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

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Abstract: This study sought 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. Multistage sampling was adopted in which case 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 groups 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. Based on the findings of this study, this research concluded that leadership style influences health workers' retention in Kenyan National Hospital. It was further concluded that remuneration for the health workers did influence their retention. Training offered also influenced the health workers' retention rate. Promotion influenced health workers' retention in Kenyatta National Hospital. It was recommended for hospitals to improve on non-monetary incentives like recognitions. Fair remuneration was also recommended for increased motivation and stability of health workers. Training of health workers' staff was recommended as a way of boasting health workers' skills and knowledge which serves as an intrinsic motivation to the health workers as well. Both promotion and training policies should be adhered to in order to create a sense of organizational justice among the health workers. A similar but cross sectional survey study was acknowledged and recommended as an area of further research in the public hospitals in Kenya especially now that the health function has been devolved.

Key Terms: Staff retention, Leadership Style, Remuneration, Promotion, Training, Work Environment

1. Introduction

In the Kenyan public sector, employee retention is one of the most critical issues facing organizational managers as result of skilled manpower, economic growth, and high employee turnover (Michael, 2008). 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. New staff members are not optimally productive until fully inducted into the workplace (Humphreys & 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 that staff receives adequate pay for their work is vital to their 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, 2010).

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 et al., 2006). 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%.

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 44,8135.

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).

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.

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).

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 Kenya National Hospital. The specific objectives were to determine the influence of leadership style on retention of health workers in Kenyatta National hospital, to establish the influence of remuneration on retention of health workers in Kenyatta National Hospital, to determine the influence of training on retention of health workers in Kenyatta National Hospital, to establish the influence of promotion on retention of health workers in Kenyatta National hospital and to establish the influence of work environment on retention of health workers in Kenyatta National hospital.

2. Literature Review

2.1 Theoretical Literature

2.1.1 Human Capital Theory

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 generated 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).

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.

2.1.2 Expectancy Theory

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)

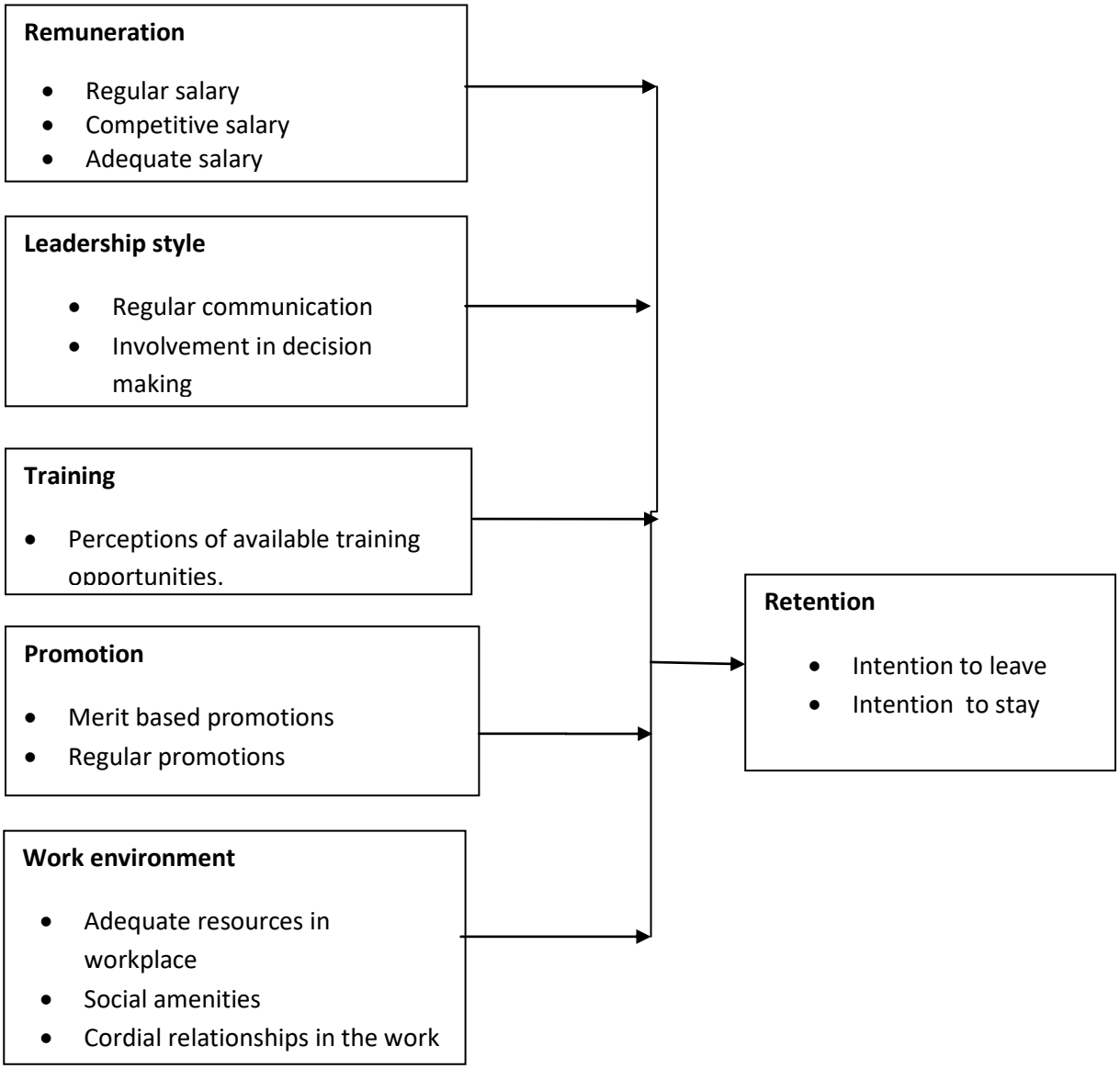
According to turnover and retentions frameworks developed from this theory, decisions to stay or leave an organization can be explained by examining relationships between structural, psychological and environmental variables. The theory suggests that organizational members have certain expectations for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

2.1.3 Herzberg's two-factor Theory

Herzberg (1959) argued that employees are motivated by internal values rather than values that are external to their work. 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 (Sutherland, 2004; Netswera *et al.*, 2005; Radivoev, 2005; Michael, 2008) 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

2.2 Conceptual Framework



Independent variables **Dependent variable**

Figure 2.1 Conceptual Framework

2.3 Empirical Review

Mudhune (2009) conducted a study to determine policies to improve nurse recruitment and retention in rural Kenya. The study 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).

Snow et al. (2011) investigated the factors related to low retention of health workers. The study established that for doctors, although salary is important, the career development concerns keep them in urban areas. The study also showed that short-term service in rural areas was preferable if it was linked to coaching and mentoring, as well as career growth.

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).

According to Chankova, Muchiri & Kombe (2009), several reasons explain attrition of health workers in Kenya. 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.

The question of retention of health workers has also been addressed in a study in Malawi by 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.

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 co worker 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)

2.4 Critique of Existing Literature and Research Gaps

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, ea.tl, 2009 and Zarebski, 2012) have focussed on rural and remote area. 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 sucess of health sector is influenced by allied medical workers as doctors and nurses do not perform their duties in isolation (Gilles, Burnand & Peytremann-bridevaux, 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 unitended consequences of de motivating 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 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 will be used.

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 (Gilles et al., 2014)

3. Research Methodology

A case study research design was adopted for this 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 2004) 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, 2004).

The population of the study was the non clinical and clinical staff employed by Kenyatta National hospital either on contract or permanent and pensionable. The total number was 4955 (KNH, 2012). The employees employed on casual and temporary terms are likely to leave the organization. Kenya

The KNH establishment formed 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)

Multistage sampling was adopted in which case 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 total sample size was calculated using published tables. The total sample size was 400 distributed as follow:

Table 3.1 Sample Size the 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

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

Focused group discussions were held. The clinicians and non clinicians each had a separate focus group discussion. Kenyatta 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, nongovernmental organizations reports and Audit reports by other government ministries, departments and agencies.

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.

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 staffs piloted were from the highly mobile cadres of doctors and nurses.

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 were 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.

Questions which were used to collect qualitative data were being aligned to the research objectives. The responses were summarized into most occurring in categories according to research objectives. These qualitative findings were integrated with the quantitative findings in discussions. N VIVO which is computer software for analyzing qualitative data was used.

According to Mugenda and Mugenda (2003), correlation technique is used to analyze the 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 increase 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 was used to determine the strength and the direction of the relationship between dependent variable and the independent variables.

4. Findings, Conclusions and Recommendations

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.

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 in Kenya 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 Machakos, 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.'

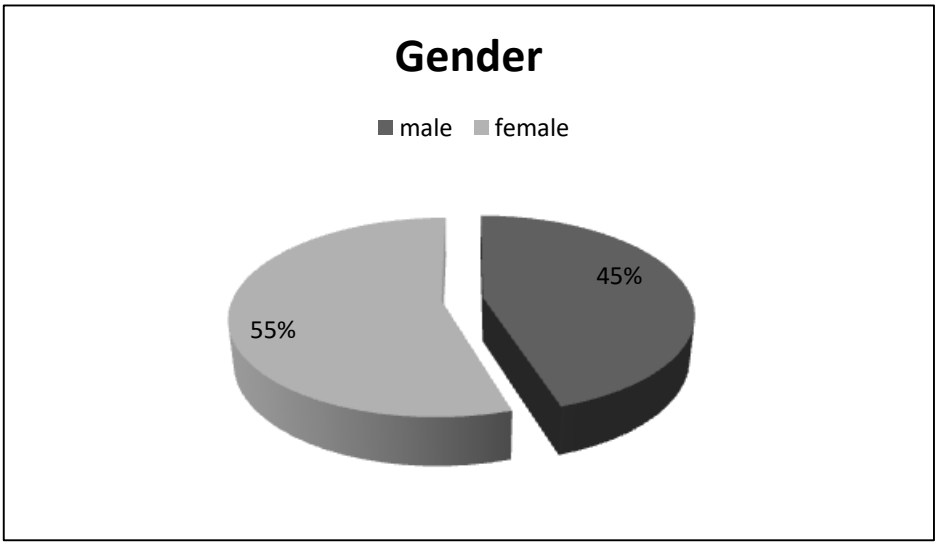


Figure 4.1 Gender Distribution

4.2.2 Age

The majority of the respondents 40.3% (n=110) were between the ages of 40-49 years while the those of ages less than 30 years were the least with a percentage of15.8% (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 frequenccy 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 IPPD data do not National HRH State who hold certificates and diploma from these colleges are still categorized as having secondary school education.

The research finding compares favorably with a AMREF(2012) research which was conducted in three counties namely Turkana, Machakos and Nairobi and revealed that 80.2.1% of health workers had post secondary education, In Nairobi county where Kenyatta National Hospital is located 90.6 had post secondary education

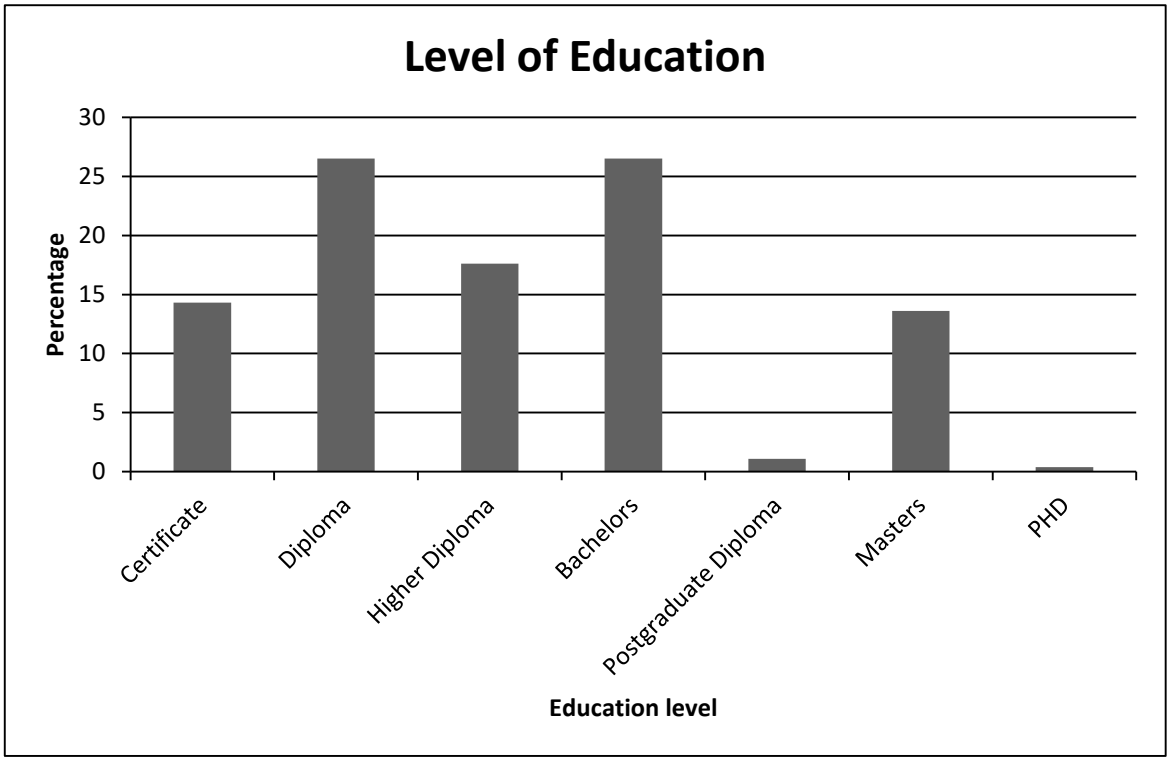


Figure 4.2 Distribution of the respondents' Health Qualification

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.

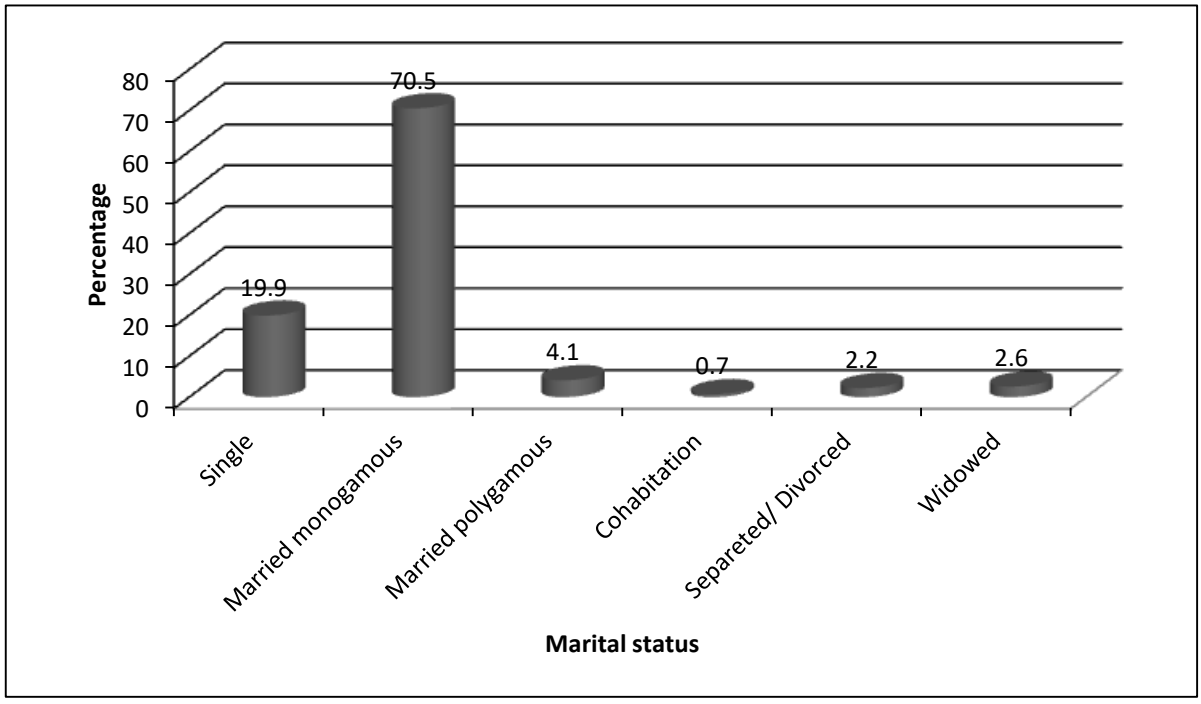


Figure 4.2 Marital Status

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.

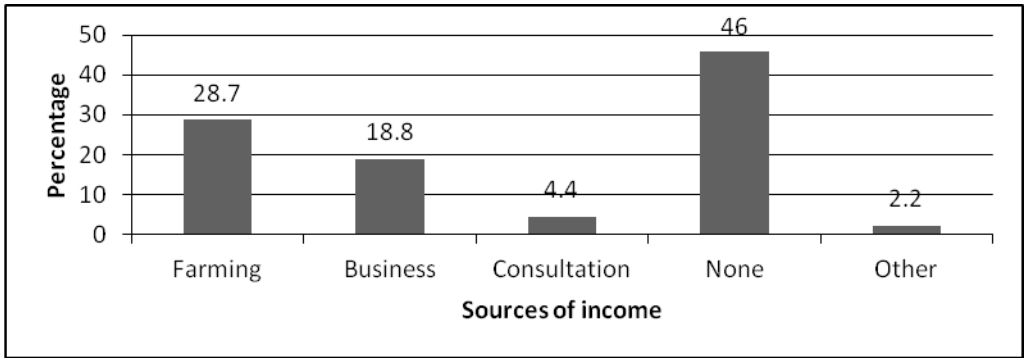


Figure 4.3: Sources of income

4.2.7.1proportion of Total Income

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

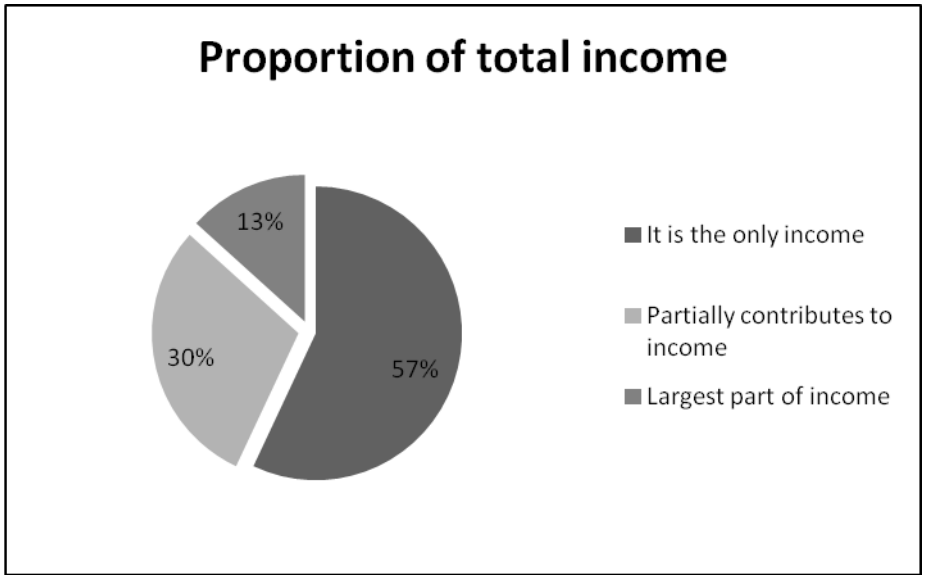


Figure 4.4 proportion of Total Income

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.

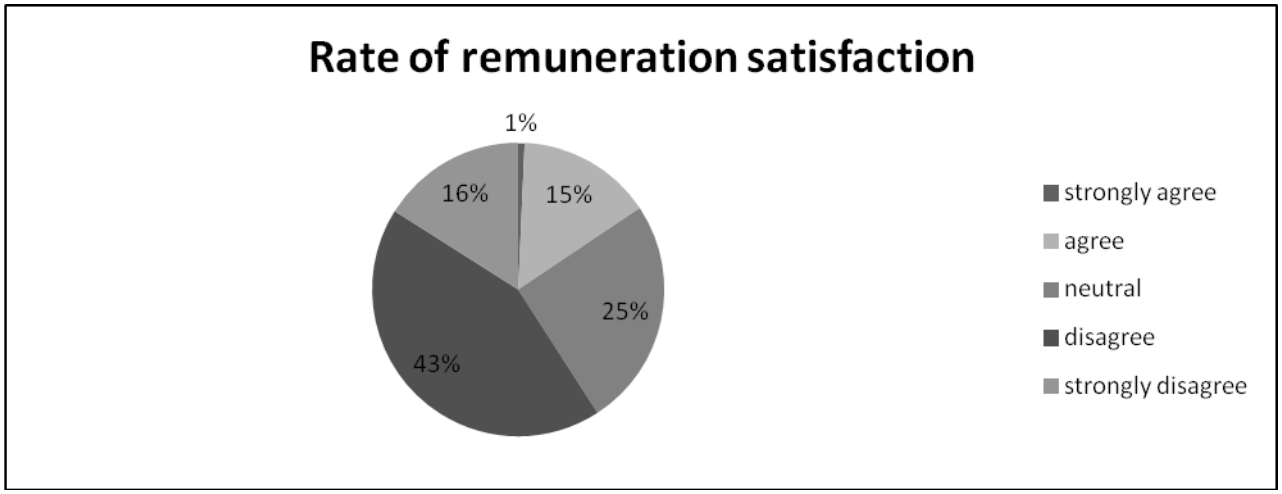


Figure 4.5: Rate of Remuneration Satisfaction

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 inform of bonus	7(2.6)	13(4.9)	35(13.1)	74(27.6)	139(51.9)
xii.	Financial incentives such as bonus a 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. There should be 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 Hospitals 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 re grading 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 Environment 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. 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) established that 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) Improve 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 re think 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. 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 e.t.c. Provision of housing facilities to clinical staff is a added advantage due to their nature of work.

Table 4.6 Frequency and percentage distribution of work environment statements

Work environment		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)

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4.5.2 Perception on Work Environment 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 de-motivating 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., 2006)

4.5.3 Nature of Employment Contract

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

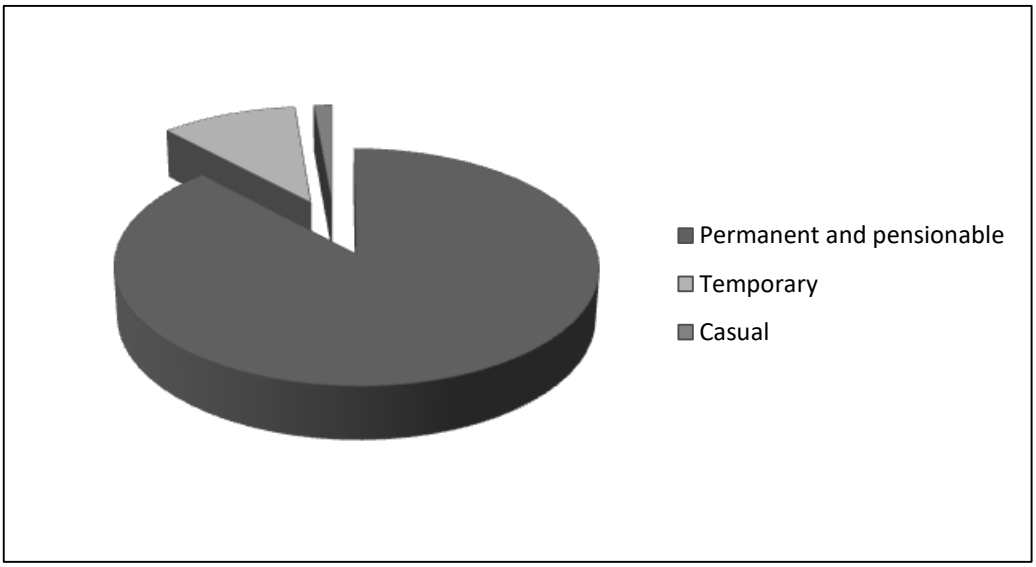

Figure 4.7: Nature of Employment Contract

4.5.4 Work Environment 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 patient's nurse ratio did not meet the WHO standard. Related to this are 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 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 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. vii 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.

The 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 Hospital Should Address

On training the respondents recommended development 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 Ndetei, Khasakhala and Omolo (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) reported 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 the Organization Should Improve

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	32(11.9)	119(44.2)	64(23.8)	38(14.1)	16(5.9)

	organization makes positive contribution to the overall effectiveness of the organization					
ii.	My manager treats every one 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.	Leadership/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 involves staff indecision 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 assists 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 communicates 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.

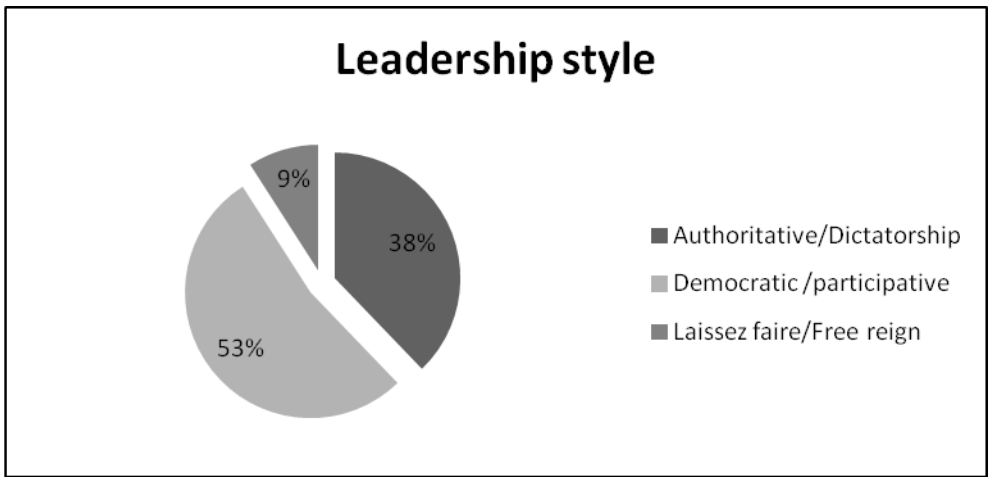

Figure 4.6 leadership styles

4.8.3 Areas of Leadership Styles the Hospital Management Should Improve

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 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**	**Strongly 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 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

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, 2005a, 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 so employees practice in their area of interest

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).

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 be devilled 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 Environment	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 favour 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 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 environment	Training	Promotion	Leadership
Intent to leave	**Pearson Correlation**	1	.325**	.089	.294**	.258**	.411**
	Sig. (2-tailed)		**<0.001**	.194	**<0.001**	**<0.001**	**<0.001**
	N	257	198	216	237	245	247
Remuneration	Pearson Correlation	.325**	1	.147*	.233**	.361**	.203**
	Sig. (2-tailed)	**<0.001**		**<0.05**	**<0.001**	**<0.001**	**<0.001**
	N	198	206	183	199	196	199
Work environment	Pearson Correlation	.089	.147*	1	.202**	.107	.242**
	Sig. (2-tailed)	.194	**<0.05**		**<0.001**	.116	**<0.001**
	N	216	183	228	215	217	220
Training	Pearson Correlation	.294**	.233**	.202**	1	.447**	.486**
	Sig. (2-tailed)	**<0.001**	**<0.001**	**<0.001**		**<0.001**	**<0.001**
	N	237	199	215	250	238	241
Promotion	Pearson Correlation	.258**	.361**	.107	.447**	1	.383**
	Sig. (2-tailed)	**<0.001**	**<0.001**	.116	**<0.001**		**<0.001**
	N	245	196	217	238	256	246
Leadership	Pearson Correlation	.411**	.203**	.242**	.486**	.383**	1
	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 environment (p>0, 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 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.

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 multicollineality 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 to1.000, 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:

Intention to leave = $\beta_0+\beta_1X_1+ \beta_2X_2+\beta_3X_3+\beta_4X_4+\beta_5X_5+ \varepsilon$
Where:-
Y is the dependent variable, health workers retention measured using intention to leave
X_i is the independent variable for (i=1,2,...,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 models 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
$Y= 0.03+0.322\ X_1– 0.18\ X_2+0.74X_3- 0.07X_4+ 0.319X_5$
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 0.322units. Likewise, an increase in one unit of leadership style increases health workers staying by 0.319 units. Work environment and promotion have a positive effect on intention to leave. However the relationship is not significant since (p value>0.01) therefore violating the rule of significance. The results indicate that one unit increase in either work environment or promotion will reduce employee's 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 Coefficients**	**T**	**Sig.**
	B	**Std. Error**	**Beta**		
(Constant)	.030	.069		.430	.667
Remuneration	.322	.078	.312	4.118	.000
Work environment	-.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

5. Summary, Conclusions and Recommendations

5.1 Summary of Major Findings

5.1.1 Leadership Style on Retention of Health Workers

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 0.322units. 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.

5.1.2: Remuneration on Health Workers Retention

Competitive and fair remuneration is indicative of the value the employers place on their employees. Also, pay may be one way employees can 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 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 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 provide 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 Kenyan National Hospital.

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 maybe 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

5.1.3 Training on Retention of Health Workers

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 programs 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 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,

5.1.4 Promotion on Retention of health workers

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 unfavorable 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. 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

5.1.5 Work Environment on retention of health workers

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 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 value>0.01) therefore violating the rule of significance. The results indicate that one unit increase in work environment reduces employee's intention to leave Kenyatta National Hospital by 0.18.

Therefore, these findings show that the research which sought to establish the influence 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. 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.

5.2 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 staffs 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 values 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 promotion influences health workers retention in Kenyatta National Hospital. 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 environment 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 results to burn out among the health workers Work environment was not a predictor of intention to stay therefore did not influence retention.

5.3 Recommendations

5.3.1 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.

5.3.2 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 an d 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.

5.3.3 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 they 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.

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.

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