common reasons an employee gives for leaving an organization according to McCabe, Feiock, Clingermayer and Stream (2008). Employees may change jobs for reasons of professional and personal advancement, or to join an employer who provides more attractive pay packages as well as career growth. Shaw, Duffy, and Stark (2000) reveal that frustration and a desire to quit have relevance to low positive affectivity, and are related strongly and negatively to job satisfaction. Commitment towards the organization is degraded if there is a perception of underhanded methods in promotion activities (Mosadeghrad, Ferlie, & Rosenberg, 2008). Bayt.com shows that 51% of the people who completed their online survey expressed dissatisfaction with their professional and personal growth in Saudi organizations (Bayt, 2009). A similar study conducted in another Arab culture concludes that employees demonstrate greater levels of satisfaction and commitment if they are given ample opportunity for personal as well as professional growth in their organization (Al-Ahmadi, 2002).

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When an employee stagnates (plateaus) in career because promotion opportunities are limited he may choose to leave the organization. "Plateauing" is a term Bardwick uses to describe the situation in which employees reach a point where they are no longer advancing in their career ladder. Instead, they remain at the same hierarchical level. With an organization structure shaped like a triangle, there are many positions at the bottom and few at the top, plateauing is inevitable. Bardwick termed reaching the top and leveling off as the plateauing trap. One can either be "content plateaued" or "structurally plateaued". Content plateauing occurs when the individual is no longer challenged by the job and knows all there is to know. Structural plateauing can occur at any level, from the bottom of the triangle at the staff level, where a bedside nurse has limited promotional opportunities, to the top of the triangle at the vice president level where there is no other position to advance to .

2.4.5 Work Conditions

Dussault and Franceschini found that several aspects of the organizational environment contribute to workforce shortages in some areas. They argue that workers are less likely to remain in organizations with poor management and which lack equipment, supplies, and other important infrastructure. Survey data support these assertions with negative workplace factors such as stress, workload, inflexible working hours, poor quality work environment, lack of managerial support, and lack of locum relief and/or qualified assistants associated with poor retention in rural and remote areas (Humphreys, J., & Wakerman, J., 2009).

Supportive and considerate work environment appears a crucial feature of firms with low rates of turnover. Having managers who are sympathetic to and understanding of workers' domestic constraints can mediate the overall worker concerns of low wages endemic to the industry with high turnover. Low turnover firms facilitate and encourage informal interpersonal networks and friendship-based work groups. They also create a culture of mutual trust with their predominantly female workforce. Managers' role is significant because they are cognizant of the problematic aspects of work in this industry (pay, status, work pressure) and seek to ameliorate this as much as possible (Taplin, I. M., & Winterton, J., 2007).

As documented in previous research (Awases *et al.*, 2003; Bennett *et al.*, 2000; Dieleman *et al.*, 2003), the environment of a healthcare facility, its infrastructure, and availability of medical equipment are predictive factors of motivation. This fact has been well established

in that health workers often place an important value on equipment and facilities such as availability of potable water, proper sanitation, drugs, supplies and others that enhance their work (Henderson and Tulloch, 2008). Generally, poor environmental quality and inadequate infrastructure and equipment do not instill confidence in health workers for greater performance nor encourage their retention in those facilities. Similarly, the physical environment, infrastructure, and availability of equipment and supplies can influence healthcare consumers' utilization of health services. As a characteristic of the twenty first century, health workers are more prone to clean and safe environments in their homes and would expect to experience the same at the workplace (Adzei & Atinga, 2012).

According to research findings carried out to determine the influences of health workers motivation in district hospitals, constraints affecting health workers' ability to serve patients include shortages of staff, drugs and nonmedical supplies, often in combination with old buildings that resulted in staff just work [ing] to clear the queue but not to provide quality work. They do not see the problem of the person (Mbindyo, Gilson, Blaauw & English, 2009).

The relationship between different cadres of health workers influences the retention of workers. Additionally, good working relationships between cadres also enhance worker motivation. Where inter-cadre relations have been found to be poor, low staff retention, job satisfaction, and inefficiency of health care delivery have been experienced, as is the case in Nigeria (Mbindyo, Gilson, Blaauw & English, 2009)

2.4.6 Retention of Health workers

Webmaster dictionary defines “retain” as to “hold back, to keep from departure or escape, to keep in a fixed state, to restrain”. Retention is ‘a voluntary move by an organization to create an environment which engages employees for the long term’ (Chaminade, 2006). A more detailed and recent definition of the concept of retention is ‘to prevent the loss of competent employees from leaving productivity and profitability’ (Chiboiwa, Samuel, & Chipunza, 2010). Some people view employee retention as the result of the implementation of policies and processes that assist employees to remain with the company because of the provision of a work environment that meets their needs (Baer, Fagin, & Gordon, 1996).

Employee retention, according to Harvard Business Essentials, is the ‘converse of turnover—turnover being the sum of voluntary and involuntary separations between an employee and his or her company’ (Starosta, 2006). However, Waldman and Arora (2004), postulate that discussing employee retention within the context of employee turnover is insufficient; instead, the focus should be on the way in which employee retention promotes the preservation of a workforce that is able to meet the corporation’s needs. For them, employee turnover is necessary in order to remove employees who are unable to meet the objectives of the organization; good retention focuses on keeping those employees who can promote organization objectives.

The retention of talented employees is an advantage to an organization because employees’ knowledge and skills are central to a company’s ability to be economically competitive (Kyndt, *et al.*, 2009). Employee retention becomes increasingly important to organizations because periodic labor shortages can reduce the availability of high performing employees (Jones & Skarlicki, 2003); thus, workers are searching for better employment opportunities, and firms are seeking to improve the productivity of their workforce (Leeves, 2000). However, there are challenges in attempting to retain employees (Barney, 1991; Taplin & Winterton, 2007). HR executives can find that attracting and retaining talent is a problem (Barney, 1991; Samuel & Chipunza, 2009) because of bounded rationality, particularly of cultural and social norms associated with the country (Metcalf, 2008).

Low retention indicates that not many people are staying long enough to achieve job mastery. The avoidable loss of employees is expensive and often underestimated in the organizational budget. Unreasonably high turnover incurs significant direct costs (replacement, recruitment and selection, temporary staff, management time) and indirect costs (in terms of morale, pressure on remaining staff, costs of learning, product/service quality, and organizational memory) to employers, as well as a significant loss of considerable skills, expertise and knowledge. Human resource is a source of sustained competitive advantage. Retention strategies can only be identified if the organization knows the factors influencing retention. This empirical research aims at addressing this gap.

Hausknecht *et al.*, (2009), note that despite the vast literature on employee turnover which is aimed at identifying factors that cause employees to quit, much less is known about factors that compel employees to stay. The reasons why people stay are not always the same as the

reasons why people leave, a fact that is often overlooked. A recent study by Guma (2011) established that the organizational factors that influenced employee retention included career development, remuneration, recognition, staff engagement, and management. Studies (Al-Omari *et al.*, 2009; Daly *et al.*, 2006; Gaiduk *et al.*, 2009; Radivoev, 2005) indicate that employee retention is a pertinent issue globally, but there is no consensus on which factors are critical in influencing staff retention among the various organizations.

2.5 Empirical Review

Some critical cadres in the Civil Service have been experiencing high staff turnover as the staff leave the Civil Service to take up employment both within and outside the Country. This causes shortage of staff and compromises service delivery. An analysis of the payroll data reveals cadres that are facing high staff turnover particularly before the age of 40 years through resignations and brain drain. Such cadres include Medical Specialists, Nursing Personnel and State Law Officers. (CARPS,2015)

The report by the Inter-governmental Steering Committee for the Capacity Assessment and Rationalization of Public Service 2015 (Carps) estimated deficits of 16,000 doctors - 11,336 medical doctors, 1,338 pharmacists and 2,916 dentists. There is also a shortage of 108,949 nurses, 32,756 clinical officers and 24,882 medical laboratory technologists.

Staff stagnation in one grade for prolonged periods is common occurrence in the public service. This happens due to various reasons, such as lack of requisite qualifications as stipulated in schemes of service; non-declaration of vacant posts; and time taken to fill the posts. Further, the embargo on recruitment has only exacerbated the succession gaps in some cadres. Analysis of the data contained in staff complement indicates that 32,743 out of a total of 71,683 staff in the National Government, staff in Ministries/Departments have stagnated in one Job Group for periods ranging from 4 to 44 years. This constitutes 45.68% of the National Government total workforce. (CARPS,2015)

Kinyili (2015) study on the role of HRM practices on the retention of staff in public health institutions in Machakos County. The study sought to explore the role of remuneration practices, training and development practices, career advancement practices and to work-life balance practices on the retention of staff in public health institutions in Machakos County. 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 .

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

The results showed that majority of the respondents were of the opinion 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 in decision 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

Kibui(2015) on the study of Effect of talent management on employees retention in Kenya's state corporations. The study findings depicted that there was a positive significant relationship between career development and employee retention ($\beta=0.16$ and p value)Karemu, et al (2014), on critical analysis of talent management on medical employees retention in public hospitals in Kenya, which indicated that talent management strategies impacts positively on the retention of doctors and nurses at Kenyatta National hospital in Kenya. The studied variables were career development, compensation and benefits attractiveness, nature of work climate and levels of training and development. The data obtained from the study indicated that talent management strategies impacts positively on the retention of doctors and nurses at Kenyatta national hospital in Kenya. Availability of career development opportunities showed the highest significant relationship with retention ($\beta=0.614$,p-value =0.019).

Clinicians who received more interpersonal mentoring were also more likely to have stronger affective commitment. In addition, affective commitment moderated the relationship between knowledge transfer and turnover intentions, that is, when affective commitment was low, clinicians with higher levels of knowledge transfer indicated higher turnover intentions.

However, clinicians with high levels of affective commitment and knowledge transfer reported lower turnover intentions. Health Care Organizations must simultaneously invest in knowledge transfer while implementing strategies that assist in retaining knowledgeable workers. Interpersonal mentoring appears to play an important role in the retention of valued clinicians through its influence on affective commitment. Health Care Organizations must facilitate cultures that show top management support for mentoring through practices such as educational programs, flexible scheduling, and reward systems (MM Fleig-Palmer - 2015).

A study to determine policies to improve nurse recruitment and retention in rural Kenya (Mudhune, 2009) has identified a number of job attributes that can be directly influenced by health policy in order to increase attraction to rural postings. These include permanent contracts linked to rural posts, allowances, opportunities for training and reduced years of experience before being promoted. These results show that nurses place the highest value on attributes that would be expected to have immediate monetary advantages such as salary enhancement or long term factors (promotion, training, and permanent contract).

A study conducted in rural Ghana (Snow *et al.*, 2011) has investigated the factors related to low retention of health workers. For doctors, although salary is important, it is more the career development concerns which keep them in urban areas. The study also shows that short-term service in rural areas would be preferable if it was linked to coaching and mentoring, as well as career growth. In investigating reasons for poor recruitment and retention of nurses in rural Kenya (Mullei *et al.*, 2010) make a number of recommendations.

These comprise additional rural allowances and allowing choice of rural location. Greater investment is needed on information to assess the impact of such policies. Other studies (Lehmann, Dieleman, & Martineau, 2008) show that to adequately staff remote areas, planning, and decision-making on retention require multi-sectoral collaboration. Findings from investigations on workforce stability (Buchan, 2010) conclude that for policy and advocacy purposes, it is important to examine the interactions between staff turnover and organizational performance.

A study by the Regional Network for Equity in Health in East and Southern Africa (EQUINET) sought to investigate the causes of migration of health professionals, the strategies used to retain health professionals, how they are being implemented, monitored and

evaluated, as well as their impact, to make recommendations to enhance the monitoring, evaluation, and management of non-financial incentives for health worker retention. It revealed that all four countries studied (Swaziland, Zimbabwe, Tanzania, and Kenya) have put in place strategies to improve morale and retain staff in the public health sector. Nevertheless, it raised caution about approaches that target specific groups. The study pointed to cadres that appear to have been excluded from incentive strategies, particularly those cadres that work at community level and that form a bridge to other actors who play a role in primary health care, such as traditional health providers and community health workers (Dambisya, 2007).

Several reasons explain attrition of health workers in Kenya (Chankova, Muchiri, & Kombe, 2009). These include retirement, resignation, and death. Appropriate policies to retain staff in the public health sector may need to be tailored to different cadres and level of health facility are therefore required. An ethnographic study on attrition among community health workers in home based care (HBC) programmes in Western Kenya (Olang'o, Nyamongo, & Aagaard-Hansen, 2010) reveals a number of underlying factors. The reasons for dropout included the cultural environment within which CHWs operated; lack of adequate support from area NGOs; poor selection criteria for CHWs; power differences between NGO officials and CHWs. This fostered a lack of transparency in the NGOs' operations. The study concludes that to achieve well-functioning and sustainable HBC services, factors which influence retention and dropout of CHWs should be addressed. These should take into account the socio-cultural, programmatic, and economic contexts within which CHW activities are implemented.

The question of retention of health workers has also been addressed in a study in Malawi (Manafa *et al.*, 2009). Results from the investigation show that continuous education and progressive career growth are inadequate. Standard HRM practices such as performance appraisal and job descriptions were not present. Health workers felt that they were inadequately supervised, with no feedback on performance. However, managers did not perceive these deficiencies as having an impact on motivation. The study concludes that a strong HRM unit operating at the district level in Malawi is likely to improve worker motivation and performance.

Drawing from developments in Malawi, the problems in the health sector are characterized by inadequate human resource training and education systems which result in the insufficient production of various categories of health workers (Manafa et al. 2009). In this country the problems are compounded by factors such as insufficient fund allocations to health ministries, a lack of strategic human resources planning, insufficient staff audits, lack of comprehensive recruitment and retention strategies, weak management and a global competition for scarce human resources for health. The problem seems endemic as Grabher (2011) argues that just increasing the stock of health workers and their skills will not change the fact that vacancies in rural health facilities remain unfilled. This seems to be the trend as many of the best clinicians either ends up in industrialized countries, private practice or in NGOs or in the urban areas. This means staff members serving at rural health facilities are often nominally available full-time as they end up moonlighting on other jobs or on private practice

Michal et al. (2001), Mrara (2010) and Makondo (2012) studied the intention to leave an organization instead of actual turnover and established that before actually leaving the job, workers typically make a conscious decision to do so. Employment security, workplace organization and the working environment were the main factors that inform nurses in the public sector to leave an organization (Pillay 2009). Equally, the private sector nurses added professional practice to the most important factors they consider in making their decision to leave employment. It also emerges that younger nurses in the public sector and from the more rural provinces were significantly less likely to be in their current positions within the next five years

Gilles *et al* (2014) researched on factors associated with health care professionals' intent to stay at Lausanne University Hospital in Switzerland among five categories of hospital staff namely laboratory, administrative, psycho-social workers, nurses and care givers, physicians. They identified several factors that affect hospital professionals' intent to stay. By studying this issue across five distinct professional groups, they were able to identify its determinants and depict their roles in each professional group, thereby highlighting important aspects that could be more specifically targeted in future interventions. The determinants were manager characteristics (respect and availability), organizational characteristics (workload, career opportunities, and working conditions) and work characteristics (work organization and coworker support). They also highlighted that intent to stay could be approached at a hospital

level through a global strategy and hospital governance and at a professional group level through more tailored interventions (Gilles *et.al.*2014).

Working conditions may have various positive and negative impacts on employees' outcomes such as turnover intentions. Different research on various working samples have shown that perceived work conditions may affect turnover intentions (Houkes *et al.*, 2001; Huang *et al.*, 2007; Podsakoff *et al.*, 2007; Poilpot-Rocaboy *et al.*, 2011; Burakova *et al.*, 2014). Mueller and Price (1990) have established that the determinants in voluntary turnover are of a psychological, sociological, and economic nature. Their explanatory model of voluntary turnover integrates different types of determinants, such as working conditions, environmental conditions, and employee characteristics. The authors point out that if employees' expectations toward the organization are not fulfilled, the consequences for job satisfaction and commitment to work result in the employees deciding to leave the organization.

In this regard, Dawis and Lofquist (1984) argue in their model that the degree of satisfaction from the perspective of the employee as well as of the employer predicts the extent to which the individual is likely to stay. In case of a mismatch between the person and the working environment, this model predicts forms of adjustments between the two. Thus, active adjustment on the part of the individual implies that he or she is trying to change the working environment. Adjusting reactively, individuals may also change their behavior to better match the environment. When no more adjustment proves possible, the person leaves the job. According to Mobley *et al.*'s (1978) model, that explains the withdrawal process, cognitive behavioral variables are mediators of the relationship between satisfaction and employee's turnover. This conceptual model describes the cognitive process in which job dissatisfaction leads the individual, at first, to think of leaving, and then to intend to leave, which is accompanied by the active search for another job, resulting in the decision to leave if an interesting job offer arises

Perceived working conditions lead to various negative outcomes for employee behaviors, including turnover intentions. Although potential mediators for these relationships were previously identified which include but not limited to age, other personal characteristics academic qualifications and social relationships. This study perceived work conditions and turnover intentions :the mediating role of meaning to work examined the role of this psychological resource as a mediator for the relationships between perceived working

conditions and turnover intentions in a sample of 336 French workers from different job contexts. Results showed that adverse working conditions were positively and significantly associated with turnover intentions. Meaning of work is negatively related to both perceived working conditions and turnover intentions. Mediation analyses for meaning of work demonstrated indirect effects of several adverse working conditions on turnover intentions. The role of meaning of work as a psychological resource for employees facing adverse working conditions is discussed, especially regarding its implications for research and practice within organizational contexts.(Amoux. N et.al,2016)

2.6 Critique of Existing Literature

The significance of health workers in a country development agenda cannot be over emphasized. The world is experiencing a shortage of health workers. Previous studies (Humphreys & Wakerman 2009; Manafa, *ea.tl.*, 2009; Mbindyo, *et.al.*, 2009 and Zarebski, 2012) have focussed on rural and remote areas. This limits the generalization of research findings as rural settings are different from urban settings and factors influencing the health workers intent to stay are therefore different.

On a global scale, the focus has been on doctors and nurses. The success of health sector is influenced by allied medical workers as doctors and nurses do not perform their duties in isolation (Gilles, I., Burnand, B., & Peytremann-bridevaux, I., 2014). This again limits generalizing the findings as different categories of staff have different needs and the focus on doctors and nurses has influenced policies formulation which has led to unintended consequences of demotivating the other categories of staff.

Obura (2014) focused on turnover of health workers. From previous research the reasons why health workers leave the organization are not the same reasons why they stay for e.g. if employees leave for better pay it does not mean those who remain are better paid. This research will focus on factors influencing why health workers stay across the professionals in a public sector. Both qualitative and quantitative sources of data was used.

Between 2005 and 2009 19% of laboratory staff and technicians left health sector due to various factors(WHO 2012)This is a high percentage but existing studies focuses on nurses and doctors. Health sector performance is dependent on availability of suitably qualified personnel.

On the study commissioned by European Commission on recruitment and retention of health workforce in Europe the findings of the report were almost all EU/EFTA countries, irrespective of their level of economic development face problems of R&R of nurses and physicians. This is a pattern observed elsewhere in the world (Campbell et al 2013). Countries' responses differ in nature and intensity depending on political commitment and on economic, technical and organizational capacity. The literature available is only prescriptive and none has concrete solutions for retention of health workers.

The review maps interventions to improve recruitment and retention (R&R) of health professionals in the European Union (EU) and in countries of the European Free Trade Association (EFTA). Three strategies were used to collect information on R&R interventions: a scoping review of peer-reviewed literature, a review of grey literature, and the consultation of informants in the 32 targeted countries to identify interventions which are not reported in the other two sources. The focus is on R&R of physicians and nurses. (European Commission,2014)

The findings of the literature review and input from country correspondents show that much work is to be done to understand how best to improve R&R of health professionals. It is suggested that policy makers could augment the probability of success of interventions by creating enabling conditions for their implementation, including through dialogue with stakeholders and support to managers, educators and professionals who implement them. For health service researchers, there is still much to do to produce evidence on the effectiveness of R&R strategies and thereby inform better policy-making in this field(European Commission,2014)

2.7 Research Gaps

Millennium Development Goals (MDGs) the precursor of Sustainable Development Goals. These global goals, prominently featuring health, have become a focal point for rallying international cooperation to achieve time-bound targets. Emerging are many new programmes, mechanisms, financing strategies, and actors. To take advantage of these opportunities, a strong and vibrant health system is essential. Yet, such systems are impossible without health workers who are the ultimate resource of health systems. Yes, money and drugs are needed, but these inputs demand an effective workforce: for it is people, not just vaccines and drugs, who prevent disease and administer cures. Workers are active—not passive—agents of health change. Often commanding two-thirds of health budgets, they

glue together the many parts of health systems to spearhead the production of health. Evidence shows that human force drives health-system performance (Chen *et.al.*, 2004).

Most studies have focused on health care workers turnover and not retention. Few studies have been conducted on factors influencing why health care workers stay. Over the years the focus has been on nurses and other professionals allied to medicine have not been considered in empirical researches done across the globe. In Africa research has concentrated on retention of health workers in rural and remote areas but not migration that occurs between the public sector and the private sector in urban settings which also interferes with the health system as the targeted population is different. Hospital care involves a series of interdependent providers, but the published literature mostly focuses on nurses' intent-to-stay determinants without considering other professional categories. Variations in intent to stay among professional groups may shed light on underlying mechanisms, as well as those specific to professional groups or those more particularly linked to institutional context or culture (Giiles *et.al.*, 2014).

2.8 Summary

From the foregoing literature review, it is evident that retention of health workers is important for realization of tangible development in the country. There is a global shortage of health workers and therefore retention of health workers is paramount to a functioning Expectancy theory (1964). Human Capital theory (1964) has been reviewed in relation to the study and Herzberg theory (1959) was found to be appropriate because of its dual factors of motivators and hygiene which are considered as intrinsic and extrinsic respectively. A conceptual framework has been developed based on this theory with the dependent variable being health workers retention. Independent variables are extrinsic factors (leadership style, remuneration) and intrinsic factors (training, promotion). These factors are intrinsic and extrinsic and can be used by organizations to develop a compelling Employee Value Proposition (EVP) to influence retention of health workers in the public sector.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methods of the study. It describes the research design, study population, sampling frame, sample and sampling techniques, data collection techniques and methods of data analysis. The statistical measurement models used in the analysis and the tests for hypotheses are also provided.

3.2 Research Design

The objective of the study was to investigate the factors influencing health workers retention in Public Health Sector: a case study of Kenyatta National Hospital. According to Kothari (2004), a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Indeed the research design is the conceptual structure within which research is conducted. It constitutes the blue print for the collection, measurement, and analysis of data. The research design adopted for this study was a case study. A case study is a research methodology common in social science. It is based on an in-depth investigation of a single individual, group, or event to explore causation in order to find underlying principles. Yin R.K. (2014) defined case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 2013).

3.3 Population

All the items under consideration in any field of inquiry constitute a “universe “or “population” (Kothari, 2004). Population in this study is the larger group from which the sample was taken. The population of the study was non-clinical and clinical staff employed by Kenyatta National Hospital either on contract or permanent and pensionable terms. The total number was 4955 (KNH, 2012). The employees employed on casual and temporary terms are likely to leave the organization.

3.4 Sampling frame

It contains the names of all items of a universe. (Kothari, 2004) sampling frame consists of a list of items from which the sample is to be drawn. The sampling frame was obtained from the Human Resource and Administration Department at Kenyatta National Hospital. The KNH establishment was the sampling frame. By using the establishment, all employees of Kenyatta National Hospital shall have an equal chance of being selected for the sample. Kenyatta National Hospital has more than 6000 employees but the target population is 4,955 (Ministry of Medical Services, 2012).

3.5 Sample and Sampling Technique

A sample is a subset of the population. A sample in this study was a portion of the population of interest. The purpose of sampling is to secure a representative group which will enable the researcher to gain information about a population. According to Mugenda and Mugenda (2003), social researchers recommend that 10% of the accessible population is enough, and at least 30 cases are required per group, for statistical data analysis. If a population from which a sample is to be drawn does not constitute a homogenous group, a stratified sampling technique is generally applied in order to obtain a representative sample. Stratified sample results in a more reliable and detailed information. Stratified random sampling using designation was used in the first stage to ensure representation of the subgroups constituting health workers in Kenyatta National Hospital. In the second stage, simple random sampling was used to arrive at the required sample of 10% of the target population. The method of proportional allocation under which the sizes of the sample from which the different strata were kept proportional to the sizes of the strata. The total sample size was calculated using published tables. The published tables provide a sample size for a given set of criteria. More complex designs, e.g., stratified random samples, must take into account the variances of subpopulations, strata, or clusters before an estimate of the variability in the population as a whole can be made. Another consideration with sample size is the number needed for the data analysis. If descriptive statistics are to be used, e.g., mean, frequencies, then nearly any sample size will suffice. On the other hand, a good size sample, e.g., 200-500, is needed for multiple regression, analysis of covariance, or log-linear analysis, which might be performed for more rigorous state impact evaluations. The sample size should be appropriate for the analysis that is planned. The total sample size was 400 distributed as follows:

Table 3.1 Sample Size of Target Population

Type of staff	Target population(y)	Sampler population
Medical officers and specialists	231	23
Dentists	30	3
Pharmacists	10	1
Nurses	1725	100
Clinical Officers	63	6
Lab techs	144	13
Pharm. technologists	42	4
Radiographers	28	3
Nutrition officers	57	6
Physiotherapists	67	7
Occupational therapists	41	4
Medical record officers	81	8
Public Health Officers	23	2
Other professional staff	2413	221
Total	4955	400

3.6 Data Collection Instruments

Primary data was collected by use of one main structured questionnaire that captured the various variables of the study. The questionnaire was designed to address specific objective and research questions. A questionnaire having both close - ended and open - ended questions was administered to health workers in KNH. The close ended items gave precise information which minimized information bias and facilitated data analysis. Some items from the questionnaire were modified from Ngethe (2013) and Ojaka, Olango & Jarvis (2014).

Focused group discussions were held. The clinicians and non-clinicians each had a separate focus group discussion. Kenyatta National Hospital has three deputy directors. Each deputy director was interviewed except one who declined.

Secondary data was obtained from literature sources or data collected by other people for some other purposes. Secondary data was collected through review of published literature such as journals' articles, published theses, textbooks, World Health organization (WHO) reports, Non-Governmental Organizations' reports and Audit reports by other government Ministries, Departments and Agencies.

3.7 Data Collection Procedure

The researcher obtained permission from the University, KNH-UoN Research and Ethics Committee, Kenyatta National Hospital and National Commission for Science and Technology. A research assistant was recruited to assist in administering the questionnaires. The researcher organized two focus group discussions one for clinicians and the other for non-clinicians.

3.8 Pilot Study

A pilot study was undertaken for pre-testing the questionnaire. The questionnaire was edited in the light of the results of the pilot study. The pilot study reveals the weakness of the questionnaire if any (Kothari, 2004). The researcher conducted a case study of Thika Level Five Hospital. Piloting enabled the researcher to ascertain the validity and reliability of the instrument. Validity is the extent to which a scale or set of measures accurately represents the concept of interest. Only 5 employees of Thika Level Five Hospital were pilot tested. The staff piloted are from the highly mobile cadres of doctors and nurses.

3.8.1 Validity

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure (Kothari, 2004). According to Gay (1992), validity is established by expert judgment. In this regard, the questionnaire was constructed in close consultation with the university supervisor and other experts.

3.8.2 Reliability

The test of reliability is another important test of sound measurement. A measuring instrument is reliable if it provides consistent results. The design directions for measurement with no variation from group to group. The reliability was further improved by using trained and motivated persons to conduct the research and also by broadening the sample of items used. This improved equivalence aspect. To improve the stability aspect, the conditions under which the measurement takes place was standardized i.e., the research assistant ensured that external sources of variation such as boredom, fatigue, etc., are minimized to the extent

possible. This was achieved by negotiating with the respondent either to fill the questionnaire or pick at a later date. The measuring instrument was easy to administer. For this purpose, due attention to the proper layout of the measuring instrument, for instance, a questionnaire, had clear instructions (illustrated by examples) where possible.

3.9 Data Analysis and Presentation

The raw data was entered into Statistical Package for Social Scientists (SPSS) where further analysis was done. Descriptive statistics was used to answer the research questions and the objectives of the study. In addition to calculating the mean and the standard variation of the variables of the study, results from the analysis was presented in tables and graphs for ease of interpretation and understanding. The descriptive statistics provided the basic feature of data collected on variables and provided the impetus for further analysis.

3.9.1 Qualitative Data Analysis

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent. When used along with quantitative methods, qualitative research can help us to interpret and better understand the complex reality of a given situation and the implications of quantitative data. Although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations. In this sense, qualitative research differs slightly from scientific research in general.

The three most common qualitative methods are participant observation, in-depth interviews, and focus groups. Each method is particularly suited for obtaining a specific type of data. In-depth interviews are optimal for collecting data on individuals’ personal histories, perspectives, and experiences, particularly when sensitive topics are being explored. Focus groups are effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented. What forms

do qualitative data take? The types of data these methods generate are field notes, audio (and sometimes video) recordings, and transcripts (Pope C, Mays N. 2000)

Questions in which were used to collect qualitative data were being aligned to the research objectives. The methods used were focus group discussions and key informant interviews. Responses were summarized into most occurring in categories according to research objectives. The These qualitative findings were integrated with the quantitative findings in discussions.

3.9.2 Inferential Statistics Analysis

According to Mugenda and Mugenda (2003), correlation technique is used to analyze the degree of relationship between two variables. The computation of a correlation coefficient yields a statistic that ranges from -1 to +1. This statistic is called a correlation coefficient (r) which indicates the relationship between the two variables and the bigger the correlation the stronger the coefficient between the two variables being compared. The direction of the relationship is also important in that if it is positive (+) it means that there is a positive relationship between the two variables and this means that when one variable increases the other variable increases or when one variable decreases the other variable also decreases. A negative relationship (-) means that as one variable decreases the other variable increases and vice versa and hence an inverse relationship. If there is no relationship the coefficient is equal to zero. Pearson's Product - moment correlation coefficient will be used to determine the strength and the direction of the relationship between dependent variable and the independent variables.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.0 Introduction

This chapter displays results and analysis of the study findings based on the determinants of retention of health workers in the public health sector in Kenya. It is organized as follows: descriptive analysis, a bivariate analysis that entails cross tabulations with chi-square measure of multiple analyses where a linear model was fitted and Moderation Analysis for Personal Characteristics on Health Staff retention and later on discussed the findings.

4.1 Response Rate

The percentage of people who responded to the survey was 68.5% as a total of 400 questionnaires were administered out of which 274 people submitted a completed survey. Acceptable response rates vary depending on how the survey was administered. In this study the response rate is considerably good and therefore the data can be used to produce accurate and useful results that are representative of the target population. According to Baruch, Y & Holtom, B.C(2008), the average level of response rate is 52.7% with a standard deviation of 20.4 when analyzing 1607 studies from year 2000-2005 with 4,000,000

Richardson (2005) cited Babbie (1973, 165) and Kidder (1981, 150–151) when stating that 50% is regarded as an acceptable response rate in social research postal surveys. Baruch (1999) researched the response rates reported by 141 published studies and 175 surveys in five top management journals published in 1975, 1985 and 1995. He found that the overall average response rate was 55.6%. 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 & Gelet Kanycz, 1997). Mugenda and Mugenda (2008) asserted that a response rate of 50% is adequate for analysis. Babbie, (2004) also asserted that the return of rates of 50% are acceptable to analyze and publish, 60% is good and 70% is very good

4.2 Personal Information

4.2.1 Gender

Out of the 266 study participants 45.1% (n=120) were male while a majority of 54.9% (n=146) were female. This preponderance is the result of the significant weight of the nurse categories, which are traditionally female-oriented occupations in Kenya and around the globe. Incidentally, more than 73% of all Kenya registered community health nurses in the public market and 62% of all Bachelor of Science nurses are women (Ministries of Medical Services and Public Health and Sanitation, 2013). For other health care worker categories such as physicians, physiotherapists, dentist and dental technologists, public health officers and technicians, however, men are in the majority. This is in line with MoH (2012) findings that women are not well represented in the medicine field. In similar studies conducted the females are more than males especially in lower cadres. A study conducted by AMREF in three counties namely Machakos, Turkana and Nairobi out of a total of 404 participants enrolled to the study distributed across three regions namely Nairobi (171) Machakos (135), and Turkana (98). The study recorded a total of 234 (57.9%) females as compared to 170 (42.1%) males. This favorably compares with the results of this study.

Most health care workers in the public market in Kenya are women. In 2013, for instance, of the 31 060 health care workers in the public sector, women represent nearly 60% of all personnel in the national health system. This preponderance is the result of the significant weight of the nurse categories, which are traditionally women-oriented occupations in Kenya. Incidentally, more than 73% of all Kenya registered community health nurses in the public market in Kenya and 62% of all BSc nurses are women. The feminization of the health workforce implies challenges in terms of managing human resources, especially reconciling the maternity constraints and administrative provisions such as family reunification with the requirements of providing services. Measures such as task shifting and the use of temporary personnel should be carefully explored in an attempt to overcome this constraint.'(WHO,2012)

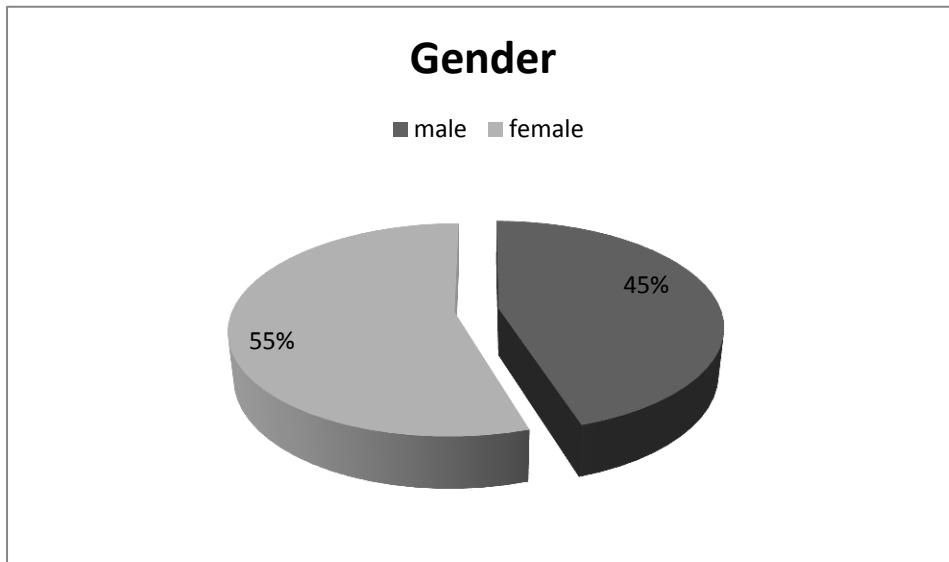


Figure 4.1 Gender Distribution

4.2.2 Age

The majority of the respondents 40.3% (n=110) were between the ages of 40-49 years while those of ages less than 30 years were the least with a percentage of 15.8% (n=43). This suggests that the public health sector has an ageing workforce which is mainly as a result of the many years Kenya had a civil service employment freeze before 2013. The employment freeze was largely as a result of the Structural Adjustment Program advocated by the World Bank. It resulted in a long-term decline in the number of civil servants, including health workers; this is now being reversed. From the table, the median of 42 years compares with MoH 2012 report. The majority of the employees in Kenyatta National Hospital which is at the apex of the health care may have attracted the employees to stay because of her location and existing and/or perceived opportunities. In a similar study conducted by Onyango (2012), Out of a total number of 357 respondents who participated, majority 132 (37.0%) were aged between 30 to 39 years. This was closely followed by 128 (35.9%) who were aged 40 to 49 years, 60 (16.8%) were 50 years and above. There was a notable 37 (10.4%) young employees aged between 20 to 29 years. Since the study was conducted four years apart this may explain the difference.

Table 4.1 frequency and percentage Distribution of the respondents' age

Frequency and percentage distribution of the respondents' age

Age (years)	N (%)
Less than 30	43(15.8%)
30-39	66(24.2%)
40-49	110(40.3%)
More than 50	54(19.8%)

4.2.3 Health Qualifications

Table 4.2 shows the frequency and percentage distribution of the health qualifications of the study participants. 26.5% had attained diploma which was equivalent to those with a bachelor's degree. Ph.D. holders were the least with a percentage of 0.4 (n=1).The data shows that a vast majority (89.1%) of MoH's professional health workers hold secondary school education. However, the National HRH state that those who hold certificates and diploma from colleges are still categorized as having secondary school education. These findings compare favorably with this report

The research finding compares favorably with AMREF (2012) research which was conducted in three counties namely Turkana, Machakos and Nairobi and revealed that 80.2% of health workers had post-secondary education. In Nairobi County where Kenyatta National Hospital is located, 90.6 had post-secondary education.

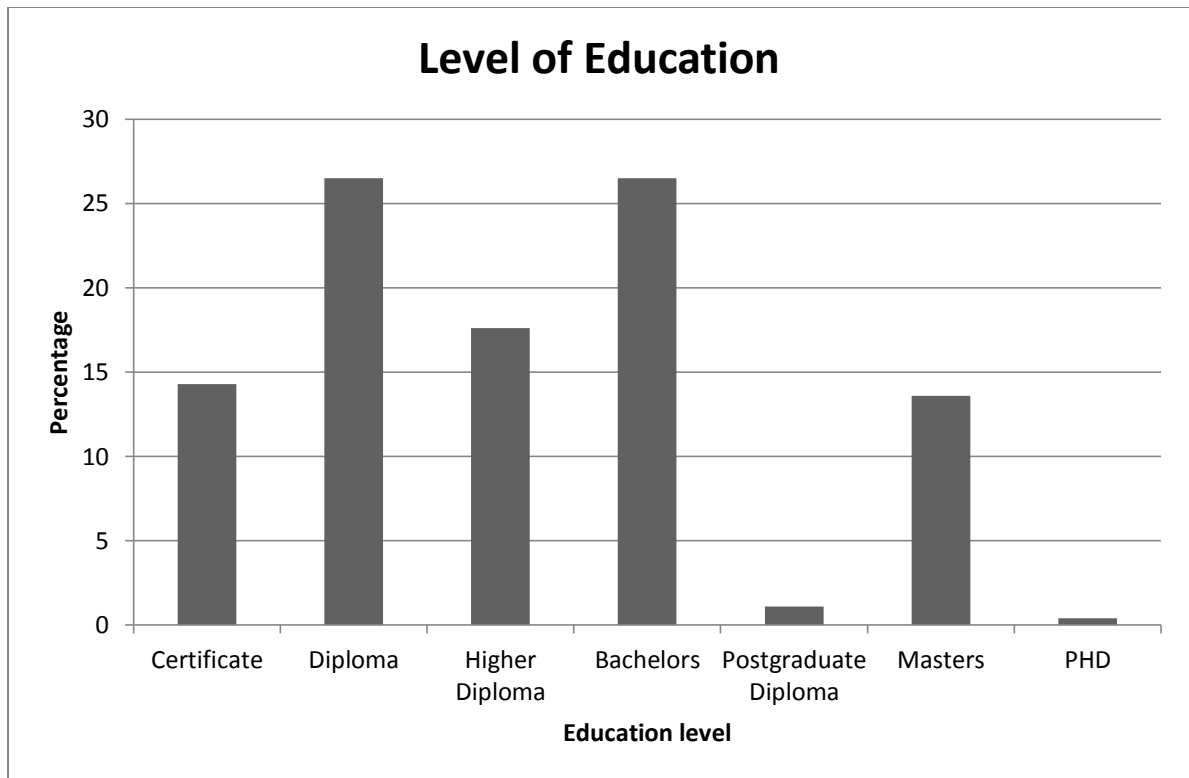


Figure 4.2 Distribution of the respondents' Health Qualification

4.2.5 Marital Status

According to the study findings, 70.5% (n=191) of the participants were married monogamous followed by those who were single with a percentage of 19.9% (n=54). This is evident because majority of the respondents were elderly therefore likely to be married. This compares favorably with AMREF (2012) study which found that 67.3% of health workers in Nairobi County are married. KNH health workers are part of the subset of health workers in Nairobi County. The feminization of the health workforce implies challenges in terms of managing human resources, especially reconciling the maternity constraints and administrative provisions such as family reunification with the requirements of providing services. Measures such as task shifting and the use of temporary personnel should be carefully explored in an attempt to overcome this constraint. Since health workers are at their prime when they already have family obligations, family friendly environment may make them stay.(WHO,2012)

According to a study conducted by Obura(2014) on migration of human resources for health at Kenyatta National Hospital Marital status was not statistically significant in relation to migration however divorcees and those separated were associated with migration

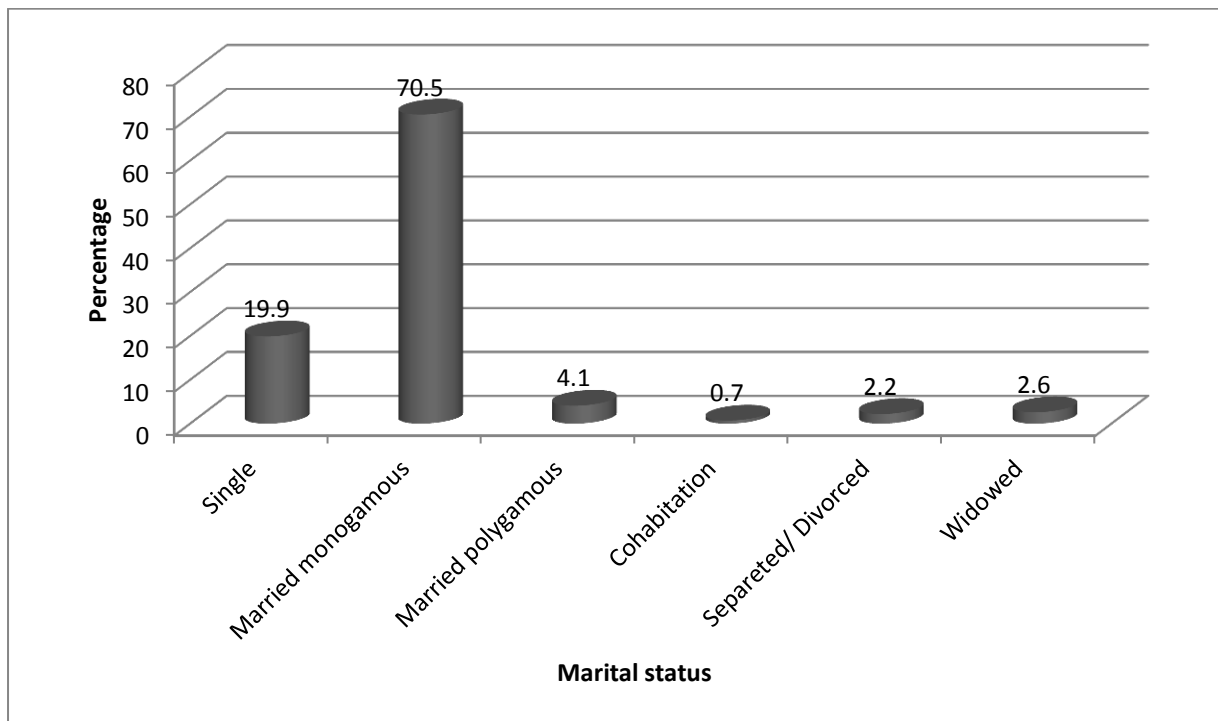


Figure 4.2 Marital Status

4.2.5 Experience of Health Workers in Current Places of Work

33% (n=65) of the respondents had been in Kenyatta National Hospital for more than 20 years whereas a small percentage of 3.1% (n=6) had been in the hospital for less than 1 year. In health professionals one becomes better with age and experience and supervision has been cited as one of the reasons health workers stay in a station and since KNH has all categories of health workers, supervision is not a problem for junior employees in all cadres.

Table 4.2 Distribution of the workers experiences in current place of work

Period	N (%)
less than a year	6(3.1%)
1-4 years	42(21.5%)

5-9 years	21(10.8%)
10-14 years	20(10.3%)
15-19 years	41(21.0%)
20 and above years	65(33.3%)

4.2.6 Current Designation

The majority of the clinical staff were nurses 29.2% (n=78). Further cross tabulation of designation against gender revealed that 79.2% (n=61) were female whereas 20.8% (n=16) were male. In health sector, nurses form a significant number of employees especially among clinical staff while specialists are few.

Table 4.3: Distribution of the respondents' Designation

Designation	N (%)	Designation	N (%)
Physicians	5(1.9%)	Occupational therapists	3(1.1%)
Clinical officers	3(1.1%)	Orthopedic technologists	3(1.1%)
Medical lab technologists	5(1.9%)	Pharmacists	6(2.2%)
Dentists	2(0.7%)	Pharmacy technologists	11(4.1%)
Community oral health	1(0.4%)	Physiotherapists	7(2.6%)
Health record-keeping	26(9.7%)	Nutritionists	3(1.1%)
Environmental health technologists	3(1.1%)	Medical educationists	7(2.6%)
Radiographers	1(0.4%)	Lab technologists	3(1.1%)
ECG technologists	1(0.4%)	Professionals in other programs	99(37.1%)
Nurses	78(29.2%)		

4.2.7 Sources of Income

Almost half of the population sampled 46.0% (n=125) did not have any other source of income apart from their salaries while 28.7% (n=78) practiced farming in addition to formal employment. Other sources of income included lecturing and free lancing. A significant percentage is not engaged in any other income generating activity due to the nature of their work and availability of time. This explains why health workers are always demanding pay increase.

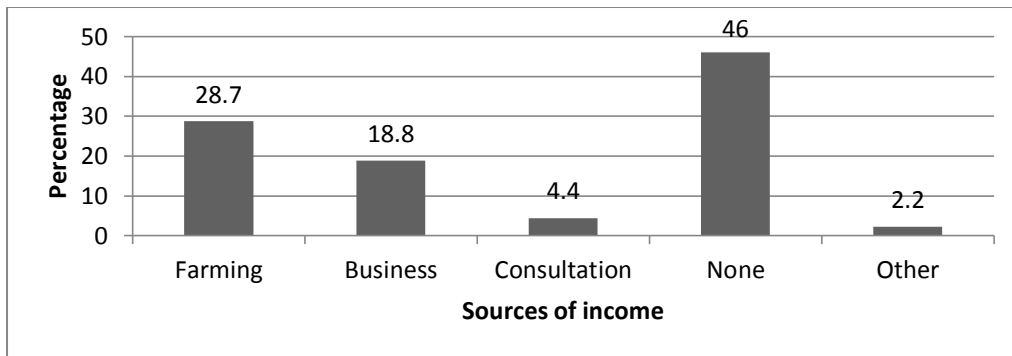


Figure 4.3: Sources of income

4.2.7.1 Proportion of Total Income

Majority of the respondents 57% (n=73) reported that their salary was the only contribution to their income

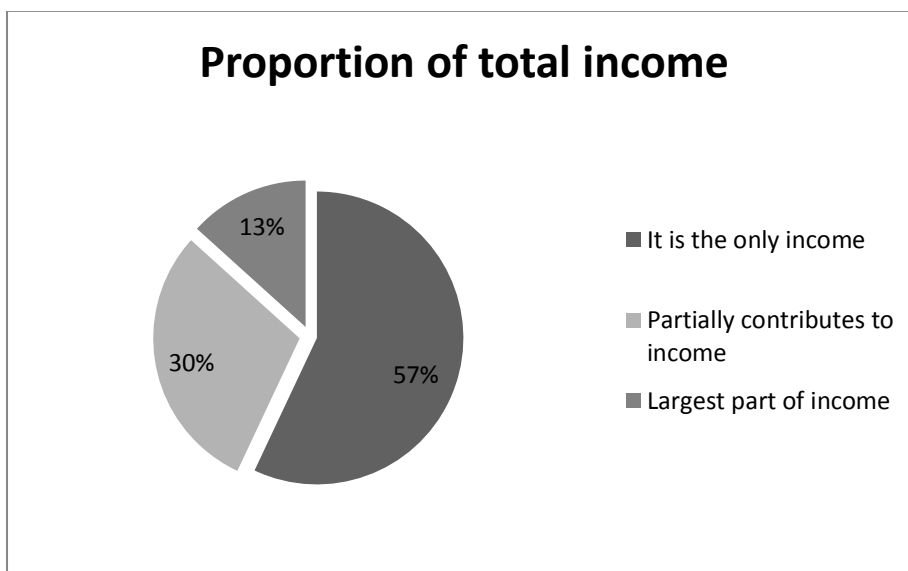


Figure 4.4 proportion of Total Income

4.4 Role of Remuneration in Retention of Health Workers

The following are findings on the importance of compensation factors offered by an organization. It is interesting to note that health care for one’s family was ranked as the most important compensation factor, 87.5% (n=230) followed closely by salary at 81.9% (217)

then terminal benefits such as retirement and pension. Family health care, salary, and terminal benefits are important compensation factors that are closely linked to motivation and retention. Health workers place emphasis on family care; compensation is highly regarded if it has a direct benefit to dependents. Health care to families is even rated higher than salary among health workers. The majority of health workers are in their mid-years and married with children. Compensation to them transcends individual interest to include greater benefits for dependents. This has potential policy implications for recruitment and compensation (AMREF, 2012).

Table 4.4 Frequency and Percentage Distribution of Remuneration Compensation Factors

	Remuneration	N (%)			
		Very important	Important	Somewhat important	Not important
i.	Salary	217(81.9%)	43(16.2%)	5(1.9%)	-
ii.	Terminal benefits (retirement pension etc.)	194(73.5%)	59(22.3%)	8(3.0%)	3(1.1%)
iii.	House allowance/allocation of a house to stay	168(63.6%)	82(31.1%)	11(4.2%)	3(1.1%)
iv.	Assistance with transportation	111(43.0%)	93(36.0%)	36(14.0%)	18(7.0%)
v.	Health care for my family	230(87.5%)	29(11.0%)	3(1.1%)	1(0.4%)
vi.	Extraneous allowance/top up salary	181(61.3%)	64(24.5%)	13(5.0%)	3(1.1%)

4.4. 1 Findings on the Role of Remuneration on Health Workers Retention.

The majority of the respondents (59.1%) disagreed that they were satisfied with the amount of salary they earned for their work, whereas 15.6% were satisfied. The respondents disagreed that their hospital offer attractive allowances to the health staff (39.6%). Most of

the respondents disagreed (79.5%) that the hospital provides regular salary supplements. The further majority (74.0%) disagreed that financial incentives such as bonus are allocated fairly and in a transparent manner. Of the respondents, 38.4% indicated that they were not satisfied with the amount of salary they earn compared to other employees in other organizations with similar qualifications.

Personnel compensation takes a substantial amount of government spending on health: 80%. The private hospitals pay relatively higher basic salaries than the government-owned hospitals. Nurses and technicians earn less than half the highest wage, which is earned by medical officers and specialists, dentists and radiologists. Although the medical officers earn the highest salary, this remains very low compared with international salaries, showing the poor competitiveness of Kenya on the international health labour market.

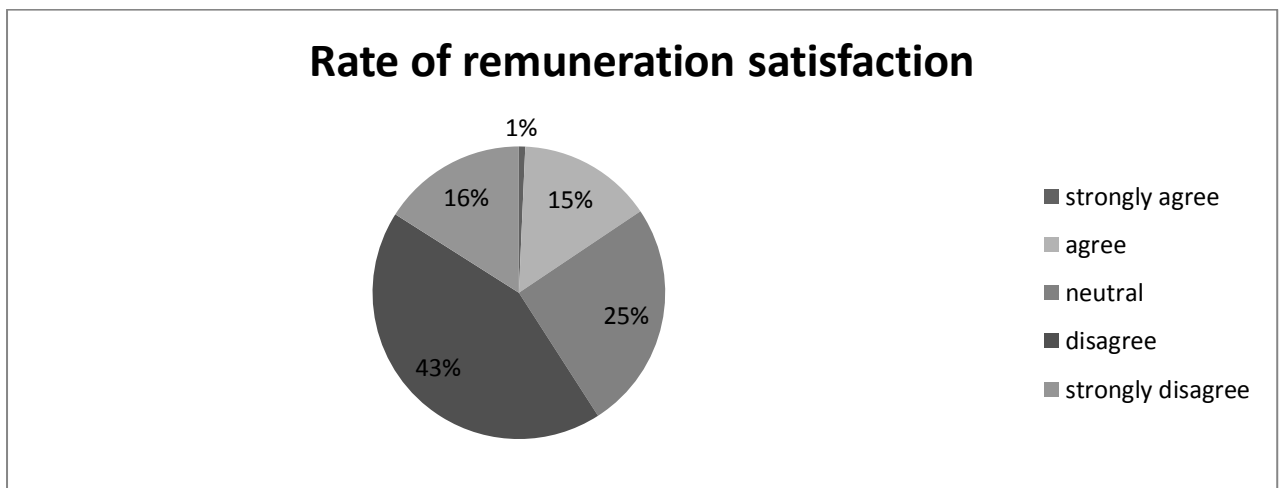


Figure 4.5 Rate of Remuneration Satisfaction

Table 4.5: Frequency and percentage distribution of remuneration statements

Statement	N (%)				
	Strongly Agree	agree	Neutral	disagree	Strongly disagree
i. The salary I earn is adequate to meet my desired needs and aspirations	3(1.1)	70(25.7)	78(28.7)	87(32.0)	34(12.5)
ii. I am satisfied with the amount of remuneration I receive for my work	2(0.7)	40(14.9)	68(25.3)	116(43.1)	43(16.0)
iii. The hospital offers attractive allowances (House, travel, leave etc.) to health workers	11(4)	77(28.1)	75(27.4)	72(26.3)	30(10.9)
iv. Salary raises are regular in this hospital	5(2.0)	46(18.5)	51(20.5)	89(35.7)	58(23.3)
v. I am satisfied with the amount of salary I earn compared to other employees in other organizations with similar qualifications	13(4.9)	89(33.5)	69(25.9)	65(24.4)	30(11.3)
vi. I am satisfied with the amount of salary I earn compared to other health workers in this Hospital with similar qualifications	11(4.1)	65(24.3)	68(25.5)	83(31.1)	40(15.0)
vii. Salary raises are rare in this hospital	48(18.5)	73(28.1)	57(21.9)	59(22.7)	23(8.8)
viii. The hospital provides an adequate non-practicing allowance to supplement my loss of income from operating my own facility.	10(3.9)	12(4.7)	55(21.4)	83(32.3)	97(37.7)
ix. The remuneration in this hospital is competitive	16(6.1)	68(25.8)	83(31.4)	71(26.9)	26(9.8)
x. Overall the financial rewards I receive from this Hospital are fair	7(2.7)	77(29.3)	82(31.2)	57(21.7)	40(15.2)
xi. The hospital provides regularly salary supplements in form of bonus	7(2.6)	13(4.9)	35(13.1)	74(27.6)	139(51.9)
xii. Financial incentives such as bonus are reallocated fairly and in a transparent manner	5(1.9)	20(7.5)	44(16.6)	58(21.9)	138(52.1)

4.4.2 Perception whether Remuneration Increases Health Workers Retention

52.6% (n=141) of the participants indicated that remuneration given to health workers did increase their retention whereas 47.4% (n=127) indicated that it did not. When asked the rate at which remuneration increased health workers retention majority of the respondents, 36.3% (n=93) said 51-75% followed closely by 26-50% and 1-25% at 27.6% (n=70) and 26.8% (n=68) respectively.

4.4.3 Remuneration Areas Requiring Improvement to Enhance Health Workers Retention

The finding indicates that employees would appreciate increase in salaries, bonuses, and allowances such as medical, leave, travel and holiday, overtime and night duty allowance. The financial incentives should be allocated in a fair and transparent manner.

Disparities in salaries should be reduced. Fair remuneration of health workers regardless of professional cadre and provision of compensation for registrars on training. The two national hospitals namely the Kenyatta National Hospital and the Moi Teaching and Referral Hospital heavily depend on registrars (both self-sponsored and sponsored by employers in public/private) on training to provide health services. Unfortunately, the registrars work for lengthy periods without compensation.

According to a 2013 KIPPRA Study, Public Service pay is competitive at the state officers' level and the bottom job groups of unskilled and semi-skilled workers. Although the Public Sector has become the employer of choice for the employees at the top and at the bottom of the remuneration and benefits structures, there is however, a challenge of attraction and retention of adequate numbers of competent technical and professional personnel in some sectors of the Public Service. In addition, there are parts of the country where there are challenges of deployment, attraction and retention of public servants due to the risks of personal safety and poor living conditions. This situation has compromised service delivery in the country.

Salaries have improved considerably since 1987 due to a regrading of KNH from Parastatal type D to a type B from July 1990. This put salaries two grades higher than the equivalent at the MoH and on a par with those at the public universities. With the increased salaries, KNH can now attract nurses away from the private sector. However, the hospital is less able to

compete with the private sector for skilled staff in areas such as computers, finance, and information management.

According to KIPPRA report on public–private wage differentials in Kenya, the mean wage across the various levels of education shows that individuals working in the private sector and who have no education earn an average Ksh 9,368, while those with a first university degree and post-graduate education earn an average Ksh 47,968 and Ksh 113,784, respectively. A similar analysis in the public sector shows that an individual with no education earns an average Ksh 16,916, whereas university graduates earn between Ksh 83,629 and Ksh 101,695, on average (KIPPRA, 2013).

4.5 Role of Work Conditions on Retention of Health Workers

The majority of the study participants (69.4%) felt that they had job security. This is in line with the findings that 88% of the sampled population were permanent and pensionable employees of Kenyatta National Hospital. A high percentage (53.0%) indicated that the facility had good access to drugs and medicines. However, 42.1% of the subjects felt that the workload at the hospital was not manageable. This could be related to greater staff shortages in Kenyatta National Hospital as observed in qualitative analysis during face-to-face interviews with key informants, and Focus Group Discussions (FGDs). In general, working conditions at the hospital were ranked favorably compared to other factors such as remuneration.

The management sampled patients treated at the Hospital between September and December 2009 and found out that out of 168,417 patients attended to at the Hospital during the period, only 6,069 or 3.6% came on referral from other health facilities. The rest (96.4%) were walk-in patients. The sample study conducted revealed that lower-tier health facilities were capable of treating at least 60% of the ailments attended to at the Hospital

Overall, Kenya has 16 doctors per 100,000 population and 153 nurses per 100,000 population compared to WHO recommended minimum staffing levels of 100 doctors and 356 nurses per 100,000 population. Only a third of these are in the public service. Effectively therefore, a third of the doctors cater for 57% of outpatient visits and 64% of all admissions in the country. In addition, the Kenya health system exhibits mal-distribution of health workers.

Although minimum staffing norms are clearly described, they are rarely used (Musyimi, 2013).

Otiende (2013), the study established one of the biggest challenges facing health work force is lack of staff and lack of positive attitude among the staff. Health workers must fulfill their obligation as per the contracts. One of the key items in the Collective Bargaining Agreement (CBA) is on improving work environment. Work environment is critical to health workers as they cannot effectively perform their jobs without the necessary essentials. Lack of the basic essentials frustrates workers and they may consider leaving the hospital. The Musyimi Report (2013) recommends improvement of working environment by providing well-lit, well-ventilated office space, office furniture, office equipment, and stationary for all doctors in the ministry within the next three years.

Good relationships among workers and working relationships between superiors and subordinates contribute to the retention of health workers as they form critical social support. This was evident during focus group discussions as camaraderie was exhibited and workers freely expressed themselves. The bond among themselves would make one rethink of transfers. From the focus group discussions, it was evident decisions made were mutually acceptable between superiors and subordinates. People join organizations but they quit managers.

The availability of social amenities encouraged health workers to stay in Kenyatta National Hospital which is located in Nairobi. One interviewee said, "Although non-government organizations pay better, most of the time you are posted in a rural setting which lacks social amenities like good schools for children". Provision of housing facilities to clinical staff is an added advantage due to their nature of work.

Table 4.6 Frequency and percentage distribution of work environment statements

Work Conditions	N (%)				
	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
i. The workload is manageable	13(4.8)	92(33.9)	52(19.2)	55(27.7)	39(14.4)
ii. I have the supplies I need to do my job well and safely (gloves, needles, bandages, etc.)	22(8.3)	88(33.2)	72(27.2)	67(25.3)	16(6.0)
iii. I have the equipment I need to do my job well and efficiently e.g. ultrasound, x-ray, blood pressure cuffs	16(5.8)	90(32.8)	90(32.8)	56(20.4)	16(5.8)
iv. This facility has good access to drugs and medications	26(9.8)	115(43.2)	80(30.1)	37(13.9)	8(3.0)
v. My job allows me to take to relax during the lunch break	35(13.1)	110(41.0)	41(15.3)	53(19.8)	29(10.8)
vi. At my residence, I have access to safe, clean water	65(24.7)	151(57.4)	28(10.6)	13(4.9)	6(2.3)
vii. At work, I have access to safe, clean water	73(27.3)	154(57.7)	27(10.1)	10(3.7)	3(1.1)
viii. At residence, I have good access to electricity	84(31.3)	151(56.3)	26(9.7)	6(2.2)	1(0.4)
ix. At work, I have access to safe, clean water. At work, I have good access to electricity	93(34.2)	153(56.3)	19(7.0)	6(2.2)	1(0.4)
x. I have access to good schooling for my children	39(14.6)	127(47.6)	65(24.3)	26(9.7)	10(3.7)
xi. I have safe and efficient transportation to work	33(12.2)	101(37.3)	64(23.6)	49(18.1)	24(8.9)
xii. I feel I have job security	47(17.9)	135(51.5)	50(19.1)	19(7.3)	11(4.2)
xiii. The community where I live has good shopping and entertainment	30(11.0)	120(44.0)	67(24.5)	38(13.9)	18(6.6)

4.5.2 Perception on Work Conditions and Health Workers Retention

Most of the respondents 60.1% (n=161) agreed that work environment is a determinant for health workers retention whereas 39.9% (n=107) disagreed. On the rate at which work environment increases health workers retention 34.5% (n=90) indicated 26-50% followed closely by 33.7% (n=88) who indicated 51-75%. A high percentage, 69% (n=171) of the participants said that failure to improve work environment was one of the reason why employees would leave the hospital for employment elsewhere. Previous studies have established a link between intent to leave and staff turnover. This implies a staff turnover of about 20% within the next two years due to resignations alone. Health workers are likely to move from government to NGOs, private facilities and out of the country in search for better working environment. Poor working conditions: Long working hours, huge work load coupled with low job satisfaction are bound to result in employee lethargy eventually demotivating health workers and impacting retention (AMREF, 2012).

The results of the study agrees with a study conducted in Kenya on the cost of training health professionals where the study concluded that 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 (e.g. continuing education or training); lack of clear career development paths; and risk of HIV infection due to lack of appropriate protective gear when handling specimens, blood and blood products; nepotism in recruitment and promotion; political unrest/civil wars; widespread poverty; poor governance; and case overload (Kirigia *et.al*).

4.5.3 Nature of Employment Contract

Almost all, 88% (n=233) of the participants were permanent and pensionable employees of Kenyatta National Hospital.

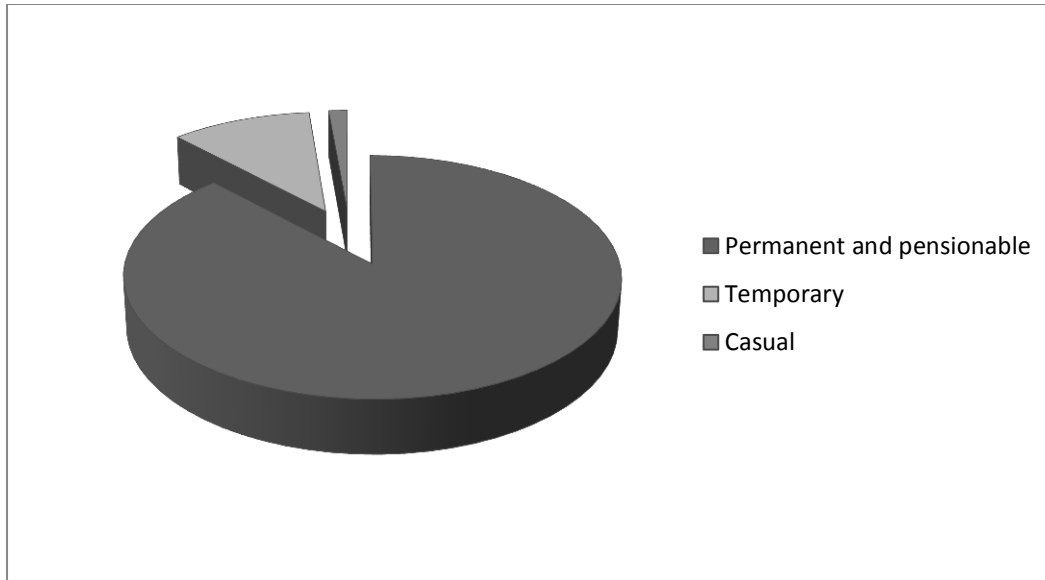


Figure 4.7: Nature of Employment Contract

4.5.4 Work Conditions Areas to Be Improved To Enhance Health Workers Retention.

The respondents recommended employment of more staff in order to reduce the amount of workload especially to the clinical staff. Focus group discussions established that patients nurse ratio did not meet the WHO standard. Related to this is flexible working hours so that workers do not have to extend working hours. It was noted that clinical staff worked up to 16 hours during overnight shift.

The hospital should ensure that only referral patients are admitted for treatment in order to attain a favorable patient health worker ratio at the hospital seeing that Kenyatta National Hospital is ideally a referral hospital. The management sampled patients treated at the Hospital between September and December 2009 and found out that out of 168,417 patients attended to at the Hospital during the period, only 6,069 or 3.6% came on referral from other health facilities. The rest (96.4%) were walk-in patients. The sample study conducted revealed that lower-tier health facilities were capable of treating at least 60% of the ailments attended to at the Hospital.

4.6 Role of Training on Health Workers Retention

A high percentage of respondents 54.7% agreed that they were satisfied with training for their current job. This is in line with the analysis of the respondents on health qualifications since most of the respondents possessed either diploma or undergraduate degrees. On average,

35.7% disagreed that what is stated in the training policy is what is practiced always and a higher percentage 47.4% disagreed that fairness is practiced all the time in implementation of training policy. This was in tandem with the findings of the Public Inspection Committee Report (GoK, 2006) which established that training practices and policy were not implemented in a fair and transparent manner.

A percentage of 35.0% agreed that training opportunities outside the country influenced health staff to leave. This was corroborated through interviews for the directors of the hospital who indicated that those who went abroad for further studies especially to United States of America did not return.

Although majority were satisfied with the training practices in their institutions, on average 36.4% disagreed that the financial support is regularly given to attend conferences and workshops to enhance professional development (see Table 4.8). Professional development through conferences and workshops for health staff is crucial because it gives them forums to exchange ideas and keep abreast with current practices in their profession. Health workers thrive on intellectual and collegial stimulation from their peers when they attend professional activities and national and international research meetings in the ever changing field of medicine where new trends emerge daily.

As Armstrong (2009) asserts that career development is of importance to both the individual employee and to the organization. Individuals in an organization should be engaged in learning processes as they balance changing self and changing environment. The government should provide health workers with training opportunities and timely promotions, this can be done by increasing budgetary allocation to the health sector.

The Ministry is currently receiving Kshs 88 million per year against requirements of Kshs 386.7 million to develop competency among the staff to offer quality services. The shortage of specialist personnel has, therefore, been worsened by inadequate budgetary provision. Further, infrastructure development and the changing disease profiles have been inconsistently matched with human resource development with respect to specialists required to utilize the new infrastructure (Musyimi, 2013).

Training is one of the items contained in the Collective Bargaining Agreement (CBA) which has led to industrial action. Knowledge of in the health sector is dynamic and keeps changing. For the health professionals to be effective they have to be trained and update their existing knowledge. Acquisition of knowledge is an expensive affair and that is why they value hospitals that offer them training opportunities.

Table 4.7: Frequency and Percentage distribution of Training Statements

Training	N (%)				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i. The skills and knowledge learnt on the job in this hospital would transfer easily to most other similar organizations	100(37.0)	143(53.0)	16(5.9)	9(3.3)	2(0.7)
ii. I am satisfied with the training by the hospital for my present job	45(16.5)	104(38.2)	64(23.5)	45(16.5)	14(5.1)
iii. Training opportunities are offered regularly in this hospital	41(15.2)	110(40.7)	55(20.4)	46(17.0)	18(6.7)
iv. Financial support is regularly given by the hospital to attend conferences and workshops to enhance my professional growth	21(7.7)	93(34.2)	59(21.7)	60(22.1)	39(14.3)
v. The hospital readily invests in professional development for the health workers	34(12.5)	110(40.4)	76(27.9)	40(14.7)	12(4.4)
vi. What is stated in the training policy is what is practiced always	12(4.5)	70(26.0)	91(33.8)	73(27.1)	23(8.6)
vii. Fairness is practiced all the time in the implementation of training policy for the health workers	7(2.6)	56(20.6)	80(29.4)	84(30.9)	45(16.5)
viii. What is stated in the training policy is rarely practiced	23(8.6)	64(24.0)	90(33.7)	67(25.1)	23(8.6)
ix. This hospital has good training opportunities compared with other organizations	53(19.5)	112(41.2)	69(25.4)	29(10.7)	9(3.3)
x. Training opportunities outside the country influences staff to quit	39(14.7)	54(20.3)	74(27.8)	58(21.8)	41(15.4)
xi. I am satisfied with the training practices in this hospital	25(9.4)	76(28.5)	90(33.7)	50(18.7)	26(9.7)

4.6.1 Opinion on Whether Training Increases Health Workers Retention

A high percentage of respondents 62.1% (n=167) agreed that training offered to the health workers in their hospital increases their retention while 37.9% (n=102) disagreed. On their perception of the percentage increase resulting from training offered in the hospital, 37.1% (n=96) specified 26-50%. It was noted that 61.5% (n=144) of the participants were not of the opinion that lack of provision of adequate training by the hospital was one of the main reasons why health workers left for employment elsewhere.

AMREF (2012) report on Education and Training observed that a smaller proportion in Turkana felt they have adequate training for their jobs. This compares to the low levels of education noted among health workers in Turkana. Lower levels of education and inadequate opportunities for upgrading has potential implications on the motivation of health workers in Turkana as majority feel they are not adequately prepared for their tasks. Health workers consider training as a significant reward and motivator. Inadequate skills among health workers therefore not only affects quality of services provided, but has direct implications on the motivation and retention of health workers. Education is identified as the fifth aspect of HRM systems in the HRH action framework with a focus on maintaining a skilled workforce. A comprehensive and equitable continuous training program for health workers is therefore imperative.

4.6.2 Training Issues That the Hospital Should Address In Order To Enhance Health Workers Retention

On training, the respondents recommended development of comprehensive and equitable continuous training programs and fair allocation of training opportunities regardless of professional cadre.

4.7 Role of Promotion on Health Workers Retention

A significant percentage of respondents 46.2% disagreed that health staff promotions are regular with the employer. A significant percentage of 42.8% disagreed that what is stated in the promotion criteria is practiced always. Also 45.7% of the respondents disagreed that promotions are based on merit. High percentage of 65.1% agreed that the promotion criteria over emphasizes on some cadres at the expense of others. These findings are in tandem with Ndeti DM, Khasakhala L, Omolo JO (2008) who noted that lack of promotions makes

workers jump ship and join the private sector, which is more rewarding or travel abroad. Health workers have gone on strike in different counties within the country due to delayed promotions.

Musyimi (2013) noted that there was concern that the Ministries of Health have retained non-performing officers due to a weak performance management system coupled with poor supervisory support. It was noted that Public Service virtues like integrity, patriotism and other ethical values have not been mainstreamed in making appointments and promotion and hence the need to integrate them.

Table 4.8: Frequency and percentage distribution of promotion statements

Promotion	N (%)				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
i. Health workers promotions are regular with my employer	10(3.7)	73(26.9)	63(23.2)	85(31.4)	40(14.8)
ii. There are good opportunities for promotion in my organization	10(3.7)	74(27.2)	82(30.1)	75(27.6)	31(11.4)
iii. Promotion are always based on merit in this organization	8(3.0)	58(21.6)	80(29.7)	84(31.2)	39(14.5)
iv. The promotion criteria in this organization over emphasizes some cadres than others	68(25.0)	109(40.1)	59(21.7)	25(9.2)	11(4.0)
v. Internal promotion is more regular in this organization compared to external recruitment	14(5.3)	86(32.3)	84(31.6)	80(18.8)	32(12.0)
vi. In my organization there is a clear promotion policy/criteria	17(6.3)	84(31.0)	72(26.6)	66(24.4)	32(11.8)
vii. What is stated in the promotion policy /criteria is what is practiced always	11(4.2)	50(18.9)	90(34.1)	68(25.8)	45(17.0)
viii. Promotions in this organization are rarely based on merit	30(11.3)	67(25.2)	81(30.5)	64(24.1)	24(9.0)
ix. I am satisfied with the promotion practices in this organization	5(1.9)	39(14.8)	94(35.7)	70(26.6)	55(20.9)
x. An employee upward career growth is important to this organization	69(25.9)	69(25.9)	78(29.3)	25(9.4)	25(9.4)

4.7.1 Perception on Whether Promotion Practices Increases Health Workers Retention

63% (n=165) of the participants agreed that promotion and promotional practices in the public sector increases health staff retention whereas 37.0% (n=97) disagreed. On their perception of the percentage increase resulting from promotion practices in the hospital, 35.2% (n=89) indicated 26-50%. A very high percentage 70.8% (n=172) indicated that lack of adequate promotion was one of the major reasons why health staff left their institutions for employment elsewhere.

4.7.2 Areas In Regard To Promotion Practices That the Organization Should Improve On To Encourage Health Workers Retention

The respondents recommended timely promotions based on merit, consistent with promotion policy and finally increase budgetary allocations for promotions.

4.8 Role of Leadership Style on Health Workers Retention

From the results, most of the respondents 56.1% agreed that organizational leadership style makes positive contribution to overall effectiveness of the organization which includes enhancing employee retention. Majority of the respondents 40.7% disagreed that the leadership of the hospital listens to and addresses staff issues promptly. 48.5% agreed that the leaders communicates to staff regularly on matters important to them while 23.7% disagreed and 27.8% were neutral.

Table 4.9 Frequency and percentage distribution of leadership style statements

Leadership	N (%)				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i. Organizational leadership style in this organization makes positive contribution to the overall effectiveness of the organization	32(11.9)	119(44.2)	64(23.8)	38(14.1)	16(5.9)
ii. My manager treats everyone fairly	36(13.5)	94(35.3)	67(25.2)	46(17.3)	23(8.6)
iii. Leaders/supervisor assists individual health workers in their personal problems	21(7.8)	98(36.3)	91(33.7)	43(15.9)	17(16.3)
iv. Leaders/supervisor represents my needs, ideas and suggestions to his/her manager	21(7.8)	88(32.6)	93(34.4)	52(19.3)	16(5.9)
v. The leaders often involve staff in decision making, problem solving and policy making in the hospital	20(7.4)	90(33.1)	69(25.4)	63(23.2)	30(11.0)
vi. Leaders/supervisor rarely assist individual health workers in their personal problems	27(10.1)	64(24.0)	96(36.0)	63(23.6)	17(6.4)
vii. I have the opportunity to interact with management above my immediate supervisor	27(10.0)	105(38.9)	49(18.1)	45(16.7)	44(16.3)
viii. I am satisfied with the competence of the supervisors and leadership in this organization	26(9.6)	89(32.8)	77(28.4)	56(20.7)	23(8.5)
ix. The leadership of this organization listens to and addresses staff issues promptly	18(6.7)	62(23.0)	80(29.6)	70(25.9)	40(14.8)
x. The leaders communicate to staff regularly on matters important to them	29(10.7)	102(37.8)	75(27.8)	42(15.6)	22(8.1)
xi. I am satisfied with the leadership style of the managers in this organization	20(7.4)	79(29.0)	82(30.1)	66(24.3)	25(9.2)

4.8.1 Perception on Whether Leadership Style Influences Health Workers Retention

Of the participants 49.8% (n=135) were of the opinion that leadership style did indeed influence health workers retention. This percentage was almost equivalent, 50.2% (n=136) to that of those who disagreed. When asked about the percentage of retention occasioned by the leadership style, majority, 32.9% (n=85) respondents indicated 26-50%. About 29.8% (n=77) indicated 51-75%, 28.3% (n=73) indicated 1-25%, and only 8.9% (n=23) indicated 76-100%.

4.8.2 Leadership Style Commonly Practiced

When asked about the leadership style commonly practiced by the leaders in their hospital, 9.1% (n=23) indicated laissez faire and 37.8% (n=96) indicated authoritative style. However, majority of the respondents, 53.1% indicated that the leadership style commonly practiced by the leaders in the hospital was democratic (see Figure below). This explains why majority were satisfied with the leadership style of the directors.

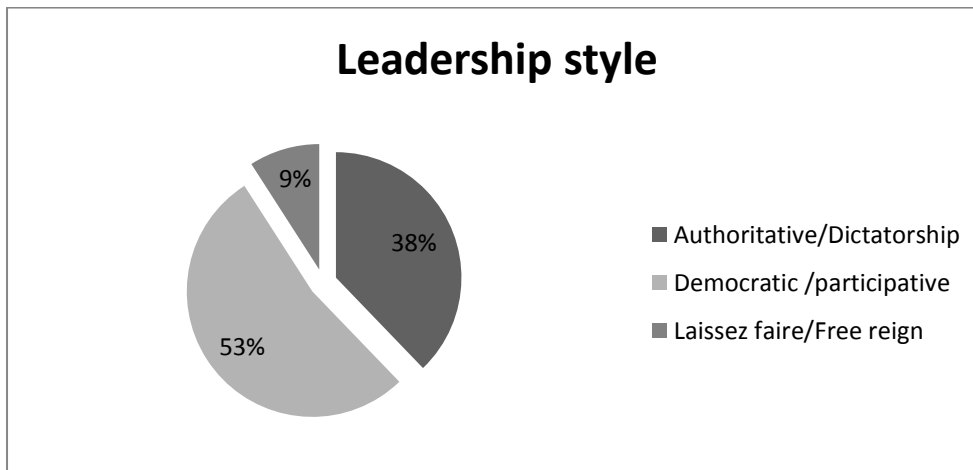


Figure 4.6 Leadership styles

4.8.3 Areas of Leadership Styles the Hospital Management Should Improve On To Enhance Health Workers Retention

From Focus group discussions the health workers would like to be more involved in decision making, channels of communication improved to enhance effective communication and finally improvement on supervision and management. Involve staff more in decision making.

4.9 Findings on Staff Retention

The measures of health workers retention are intention to stay and intention to leave. On average (58.3%), the respondents indicated that they planned to work at their present job as long as possible and a percentage of 39.9% indicated that they would hate to quit their current job. From the table, a substantial percentage (25.5%) indicated that they were actively searching for an alternative and hence had intention to leave. However, on average (20.8%) indicated they were in their current institutions due to lack of alternative employment implying that they had intentions to leave only if opportunities were available.

Table 4.10: Frequency and percentage distribution of staff retention findings

	N (%)				
	Intention to stay or leave	Strongly agree	Agree	Neutral	Disagree
i. I plan to work at my present job for as long as possible	46(17.3)	109(41.0)	54(20.3)	28(10.5)	28(10.9)
ii. I am actively searching for an alternative to this hospital	22(8.4)	45(17.1)	74(28.1)	93(35.4)	29(11.0)
iii. I would hate to quit this job	31(11.9)	73(28.0)	93(35.6)	41(15.7)	23(8.8)
iv. As soon as is possible, I will leave this hospital	24(9.1)	28(10.6)	67(25.4)	95(36.0)	50(18.9)
v. I am in this hospital for lack of an alternative employer	28(10.6)	27(10.2)	56(21.2)	85(32.2)	68(25.8)

4.9.1 Perception of Rate of Health Staff Retention

When asked about their perception of the rate of health workers retention in their institution, 12.9% (n=33) rated retention in their institutions to be between 1-25% of respondents. 30.1% (n=77) rated the staff retention in their institutions to be between 26-50%. 43.4% (n=111) rated it to be between 51-75% and a minimal percentage of 13.7% (n=35) rated it to be between 76-100%. This rating indicates that there were retention issues since in the absence of retention problem majority would have indicated 76-100%, but this was not the case.

4.9.2 Overall Effect of Remuneration, Training, Promotion and Leadership Style

When asked about their perception of overall effect of leadership style, remuneration, training and promotion on health workers retention, 12.3% rated the overall effect to be between 1-25%. 30.4% rated the overall effect to be between 26-50%, 44.7% indicated 51-75% and 12.6% indicated the overall effect of the independent variables on workers retention to be between 76-100%. This implies that respondents felt that the independent variables of the study had impact on health workers retention in their institution.

Table 4.11 Frequency and percentage distribution of overall effect of independent variables

Statement	1-25%	26-50%	51-75%	76-100%
Overall effect of leadership style, remuneration ,training and promotion	12.3% (n=31)	30.4% (n=77)	44.7% (n=113)	12.6% (n=32)

4.9.3 Positive Things about Working in Kenyatta National Hospital

From focus group discussions majority of KNH employees were very happy with the medical cover provided by the hospital: Unlimited medical cover for staff and their immediate families, extended for up to five years after retirement for the employee only. Staff received considerable salaries paid on time as compared to other government hospitals. Furthermore, positions have competitive salary packages, according to level of qualification, as well as similar incentives to those offered by the Ministry of Health. (Directorate of Personnel Management, 2005, 2006; Kenyatta National Hospital). Respondents felt that they had job security, this can be attributed to the fact that majority of staff in KNH were permanent and pensionable employees see (Figure 4.7). Opportunities for furthering careers, on merit: local

training, scholarships abroad and specialized training in specific branches of medical practice.

The hospital has enough resources and good infrastructure for treatment of basic diseases. However kidney and cancer patients are the most affected by lack of adequate infrastructure. Statistics show that at least 1,000 cancer patients are on a two-year waiting list at KNH. Qualified and specialized professionals in all cadres of employees practice in their area of interest. Good supervision and a good chain of command therefore there is respect among employees. Feel good effect due to hospitals competence and good reputation which impacts confidence on staff.

4.9.4 Things You Do Not Like About Working for Kenyatta National Hospital

KNH has a weak referral system that results in congestion, high demand on resources, negative public image and poor quality of services. Focus group discussions revealed that patient nurse ratio did not meet WHO Standard with nurses being outnumbered. Contrary to what the national health-care referral system provides for, KNH receives many patients without any referral letters from institutions on Level 5 and below. Until September 2009, the Hospital did not maintain records on patients on referral from other institutions.

The hospital has high workload resulting from staff shortage and high number of patients. This often leads to staff working for long hours up to 16 hours during overnight shift as revealed in focus group discussions. For all health worker categories except medical officer interns and pharmacists, the number of in-post staff members does not reach the estimated needed staff members. Even though nurses already represent the largest share of health workers, their number has to be increased substantially (Ministries of medical services and public health and sanitation, HRIS and New Establishment).

From focus group discussions majority of the respondents felt that opportunities for professional growth in the hospital were not accorded on merit but rather discrimination, favoritism, nepotism and tribalism. This implies that in most cases policies put in place for the award of merit based promotions and training were not adhered to. It is therefore not a surprise that majority of the respondents felt that there was lack or delay in promotions see (Table 4.9).

Although the hospital pays relatively higher basic salaries than the other government-owned hospitals, nurses and technicians earn less than half the highest wage, which is earned by medical officers and specialists, dentists and radiologists. Medical officers earn the highest salary but this remains very low compared with international salaries, showing the poor competitiveness of Kenya on the international health labour market. In addition, staff cited inadequate and delay of allowances.

Bureaucratic characteristics of inefficiency, long process of admitting and discharging patients, red tape, lack of flexibility, ineffective accountability and poor performance that bedeviled delivery of health service. Poor coordination between ministries and policy makers has been identified as a key challenge that has held back the country's budding health sector from realizing its potential. The hospital has adopted the devolved management style which underpins performance contracting where emphasis is management by outcomes rather than management by processes. Performance contracting was adopted as a results-based management system in 2003 and by 2005, most state corporations, including Kenyatta National Hospital (KNH), were put on performance contracting by the Government of Kenya to counter this.

4.9.5 Rating of Importance of Independent Variables in Deciding to Leave

The respondents were asked to rank in order of importance the independent variables in their decision to leave. About 0.8% indicated that promotion would not be important at all; about 4.2% indicated that leadership style would be of little importance while 42.2% felt that it would be important, and 66.4% indicated that remuneration would be of critical importance in their decision to leave.

Table 4.12: Frequency and percentage distribution of independent variables in order of ranking

Determinant	N (%)			
	Not important at all (%)	Little Importance (%)	Important (%)	Critically Important (%)
Remuneration	1.1	1.5	30.9	66.4
Leadership style	1.5	4.2	50.2	44.2
Promotion	0.8	2.3	32.1	64.9
Training	1.1	3.0	38.9	57.0
Work conditions	1.5	3.0	33.7	61.7

Generally almost all independent variables were rated highly as determinants on ones decision to leave since they all had ratings of more than 50% apart from leadership style which was rated at 44.2%. Wage penalties in the public sector increases turnover, while wage premiums reduce the chances of quitting. Specifically, a percentage increase in the gross wage gap (wage premium) in the civil service would result in a reduction in the probability of quitting of about 0.08 per cent. Similarly, a percentage increase in the basic wage gap (wage penalty) – equivalent to Ksh 71.50 – would lead to an increase in the probability of quitting civil service of about 0.24 per cent for individuals residing in urban areas. Considering the general public sector, the positive wage difference (wage premium) is in favor of public sector, and hence the probability of quitting is very low (0.10%).

Nearly 45 per cent and 47 per cent of workers in public and private sectors, respectively, consider wage difference as one of the important factors motivating employees. The employees also note that non-monetary incentives play a critical role in motivating them to work. Some of the incentives include good working conditions, challenging assignments, flexible working conditions, job security and respectful positions. However, other factors undermine morale, including low salaries, lack of promotion or clear criteria for such, and poor working conditions. (KIPPRA, 2015).

4.10 Inferential Analysis

4.10.1 Bivariate Analysis

According to Mugenda and Mugenda (2003), correlation technique is used to analyze the degree of relationship between two variables. The computation of a correlation coefficient yields a statistic that ranges from -1 to +1. This statistic is called a correlation coefficient (r) which indicates the relationship between the two variables and the bigger the correlation the stronger the coefficient between the two variables being compared. The direction of the relationship is also important in that if it is positive (+) it means that there is a positive relationship between the two variables and this means that when one variable increases the other variable increases or when one variable decreases the other variable also decreases. A negative relationship (-) means that as one variable decreases the other variable increases and vice versa and hence an inverse relationship. If there is no relationship, the coefficient is equal to zero. Pearson's Product moment correlation coefficient will be used to determine the strength and the direction of the relationship between dependent variable and the independent variables.

The researcher carried out correlation analysis between the variables of the study using Pearson correlation coefficient. Correlation Coefficient was used to test whether there existed interdependency between independent variables and also whether the independent variables were related to the dependent variable's intention to leave. This section outlines the correlation analysis for data obtained in this study.

Table 4.12: Correlation Analysis between Health Workers Retention and Independent Variables

Variable	Pearson correlation	Intent to leave	Remuneration	Work conditions	Training	Promotion	Leadership
	Pearson Correlation	1	.325**	.089	.294**	.258**	.411**
Intent to leave	Sig. (2-tailed)		<0.001	.194	<0.001	<0.001	<0.001
	N	257	198	216	237	245	247
	Pearson Correlation	.325**	1	.147*	.233**	.361**	.203**
Remuneration	Sig. (2-tailed)	<0.001		<0.05	<0.001	<0.001	<0.001
	N	198	206	183	199	196	199
	Pearson Correlation	.089	.147*	1	.202**	.107	.242**
Work Conditions	Sig. (2-tailed)	.194	<0.05		<0.001	.116	<0.001
	N	216	183	228	215	217	220
	Pearson Correlation	.294**	.233**	.202**	1	.447**	.486**
Training	Sig. (2-tailed)	<0.001	<0.001	<0.001		<0.001	<0.001
	N	237	199	215	250	238	241
	Pearson Correlation	.258**	.361**	.107	.447**	1	.383**
Promotion	Sig. (2-tailed)	<0.001	<0.001	.116	<0.001		<0.001
	N	245	196	217	238	256	246
	Pearson Correlation	.411**	.203**	.242**	.486**	.383**	1
Leadership	Sig. (2-tailed)	<0.001	<0.001	<0.001	<0.001	<0.001	
	N	247	199	220	241	246	260

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

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

From the correlation matrix, all the independent variables were positively correlated ($R > 0$). All the independent variables were significantly associated with intention to leave or stay except for work conditions ($p > 0.01$, $R = 0.089$) meaning it did not influence decision to leave or stay at Kenyatta National Hospital. Positive correlation means that as remuneration, training, work environment, promotion and leadership practices were improved so did the likelihood of retention increase. Leadership style had the highest significant relationship with intention to leave ($P < 0.01$, $R = 0.411$) followed by remuneration ($P < 0.01$, $R = 0.325$). In addition, to reduce intention to leave of the health workers, Kenyatta National Hospital may require addressing all the independent variable especially address leadership style ($R = 0.411$) issues more than remuneration ($R = 0.325$), training ($R = 0.294$) and promotion ($R = 0.258$). When correlated among themselves, all were found to be positively associated except for work environment and promotion which had no significant association ($P < 0.116$, $R = 0.107$). Leadership style and training had the highest correlation among the variables ($P < 0.01$, $R = 0.486$). It is noted that there is a strong significant relationship between promotions and training ($P < 0.01$, $R = 0.447$) which is normally followed because additional training often leads to promotion. Therefore, from this results, all the variables have a role to play in intention to leave and conversely on intention to stay. Further, the interdependence between the variables is also an indicator that the variables explain intention to leave or stay at Kenyatta National Hospital.

These results imply that further statistical analysis can be carried out such as regression analysis. Further, the results indicate that while some of the factors may have higher influence on retention, a balance between all these factors is necessary for optimal retention of the health workers. The correlation results also rule out the problem of multicollinearity which arises in regression analysis in that none of the independent variables were highly correlated. A common rule of thumb is that correlations among the independent variables of between -0.70 and 0.70 do not have difficulties for regression analysis (Mason *et.al.*, 1999).

4.10.2 Multiple Regression Analysis

According to Mugenda and Mugenda (2003), although a correlation coefficient indicates the relationship between variables, it does not imply any causal relationship between variables and hence the need for further statistical analysis such as regression analysis to help establish specific nature of the relationships. Regression analysis determines the independent variables associated with a dependent variable and estimates the separate and distinct influence of each variable on the dependent variable. In this section, multiple regression analysis is presented for the data followed by the analysis of the results.

Multiple regression analysis explains or predicts variation in a dependent variable because of the independent variables and this is assessed using the coefficient of determination known as R square and the larger the coefficient, the larger the effect of the independent variable upon the dependent variable. The R Square can range from 0.000 to 1.000, with 1.000 showing a perfect fit that indicates that each point is on the line (Carver *et.al.* 2009). The coefficients or beta weights for each variable allows the researcher to compare the relative importance of each independent variable. The null hypothesis for the test asserted that the independent variables have no influence on intention to leave of the health workers. In this study the unstandardized coefficients and standardized coefficients are given for the multiple regression equations.

The model is presented algebraically as follows:

$$\text{Intention to leave} = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \varepsilon$$

Where:-

Y is the dependent variable, health workers retention measured using intention to leave

X_i is the independent variable for ($i=1,2,\dots,5$) (remuneration- X_1 , work environment- X_2 , training- X_3 , promotion- X_4 and leadership style- X_5)

β_0 is the constant

β is the coefficient of each of the independent variables for $i= 1, 2,3,4,5$

ε is the error term

The findings of the multiple regression analysis for this model on hospital basis are as follows:

Linear regression analysis was carried out using multiple regression model and the whole model was valid and significant, R square for the model was 0.244 representing 24.4% predicting power.

The equation of the fitted model using unstandardized coefficients is

$$Y = 0.03 + 0.322 X_1 + 0.319 X_5$$

Remuneration and leadership style were highly significant in determining health workers intention to leave Kenyatta National Hospital. This means that an increase of one unit of remuneration increases intention to stay by 0.322 units. Likewise, an increase in one unit of leadership style increases health workers staying by 0.319 units. Work conditions and promotion have a negative effect on intention to leave. However, the relationship is not significant since ($p \text{ value} > 0.01$) therefore violating the rule of significance. The results indicate that one unit increase in either work environment or promotion will reduce employees' intention to leave Kenyatta National Hospital by 0.18 and 0.07 respectively. Promotion has a positive impact on intention to stay though not significant.

Table 4.13 Multiple Regression Analysis of All Variables

Model	Unstandardized Coefficients		Standardized	t	Sig.
	B	Std. Error	Coefficients Beta		
(Constant)	.030	.069		.430	.667
Remuneration	.322	.078	.312	4.118	.000
Work conditions	-.018	.077	-.017	-.240	.811
Training	.074	.086	.073	.853	.395
Promotion	-.070	.083	-.070	-.847	.398
Leadership style	.319	.084	.308	3.802	.000

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study as guided by specific objectives and research questions, conclusions reached based on the findings and recommendations for enhancing health workers retention in public sector as well as recommendations for further research.

5.2 Summary of Major Findings

The general objective of this study was to analyze the critical factors which influence retention of health workers in the public health sector in Kenya: A case study of Kenyatta National Hospital. Related to this, the five specific objectives of the study was to determine influence of leadership style, remuneration, training, promotion and work environment on retention in the case study setting. Below is a summary of the study findings with regard to these specific objectives.

5.2.1 Influence of Leadership Style on Retention of Health Workers at Kenyatta National Hospital

According to literature review, leaders and their leadership style can help promote an organization and make it attractive to employees or they can cause high turnover. This underscores the fact that leaders are critically important in staff retention. Therefore, the study sought to find out if the leadership style influences health workers retention in public health sector in Kenya. Descriptive analysis showed that majority agreed that leadership contributes to the overall effectiveness of the organization which includes ability to retain staff. This supports the earlier argument that leaders have a pivotal role to play in staff retention. Minority of the respondents indicated that the leadership in their institution does not respond to staff issues promptly and a considerable percentage disagreed that staff were involved in decision making. Further, a minority of the respondents disagreed that the leaders communicated regularly on matters important to them against majority who agreed that there was regular communication. In addition, less than half of the respondents indicated that the leadership style commonly practiced in the hospital was authoritative. From the qualitative

findings, other issues in regard to leadership included, lack of effective communication, weak supervision and involvement in decision making.

From the correlation analysis on hospital, leadership style had the highest significant relationship with intention to leave ($P < 0.001$, $R = 0.411$). In the general regression model analysis, the results indicated that leadership style was negatively and significantly related to intention to leave. Remuneration and leadership style were highly significant in determining health workers intention to leave Kenyatta National Hospital. This means that an increase of one unit of remuneration increases intention to stay by 0.322 units. Likewise, an increase in one unit of leadership style increases health workers staying by 0.319 units.

Therefore, these findings show that the research which sought to establish the influence of leadership style on health workers retention was achieved because it established that leadership style influences health workers retention. It also established through qualitative data that, employees preferred leadership style that was more participatory and involves staff in decision making, regular supervision by superiors, practices regular communication, responds to staff matters promptly, is impartial always, as well as competent.

5.2.2: Influence of Remuneration on Health Workers Retention in the Public Health Sector

Competitive and fair remuneration is indicative of the value the employers place on their employees. Also, pay may be one way employees' measure whether the time they spend and the effort they put in working are worthwhile. In public health sector scenario, remuneration has been singled out as a major issue and one that has often led to industrial action. Remuneration aspects include; satisfaction with salary, whether the salary is competitive and fair, whether it is comparable to similar organizations, or whether the institution provides salary supplements, financial incentives and whether these incentives are fairly awarded. Therefore, this study sought to establish whether remuneration influences health workers retention in public health sector in Kenya. The findings in the descriptive statistics showed that almost half of the respondents indicated that health workers' salary was not adequate to meet their needs and a significant percentage of them indicated that they were not satisfied with remuneration they received for their work. When compared with those with similar qualifications outside their organization, a significant percentage indicated that they were not satisfied with their salary, majority of the respondents indicated that they were not satisfied with their salaries when compared with those of their colleagues in their institution. A

significant percentage disagreed that their hospital provides regular salary supplement in form of bonus and majority of the respondents were of the perception that bonuses were not allocated fairly. Majority had the perception that remuneration is one of the main reasons why health workers exited from Kenyatta National Hospital.

Qualitative analysis indicated that remuneration was one of the reasons why health workers left as they felt some components of remuneration and allowances were discriminatory to some cadres of staff. Remuneration is a critical factor of motivation and retention. Although positions in the hospital have competitive salary packages, according to level of qualification, a higher proportion of health staff felt their remuneration was not fair. However, it was noted that financial incentives should be integrated with other incentives, particularly with regard to migration where it was concluded that financial incentives alone would not keep health workers from migrating and that improving working and living conditions may be more effective than increasing wages to reduce migration flows. Nevertheless, low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued. Furthermore, they became overworked, working long hours without compensation for hours worked overtime. Family health care, salary, allowances and terminal benefits are important compensation factors that are closely linked to retention. Health workers place emphasis on family care; compensation is highly regarded if it has direct benefit to dependents. Family health care was even rated higher than salary among respondents. Majority of health workers in this study were in their mid-years and married with children. Compensation to workers with families transcends individual interests and, therefore, policies on recruitment and compensation should include benefits for dependents.

5.2.3 Influence of Training on Retention of Health Workers in the Public Health Sector

Education and training opportunities have strong motivating effects. Training enables workers to take on more demanding duties and to achieve personal goals of professional advancement as well as allow them to cope better with the requirements of their job and was found to be especially important for young health professionals. Training is important to the organization as well as to the individual employees. Many of the world's best successful organizations are aware that the provisions they make for training and development activities lie at the heart of their ability to attract and retain the best employees in their organization. From the employee perspective, training makes employees feel recognized for their strengths and also creates possibilities for developing their careers. Aspects related to training include

availability of training opportunities, satisfaction with the training offered by the organization, application of the training policy, comparison of training opportunities with other organizations and satisfaction with training practices. This study sought to find out whether training influences retention of health workers in the public health sector in Kenya. From the descriptive analysis, majority agreed that the skills and knowledge learnt on the job would transfer easily to other similar organizations indicating that the health workers felt that they could easily fit in other similar organizations. On average, the respondents disagreed that there is fairness in the implementation of the training policy. Also on average, the respondents disagreed that the financial support is regularly given to attend conferences and workshops to enhance professional development for the health workers. However a significant percentage agreed that they were satisfied with the training practices in their institution. Majority of the respondents agreed that training offered in the hospital increased health workers retention.

From the qualitative analysis the respondents recommended development of a comprehensive and equitable continuous training program and fair allocation of training opportunities regardless of professional cadre. Majority agreed that the hospital has more training opportunities than similar organizations. The hospital has a fully fledged training department which supports post graduate training of health workers and other professionals.

Leadership style and training had the highest correlation among the variables. In the correlation analysis, training had a significant and positive relationship with intention to leave. In the general multiple regression analysis, the relationship between intention to leave and training was not significant. This means that, in the presence of leadership style, remuneration and promotion, training does not influence intention to leave of health workers and hence it is not a determinant of health workers retention. These findings therefore show that the study which sought to establish the influence of training on health workers retention was achieved because training in the presence of leadership and remuneration was not a significant predictor in the general analysis for Kenyatta National Hospital and hence not a determinant of intention to leave.

5.2.4 Influence of Promotion on Retention of Health Workers at Kenyatta National Hospital

Promotion is viewed as desirable by employees because of the impact it has on pay, authority, responsibility and the ability to influence broader organizational decision making. For the health workers, upward mobility is highly desirable since majority are career oriented. The main aspects of promotion in public health sector include; availability of promotion policy, whether promotions are regular, whether there are good promotional opportunities, whether promotion criteria/policy is balanced or skewed towards certain duties, whether promotion is based on merit, and whether internal promotions are considered before external appointments. Therefore, the study sought to find out whether promotion influences health staff retention in Kenyan public sector. From the descriptive analysis, it was established that on average, the respondents disagreed that promotions are based on merit. On average, the respondents indicated that they were not satisfied with the promotion practices in the hospital.

A high percentage indicated that lack of adequate promotion was the main reason that contributed to health workers leaving. From the qualitative analysis, majority of those who had left cited lack of promotion as the major factor that influenced them to leave. The aspects related to promotions that were unfavourable included lack of consistency in the application of the promotion criteria and partiality.

Correlation analysis showed that promotion was significantly and negatively related to intention to leave. Therefore promotion had a negative and significant relationship with intention to leave in the hospital and this means that increase in the favorable aspects related to promotion would decrease intention to leave and hence enhance retention of the health staff. When correlated with the other independent variables, the results indicated strong positive relationship. Promotion was positively and significantly related to leadership style, with remuneration and with training. The general correlation analysis established that promotion had a negative significant relationship with intention to leave. This indicates that the more promotion practices are favorable, the less the intention to leave among the health workers in the hospital.

Therefore, these findings show that the research which sought to establish the influence of promotion on health workers retention in Kenyatta National Hospital was achieved because it

established that promotion influenced intention to leave and conversely influenced retention of the health workers. The effect is not significant though. Public servants are likely to stagnate in one grade for a long time (CARPS, 2015) and the focus may shift to moonlighting on other jobs or private practice. The job may act as a fallback position. It also established through qualitative data that the health workers preferred consistent promotion criteria and practices, universal application of the criteria to all staff, regular internal promotions, and all inclusive promotion criteria.

5.2.5 Influence of Work Conditions on Retention of Health Workers at Kenyatta National Hospital

The main aspects of work environment in public health sector include; job security, workload, availability of equipment and supplies required to perform the job and social amenities, access to utilities both at work and place of residence. A significant majority felt that they have job security. Less than half of the respondents felt that they have the equipment to do the job well and safely. Majority of the respondents felt that the workload is not manageable.

From the qualitative analysis majority of the respondents felt that the workload is not manageable especially among the clinical staff who work in shifts and required to work long hours especially during night shifts. The hospital should ensure that only referral patients are admitted for treatment in order to attain a favorable patient health worker ratio at the hospital seeing that Kenyatta National Hospital is ideally a referral hospital. On correction analysis, work environment was not significantly correlated with intention to stay or leave but was positively correlated with all the other variables. Work environment has a negative effect on intention to leave. However, the relationship is not significant since ($p \text{ value} > 0.01$) therefore violating the rule of significance. The results indicate that one unit increase in work environment will reduce employee's intention to leave Kenyatta National Hospital by 0.18.

Therefore, these findings show that the research which sought to establish the influence of work environment on health workers retention in Kenyatta National Hospital was achieved because it established that work environment influenced intention to leave and conversely influenced retention of the health workers. The effect is not significant though compared to remuneration and leadership. Majority of the Health workers in the hospital have served for more than five years and they may have found adopted coping mechanisms in situations

where work conditions are not suitable to them. The location of the hospital proximity to the city provides a serene environment to unwind and access what is not available in the work place. It also established through qualitative data that the health workers preferred manageable workload and access to supplies and equipment to enable them do their job efficiently. Access to social amenities is important for health workers.

5.3 Conclusion

Based on the findings of this study, this research concluded that leadership style influences health workers retention in Kenyan National Hospital. There was an inverse relationship between leadership style and intention to leave. Intention to leave is the measure commonly used in studies to assess staff turnover and retention. When leadership style is unfavorable intention to leave increases and when it is favorable intention to leave decreases, hence enhancing staff retention. Further, this study established that leadership style had more predicting strength than the other independent variables. This aligns to the argument that employee leave leaders and not organizations. This study also concluded that the leadership practiced by most of the leaders in KNH was favorable for retention since from the findings majority indicated that democratic leadership style was commonly practiced. Further, the study concluded that health staff were not adequately involved in decision making and regular communication was lacking. Similarly, the study also concluded that staff issues were not addressed promptly.

Based on the findings, the study concluded that remuneration for the health workers did influence their retention. The public health sector has been experiencing industrial action related to remuneration. There is a significant relationship between remuneration and intention to leave that came out in the correlation analysis. Remuneration was a predictor of intent to stay in multiple regression analysis. There is no harmony in the compensation of health workers in the organization. Although health workers felt their salaries compared well with employees in other organizations with similar qualifications, this is not the case when they compare internally.

The findings led to the conclusion that training offered to the health workers did influence their retention. Staff training was a predictor of intention to leave or stay. The respondents agreed that training opportunities were available to study both locally and abroad. Health workers value opportunities for professional development. This is in line with other studies

that concluded that health workers shy away from rural postings as the opportunities for trainings are limited. Further, the findings indicated aspects of training practices and policy that were unfavorable such as partiality in the implementation of the training policy the hospital needs to seriously address. The training need analysis was done at departmental level.

Based on the findings, the study concluded that although promotion influences health workers retention in Kenyatta National Hospital is not significant merit based promotions are recommended. Schemes of services and job evaluation and analysis should be conducted to streamline promotions to minimize stagnations .The effects of promotion may be weak due to other factors which include but not limited to opportunities for moonlighting. Half of the respondents had other sources of income. There was an inverse relationship between promotion and intention to leave implying that the more promotion was perceived to be unfavorable, intention to leave increased and vice versa. The promotion and promotional practices in these institutions were not favorable for staff retention. The researcher concluded that the promotion criteria or practices were not fairly applied and there were inconsistencies with the criteria.

Based on the findings a significant majority was satisfied with the work conditions in terms of job security, access to supplies and equipment, social amenities both inside and outside the hospital. However the issue of workload manageability is a source of significant stress as it results to burn out among the health workers. Work conditions was not a predictor of intention to stay therefore did not influence retention.

5.4 Recommendations

Recommendations in this section, recommendations related to policy and for the management of Kenyatta National Hospital as well as areas for further research is given as follows:

5.4.1 Policy Recommendations

A policy and practical area that this research can be applied is in remuneration. Whereas it is clear that the hospital may not have control over health workers salaries, the hospital can improve on non-monetary incentives like recognitions. The allowances the hospital has control over should be distributed in a manner that is fair to all cadres of staff. Job evaluations should be carried out in order to enhance salary harmonization.

The field of medicine is ever changing and therefore the hospital should continue supporting the staff to attend to both local and external trainings to develop their competencies. Family support programs should be implemented as majority of the work force are married and health professionals are at their peak when they already have families.

Both promotion and training policies should be adhered to in order to create a sense of organizational justice among the health workers. The criteria should outline clearly the stand of the institution on internal promotions versus the external appointments. The criteria/policy should be revised to make it all inclusive so that it is not skewed in favor of some duties while ignoring others and also to reflect fairness. The bureaucratic procedures surrounding the promotion process should be revised to avoid unnecessary delays.

5.4.2 Recommendations for the Management of Kenyatta National Hospital

Being a public hospital, the management may not make unilateral decisions regarding remuneration, and promotion which have a cost implication but they have control over training, work environment and leadership. The staff at Kenyatta National Hospital value democratic style of leadership, involvement in decision making and regular communication on matters affecting them. This the management can do with little or no cost implications. Job design and rotation will also enhance proficiency of the health workers.

The cost of training a health professional to acquire the skills and competencies desired is expensive both to an individual and the country. The explicit knowledge can be replaced but the tacit knowledge which the worker has acquired over time cannot be replaced. Consequently, the management should make retention of staff a priority to guarantee quality services and products. To do so, they need to embrace the modern retention trends such as employer branding and having compelling value proposition in order to become the employer of choice.

The study shows that employees remain in organizations due to a mixture of both intrinsic and extrinsic factors. The management of these institutions should develop retention policies and strategies that capture both dimensions and constantly review them for effectiveness because employees' needs and expectations are dynamic. This study brought to the fore the critical role of leadership and leadership style in retention of health workers. It is recommended that the leadership in these institutions should embrace favorable leadership

practices to enhance retention of health workers since leaders have an influence on plethora of organizational factors which affect retention.

5.4.3 Areas for Further Research

A review of literature indicated that there has been limited amount of research on health workers retention in the Kenyan context. Thus, the findings of this study serve as a basis for future studies on retention and on this population. Most studies have focused on retention of nurses and retention of health workers in rural settings. Health workers research has been limited to doctors and nurses yet there are so many categories of health workers who are crucial in service delivery.

This study confined itself to the Kenyatta National Hospital. A cross sectional survey can be done in the public hospitals in Kenya especially now that the health function has been devolved. The independent variables may be the same but their level of influence is different for rural hospitals. KNH being a referral hospital may have challenges which are not there in rural hospitals. Decentralization of health services may have an influence on retention of health workers.

Further research can be done regarding professional retention versus organizational retention. The cost of training health professionals is high and it would be interesting to research on factors influencing professional retention or change of profession among health workers and longitudinal survey to compare the categories of different health workers especially clinical staff. This may be a comparative study among the clinical staff. Factors influencing retention among specialists may be different from factors influencing laboratory staff and other technicians.

Moderating variable like age and educational level may be included in future research on retention of health workers. Use of semi structured interviews and other data collection techniques like (focus groups discussion on the five distinct groups of health professionals and their union representative) may provide qualitative data which may provide further insights in retention of health workers

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APPENDICES

Appendix 1. 1 Questionnaire

TITLE OF THE STUDY: FACTORS INFLUENCING RETENTION OF HEALTH WORKERS IN PUBLIC HEALTH SECTOR IN KENYA: A CASE STUDY OF KENYATTA NATIONAL HOSPITAL

My name is Patrick Kigathi, a Masters student at Jomo Kenyatta University of Agriculture and Technology. This questionnaire has been developed to facilitate a study aimed at establishing the factors influencing the retention of health workers in the public sector. You have been identified as a critical player in this field, and your input in this study would be most valuable. Kindly, therefore, respond to these questions as honestly and precisely as possible. Responses will be treated as confidential and will be used for health purposes only. Please tick where appropriate or fill in the required information on the spaces provided.

PART I: Individual Characteristics

1. What is your gender () Male () Female

2. Your Age in years (tick the age group that apply)

 () ≤30
 () 30-39
 () 40-49
 () ≥50

3. What is your marital status (**Circle one**)

 () Single
 () Married Monogamous
 () Married Polygamous
 () Living together/ Cohabitation
 () Separated/ Divorced
 () Widowed

4. What institution did you receive your first professional qualification

 () Government medical training centre
 () Mission medical training centre
 () Other.....

5. When did you qualify from your first basic Training for your health position?
 I ___1___1___1___1 (yyyy)

6. Did you voluntarily change your employer in the last twelve months?
 () Yes
 () No

If yes did you change cadre or job position the last twelve months?

- Yes
- No

If Yes, Briefly describe the change:

.....

.....

.....

7. What is the name of the District you left in the last twelve months?

.....

.....

8. What is the type of the facility you left in last twelve months?

- Dispensary
- Health Center
- Others specify.....

9. What type of organization did you work with during the job you left in last twelve Months?

- Public/Government
- NGO.....
- Faith Base Organizations.....

10. How many years/months did you work for this organization?

1__1__1 (yy) 1__1__1 (mm)

What was your job title for the job you left in the last twelve months?

.....

11. How long have you been in this facility?

1__1__1 (yy) 1__1__1 (mm)

12. **Highest** Level of Education completed (**tick one that apply**)

- Certificate
- Diploma
- Higher Diploma
- Bachelors
- Postgraduate Diploma
- Masters
- PHD

13. Your current designation(please tick as appropriate)

- | | | |
|---|---|---|
| a) <input type="checkbox"/> Physicians | i) <input type="checkbox"/> Radiographers | q) <input type="checkbox"/> Pharmacy
technologists |
| b) <input type="checkbox"/> Clinical officers | j) <input type="checkbox"/> Radiologists | r) <input type="checkbox"/> Physiotherapists |
| c) <input type="checkbox"/> Medical lab
technologists | k) <input type="checkbox"/> ECG
technologists | s) <input type="checkbox"/> Nutritionists |
| d) <input type="checkbox"/> Dental
technologists | l) <input type="checkbox"/> Nurses | t) <input type="checkbox"/> Medical
engineers |
| e) <input type="checkbox"/> Dentists | m) <input type="checkbox"/> Occupational
therapists | u) <input type="checkbox"/> Medical
educationists |
| f) <input type="checkbox"/> Community oral
health | n) <input type="checkbox"/> Orthopedic
technologists | v) <input type="checkbox"/> Lab technologists |
| g) <input type="checkbox"/> Health record-
keeping | o) <input type="checkbox"/> Medical
physiotherapists | w) Professionals in
other programmes |
| h) <input type="checkbox"/> Environmental
health technologists | p) <input type="checkbox"/> Pharmacists | |

14. What are the other sources of your income apart from the current job?

Tick one

- Farming
- Business
- Consultation.....
- None.....
- Other (specify).....

If NONE, skip to question to part II

15. What proportion of your total income does your salary comprise? **Tick one**

- It is the only income
- Partially contributes to the household income
- Largest part of the household income

PART II REMUNERATION

1. Please indicate how important the following compensation factors are for you when choosing a job.

How important are the following compensation factors offered by an organization to you?

	Remuneration	Very important	Important	Somewhat important	Not important
i.	Salary				
ii.	Terminal benefits (retirement pension etc.)				
iii.	House allowance/allocation of a house to stay				
iv.	Assistance with transportation				
v.	Health care for my family				
vi.	Extraneous allowance/top up salary				

2. Using the scale given below, indicate how accurately the following statements describe your perception of the remuneration you are earning currently: SA= Strongly Agree, A= Agree, N= Neutral , D= disagree, SD= Strongly Disagree

	Remuneration	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	The salary I earn is adequate to meet my desired needs and aspirations					
ii.	I am satisfied with the amount of remuneration I receive for my work					
iii.	The hospital offers attractive allowances					

	(House, travel, leave etc.) to health workers					
iv.	Salary raises are regular in this hospital					
v.	I am satisfied with the amount of salary I earn compared to other employees in other organizations with similar qualifications					
vi.	I am satisfied with the amount of salary I earn compared to other health workers in this Hospital with similar qualifications					
vii.	Salary raises are rare in this hospital					
viii.	The hospital provides adequate non practicing allowance to supplement my loss of income from operating my own facility					
ix.	The remuneration in this hospital is competitive					
x.	Overall the financial rewards I receive from this hospital are fair					
xi.	The hospital provides regularly salary supplements in form of bonus					
xii.	Financial incentives such as bonus are allocated fairly and in a transparent manner					

3. In your opinion do you think remuneration of the health workers in your hospital increases their retention? Yes No

4. Kindly tick from the scale provided the rate of increase of the health workers retention occasioned by the remuneration given by the hospital.

1 -25% 26-50% 51-75% 76-100%

5. What areas of remuneration should the hospital improve on to enhance health workers retention?.....

PART 11I WORK ENVIRONMENT

The following question refers to your working conditions at your current facility. Please circle the appropriate response to what extent do you agree with the following Statement? 5 =Strongly Agree 4 =Agree 3=Neutral 2=Disagree 1=Strongly disagree

	Work environment	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	The workload is manageable					
ii.	I have the supplies I need to do my job well and safely (Gloves, needles, bandages, etc.).					
iii.	I have the equipment I need to do my job well and efficiently e.g. ultrasound, x-ray, blood pressure cuffs.					
iv.	This facility has good access to drugs and medications.					
v.	My job allows me to take to relax during the lunch break.					
vi.	At my residence, I have access to safe, clean water					
vii.	At work, I have access to safe, clean water					
viii.	At residence, I have good access to electricity					
ix.	At work, I have good access to electricity					
x.	I have access to good schooling for my children					
xi.	I have safe and efficient transportation to work					
xii.	I feel I have job security					
xiii.	The community where I live has good shopping and entertainment					

2. In your opinion do you think your organization work environment increase health workers retention? Yes No

3. Kindly tick from the scale provided the rate of increase of the health workers retention occasioned by the work environment in the organization.

1-25% 26-50% 51-75% 76-100%

4. Would you say that failure to improve work is one of the main reasons why health workers leave this hospital for employment elsewhere? Yes No

6. What is the nature of your contract (tick that apply)
 Permanent and pensionable

- () Temporary
- () Casual

7. What areas in regard to work environment should your organization improve to encourage health workers retention?.....

.....

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PART IV TRAINING

1. Using the scale given below indicate how accurately the following statements describe the effectiveness of your hospital's training practices: SA= strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Disagree

	Training	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	The skills and knowledge learnt on the job in this hospital would transfer easily to most other similar organizations					
ii.	I am satisfied with the training by the hospital for my present job					
iii.	Training opportunities are offered regularly in this hospital					
iv.	Financial support is regularly given by the hospital to attend conferences and workshops to enhance my professional growth					
v.	The hospital readily invests in professional development for the health workers					
vi.	What is stated in the training policy is what is practiced always					
vii.	Fairness is practiced all the time in the implementation of training policy for the health workers					
viii.	What is stated in the training policy is rarely practiced					
ix.	This hospital has good training opportunities compared with other organizations					
x.	Training opportunities outside the country influences staff to quit					
xi.	I am satisfied with the training practices in this hospital					

2. In your opinion do you think training offered to the health workers in your hospital increases their retention? [] Yes [] No

3. Kindly tick from the scale provided the rate of increase of the health workers retention occasioned by the training given by this hospital.

1-25% 26-50% 51-75% 76-100%

4. In your opinion, is lack of provision of adequate training by the hospital one of the main reasons why health workers leave for employment elsewhere?

Yes No

5. What issues should your hospital address to improve staff training in order to enhance health workers retention?

.....

PART V: PROMOTION

1. Using the scale given below, indicate how accurately the following statements describe the promotion provided in the hospital. SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Disagree

	Promotion	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	Health workers promotions are regular with my employer					
ii.	There are good opportunities for promotion in my organization					
iii.	Promotions are always based on merit in this organization					
iv.	The promotion criteria in this organization over emphasizes some cadres than others					
v.	Internal promotion is more regular in this organization compared to external recruitment					
vi.	In my organization there is a clear promotion policy/criteria					
vii.	What is stated in the promotion policy /criteria is what is practiced always					
viii.	Promotions in this organization are rarely based on merit					
ix.	I am satisfied with the promotion practices in this organization					
x.	An employee upward career growth is important to this organization					

2. In your opinion do you think your organization promotion practices increase health workers retention? Yes No

3. Kindly tick from the scale provided the rate of increase of the health workers retention occasioned by the promotion practices in the organization.

1-25% 26-50% 51-75% 76-100%

4. a) Would you say that failure to get promotion is one of the main reasons why health workers leave this hospital for employment elsewhere? Yes No
- b) What areas in regard to promotion practices should your organization improve to encourage health workers retention?.....
-
-

PART VI LEADERSHIP STYLE.

Using the Likert type scale below, indicate how accurately the following statements describe the leadership style in your organization. SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Disagree

	Leadership	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	Organizational leadership style in this organization makes positive contribution to the overall effectiveness of the organization					
ii.	My manager treats everyone fairly					
iii.	Leaders/supervisor assists individual health workers in their personal problems.					
iv.	Leaders/supervisor represents my needs, ideas and suggestions to his/her manager					
v.	The leaders often involve staff in decision making, problem solving and policy making in the hospital					
vi.	Leaders/supervisor rarely assists individual health workers in their personal problems.					
vii.	I have the opportunity to interact with management above my immediate supervisor					
viii.	I am satisfied with the competence of the supervisors and leadership in this organization					
ix.	The leadership of this organization listens to and addresses staff issues promptly					
x.	The leaders communicate to staff regularly on matters important to them					
xi.	I am satisfied with the leadership style of the managers in this organization					

2. In your opinion does leadership style of the management in your organization increase health workers retention? Yes No

3. Kindly tick from the scale provided the rate of increase of the health workers retention occasioned by the leadership style of the current hospital management.
 1 -25% 26-50% 51-75% 76-100%

4. Which among the following is the leadership style commonly practiced by the management in your hospital (Tick one). Authoritative/Dictatorship

Democratic /participative Laissez faire/Free reign

5. What areas of leadership styles should the hospital management improve on to enhance health workers retention?.....

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PART VII STAFF RETENTION

1. Using the scale given below indicate, how accurately the following statements describe your plans for staying with this organization.SA= Strongly Agree, A= Agree, N= Neutral, D= Disagree, SD= Strongly Disagree

	Intention to stay or leave	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i.	I plan to work at my present job for as long as possible					
ii.	I am actively searching for an alternative to this hospital					
iii.	I would hate to quit this job					
iv.	As soon as is possible, I will leave this hospital					
v.	I am in this hospital for lack of an alternative employer					

2. In your opinion what percentage would you assign the level of health workers retention in your hospital?

1 - 25% 26-50% 51-75% 76-100%

3. Using the scale provided, what in your opinion is the overall effect of leadership style, remuneration, training, and promotion on health workers retention.

1 -25% 26-50% 51-75% 76-100%

4. Please identify three things that you like about working for this organization:

.....

.....

.....

.....

.....

5. Please identify three things you don't like about working here

.....

 ..

PART VIII RANKING OF THE FACTORS

1. If you were to leave your current position at your hospital to accept another position in another hospital or outside health sector how important would each of the following be in your decision?

1= Not important at all 2= Little Importance

3= Important 4 = Critically Important

	Factors	Critically important	Important	Little importance	Not important
i.	Remuneration				
ii.	Leadership style				
iii.	Promotion				
iv.	Training				
v.	Work environment				

PART XI

1. Please indicate how important the following factors were in your decision to leave your previous job.

How important were the following factors in your decision to leave your previous job? (Tick as appropriate)

	Low pay/salary/allowances	Very Important	Somewhat important	Not Important
i.	High workload			
ii.	Poor access to supplies & equipment at work			
iii.	Poor supervision and management			
iv.	Transport problems			
v.	Poor/lack of utilities (water, electricity) at residence			
vi.	Poor/lack of utilities (water, electricity) at work			
vii.	Communication problems e.g. telephones, internet			
viii.	High cost of living			
ix.	Poor educational facilities for children			
x.	Lack of housing facilities			
xi.	Social conflicts in the workplace			
xii.	Limited opportunities for promotion			
xiii.	Poor access to advanced training and education for myself			
xiv.	Work is far from home			
xv.	Other			

THANK YOU FOR YOUR SUPPORT AND COLLABORATION

Appendix 1.2: Focus Group Discussion Guide

Focus Group Discussion Guide for 10-12 service providers in health facility

Date (day/month/year): ____/____/____ Time focus-group discussion began: __:____

Name of facilitator: _____ Time focus-group discussion ended: ____:____

Name of recorder: _____:_____

Gender of group: male: _____ female: _____

Introduction

Please identify a private setting for the FGDs. Ask/assist each of the participants to complete the background information form.

I would like to thank each of you for agreeing to be a part of this focus group discussion. My name is

..... I will be leading the discussion session.

My colleague here is called; will help by taking notes about the discussion.

We also request you to allow the session to be audio-taped so that we do not miss writing down any of the ideas. The purpose of conducting this discussion is to know how health workers view their jobs and how satisfied they are with the working conditions. The information collected will be useful in helping for health purposes only but may be availed to the Ministry of Health to assist in improving the working conditions and other factors related to the retention of health workers in Kenya. There are no wrong or right answers.

Please be assured that your personal details or what you say as a person will not be used at any time. What you say is therefore confidential and anonymous. We shall be tape-recording the discussion. This will help us in ensuring that we captured all the important information discussed. We will ensure confidentiality with regard to all the information discussed and in particular, the information in the tapes will be destroyed after analysis. This discussion will also be anonymous – your names will not be recorded in the notes; rather we shall assign codes to the names. You are therefore encouraged to participate actively and to feel free during the discussion.

Do you have questions at this point about this discussion? Ask each participant to introduce himself or herself in turn. After the introductions, open up the discussion by asking the questions below.

1. Positive things about the work environment

1. Let's start the discussion by talking about what makes this hospital a good place to work.

What are some of the positive aspects of working here at this facility?

2. Limitations

What are some things that aren't so good about here as a place to work?

3. Leaving

Have you considered leaving your job here? If so, why? What factors contributed to your decision to want to leave and to your decision to stay?

4. Retention

What would keep you in this job longer? What suggestions do you have to improve the working environment here so that you would want to stay in your job?

Probe/discuss the following:

- Salary
- Benefits
- Culture
 - o Local culture, Relationships, camaraderie
- Safety & Health protection
 - o Protective measures (e.g., gloves)
 - o Abuse issues on the job
- Working conditions
 - o Access to supplies, equipment, drugs
- Respect/recognition from management or others
- Opportunity, achievement, growth
 - o Advancement, further education, responsibility
- Management and supervision
 - o Is there a sense of ownership of the outcomes here?
- Work content, responsibility
- Standards of living
 - o Cost of living
 - o Housing
 - o Electricity
 - o Water
 - o Transportation
- Education for children

Work/life (home) balance

5. Please feel free to make any other comment about the work environment

AT THE END

We would like to thank you for sharing your thoughts and opinions; the information you have provided will be used

After the focus group Immediately after the discussion, note-taker and/or facilitator: debrief together; look over the forms with the participants' background information; make a note of suggested changes in the way the group or the interview should be conducted or in the technical aspects of the logistics; revise, edit and complete gestures and consensus notes.

Appendix 1.3: Interview Guide for Deputy Directors

1. Approximately how many health workers do you have in the division?
.....

2. How many health workers in total had left between the period 2010 to 2015?.....

3. Which departments are affected more in losing staff?
.....

4. Do the health workers who leave go to private sector, public sector or abroad?
.....

5. In your exit interviews with the health workers, what are the main reasons cited for leaving?
.....
.....

6. i) In your opinion, does leadership style influence health workers retention in the hospital?
.....

ii) If your answer is yes in what ways does leadership style in the hospital influence the health workers to remain? Which aspects influence them to leave?
.....
.....
.....

7. i) In your opinion, does remuneration offered to the health workers influence health workers to stay longer in the hospital or leave?
.....

ii) If your answer above is yes, kindly elaborate on specific aspects
.....
.....

8 i) Do you think training provided by this hospital influences the health workers to remain longer in the hospital or to leave?
.....

ii) If your answer above is yes kindly elaborate on which aspects influences them to leave.....

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

9. i) In your opinion, does promotion influence health workers to stay or leave this hospital?

.....

ii) If your answer above is yes kindly elaborate on specific aspects

.....
.....

10. i) In your opinion does work environment influence health workers to remain longer in hospitals or leave

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

ii) If your answer above is yes kindly elaborate on specific aspects.....

.....
.....

11. i) Do you have a retention policy?

.....

ii) If yes, comment on its effectiveness in retaining health workers.

.....

12. In your opinion, what can be done to enhance health workers retention in public sector in view of the current shortage of health workers?

.....

Appendix 1.4: Introduction

My name is Patrick Kigathi, a Masters student at Jomo Kenyatta University of Agriculture and Technology. This questionnaire has been developed to facilitate a study aimed at establishing the factors influencing the retention of health workers in the public sector. You have been identified as a critical player in this field, and your input in this study would be most valuable. Kindly, therefore, respond to these questions as honestly and precisely as possible. Responses will be treated as confidential and will be used for health purposes only. Please tick where appropriate or fill in the required information on the spaces provided.

Appendix 1.5 Consent Form

Dear Sir/Madam

My name is Patrick Ngure Kigathi. I am a post graduate student of Jomo Kenyatta University of Agriculture and Technology (JKUAT) pursuing studies leading to a Master of Science in Human Resource Management. I wish to request for your permission to participate in this study that will form part of my course work in the program. Your participation is entirely voluntary. You may withdraw from the study at any stage of interview if you so wish.

The study will be requesting you to answer questions from a structured questionnaire. The information will be recorded and analyzed for health research purposes only. No procedure will be performed on you during the study other than answering questions. The results of the study will be used to highlight the factors influencing the retention of health workers in the public sector.

The information gained will enable the health management team, policy makers at KNH to review the health care policy and address healthcare workers issues hence improving, strengthening, and sustaining the health care system especially issues relating to human resources for health..

You are free to ask any question about the study for clarification or information.

I would therefore appreciate your consent by signing below.




Iresearch assistant on behalf of Patrick Ngure Kigathi, confirm that I have explained the relevant parts of the study to the participant.

Signature.....Date.....

I, **the participant**, confirm that I have understood the relevant parts of the study and do hereby give consent to participate.

Signature.....Date.....

Appendix 1. 6KNH-UoN Ethics and Research Committee Approval



UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
Tel: (254-020) 2726300 Ext 44355

KNH-UON ERC
Email: uonknh_erc@uonbi.ac.ke
Website: <http://www.erc.uonbi.ac.ke>
Facebook: <https://www.facebook.com/uonknh.erc>
Twitter: @UONKNH_ERC https://twitter.com/UONKNH_ERC

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/65

17th February, 2016

Kigathi Patrick Ngure
Reg. No. HD312- 2591/2012
J.K.U.A.T

Dear Patrick,

Research proposal: Factors Influencing Retention of Health Workers in the Public Health Sector in Kenya: A Case Study of Kenyatta National Hospital (P721/11/2015)

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH-UoN ERC) has reviewed and **approved** your above proposal. The approval period is from 17th February 2016 – 16th February 2017.

This approval is subject to compliance with the following requirements:

- Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
- All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH-UoN ERC before implementation.
- Death and life threatening problems and serious adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH-UoN ERC within 72 hours of notification.
- Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH- UoN ERC within 72 hours.
- Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
- Clearance for export of biological specimens must be obtained from KNH- UoN ERC for each batch of shipment.
- Submission of an *executive summary* report within 90 days upon completion of the study.
This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagiarism.

For more details consult the KNH- UoN ERC website <http://www.erc.uonbi.ac.ke>


Yours sincerely,



PROF. M.L. CHINDIA
SECRETARY, KNH-UoN ERC

- c.c. The Principal, College of Health Sciences, UoN
The Deputy Director, CS, KNH
The Chair, KNH-UoN ERC
The Assistant Director, Health Information, KNH
Supervisor: Dr. Esther Waiganjo

Appendix 1.0.7: Approval Letter From University


**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
DEPARTMENT OF ENTREPRENEURSHIP, TECHNOLOGY,
LEADERSHIP & MANAGEMENT**

Telegrams: 'Thika'
Tel: (0151) 52181-4
Fax: (0151) 52164
Email: director@hrd.jkuat.ac.ke

OFFICE OF THE CHAIRPERSON
P. O. BOX 62000-00200
NAIROBI

DATE: 2nd November, 2015

JKU/32/HD312-2591/2012

To whom it may concern:

Dear Sir/Madam,

RE: MSC. RESEARCH PROJECT FOR: KIGATHI PATRICK NGURE

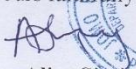
This is to introduce to you **Mr. Ngure** who is a student pursuing Master of Science degree in Human Resource Management in the Department of Entrepreneurship, Technology, Leadership, and Management in the School of Entrepreneurship, Procurement and Management, College of Human Resource Development at Jomo Kenyatta University of Agriculture and Technology.


The student is currently undertaking a research proposal on: **"Factors Influencing Retention of Health Workers in the Public Sector Kenya: A Case Study of Kenyatta National Hospital"** 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 him 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,


Dr. Alice Simiyu
Postgraduate Research Coordinator
Department of Entrepreneurship, Technology, Leadership and Management


02 NOV 2015
CHAIRPERSON
P. O. BOX 62000-00200, NAIROBI, KENYA



JKUAT is ISO 9001:2008 Certified
Setting Trends in Higher Education, Research and Innovation

Appendix 1.8: Study Registration Certificate

KNH/R&P/FORM/01



KENYATTA NATIONAL HOSPITAL
P.O. Box 20723-00202 Nairobi

Tel.: 2726300/2726450/2726565
Research & Programs: Ext. 44705
Fax: 2725272
Email: knhresearch@gmail.com

Study Registration Certificate

1. Name of the Principal Investigator/Researcher
PATRICK NGURE
2. Email address: kgatvip@gmail.com Tel No. 0721948675
3. Contact person (if different from PI) CAROLYNE MUTUA
4. Email address: MutuaCarolynem@gmail.com Tel No. 0706108152
5. Study Title
Factors influencing retention of health workers in the public sector in Kenya: A case study of Kenyatta National Hospital
6. Department where the study will be conducted Human Resource
(Please attach copy of Abstract)
7. Endorsed by Research Coordinator of the Department where the study will be conducted.
Name: Amos K. Mbari Signature: [Signature] Date: 19th May 2016
8. Endorsed by Head of Department where study will be conducted.
Name: Amos K. Mbari Signature: [Signature] Date: 19th May 2016
9. KNH UoN Ethics Research Committee approved study number P721/11/2015
(Please attach copy of ERC approval)
10. I PATRICK NGURE commit to submit a report of my study findings to the Department where the study will be conducted and to the Department of Research and Programs.
Signature: [Signature] Date: 19/05/2015
11. Study Registration number (Dept/Number/Year) HR & ADM / 03 / 2016
(To be completed by Research and Programs Department)
12. Research and Program Stamp _____

All studies conducted at Kenyatta National Hospital **must** be registered with the Department of Research and Programs and investigators **must commit** to share results with the hospital.

Version 2: August, 2014



Appendix 1.9 : National Commission for Science, Technology and Innovation Approval



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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2241349, 3310571, 2219420
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when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No.

Date:

NACOSTI/P/16/90011/10042

9th May, 2016

Patrick Ngure Kigathi
Jomo Kenyatta University of Agriculture
And Technology
P.O. Box 62000-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Factors influencing retention of health workers in the public sector in Kenya: A case study of Kenyatta National Hospital,*" I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **5th May, 2017**.

You are advised to report to **the Chief Executive Officer, Kenyatta National Hospital, the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

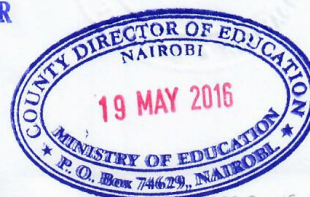

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Chief Executive Officer
Kenyatta National Hospital.

The County Commissioner
Nairobi County.
COUNTY COMMISSIONER
NAIROBI COUNTY
P. O. Box 30124-00100, NBI
TEL: 341866

The County Director of Education
Nairobi County.



National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified