



Strathmore
UNIVERSITY

Strathmore University
SU+ @ Strathmore
University Library

Electronic Theses and Dissertations

2018

Determinants of retention strategies for health care practitioners in public health facilities in Kenya: a case of County hospitals in Nairobi Kenya

Sheila N. kamaara
Strathmore Business School (SBS)
Strathmore University

Follow this and additional works at <https://su-plus.strathmore.edu/handle/11071/6039>

Recommended Citation

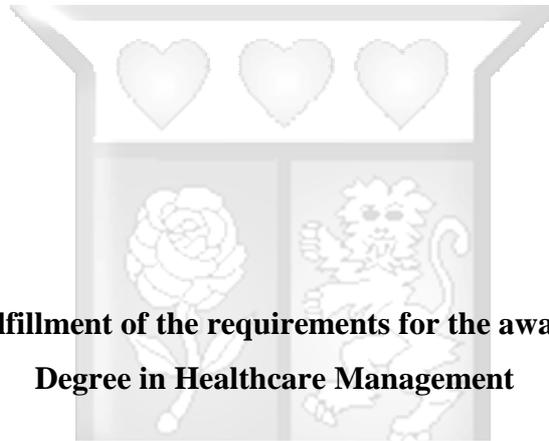
Kamaara, S. N. (2018). *Determinants of retention strategies for health care practitioners in public health facilities in Kenya: a case of County Hospitals in Nairobi Kenya* (Thesis). Strathmore University. Retrieved from <http://su-plus.strathmore.edu/handle/11071/6039>

**Determinants of Retention Strategies For Health Care Practitioners In Public Health
Facilities In Kenya: A Case Of County Hospitals In Nairobi Kenya**

By

SHEILA NDUTA KAMAARA

MBAHCM 55972



**Submitted in partial fulfillment of the requirements for the award of a Masters (MBA)
Degree in Healthcare Management**

2018

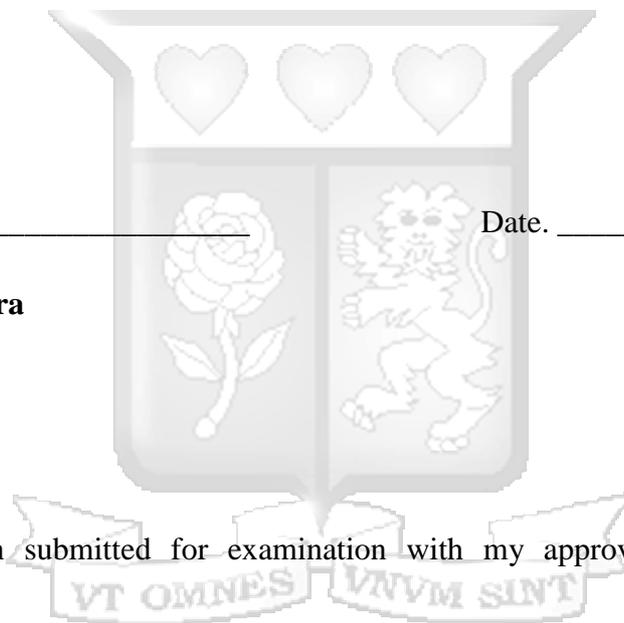
DECLARATION

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other university. To the best of my knowledge and belief, the dissertation contains no material previously published or written by another person except where due reference is made in the thesis itself.

© No part of this thesis may be reproduced without the permission of the author and Strathmore University

Signature_____ Date. _____

Sheila Nduta Kamaara



This report has been submitted for examination with my approval as the University supervisor

Signature_____

Date. _____

Dr. Hazel M. Mumbo



DEDICATION

I would like to dedicate this report to my family which has given me great support.



ACKNOWLEDGEMENTS

First, I would like to express my deepest sense of gratitude to the Almighty God for giving me good health, sound mind and financial strength to go through the entire course. Secondly, I would like to extend my special thanks to my Supervisor, Dr Hazel Mumbo for her patience, inspiration, systematic and valuable guidance throughout this report.

My sincere appreciation goes to the participants in the various County hospitals in Nairobi who took part in this study as well as this would not have been made possible without them. I appreciate my family and close classmates who continually encouraged me whenever I felt like giving up. Last but not least, I would like to thank my research assistant, Simon, for his input during my research as we did the data collection and analysis.



ABSTRACT

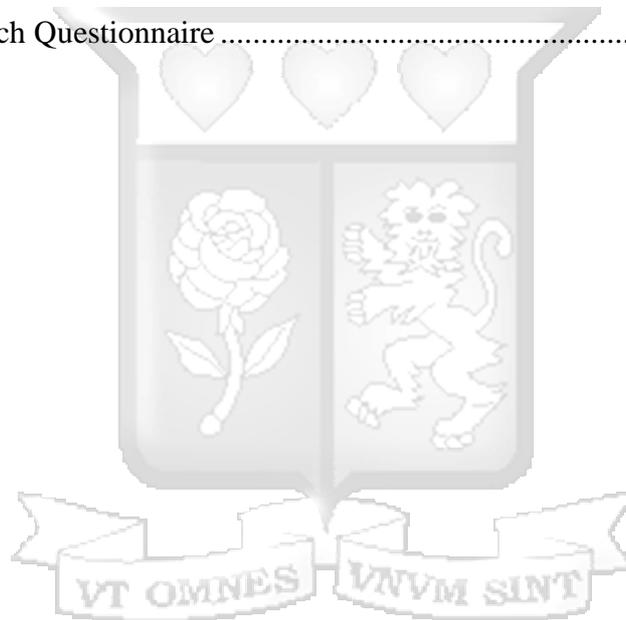
At the heart of each and every health care system, the workforce is central to advancing health. Healthcare is a labour- intensive industry and therefore retention and growth of is important. This study seeks to determine the retention strategies used by public health facilities where brain drain has become rampant in the facilities. The study sought to determine the retention strategies by looking at the following three aspects of the facilities. First the study looked at the relationship between the motivation strategies used and how they influenced staff retention in the public health facilities. Secondly, the study looked at the relationship between employee relations management strategies adopted to enhance the retention of healthcare practitioners in Kenya. Thirdly, the study focused on the professional growth strategies that are in place and how they influenced retention of healthcare practitioners in the public healthcare facilities. The study was based on various theories on employee behaviors such as the Expectancy theory and Maslow's Theory. To achieve these objectives, the data was collected at the 3 County hospitals in Nairobi County (Mama Lucy Kibaki Hospital, Mbagathi County hospital and Pumwani Maternity Hospital) where a sample of 165 respondents was drawn using simple random sampling method. Primary data was collected using a semi structured questionnaire. Data was analyzed using SPSS (Version 20.0). Basic descriptive statistics were used as well. The data was then analyzed through percentages, frequencies, mean, standard deviation and inferential statistics. The findings were presented in tables, graphs and narratives for easy comparison. The study found out that all the variables had a positive and significant influence on employee retention. Motivation strategies had a significant influence on employee retention as shown by the coefficient ($\beta = 0.365$, $t = 4.433$, $p > 0.000$). Employee relations management strategies also showed a significant influence on employee retention with the coefficients ($\beta = 0.168$, $t = 32.132$, $p > 0.005$) indicating a positive effect employee retention. Professional growth strategies as well showed a significant influence with a coefficient of ($\beta = 0.309$, $t = 3.781$, $p > 0.000$) showing a positive and significant relationship. The study concluded that the hospital supervisors should usually discuss issues affecting employees with them and other employees and mentor and coach them. The study recommended that the hospitals should have a clear career development plan for their employees which improve their retention.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF FIGURES	x
LIST OF TABLES	xi
ACRONYMS AND ABBREVIATIONS	xii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background of the Study	1
1.2 Statement of the Problem.....	4
1.3 General Objective	5
1.3.1 Specific Objectives	5
1.4 Research Questions	6
1.5 Significance of the Study.....	6
1.6 Scope of the Study	7
1.7 Limitations of the Study.....	7
1.8 Operational Definition of Key Terms	7
CHAPTER TWO	9
LITERATURE REVIEW	9
2.1 Introduction.....	9
2.2 Theoretical Review	9
2.2.1 Expectancy Theory	9
2.2.2 Abraham Maslow’s Hierarchy of Needs.....	10
2.3 Literature Review.....	11
2.3.1 Employee Motivation and Employee Retention	11
2.3.2 Employee Relations Management Strategies and Employee Retention	13
2.3.3 Professional Growth Strategies and Employee Retention	14
2.4 Empirical Review.....	15
2.5 Conceptual Framework.....	18

2.6 Summary and Gaps	19
CHAPTER THREE	20
METHODOLOGY	20
3.1 Research Design.....	20
3.2 Population and Sampling	20
3.2.1 Study site.....	21
3.2.2 Study population	21
3.2.3 Inclusion and exclusion criteria	21
3.2.4 Sample size estimation.....	21
3.3 Data Collection Methods	23
3.4 Data analysis	23
3.5 Research Quality	24
3.5.1 Validity and Reliability.....	24
3.6 Ethical issues in research	25
CHAPTER FOUR.....	27
DATA ANALYSIS	27
4.1 Introduction.....	27
4.2 Response Rate	27
4.3 Pilot Study Results	28
4.4 Demographic Characteristics of the Respondents	30
4.4.1 Gender of Respondents	30
4.4.2 Education Level of Respondents	31
4.4.3 Years of Experience in the Hospital	31
4.5 Motivation Strategies used to Retain Employees in the Public Health Facilities.....	32
4.6 Employee Relations Management Strategies used to Retain Employees.....	33
4.7 Professional Growth Strategies used to Retain Employees	34
4.8 Employee Retention.....	35
4.9 Correlation Analysis	36
4.10 Regression Analysis.....	37
CHAPTER FIVE	39
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	39
5.1 Introduction.....	39
5.2 Summary of Findings.....	39
5.2.1 Motivation Strategies used to Retain Employees in the Public Health Facilities...39	39

5.2.2 Employee Relations Management Strategies used to Retain Employees	40
5.2.3 Professional Growth Strategies used to Retain Employees	41
5.3 Conclusions.....	41
5.4 Recommendations.....	42
5.4.1 Recommendations for Improvement.....	42
5.4.1.1 Motivation Strategies used to Retain Employees in the Public Health Facilities	42
5.4.1.2 Employee Relations Management Strategies used to Retain Employees	43
5.4.1.3 Professional Growth Strategies used to Retain Employees	43
5.4.2 Areas for Further Research	43
REFERENCES.....	45
APPENDICES	50
Appendix I: Research Questionnaire	50



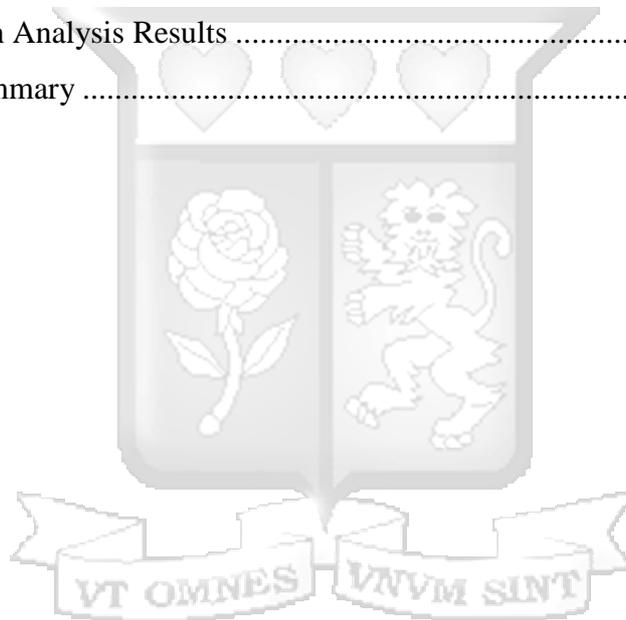
LIST OF FIGURES

Figure 2.1 Conceptual Framework	18
Figure 4.1 Response Rate	27
Figure 4.2 Gender of Respondents.....	30
Figure 4.3 Highest Education Level	31
Figure 4.4 Years of Experience in the Hospital.....	32



LIST OF TABLES

Table 3.1 Sample Size.....	22
Table 4.1 Reliability Statistics for Demographic Information.....	28
Table 4.2 Reliability Statistics for Motivation Strategies.....	29
Table 4.3 Reliability Statistics for Employee Relations Management Strategies.....	29
Table 4.4 Reliability Statistics for Professional Growth Strategies.....	29
Table 4.5 Reliability Statistics for Employee Retention.....	30
Table 4.6 Motivation Strategies.....	32
Table 4.7 Employee Relations Management Strategies.....	33
Table 4.8 Professional Growth Strategies.....	34
Table 4.9 Employee Retention.....	35
Table 4.10 Correlation Analysis Results.....	36
Table 4.11 Model Summary.....	37



ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
GOK	Government of Kenya
ILO	International Labour Organization
IT	Information Technology
HIV	Human Immunodeficiency Virus
IIRII	Human Resources for Health
HRH	Human Resources for Health
HRIS	Human Resource Information System
MOH	Ministry of Health
MSH	Management Science for Health
NHSS	National Health Services Strategic Plan
NAO	National Audit Office
PHC	Public Health Facilities
WHO	World Health Organization
TB	Tuberculosis
UK	United Kingdom
USA	United States of America
USAID	United States Agency for International Development



CHAPTER ONE

INTRODUCTION

This chapter discussed the background of the study, problem statement, research objectives, and research questions, hypothesis, significance of the study, scope of the study, limitations of the study and operational definitions of variables.

1.1 Background of the Study

Human resources are key to the establishment of a health system and essential to enhancing health results. It has been observed that the sub-Saharan Africa countries have endemic deficiencies of health laborers, yet the onset of the epidemics such as HIV/AIDS has increased the issue by significantly expanding the workload of doctor's facility staff and significantly. This has affected some of the health specialists, who have turned out to be tainted with the infection (White, Stallones & Last, 2013).

The growing shortage of health practitioners at the lower levels of health service provision in Kenya is a critical issue that must be addressed as an integral part of strengthening health systems. The shortage of paramedics often results in long waiting times for patients at health centers and causes overcrowding in hospitals (King, 2012). This is especially more evident in rural areas where primary health care is key to human health.

According to Lundberg and Cooper (2010), a number of factors are viewed as essential in well-working of employee retention in the United States. The determinants that are considered to have an immediate influence are work environment, career opportunities and work-life balance. Schein (2010) also in the United States observed that individuals remain at such organizations where there is a feeling of pride and will work to their fullest potential. The motivations to stay are work environment, rewards, development and advancement and work-life improvement (Fatima, 2011). Retention gets to be distinctly one of the greatest issues for the general health facilities since people are the ones who create profits and considered as the capital or resource of the organization, as observed by Lee, Hwang and Choi (2012) in China.

Frenk *et al.* (2010) while studying both developed and developing nations in the globe observed that the value of community health has been greatly enhanced with the spread of HIV around the world. Since the past few decades, community health concerns whole

populations and issues that affect prevention and treatment of diseases within them. Some issues include access to health services or to clean drinking water which are basic elements for healthy life. According to Mudzengi (2016) while studying fifty-seven countries, most of them in Africa and Asia, the countries face a severe health workforce crisis. WHO estimates that at least 2.36 million health service providers and 1.89 million management support practitioners are needed to fill the gap. Without prompt action, the shortage will worsen (WHO, 2014). There is a lack of adequate staff in rural areas as compared to cities and that, countries in sub Saharan Africa face the greatest challenge in maintaining adequate numbers within the health work force. Sub Saharan Africa has 11 percent of the world's population, bears 24 percent of the global burden of disease yet has only 3 percent of the world's health practitioners.

Lately, the situation of human resource for health (HRH) in many sub-Saharan African nations has been normally depicted as the emergency in HR for health facilities (Bergström *et al.*, 2015). A key cause to the crisis is attrition of the health workforce, measured by the number of health practitioners who leave their posts. Attrition is because of various reasons, including retirement, death, dismissal and intentional quitting by health practitioners who leave the public health facilities to work in the private facilities, for more attractive occupations in the home country, or to emigrate to work in health facilities in richer countries, in search of better pay and working conditions (Aterido & Hallward-Driemeier, 2011). In addition, a number of studies have found that managing turnover is a challenge for organizations, as different organizations using different approaches to retain employees. Retention is considered as all-around module of an organization's human resource strategies. It commences with the recruiting of right people and continues with practicing programs to keep them engaged and committed to the organization (Irshad & Afridi, 2012).

In Kenya, Alhassan *et al.*, (2013) observed that the health workforce, physical facilities and consumables are three major inputs into any health system. A growing body of evidence suggests that the quality of a health system depends greatly on highly motivated health practitioners who are satisfied with their jobs, and therefore stay in rural areas and work. Chuma and Okungu (2011) indicate that, since independence, the policy of the Kenyan government was to provide free health care for all. The government thus started scaling up health service provision across the country as well as training health practitioners to man the service provision points.

Further, Kenya keeps on encountering an increasing gap of paramedics at all levels of service delivery inside its health infrastructure. As an outcome, this gap is a major obstacle in her journey to accomplish the health objectives and the millennium development goals. The Kenyan founding fathers sought to ensure free medical care for all; however, Chuma and Okungu (2011) indicate that provision of health services in the country is sadly still inadequate to meet the growing health demands of a growing population. In addition, the health facilities continues to suffer from inequitable geographical distribution of health services as well as a continued shortage of health personnel.

1.1.1 Profile of Public Health Facilities in Kenya

The Kenya Demographic and Health Survey (KDHS, 2014) shows that since independence in Kenya in the year 1963, life expectancy has declined from 60 years in the 1980s to around 58 years. Furthermore, maternal mortality has remained unchanged with some reduction being noted in under-five mortality rates with a decline from 115 to 74 deaths per 1,000 births and a notable reduction from 77 to 52 deaths per 1,000 live births for infants. Further, the report shows that the health indicators are improving in comparison to the previous years. Kenya however was far from achieving the Sustainable Development Goals (SDGs). Some of the factors contributing to the decline include poverty, lack of access to health primarily, distance, culture, religion, fears of testing to know HIV status, and under funding of facilities.

According to Owino (2014), there is a renewed effort to improve health service delivery. The Ministry of Health has been reviewing the service delivery system in order to implement a new strategy for making health care more effective and accessible to a wider population of Kenyans. The national health care planning is clear on what is required at every level of service provision. However, there is a gap in service provision at the three lower levels more so at the dispensary and health center level due to the exodus of health practitioners to what is perceived as greener pastures.

The health facilities in Kenya confront a conflicting situation: on one hand, there is a deficiency of health practitioners in the public health facilities; however, there are numerous unemployed, qualified health experts searching for work (WHO, 2010). As indicated by Wietler (2010), the nation is losing a number of experienced health practitioners to the private facilities and different nations, prompting to deficiencies of skilled health practitioners in the country and an uneven distribution of the health workforce, with much of the health practitioners found in the urban areas.

In January 2002, the government of Kenya introduced payment of extraneous and risk allowances for pharmacists, dentists and doctors in public service, and uniform and risk allowances for nurses and other health professionals (Ojwang, Ogutu & Matu, 2010). In 2005, Kenya presented a National Health Services Strategic Plan (NHSSP), which raised the issue of poor levels of staffing at numerous offices, combined with an absence of legitimate information on HRH in the health system (Buchan, 2010).

1.2 Statement of the Problem

Globally, the retention of skilled medical staff in the health care facilities has been a serious concern to management. The desired critical measures for retention of medics have therefore become strategic to sustainable competition among health care providers (King, 2012). This development has dramatically changed human resource training practice in the area of attracting skilled medics into organizations but most importantly are the strategies for retaining them (Owino, 2014).

The World Health organization (WHO) (2006) states that fifty-seven countries, Kenya included, face a severe health workforce crisis. WHO estimates that at least 2.36 million health service providers and 1.89 million management support practitioners are needed to fill the gap. Without prompt action, the shortage will worsen. There is a lack of adequate staff in rural areas as compared to cities and that, countries in sub Saharan Africa face the greatest challenge in maintaining adequate numbers within the health work force. Sub Saharan Africa has 11 percent of the world's population, bears 24 percent of the global burden of disease yet has only 3 percent of the world's health workers.

Ndetei et al (2009) argues that, while Kenya's Ministry of Health actively recruits and posts health practitioners to poorer areas of the country (sub-County and County hospitals), inferior conditions and out-migration leads to a paradoxical situation of staffing gaps, vacancies and unemployed health workers. This pushes health practitioners to seek employment in the international market leading to brain drain. Push and pull factors for migration include poor remuneration, poor working conditions with limited supplies and no supervision, heavier workloads in rural public facilities (due to greater demand), limited career prospects and educational opportunities for practitioners and their families, poor communication, and the impact of HIV and AIDS.

The health facilities in Kenya was devolved in line with the Constitution of Kenya of 2010

through article 43 together with articles 41 and 27 (4) which conferred the role of healthcare to county governments. Human Resources for Health (HRH) in the Constitution of Kenya (2010) transition plan for 2011 to 2014 argues that transition to the devolved system of health management requires adequate planning and management especially in the Human Resource for Health aspects. This implies that short and long-term strategies for addressing the Transition HRH priorities should be put in place to ensure there are adequate, well skilled and motivated health practitioners supported by effective and efficient systems for a smooth transition to a more devolved health service delivery model in line with the new constitution.

It is important to note that Human Resources Management constitutes the largest portion of the budget at the health facilities in Kenya at 77%. This is made up largely of personnel emolument costs, assessments and development of national and county HRH plans (Luoma *et al.*, 2010). However, human resource for health which is still far from the recommended ratio (23: 10, 000) and the World Health Organization has attributed the low ratio to high rates at which the health practitioners are exiting the health labor market. Nevertheless, the Government of Kenya (2009) reported that the problem posed by this exodus is not clearly established. According to Ministry of Health (2015), there are 248 health workers, only forming 10.9% of the required labour force of 2,267 practitioners in Nairobi, Kenya. This made Nairobi an ideal location for studying the retention strategies related to their work. Mama Lucy Kibaki Hospital, Mbagathi County hospital and Pumwani Maternity Hospital were chosen because they are the major county hospitals in Nairobi County. Therefore, this study was designed to determine the retention strategies for health care in the public health facilities in Kenya, focusing on county hospitals in Nairobi.

1.3 General Objective

The main objective of this study was to determine the retention strategies for health care practitioners in County Health Facilities in Kenya.

1.3.1 Specific Objectives

The study was guided by the following specific objectives:

- i. To assess the motivation strategies used to retain employees in county hospitals in Nairobi, Kenya.

ii. To establish the employee relations management strategies adopted to retain employees in county hospitals in Nairobi, Kenya.

iii. To investigate the professional growth strategies used to retain employees in county hospitals in Nairobi, Kenya.

1.4 Research Questions

- i. Which motivation strategies are used in retaining employees in county hospitals in Nairobi, Kenya?
- ii. Which employee relations management strategies are adopted to retain employees in county hospitals in Nairobi, Kenya?
- iii. To what extent are professional growth strategies used to retain employees in county hospitals in Nairobi, Kenya?

1.5 Significance of the Study

The study will be of significance to policy makers and county health management. The study will provide insight specifically to policy makers on the retention strategies that are already existent thus revealing those that need to be implemented in order to change the on-going trend in the industry. The suggestions that will be made in this study shall also be of great help in the formulation of policies that will aid in retention of health practitioners at the county level. The findings of this study will shape part of the action plans that will help the Ministry of Health in improving the public health facilities countrywide. The results of the study can be utilized to create approaches, practices, and methodologies that would enable higher levels of performance and create greater efficiencies in meeting strategic health facilities objectives.

Hospitals in the health sector will likewise profit by this study by producing and upgrading their retention' systems keeping in order to compete effectively in the market. This study will along these lines be a manual for hospitals in their in their efforts to implement competitive HR retention strategies to both the employees and the administrators. The findings of the study are expected to be of value to researchers since it will provide literature that can be used for reference for future research and studies. This will add to scholarly work on

retention strategies for health care practitioners in the county health facilities in Kenya. The study will also recommend retention strategies that could be of use later on in the county health facilities in Kenya.

1.6 Scope of the Study

This study focused on the county health facilities in Kenya. It covered the employee retention strategies namely: motivation strategies, employee relations management strategies and professional growth strategies. The doctors and nurses of selected county hospitals in Nairobi were part of the respondents of the study. The County hospitals in Nairobi were chosen because Nairobi is one the counties that has had a major challenge with employee retention even while having a high concentration of health workers.

1.7 Limitations of the Study

In pursuit of this study, several limitations were encountered. Some respondents of the study were not available or were too busy to take time off and respond to questionnaires. To avoid this possibility, the researcher made appointments prior to meeting the targeted respondents.

In addition, some information was considered sensitive by the study respondents hence the researcher feared that the respondents could not be willing to reveal such information. To counter this, respondents were assured on complete confidentiality of the information given. Respondents were not required to write their names or identities in the questionnaires or any tool to be used. The respondents were also assured that the information would only be used for academic purposes.

1.8 Operational Definition of Key Terms

Public Health

Involves securing and enhancing the health of families and groups through advancement of healthy ways of life, research for disease and damage aversion and discovery and control of infectious diseases (White, Stallones & Last, 2013).

Employee Retention

Creating a work and human resource environment where employees want to stay because the work is challenging

and fulfilling (Bakker, 2011).

Health Worker

Clinical officers and nurses (both enrolled and registered) at the dispensary health center level (WHO, 2010).

Paramedics

Refers to nurses and clinical officers (King, 2012).

Retention

Ability to keep health practitioners in PHC facilities (Fatima, 2011).

Retention Strategies

Refers to the ability of an organization to retain its employees. Employee retention can be represented by a simple statistic (for example, a retention rate of 80% usually indicates that an organization kept 80% of its employees in a given period)

Human Resource Strategies

These are designed to develop the skills, attitudes and behaviors among staff that will help the organization meet its goals. Human resource strategy consists of principles for managing the workforce through HR policies and practices. It covers the various areas of human resources functions such as recruitment, compensation, performance management, reward and recognition, employee relations and training.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter entailed a review of literature comprising of the conceptual framework of the study, the theoretical review of literature, critique of the review and empirical review.

2.2 Theoretical Review

This section presents the theories that were used in the study and their relevance to the study. The study adopted the expectancy theory and the hierarchy of needs theory as discussed below.

2.2.1 Expectancy Theory

Expectancy theory, alternatively known as the expectancy theory of motivation was first proposed by Van Eerde and Thierry (1996) and suggests that an individual will act or act unquestionably on the grounds that they are motivated to choose a particular conduct over different practices because of what they expect the consequence of that behaviour will be. Generally, the motivation of the behaviour choice is controlled by the attractive quality of the result. Nevertheless, at the center of the theory is the psychological procedure of how an individual procedure affects motivational components. This is done before making a definitive choice. The result is not the sole deciding component in making the decision of how to act (Wigfiel & Eccles, 2000).

Expectancy theory is about the mental procedures in regards to choice, or picking. It clarifies the procedures that an individual experiences to settle on choices. Choices in connection to staying in a similar employment are affected by mentality towards that item. In the investigation of authoritative conduct, expectancy theory is a motivation theory initially proposed by Van Eerde and Thierry (1996). This theory stresses the requirements to relate rewards directly to performance and to guarantee that such rewards given are those that are merited and needed by the beneficiaries.

In relation to this study, the expectancy theory is a process based theory whereby employees believe that great performance will come with great rewards. This is one of the retention

strategies that need to be employed by the Kenyan healthcare facilities. However, if employees do not perceive a great reward that will satisfy their needs then they shall not perform or shall opt out of the system to go look for other opportunities internationally or change to another career which is the current trend in the healthcare facilities today. This theory underscores the importance of instituting motivational strategies since employees expect good remuneration, recognition and motivation activities. This is a great strategy of improving the retention of health care practitioners by county hospitals through meeting their expectations.

2.2.2 Abraham Maslow's Hierarchy of Needs

Abraham Maslow's hierarchy of needs theory places employees' needs into five dynamic classifications, starting with essential physical needs and advancing up to requirements for self-improvement and vocation advancement. Maslow claims that organizations must address every level of representatives' issues for representatives to really submit themselves to working environment objectives. Neglecting to address representatives' issues at any level in the chain of command can make an absence of satisfaction in workers' expert lives, making them in the end attempt to satisfy these necessities all alone, potentially by finding another organization offering better pay. This can also lead one to changing their careers altogether.

Human resource management is a multidisciplinary organizational function that draws theories and ideas from various fields such as management, psychology, sociology and economics (Maslow, 1987). Aimed at developing people through work, human resource management includes administrative activities that are associated with planning, recruitment, selection, orientation, training, appraisal motivation and remuneration. Maslow (1987) describes the five functional areas of human resource management as staffing, rewards, employee development, employee maintenance and employee relations. With significant influences by Maslow's hierarchy of needs to retention strategies, Malone and Lepper (1987) have integrated a large amount of motivational research into a summary of several ways the leadership of organizations can design environments that are self-motivating. i. Motivation through Challenges ii, Motivation through Curiosity iii. Motivation through Control iv, Motivation through Fantasy v, Motivation through Competition vi, Motivation through Cooperation vii, Motivation through Recognition.

Physiological needs. Organizations should provide better staff meals with ample time and

space. Organizations should pay allowance on employees' food and life essentials. Safety needs. A safe working environment should be provided, for example, in dangerous industries like construction industry, company should provide helmets to protect employees from potential dangers, warning boards should be conspicuous at extremely dangerous sites. As financial security is also a kind of safety needs, organizations should pay employees fairly and ensure them stable career.

Social needs. Create an environment of team spirit, generate a feeling of acceptance and belonging by organizing company parties or company culture trainings. For those who are dispatched to other places, either within national boundaries or abroad, offer them enough time to reunite with their families.

Esteem needs. The awards should not only be financial motivations but also mental motivations like praises. Organizations should also make promotions based on achievements rather than seniority and provide status to make employees feel valued and appreciated.

Self-actualization needs. Leaders who can satisfy employees' self-actualization needs are the most effective leaders. This enables organizations to fully utilize employees' ability and potentials, in which way enhance the overall productivity and effectiveness of the business. Organizations can offer challenging and meaningful assignments to encourage and explore employees' creativity and innovation ability to maximum extent.

Besides, Maslow (1987) added "needs to know and understand" to the existing five level of needs. The implications for this are obvious; organization should offer both pre-work training and on-job training. This theory is therefore in line with the study objective on employee relations management strategies adopted to retain employees in the public health facilities in Kenya.

2.3 Literature Review

This section presents the review of literature based on the objectives of the study. The literature is organized into employee rewards and retention, human resource management strategies and employee retention and professional growth.

2.3.1 Employee Motivation and Employee Retention

Employee retention is one of the most critical issues facing corporate leaders as a result of the

shortage of skilled labour, economic growth and employee turnover. Retention is defined as the ability to hold onto those employees you want to keep, for longer than your competitors (McGlynn *et al.*, 2012). The analysis of retention should be considered at more than just a single level because the “influences” of retention can arise at multiple levels (Yammarino & Dansereau, 2011). A number of studies have found that managing turnover is a challenge for organizations, as different organizations using different approaches to retain employees. Retention is considered as all-around module of an organization’s human resource strategies. It commences with the recruiting of right people and continues with practicing programs to keep them engaged and committed to the organization (Irshad & Afridi, 2012).

Doctors from the public health facilities, like other employees, are bothered by the fact that they earn less than those in private facilities or in foreign countries when they are as qualified as their rivals (Khan *et al.*, 2011). In this regard, low remuneration is identified as a push factor. According to Duxburg (2015), the primary goal of compensation or pay is to recruit and retain workers. One of the first laws of retaining employees, as stated by Umamaheswari and Krishnan (2016) is to pay at or above what the market is paying for similar jobs. In other words, to ensure that another competitor does not attract his/her employees the employer’s compensation has to be competitive. Therefore, it is not just the level of pay that matters, but the relative pay, meaning the relation between any employee’s pay and the pay of similarly situated practitioners in the outside labor market or elsewhere within the same organization (Duxburg, 2015). Duxburg (2015) argued that increasing salaries would be somewhat effective or very effective in improving retention in health departments. In this regard, salaries of doctors in public facilities must be similar or competitive to that paid to doctors in the private facilities or other foreign countries in order to increase the chances of retaining them.

In addition, the Ministry of Health report (2010) recommended the development of clear and comprehensive policy guidelines on attraction and retention of health practitioners at all levels. The report further recommended the making of proposals to the Pay and Remuneration Review Commission to ensure health practitioners are adequately and equitably compensated to support attraction, retention and productivity.

Apart from competitive base pay, benefits are also an essential part of compensation that is important for the retention of doctors to the public facilities. These benefits include health and life insurance, a pension plan, vacation, overtime allowances, and sick leave (Duxburg,

2015). Recognition is another way of showing that employees are valued and it also has an impact on doctor or employee turnover (Umamaheswari & Krishnan, 2016). Recognition is a 'pull' factor as doctors are likely to be attracted where their hard work is reinforced. Recognition cannot replace pay, but it adds to it. Khan *et al.*, (2011) states that recognition is usually retroactive, acknowledging a contribution after the factor, while variable pay can be a more powerful incentive for motivating future goal achievements. Recognition can happen any time as a way of reinforcing a positive behaviour.

2.3.2 Employee Relations Management Strategies and Employee Retention

According to Joachim (2013), engagement in the health practitioners' welfare encourages them to retain. The study notes that the management that interacts frequently with staff; communicate company goals, values and culture; actively convey a commitment to health and safety, training and development; instill a fun and relaxing atmosphere; and make employees feel a part of the social culture of the workplace through team engagement, off-hours gatherings and/or community involvement makes employees to retain. The study recommended that managers can engage to employees by creating an employee newsletter to communicate company news and articulate what makes the organization unique for example its values, goals & workplace culture. Celebrating events that are important to employees, including birthdays, milestones, cultural holidays and service excellence, focus on development like mentoring programs, peer advisors and succession planning, make rewards and recognition systems transparent were the main issues identified by the study.

Kossivi *et al.* (2016) observed that employees are the most valuable assets of an organization. The study closely looked at the following broad factors: development opportunities, compensation, work-life balance, management/leadership, work environment, social support, autonomy, training and development. The study reached the conclusion that further investigations needed to be conducted regarding employee retention to better comprehend human resource management and employee retention, which the present study aims to fulfill.

According to Puni *et al.* (2016), successful healthcare organizations emphasize attracting human resource assets and aggressively seek to resolve and prevent high employee turnover. The study posited that understanding the key components surrounding the importance of measuring employee turnover, learning how it affects patient care, and realizing what is needed to retain quality employees is central to the resolution. The study further determined that when employees leave, their duties are shifted to the remaining personnel who feel

obligated to shoulder the additional burden. The study concluded that determining why employees are leaving an organization is an important part of developing an effective strategy. This could be through conducting detailed exit interviews and focusing on communication; decision making; compensation, benefits, and career development; recruitment; appreciation and understanding; and management.

The Ministry of Health in 2006 together with the health stakeholders in Kenya developed human resource health (HRH) norms and standards guidelines for health service delivery through a consultative process to provide a rational framework to guide investment in health facilities (Ministry of Health, 2006). A comprehensive approach, supported by strong national and local leadership, governance and information systems, was needed to ensure skilled, motivated and supported health practitioners in the right place at the right time. For example, national and county authorities could focus on rapidly increasing the outputs of education and training programs, along with measures to improve recruitment, performance and retention of practitioners - especially in rural and underserved areas - and actions to address imbalances in the mix and use of skills within a primary health care framework.

2.3.3 Professional Growth Strategies and Employee Retention

A notable effect of a health system ravaged by distribution problems is the challenge in the production, recruitment and retention of professional health practitioners more so in rural underserved areas (Namakula, Witter & Ssengooba, 2014). In addition, some of the factors that contribute to the exit of health practitioners from rural areas as noted by Razee *et al.* (2012) include low wages, poor working conditions, lack of supervision, lack of equipment and infrastructure as well as HIV and AIDS.

Studies by Razee *et al.* (2008) and Marangu *et al.* (2014), suggest that there is a need for appropriate strategies to be put in place. Rigorous studies must be undertaken to enable policy makers and planners to understand the factors that influence retention of health practitioners especially in both rural and urban areas to develop strategies that can influence paramedics - nurses and clinical officers - to remain motivated and provide good quality services at the community level.

The Kenyan government with the support from partners including the private facilities and faith based organizations has a good coverage of health facilities in rural areas. However, community members have limited access to services due to low numbers of health

professionals. According to Kossivi *et al.* (2016), a well-balanced distribution of infrastructure needs to go hand in hand with a well-balanced distribution of health personnel to be worth the investment let alone to have the desired impact on community health.

It should also be noted that the imbalanced distribution of health personnel contributes to great disparities in health outcomes between the rural and urban populations. For instance, in Mexico, life expectancy for the rural population is 55 years, compared to 71 years in urban areas of the country; infant mortality is 20 per 1,000 births, compared to 50 per 1,000 births in the poorer southern states (Kossivi *et al.*, 2016).

2.4 Empirical Review

A study to determine policies to improve nurse recruitment and retention in rural Kenya (Mullei *et al.*, 2010) has identified a number of job attributes that can be directly influenced by health policy in order to increase attraction to rural postings. These include permanent contracts linked to rural posts, allowances, opportunities for training and reduce years of experience before being promoted. These results show that nurses place the highest value on attributes that would be expected to have immediate monetary advantages such as salary enhancement or long term factors (promotion, training and permanent contract).

A study conducted in rural Ghana by Snow *et al.* (2011) investigated the factors related to low retention of health workers. For doctors, although salary is important, it is more the career development concerns which keep them in urban areas. The study also shows that short-term service in rural areas would be preferable if it was linked to coaching and mentoring, as well as career growth. After investigating reasons for poor recruitment and retention of nurses in rural Kenya (Mullei *et al.*, 2010) make a number of recommendations. These comprise additional rural allowances, and allowing choice of rural location. Greater investment is needed on information to assess the impact of such policies. Other studies (Lehmann, Dieleman, & Martineau, 2008) show that to adequately staff remote areas, planning and decision-making on retention require multi-sectoral collaboration. Findings from investigations on workforce stability (Buchan, 2010) conclude that for policy and advocacy purposes, it is important to examine the interactions between staff turnover and organizational performance.

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

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

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

motivation and performance.



2.5 Conceptual Framework

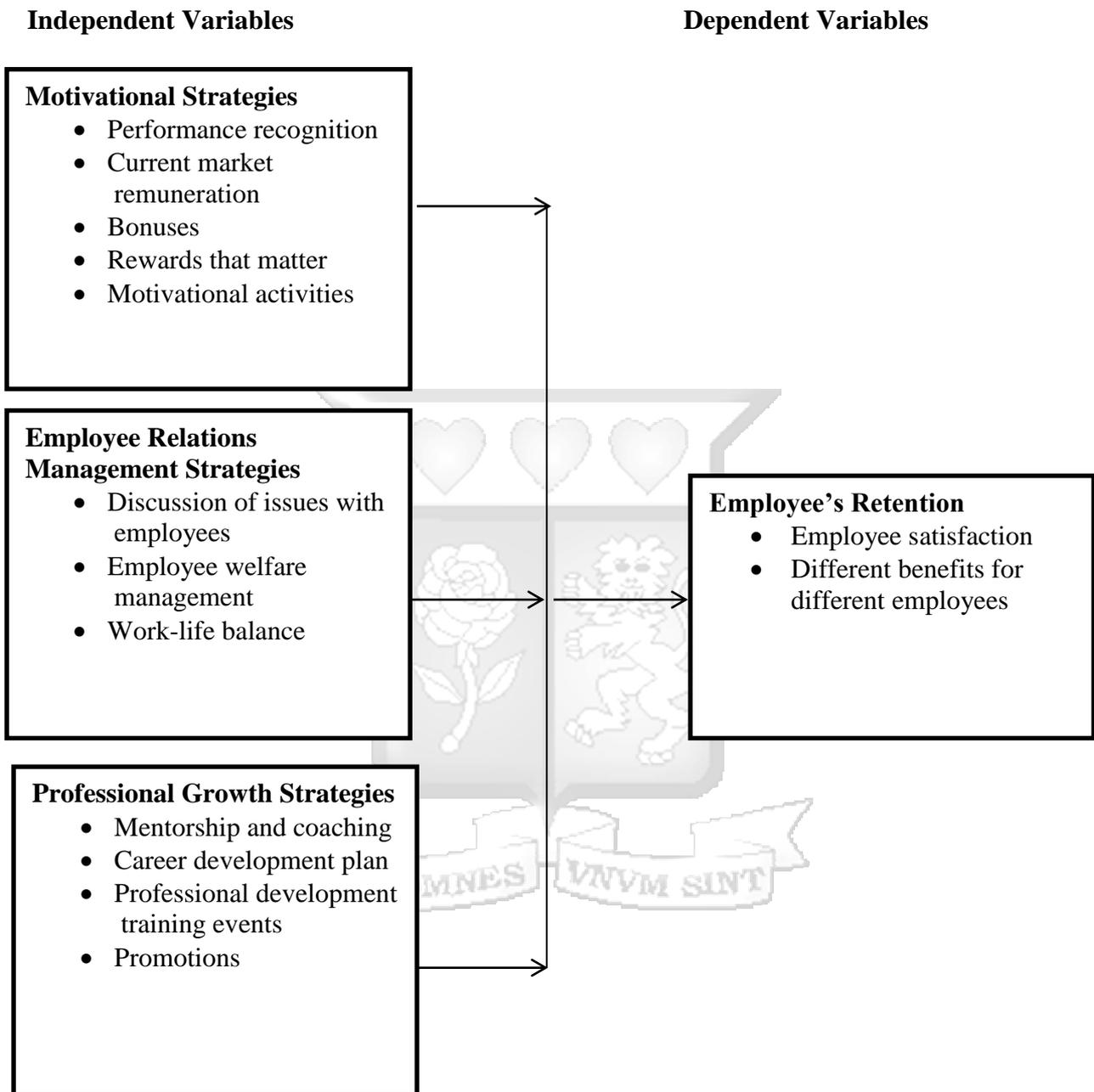
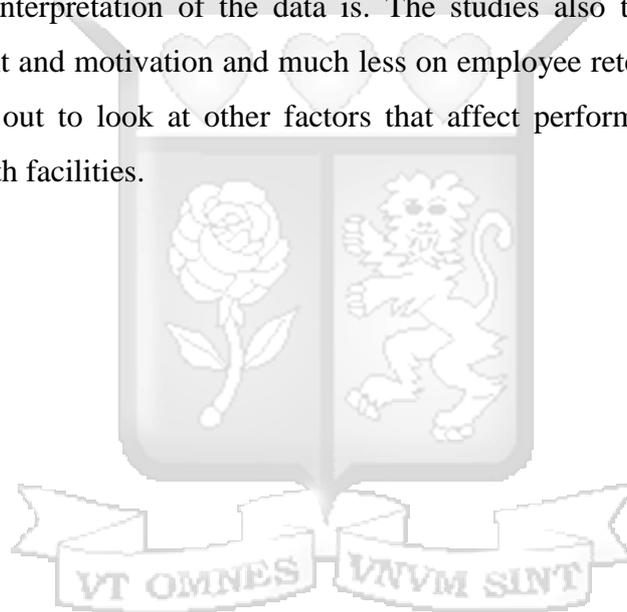


Figure 2.1 Conceptual Framework

2.6 Summary and Gaps

While reviewing the literature regarding the retention strategies in the public health facilities, a number of gaps were identified. The literature review provided- that there is lack of enough information locally on the area of employee retention in the public health facilities, meaning that there is a need to have more studies carried out in regard to this and especially in Kenya (Chuma & Okungu, 2011; Luoma *et al.*, 2010; Marangu *et al.*, 2011). From the available literature, it is also evident that employee retention is an expensive venture to organizations. Limited resources or lack of organizational commitment can also hinder employee retention. Hence more studies are required to find out inexpensive methods of handling and analyzing such data so that companies are encouraged to use it because data collection is not the goal of employee retention; interpretation of the data is. The studies also tend to focus a lot on employee commitment and motivation and much less on employee retention. A lot of studies require to be carried out to look at other factors that affect performance in organizations within the public health facilities.



CHAPTER THREE

METHODOLOGY

3.1 Research Design

The function of a research design is to ensure that the evidence obtained enables one to answer the initial question as unambiguously as possible (Cooper & Schindler, 2014). Any research design can, in principle, use any type of data collection method and can use either quantitative or qualitative data. Trochim (2012) observed that research design provides the glue that holds the research project together.

This study adopted a descriptive research design to assess the retention strategies in the public health facilities. According to Sekaran (2006), descriptive research design is non-exploratory in that it manages the connections between non-controlled variables in a characteristic as opposed to lab setting. Since the occasions or conditions have already happened, the researcher chose the significant variables for an analysis of their connections. This design was considered as an appropriate method of study because it made use of samples of the population, providing a great depth of responses which resulted to better understanding of the phenomenon under study.

3.2 Population and Sampling

According to Kothari (2004), population is a well-defined set of people, elements, services and events, a group of things or households which are being studied. Cooper and Schindler (2014) consider a population as the total collection of elements a researcher would wish to make inferences. The target population is the complete group of the specific population elements relevant to the research project (Cohen *et al.*, 2013). According to Kothari (2004), a population refers to all items in any field of inquiry and is also known as the ‘universe’. Sekaran and Bougie (2013) states that a population is a group of people events or things of interest that the researcher wishes to investigate and make inferences based on the sample statistics. The population for the study was the county hospitals in Nairobi which included Mbagathi County Hospital, Pumwani Maternity Hospital and Mama Lucy Kibaki County Hospital while the target population was the employees of the county hospitals in Nairobi. The researcher chose to focus on these three facilities because they are the largest in the

county and they continue to face serious employee retention issues thus making them suitable for this study.

3.2.1 Study site

The study site was in the three county hospitals in Nairobi namely: Mbagathi County Hospital, Pumwani Maternity Hospital and Mama Lucy Kibaki County Hospital.

3.2.2 Study population

The study population was the doctors and nurses who total up to 287 respondents from the three county hospitals in Nairobi.

3.2.3 Inclusion and exclusion criteria

Inclusion criteria: All the respondents who gave consent to be part of the study.

Exclusion criteria: All respondents who refused to give consent to the study.

3.2.4 Sample size estimation

Orodho and Kombo (2002) view a sample as a finite and representative number of individuals or objects in a population to be studied. On the other hand, Kothari (2004) describes a sample as a collection of units chosen from the universe to represent it and it should not be too large or too small. The sample size for the study will be determined using Fisher's method (Dahoo *et al.*, 2003) formula for 95% confidence interval shown below;

$$n = \frac{Z^2 p \cdot q}{d^2}$$

Where; n = sample size for infinite population

Z = 1.96 (at 95% Confidence level)

p = estimated proportion of population (0.50)

q = 1-p

d = precision of the estimate at 5% (0.05)

The sample size was;

$$n = \frac{(1.96)^2 \times 0.50 \times 0.5}{(0.05)^2}$$

$$n = \frac{0.4609}{0.0025} = 384$$

The adjusted sample size for the finite population of 287 respondents was;

$$n^1 = \frac{1}{1/n + 1/N}$$

Where; n^1 = adjusted sample size

n = estimated sample size for infinite population

N = Finite population size

$$n^1 = \frac{1}{1/384 + 1/287} = 165 \text{ respondents}$$

Therefore the study sampled 165 employees in the county hospitals of Nairobi.

3.2.5 Sampling procedure

The study used a simple random sampling method. This sampling technique enabled the researcher to give an equal chance to the potential respondents to participate in the study. This meant that the researcher used a random numbers table. It was expected that data would be collected in a period of two to three weeks. The sample was then selected from Mbagathi County Hospital, Pumwani Maternity Hospital and Mama Lucy Kibaki County Hospital from willing respondents.

The questionnaires were administered by a trained research assistant to every willing participant. The researcher then picked the first random number from the table. This process continued until the appropriate sample size was acquired.

Table 3.1 Sample Size

Facility	Sampling	Sample
Mbagathi Hospital	1/3 * 165	55

Pumwani Maternity	1/3 * 165	55
Mama Lucy Kibaki	1/3 * 165	55
Total		165

3.3 Data Collection Methods

The researcher used a semi-structured questionnaire. The questionnaires ordinarily composed of questions that the respondents answered directly to the questions being investigated. The questionnaire contained both open and close-ended questions. The questionnaire of the study contained five sections. The first section was used to collect information on the general information of the respondents. The second part collected data on reward strategies; the third part collected data on the human resource management strategies; the fourth part collected data on professional growth strategies used to retain employees in the hospitals while the last part collected data on employee retention in the hospitals.

Data handling- All questionnaires were stored safely in a locked cabinet that was accessible by the researcher only. The questionnaires remained anonymous with no marks or signatures from the respondents. All information was confidential to the researcher. Once data was entered into the electronic system the machine was locked with a password that was only accessible to the researcher.

3.4 Data analysis

Quantitative data was collected in the study and was analyzed using both descriptive and inferential statistics. Descriptive statistics involved computation of mean scores, standard deviation, percentages, cross tabulation and frequency distributions. The filled questionnaires were analyzed using SPSS software version 20. Descriptive statistics were used to give an overview of the demographic characteristics of the participant. Mean, median and standard deviation were calculated. The study used Pearson's correlation test to test dependence of employee retention on the independent variables. Thus, the study employed multiple linear regressions in the multivariate analysis. A statistical modeling process was initiated to choose the best model between the full and reduced model that explained the influence of the independent variables (predictor/explanatory variables) on the dependent variable.

The following model was adopted in the study;

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where Y = Employee's Retention

β_0 = Intercept

$\beta_1 - \beta_3$ = Slopes coefficients representing the influence of the associated independent variables over the dependent one.

X_1 = Employee Rewards

X_2 = Human Resource Management Strategies

X_3 = Professional Growth Strategies

ε = Error term

The researcher set up null hypotheses which the study used the t-test to analyze the relationship between the variables, on the basis of the evidence from the sample. The null hypothesis was rejected, which offered support to the research hypothesis that there was a real relationship between the variables in the population from which the sample was drawn. The chosen alpha level for the analysis was 0.05 ($\alpha=0.05$). The decision rule was that if the exact probability is less than the critical alpha level ($p < \alpha$), the finding is significant and the null hypothesis rejected. If the exact probability is greater than the critical alpha level ($p > \alpha$), the finding is not significant and the study will fail to reject the null hypothesis.

3.5 Research Quality

The research instruments were pre-tested using a sample size of 15 respondents which represents 9% of the sample size in line with Mugenda (1999) who commends a pilot study sample size of 1% to 10% of the actual sample size. The study undertook a pilot test of 15 respondents from Kenyatta National Hospital. This was not part of the main study. The respondents were the population with similar characteristics to, but not those who participated in the main study. Respondents for the pilot study were selected using the same procedure followed for the main study. The result of the pilot test was used to identify areas where the questionnaire required adjustments.

3.5.1 Validity and Reliability

Reliability- Dempsey (2006) explained reliability of research as determining whether the research really measures what it was intended to gauge or how honest the research results are.

According to Field (2009) reliability demonstrates the internal consistency of things representing a latent construct. It alludes to the degree to which instruments are reliably measuring what they should quantify.

The study measured the reliability of the research instrument by carrying out the Cronbach alpha methodology. Cronbach alpha (α) is the basic formula for determining the reliability based on internal consistency (Cooper and Schindler, 2003). A Cronbach Alpha coefficient of 0.7637 was obtained which indicated the reliability of the instrument.

Validity- According to Field (2009), validity is pertinent to determine the precision of the estimation scales with a specific objective to evaluate the degree to which proposed constructs have been captured, that is, to examine the validity of the instrument. Validity of research instruments guarantees a logical help of the findings arising from data collection instruments.

The questionnaire used was based on the research questions and the conceptual framework which was informed by the literature review. The study carried out a pilot study to find out if everything would work out especially with the research instruments. The pilot study was done using 15 employees from the Kenyatta National Hospital. A pilot study was used to pretest data collection instruments for validity and reliability. A pilot study is consequently directed to recognize shortcomings in design and instrumentation and to give exact data to determine a sample (Cooper and Schindler, 2003).

To minimize response bias the research assistants were trained on data collection. The respondents were also informed that their responses would be kept confidential. Clarification was offered to the respondents where there was uncertainty.

3.6 Ethical issues in research

Ethical approval was sought from the Strathmore University Institutional Review Board to collect data from human subjects using the questionnaires. All information collected from the respondents was confidential and consent was sought from respondents before filling in the questionnaire. Any data that was not legible or could not be identified was removed before analysis was carried out. The questionnaires were stored in a locked cabinet only accessible to the researcher. The soft copy data was also secured with a password for the researcher's use only.

The study also sought approval from the university prior to data collection. Approval from the hospital management was also sought before data collection was undertaken. The researcher also assured the respondents that the findings could be availed to them upon request.



CHAPTER FOUR

DATA ANALYSIS

4.1 Introduction

This chapter presents an analysis of data that was collected, interpretation and discussion of the findings. Presentations of the results are on tables and figures where appropriate. Both descriptive and inferential analysis techniques have been employed in the analysis.

The results are presented according to the research objectives; reward strategies used to retain employees in the public health facilities, human resource management strategies adopted to retain employees in the public health facilities and the professional growth strategies used to retain employees in the public health facilities in Kenya. The chapter is organized according to the themes derived from the research questions. The response rate and the demographic characteristics of the study respondents are also highlighted as a background to the analysis.

4.2 Response Rate

The section presents the results on the response rate. This is an illustration of the response rate from the respondents who were sampled as a representative of the target population as presented in Figure 4.1;

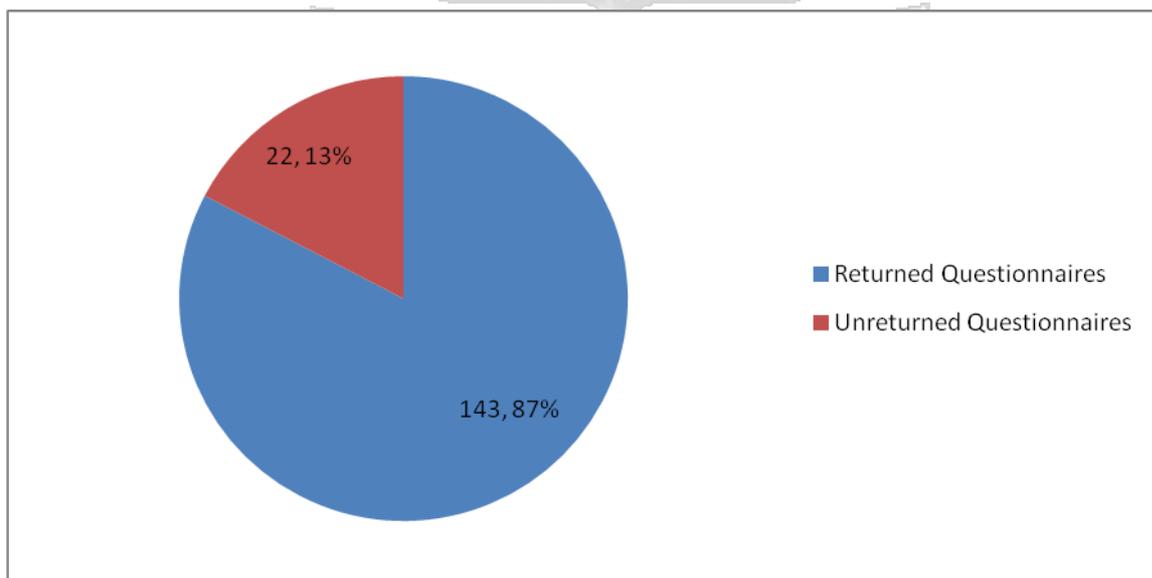


Figure 4.1 Response Rate

The researcher targeted to collect data from a sample of 165 employees in the county hospitals of Nairobi. However, the study did not achieve a response of 100% as there were some non-response incidences where the researcher could not access all the respondents or the information given was found insufficient to be utilized in the study. Therefore, out of the 165 responses targeted, 143 gave adequate information through answering the questions completely. However, 22 respondents did not give response to the study making a non-response of 13%. Thus, the study realized a response rate of 87% as shown in Figure 4.1. According to Mugenda and Mugenda (2003) a response rate of 50 % is adequate, 60 % is good and above 70% is very good. Saunders, Lewis and Thorn (2007) too suggest that an average response rate of 30 % to 40 % is reasonable for a 'drop and pick' survey method.

4.3 Pilot Study Results

In this study, the Cronbach's Alpha Test of reliability was used to test the reliability of the constructs describing the variables of the study. Values of Cronbach's alpha ranges from 0 to 1 with values equal to 0.7 and above indicating that the questionnaire is reliable while values below 0.7 indicates that the questionnaire is unreliable. Pilot data was analyzed in SPSS and where the Cronbach's alpha was less than 0.7 the questionnaire was reformulated and pilot tested again. The results are as presented under this section.

4.3.1 Demographic Characteristics

Table 4.1 Reliability Statistics for Demographic Information

Cronbach's Alpha	N of Items
.912	3

The reliability results for the respondents' demographic information are as presented in Table 4.1. According to the results, the Cronbach's Alpha coefficient is 0.912 for the 3 items under the first section. This showed that the questions under this section are reliable in collecting data relating to the respondents' profile.

4.3.2 Motivation Strategies

Table 4.2 Reliability Statistics for Motivation Strategies

Cronbach's Alpha	N of Items
.783	4

The second part of the questionnaire sought to collect data on the motivation strategies. According to the results in Table 4.2, the Cronbach's Alpha coefficient is 0.783 which is above 0.7 indicating that for the 4 questions under this section, all the items are reliable in collecting data on reward strategies.

4.3.3 Employee Relations Management Strategies

Table 4.3 Reliability Statistics for Employee Relations Management Strategies

Cronbach's Alpha	N of Items
.839	4

Table 4.3 presents the results on the reliability for the questions seeking to collect information on Employee Relations Management Strategies. According to the findings, the Cronbach's Alpha Coefficient for the section is 0.839 which is also above 0.7. This therefore shows that the questions under this section are reliable in collecting data on Employee Relations Management Strategies.

4.3.4 Professional Growth Strategies

Table 4.4 Reliability Statistics for Professional Growth Strategies

Cronbach's Alpha	N of Items
.748	4

Table 4.4 presents the reliability results for Professional Growth Strategies. From the table, the Cronbach's Alpha coefficient is 0.748 for the 4 items under this section. This showed that the questions under this section are reliable in collecting data relating to Professional Growth Strategies.

4.3.5 Employee Retention

Table 4.5 Reliability Statistics for Employee Retention

Cronbach's Alpha	N of Items
.852	4

Table 4.5 presents the reliability results for employee retention. From the table, the Cronbach's Alpha coefficient is 0.852 for the 4 items under this section. This showed that the questions under this section are reliable in collecting data relating to employee retention.

4.4 Demographic Characteristics of the Respondents

The section gives the study findings on the demographic characteristics of the respondents. The characteristics include the gender of the respondents, highest level of education of respondents and their experience.

4.4.1 Gender of Respondents

The study sought to determine the gender of the respondents who participated in the study. The findings obtained in the study indicate that 54% of the respondents were male while 46% were female as shown in Figure 4.2. The findings obtained imply that the majority of the workers in the hospitals are male, while there are few female employees.

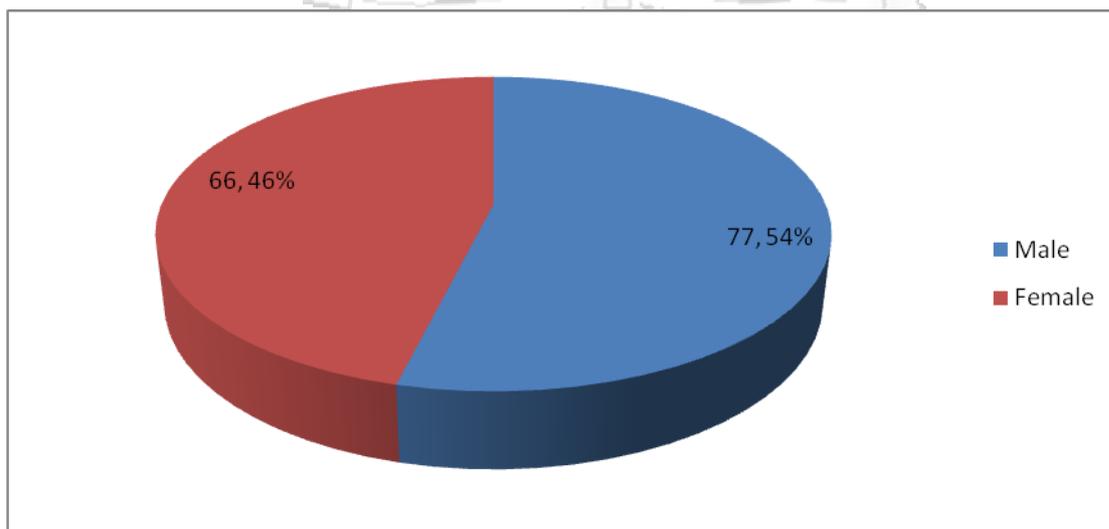


Figure 4.2 Gender of Respondents

4.4.2 Education Level of Respondents

The study also sought to determine the highest education level achieved by the respondents. The findings obtained in the study indicate that 44% of the respondents had achieved university education, 24% had post graduate education, 19% were college graduates while 13% had attained secondary school education. The findings obtained are as shown in Figure 4.3.

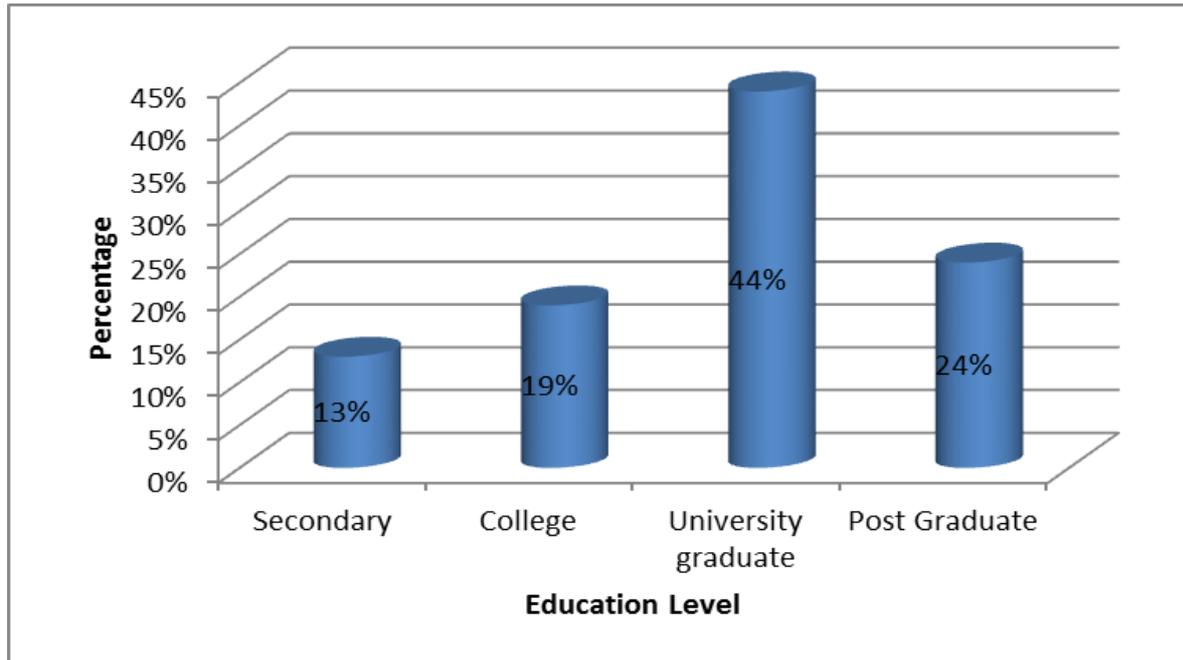


Figure 4.3 Highest Education Level

4.4.3 Years of Experience in the Hospital

Further, the study sought to determine the years of experience in the hospital by the respondents. The findings obtained, shown in Figure 4.4, indicate that the majority of the respondents had worked for less than a year forming 59% of the respondents, 39% had worked for 1-5 years and 2% had worked for 6-10 years. Therefore, the respondents experience in the industry was not high.

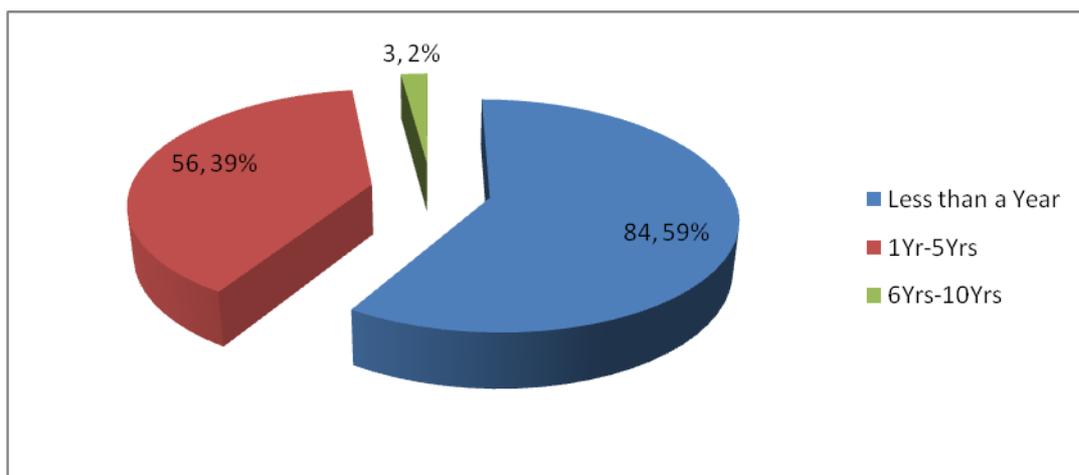


Figure 4.4 Years of Experience in the Hospital

4.5 Motivation Strategies used to Retain Employees in the Public Health Facilities

The first objective was to assess the reward strategies used to retain employees in the public health facilities in Kenya. The findings on motivation strategies obtained in the study are presented in Table 4.6.

Table 4.6 Motivation Strategies

		Strongly Agree (1)	Agree (2)	Undecided (3)	Disagree (4)	Strongly Disagree (5)	Total
My hospital recognizes my performance and rewards me	Percentage (%)	35.7%	50.3%	5.6%	8.4%	0%	100%
My hospital remunerates me in accordance to the current market	Percentage (%)	53.1%	35.0%	8.4%	3.5%	0%	100%
The hospital gives me bonuses for work well done	Percentage (%)	60.8%	25.9%	13.3%	0%	0%	100%
The hospital usually gives the awards that matter to me	Percentage (%)	35.0%	42.7%	14.0%	8.4%	0%	100%

Based on the findings of the study, the study revealed that majority of the respondents agreed that their hospital recognized their performance and rewarded them forming 50.3% of the respondents, 35.7% strongly agreed, 8.4% disagreed while 5.6% were undecided. 53.1% of the respondents strongly agreed that their hospital remunerated them in accordance to the current market, 35.0% agreed, 8.4% were undecided while 3.5% disagreed. Also, 60.8% strongly agreed that the hospital gave them bonuses for work well done, 25.9% agreed, while 13.3% were undecided. Further, 42.7% of the respondents agreed that hospital usually gave the awards that mattered to them, 35.0% strongly agreed while 14% were undecided.

4.6 Employee Relations Management Strategies used to Retain Employees

The study also sought to determine the human resource management strategies that were used to retain employees in the public health facilities. Findings in Table 4.7 illustrate the agreement level of the respondents on the statements given. The findings are on means and standard deviation obtained from a 5-point Likert scale, where the scale ranged from 1 (strongly agree) to 5 (strongly disagree). Based on the scale, a mean in the interval of 0.1 – 0.9 indicates strongly agree responses, 1.0 – 1.9 indicates agree responses, 2.0 – 2.9 is undecided, 3.0 – 3.9 is disagree and 4.0 – 4.9 is strongly disagree. The standard deviations measured the level of variance in the responses indicating the deviation from the actual mean.

Table 4.7 Employee Relations Management Strategies

	N	Mean	Std. Deviation
My supervisor usually discusses issuing affecting employees with me and other employees	143	1.91	.880
The hospital usually recruits the right employees	143	1.41	.493
The hospital usually undertakes motivation activities to encourage me and other employees	143	1.48	.515
The hospital usually undertakes performance reviews and motivates those whose performance is good	143	1.94	.998

The findings of the study indicate that the respondents agreed that their supervisor usually discussed issuing affecting employees with them and other employees (mean = 1.91; std. dev. = 0.880). The respondents also agreed that the hospital usually recruited the right employees (mean = 1.41; std. dev. = 0.493). Further, the respondents agreed that the hospital usually undertook motivation activities to encourage them and other employees (mean = 1.48; std.

dev. = 0.515). In addition, the respondents agreed that the hospital usually undertook performance reviews and motivated those whose performance was good (mean = 1.94; std. dev. = 0.998). The standard deviations obtained in the study were small indicating minimal variations in the responses given.

4.7 Professional Growth Strategies used to Retain Employees

The study further sought to determine the professional growth strategies used to retain employees in public health facilities in Kenya. The findings obtained in the study are shown in Table 4.8.

Table 4.8 Professional Growth Strategies

		Strongly Agree (1)	Agree (2)	Undecided (3)	Disagree (4)	Strongly Disagree (5)	Total
My leader mentors and coaches me	Percentage (%)	58.0%	40.6%	1.4%	0%	0%	100%
The hospital has a clear career development plan	Percentage (%)	49%	34.3%	18.9%	16.1%	0%	100%
The hospital usually undertakes professional development training events to boost my professional growth	Percentage (%)	49.7%	44.1%	6.3%	0%	0%	100%
The hospital usually promotes its employees to help them grow professionally	Percentage (%)	44.8%	38.5%	8.4%	8.4%	0%	100%

The findings obtained in the study indicate that 58% of the respondents strongly agreed that their leader mentored and coached them, 40.6% agreed while 1.4% were undecided. The findings also indicate that 49% of the respondents strongly agreed that the hospital had a

clear career development plan, 34.3% agreed, 18.9% were undecided while 16.1% disagreed. Further, 49.7% of the respondents strongly agreed that the hospital usually undertook professional development training events to boost their professional growth, 44.1% agreed, while 6.3% were undecided. The findings also indicate that 44.8% of the respondents agreed that hospital usually promoted its employees to help them grow professionally, 38.5% agreed while 8.4% disagreed and a similar number were undecided.

4.8 Employee Retention

The study sought to determine employee retention in public health facilities in Kenya. Findings in Table 4.9 illustrate the agreement level of the respondents on the statements given. The findings are on means and standard deviation obtained from a 5-point Likert scale, where the scale ranged from 1 (strongly agree) to 5 (strongly disagree). Based on the scale, a mean in the interval of 0.1 – 0.9 indicates strongly agree responses, 1.0 – 1.9 indicates agree responses, 2.0 – 2.9 is undecided, 3.0 – 3.9 is disagree and 4.0 – 4.9 is strongly disagree. The standard deviations measured the level of variance in the responses indicating the deviation from the actual mean.

Table 4.9 Employee Retention

	N	Mean	Std. Deviation
Employee turnover in the hospital has been low	143	2.09	1.061
I am satisfied with how the hospital management generally acts towards me	143	1.46	.500
The hospital has devised different benefits for different employees	143	1.48	.501
There are regular exit interviews been undertaken by the hospital	143	2.14	1.072

The findings of the study indicate that the respondents were undecided whether employee turnover in the hospital has been low (mean = 2.09; std. dev. = 1.061). However, the respondents agreed that they were satisfied with how the hospital management generally acted towards to them (mean = 1.46; std. dev. = 0.500). The respondents also agreed that the hospital has devised different benefits for different employees (mean = 1.48; std. dev. =

0.501). Nevertheless, the respondents were undecided whether there were regular exit interviews being undertaken by the hospital (mean = 2.14; std. dev. = 1.072).

4.9 Correlation Analysis

The study sought to establish correlation between the dependent variable and each of the independent variables. The dependent variable for the study was employee retention while the independent variables were motivation strategies, employee relations management strategies and professional growth strategies. The correlation test was conducted at the 5% level of significance with a 2-tailed test. Thus, the significance critical value was set at 0.025 above which the association is deemed to be insignificant and vice versa. The strength of the correlation is measured based on the Pearson correlation scale. The correlation coefficient ranges from -1.0 to +1.0 and the closer the coefficient is to +1 or -1, the more closely the two variables are related.

The findings obtained in the study, shown in Table 4.10, indicate that motivation strategy has a positive and significant association with employee retention. A strong correlation was obtained between motivation strategies and employee retention with a Pearson's correlation coefficient value of 0.753 and a significant value of 0.001 which is less than 0.025 the critical value at the 5% level of significance. Also, employee relations management strategies showed a moderate positive influence on employee retention with a Pearson correlation coefficient of 0.678 and a significant value of 0.000. In addition, professional growth strategies showed a strong positive correlation with employee retention with a Pearson correlation coefficient of 0.807 and a significant value of 0.000.

Table 4.10 Correlation Analysis Results

		Employee Retention
Employee Retention	Pearson Correlation	1
	Sig. (2-tailed)	
	N	143
Motivation Strategies	Pearson Correlation	.753**
	Sig. (2-tailed)	.001
	N	143
Employee Relations Management Strategies	Pearson Correlation	.678**
	Sig. (2-tailed)	.000
	N	143

Professional Growth Strategies	Pearson Correlation	.807**
	Sig. (2-tailed)	.000
	N	143

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

4.10 Regression Analysis

The study carried out regression analysis to determine the relationship between the dependent and independent variables of the study. The model summary, ANOVA table and coefficients of regression were obtained to explain the relationships that existed between the variables of the study.

As illustrated in the Table 4.11, the predictor variables (motivation strategies, employee relations management strategies and professional growth strategies) explain 59.8% of the variation in employee retention. This is as given by the R square coefficient with a value of 0.598. Thus, based on this coefficient, other factors that were not considered in this recovered in the study amount to 41.2% ($1-0.598=0.412$ expressed as percentage) of the variability in employee retention in public health facilities of Kenya.

Table 4.11 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.734 ^a	.598	.538	.488

a. Predictors: (Constant), Motivations Strategies, Employee Relations Management Strategies, Professional Growth Strategies

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.030	.196		10.344	.000
	Motivation Strategies	.357	.081	.365	4.433	.000
	Employee Relations Management Strategies	.153	.072	.168	2.132	.005
	Professional Growth Strategies	.344	.091	.309	3.781	.000

a. Dependent Variable: Employee Retention

The findings shown in Table 4.11 above indicate that all the variables had a positive and significant influence on employee retention. According to the results, motivation strategies

had a significant influence on employee retention as shown by the coefficient ($\beta = 0.365$, $t = 4.433$, $p > 0.000$). Employee relations management strategies also showed a significant influence on employee retention with the coefficients ($\beta = 0.168$, $t = 32.132$, $p > 0.005$) indicating a positive effect employee retention. Professional growth strategies as well showed a significant influence with a coefficient of ($\beta = 0.309$, $t = 3.781$, $p > 0.000$) showing a positive and significant relationship.

Adopting a linear regression model: $Y = \alpha + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \varepsilon$

Where;

Where Y = Employee's Retention

β_0 = Intercept

$\beta_1 - \beta_3$ = Slopes coefficients representing the influence of the associated independent variables over the dependent one.

X_1 = Employee Motivation

X_2 = Employee Relations Management Strategies

X_3 = Professional Growth Strategies

ε = Error term

The linear equation for the study will therefore become:

$$Y = 2.030 + 0.357X_1 + 0.153X_2 + 0.344X_3$$

The findings obtained in the study imply that for every unit increase in motivation strategies, employee retention increases by 0.357; for every unit increase in employee relations management strategies, employee retention improves by 0.153 and for every unit increase in professional growth strategies, employee retention increases by 0.344.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations made based on the findings of the study. The chapter is divided into four sections. Section 5.1 presents the introduction; section 5.2 presents the summary of the findings and section 5.3 presents the conclusions whereas section 5.4 presents the recommendations and areas of further research.

5.2 Summary of Findings

The purpose of this study was to determine the retention strategies for health care practitioners in the public health facilities in Kenya, focusing on county hospitals in Nairobi. The study was guided by the following objectives: To assess the motivation strategies used to retain employees in the public health facilities in Kenya; to establish the employee relations management strategies adopted to retain employees in the public health facilities in Kenya and to investigate the professional growth strategies used to retain employees in the public health facilities in Kenya.

The research design used in the study was a descriptive research design. Questionnaires which were administered to 163 employees in the county hospitals of Nairobi were used to collect data. Both descriptive and inferential statistics were used in analyzing the data collected. Descriptive methods used comprised the percentages and frequencies, means and standard deviations that showed the trends in the data. Inferential methods which included correlation analysis and regression analysis were also used and presentations made in tables and figures.

5.2.1 Motivation Strategies used to Retain Employees in the Public Health Facilities

Based on the findings of the study, the study revealed that majority of the respondents agreed that their hospital recognized their performance and rewarded them. The respondents strongly agreed that their hospital remunerated them in accordance to the current market. Also, most respondents strongly agreed that the hospital gave them bonuses for work well done. Further, the respondents agreed that hospital usually gave the awards that mattered to them. In testing

the relationship between the study variables, the findings indicated that motivation strategy had a positive and significant association with employee retention. A strong correlation was obtained between motivation strategies and employee retention. Regression analysis results also indicated that motivation strategies had a significant positive effect on employee retention.

The findings of the study are in line with various studies such as Razee *et al.* (2008) and Marangu *et al.* (2014) who suggested that there is a need for appropriate strategies to be put in place to understand the factors that influence retention of health practitioners especially in both rural and urban areas to develop strategies that can influence paramedics - nurses and clinical officers - to remain motivated and provide good quality services at the community level. Factors that were identified by the studies to contribute to employee retention were rewards and growth strategies. A positive influence of growth and reward strategies were identified by the studies. This is in line with the findings of the present study.

The findings of the study also agree with the findings of Namakula, Witter and Ssenooba (2014) who argued that a notable effect of a health system ravaged by distribution problems is the challenge in the production, recruitment and retention of professional health practitioners more so in rural underserved areas. In addition, some of the factors that contribute to the exit of health practitioners noted by Razee *et al.* (2012) included low wages, poor working conditions, lack of supervision and lack of equipment and infrastructure. The present study was able to determine a positive relationship between employee retention and wages, professional growth and human resource management factors.

5.2.2 Employee Relations Management Strategies used to Retain Employees

The findings of the study indicate that the respondents agreed that their supervisor usually discussed issues affecting employees with them and other employees. The respondents also agreed that the hospital usually recruited the right employees. Further, the respondents agreed that the hospital usually undertook motivation activities to encourage them and other employees. In addition, the respondents agreed that the hospital usually undertook performance reviews and motivated those whose performance was good. From correlation and regression analysis results, employee relations management strategies showed a significant positive influence on employee retention.

The study found a positive significant influence of human resource growth strategies on employee retention. The findings, in line with Puni *et al.* (2016) and Razee *et al.* (2012) findings indicate that successful healthcare organizations emphasize attracting human resource assets and aggressively seek to resolve and prevent high employee turnover. The study posited that understanding the key components surrounding the importance of measuring employee turnover, learning how it affects patient care, and realizing what is needed to retain quality employees is central to the resolution. Puni *et al.* (2016) determined that when employees leave, their duties are shifted to the remaining personnel who feel obligated to shoulder the additional burden, in line with the present study findings.

5.2.3 Professional Growth Strategies used to Retain Employees

The findings obtained in the study indicate that the respondents strongly agreed that their leader mentored and coached them. The respondents strongly agreed that the hospital had a clear career development plan and that the hospital usually undertook professional development training events to boost their professional growth. The findings also indicated that the respondents agreed that hospital usually promoted its employees to help them grow professionally. In addition, professional growth strategies showed a strong positive correlation with employee retention.

The findings of the study also align with the findings of Joachim (2013) and Puni *et al.* (2016), who determined that engagement in the health practitioners welfare encourages them to retain. Joachim (2013), in line with this study findings noted that the management that interacts frequently with staff; communicate company goals, values and culture; actively convey a commitment to health and safety, training and development; instill a fun and relaxing atmosphere; and make employees feel a part of the social culture of the workplace through team engagement, off-hours gatherings and/or community involvement makes employees to retain.

5.3 Conclusions

Based on the findings obtained in the study, the study made the following conclusions;

The study concluded that the hospitals recognized employee performance and rewarded them. The hospitals remunerated them in accordance to the current market, gave them

bonuses for work well done and usually gave them awards that mattered to them. This contributed to employee retention in the hospitals.

The study also concluded that the hospital supervisors usually discussed issuing affecting employees with them and other employees, the hospital usually recruited the right employees, the hospital usually undertook performance reviews and motivated those whose performance was good. This had a positive relationship with employee retention.

The study further concluded that the respondents' leaders mentored and coached them, the hospital had a clear career development plan and that hospital usually promoted its employees to help them grow professionally. This had a positive relationship with employee retention.

5.4 Recommendations

Based on the findings and conclusions for the study, the study made the following recommendations for improvement and future studies.

5.4.1 Recommendations for Improvement

5.4.1.1 Motivation Strategies used to Retain Employees in the Public Health Facilities

The study recommends that one motivation strategy that county hospitals can adopt is to pay at or above what the market is paying for similar jobs. In other words, to ensure that another competitor does not attract his/her employees the employer's compensation has to be competitive. Therefore, it is not just the level of pay that matters, but the relative pay, meaning the relation between any employee's pay and the pay of similarly situated practitioners in the outside labor market or elsewhere within the same organization determining why employees are leaving an organization is an important part of developing an effective motivation strategy.

Moreover, the study recommends that county hospitals should not only recognize stellar performance by their health practitioners but also reward it through bonuses so as to increase motivation and therefore improve retention strategies. County hospitals should also create team building activities for their health practitioners so as to improve motivation and improve retention.

5.4.1.2 Employee Relations Management Strategies used to Retain Employees

The study recommends that managers can engage to employees by creating an employee newsletter to communicate hospital news and articulate what makes the organization unique, for instance its values, goals & workplace culture. Focusing on development like mentoring programs, peer advisors and succession planning; make rewards and recognition systems transparent could help improve employee retention in the hospitals. Furthermore, county hospitals should manage the welfare of their health practitioners by interacting frequently with staff; communicating company goals, values and culture; actively conveying a commitment to health and safety, training and development; instilling a fun and relaxing atmosphere; and making employees feel a part of the social culture of the workplace through team engagement, off-hours gatherings and/or community involvement improves employee retention.

5.4.1.3 Professional Growth Strategies used to Retain Employees

Further, the study recommends that the hospital supervisors should coach and mentor their health practitioners so as to improve their retention since coaching and mentorship has been identified by the study as a pull factor for employee retention in county hospitals. Additionally, county hospitals should create career development avenues for their health practitioners through training activities. This is especially important for doctors and nurses who desire to advance their careers and has been identified as a critical pull factor in promoting employee retention in county health facilities. The hospitals should also have a clear career development plan for their employees which improve their retention.

5.4.2 Areas for Further Research

Despite following an exhaustive research method and carrying out rigorous data analysis, the study experienced limitations which serve as suggestions for future research as follows:

From a methodological point of view, the sample and context is considered a limitation. This study was limited to health care in the public health facilities in Kenya, focusing on county hospitals in Nairobi. This creates a gap that needs to be filled based on the study area. Thus, there is need for more studies to be conducted on retention strategies in other hospitals in Kenya, to provide comparative results to the present study. Other categories of hospitals such as the referral hospitals and private hospitals need to be studied.



REFERENCES

- Adams, J. S. (1976). The structure and dynamics of behavior in organizational boundary roles. *Handbook of industrial and organizational psychology*, 1175, 1199.
- Adano, U. (2008). The health worker recruitment and deployment process in Kenya: an emergency hiring program. *Human Resources for Health*, 6(1), 1.
- Alhassan, R. K., Spieker, N., van Ostenberg, P., Ogink, A., Nketiah-Amponsah, E., & de Wit, T. F. R. (2013). Association between health worker motivation and healthcare quality efforts in Ghana. *Human resources for health*, 11(1), 1.
- Allen, J., Robbins, S. B., Casillas, A., & Oh, I. S. (2008). Third-year college retention and transfer: Effects of academic performance, motivation, and social connectedness. *Research in Higher Education*, 49(7), 647-664.
- Aterido, R., & Hallward-Driemeier, M. (2011). Does expanding health insurance beyond formal-facilities practitioners encourage informality? Measuring the impact of Mexico's Seguro Popular. *Measuring the Impact of Mexico's Seguro Popular (August 1, 2011). World Bank Policy Research Working Paper Series*.
- Backlund, G., & Suikki, S. (2005). SME selection of international markets and choice of foreign entry modes: a case study of AB Älvsbyhus.
- Bakker, A. B. (2011). An evidence-based model of work engagement. *Current Directions in Psychological Science*, 20(4), 265-269.
- Bergström, S., McPake, B., Pereira, C., & Dovlo, D. (2015). Workforce innovations to expand the capacity for surgical services. *Disease control priorities*, 1, 307-16.
- Brace, I. (2008). *Questionnaire design: How to plan, structure and write survey material for effective market research*. Kogan Page Publishers.
- Buchan, J. (2010). Reviewing the benefits of health workforce stability. *Human Resources for Health*, 8(1), 1.
- Chankova, S., Muchiri, S., & Kombe, G. (2009). Health workforce attrition in the public sector in Kenya: a look at the reasons. *Human Resources for Health*, 7(1), 58.
- Chuma, J., & Okungu, V. (2011). Viewing the Kenyan health system through an equity lens: implications for universal coverage. *International journal for equity in health*, 10(1), 1.
- Cohen, L., Manion, L., & Morrison, K. (2013). *Research methods in education*. Routledge.
- Cooper, D. R., & Schindler, P. S. (2014). *Business Research Methods*. The McGraw– Hill Companies.
- Cooper, D. R., Schindler, P. S., & Sun, J. (2003). *Business research methods*.
- Dahoo, I., Martin, W., & Stryhn, H. (2003). *Veterinary epidemiological research. Prince Edward Island, Canada: AVC Inc.*

- Dambisya, Y. M. (2007). A review of non-financial incentives for health worker retention in east and southern Africa. *Health Systems Research Group, Department of Pharmacy, School of Health Sciences, University of Limpopo, South Africa*, (44), 49-50.
- Dempsey, H. A. (2006). *Big Bear: The end of freedom* (Vol. 12). University of Regina Press.
- Duxbury, J. A. (2015). The Eileen Skellern Lecture 2014: physical restraint: in defence of the indefensible?. *Journal of psychiatric and mental health nursing*, 22(2), 92-101.
- Earle, H. A. (2003). Building a workplace of choice: Using the work environment to attract and retain top talent. *Journal of Facilities Management*, 2(3), 244-257.
- Fatima, H. (2011). Does employee retention affect organizational competence. *Industrial Engineering*, 1(1), 24-39.
- Field, A. (2009). *Discovering statistics using SPSS*. Sage publications.
- Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., & Kistnasamy, B. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The lancet*, 376(9756), 1923-1958.
- GoK (2009). *Millennium Development Goals Status Report for Kenya*. Nairobi. Government Nairobi. Government Printers Limited.
- Gunde, A. M. (2015). *The political role of the media in the democratisation of Malawi: The case of the Weekend Nation from 2002 to 2012* (Doctoral dissertation, Stellenbosch: Stellenbosch University).
- Henderson, L. N., & Tulloch, J. (2008). Incentives for retaining and motivating health practitioners in Pacific and Asian countries. *Human resources for health*, 6(1), 1.
- Irshad, M., & Afridi, F. (2012). Factors Affecting Employees Retention: Evidence from Literature. *Abasyn Journal of Social Sciences*, 4(2), 307-339.
- Joachim, F. (2013). *An assessment of health facilities staff retention practices in local authorities in Tanzania: the case of Bukoba district council* (Unpublished Doctoral dissertation, Mzumbe University).
- Khan, A. A., Mahmood, B., Ayoub, M., & Hussain, S. (2011). An empirical study of retention issues in hotel industry: A Case study of Serena Hotel, Faisalabad, Pakistan. *European Journal of Economics, Finance and Administrative Sciences*, 29, 7-18.
- King, J. (2012). *The Impacts of Health Care Reconfiguration on Patient Access to Services: A Case Study of Nenagh General Hospital* (Doctoral dissertation, National University of Ireland Maynooth).
- Kossivi, B., Xu, M., & Kalgora, B. (2016). Study on Determining Factors of Employee Retention. *Open Journal of Social Sciences*, 4(05), 261.
- Kothari, C. R. (2004). *Research methodology: Methods and techniques*. NewAge International.

- Lee, S. M., Hwang, T., & Choi, D. (2012). Open innovation in the public facilities of leading countries. *Management Decision*, 50(1), 147-162.
- Lehmann, U., Dieleman, M., & Martineau, T. (2008). Staffing remote rural areas in middle- and low-income countries: a literature review of attraction and retention. *BMC health services research*, 8(1), 19.
- Lundberg, U., & Cooper, C. L. (2010). *The science of occupational health: stress, psychobiology, and the new world of work*. John Wiley & Sons.
- Luoma, M., Doherty, J., Muchiri, S., Barasa, T., Hofler, K., Maniscalco, L., & Maundu, J. (2010). Kenya health system assessment 2010. *institutions*.
- Malhotra, N. K. (2008). *Marketing research: An applied orientation, 5/e*. Pearson Education India.
- Malone, T. W., & Lepper, M. R. (1987). Making learning fun: A taxonomy of intrinsic motivations for learning. *Aptitude, learning, and instruction*, 3(1987), 223-253.
- Manafa, O., McAuliffe, E., Maseko, F., Bowie, C., MacLachlan, M., & Normand, C. (2009). Retention of health workers in Malawi: perspectives of health workers and district management. *Human resources for health*, 7(1), 65.
- Marangu, E., Sands, N., Rolley, J., Ndeti, D., & Mansouri, F. (2014). Mental healthcare in Kenya: Exploring optimal conditions for capacity building. *African journal of primary health care & family medicine*, 6(1), 1-5.
- Maslow, A. (1987). Maslow's hierarchy of needs. *Salenger Incorporated*.
- McGlynn, K., Griffin, M. Q., Donahue, M., & Fitzpatrick, J. J. (2012). Registered nurse job satisfaction and satisfaction with the professional practice model. *Journal of nursing management*, 20(2), 260-265.
- Ministry of Health. (2006). Norms and Standards for Health Service Delivery, Kenya
- Mkoka, D. A., Mahiti, G. R., Kiwara, A., Mwangi, M., Goicolea, I., & Hurtig, A. K. (2015). "Once the government employs you, it forgets you": Health workers' and managers' perspectives on factors influencing working conditions for provision of maternal health care services in a rural district of Tanzania. *Human resources for health*, 13(1), 1.
- Mudzenzi, D. L. (2016). *Factors associated with concurrent consultation of primary health care clinics and other providers by TB patients and HIV patients* (Unpublished Doctoral dissertation, Daresallam University).
- Mugenda, O. M. (1999). *Research methods: Quantitative and qualitative approaches*. African Centre for Technology Studies.
- Mullei, K., Mudhune, S., Wafula, J., Masamo, E., English, M., Goodman, C., ... & Blaauw, D. (2010). Attracting and retaining health workers in rural areas: investigating nurses' views on rural posts and policy interventions. *BMC health services research*, 10(S1), S1.

- Namakula, J., Witter, S., & Ssenooba, F. (2014). Health worker incentives during and after the conflict in Northern Uganda: A document review.
- Ndetei, D. M., Khasakhala, L., & Omolo, J. O. (2008). Incentives for health worker retention in Kenya: An assessment of current practice.
- Ojwang, B. O., Ogutu, E. A., & Matu, P. M. (2010). Nurses' impoliteness as an impediment to patients' rights in selected Kenyan hospitals. *Health Hum Rights*, 12(2), 101-117.
- Olang'o, C. O., Nyamongo, I. K., & Aagaard-Hansen, J. (2010). Staff attrition among community health workers in home-based care programmes for people living with HIV and AIDS in western Kenya. *Health Policy*, 97(2), 232-237.
- Orodho, A. J., & Kombo, D. K. (2002). Research methods. *Nairobi: Kenyatta University, Institute of Open Learning*.
- Owino, D. O. (2014). *Effectiveness of quality health care strategies in improving service delivery at the national referral hospitals in Kenya* (Unpublished Doctoral dissertation, University of Nairobi).
- Puni, A., Agyemang, C. B., & Asamoah, E. S. (2016). Leadership styles, employee turnover intentions and counterproductive work behaviours. *International Journal of Innovative Research and Development* // ISSN 2278-0211, 5(1).
- Razee, H., Whittaker, M., Jayasuriya, R., Yap, L., & Brentnall, L. (2012). Listening to the rural health practitioners in Papua New Guinea—the social factors that influence their motivation to work. *Social science & medicine*, 75(5), 828-835.
- Robbins, Odendaal & Roodt, (2003). *Dealing with violence against nursing staff: An RCN guide for nurses and managers*. London: Harvard University Press.
- Saunders, M. N., & Lewis, P. (2014). *Doing research in business and management: An essential guide to planning your project*. Pearson Higher Ed.
- Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.
- Sekaran, U. (2006). *Research methods for business: A skill building approach*. John Wiley & Sons.
- Sekaran, U., & Bougie, R. (2013). *Research methods for business: A skill-building approach*. [e-book].
- Snow, R. C., Asabir, K., Mutumba, M., Koomson, E., Gyan, K., Dzodzomenyo, M., ... & Kwansah, J. (2011). Key factors leading to reduced recruitment and retention of health professionals in remote areas of Ghana: a qualitative study and proposed policy solutions. *Human resources for health*, 9(1), 13.
- Stello, C. M. (2011). Herzberg's two-factor theory of job satisfaction: An integrative literature review. In *Unpublished paper presented at The 2011 Student Research Conference: Exploring Opportunities in Research, Policy, and Practice, University of Minnesota Department of Organizational Leadership, Policy and Development, Minneapolis, MN*.

- Trochim, W. (2012).M., K. (2006). *Research Methods Knowledge Base*. [ONLINE] Available at: [http://www. Social research methods. net/kb/qualval. php](http://www.Social research methods. net/kb/qualval. php). [Accessed 01 December 17].
- Umamaheswari, S., & Krishnan, J. (2016). Work force retention: Role of work environment, organization commitment, supervisor support and training & development in ceramic sanitary ware industries in India. *Journal of Industrial Engineering and Management*, 9(3), 612.
- Van Eerde, W., & Thierry, H. (1996). Vroom's expectancy models and work-related criteria: A meta-analysis. *Journal of applied psychology*, 81(5), 575.
- Vujcic, M., Zurn, P., Diallo, K., Adams, O., & Dal Poz, M. R. (2004). The role of wages in the migration of health care professionals from developing countries. *Human resources for Health*, 2(1), 1.
- White, F., Stallones, L., & Last, J. M. (2013). *Global public health: ecological foundations*. Oxford University Press.
- Wietler, K. (2010). Mutual health organizations in sub-saharan Africa—Opportunities and challenges. *Discussion papers on social protection*.
- Wigfield, A., & Eccles, J. S. (2000). Expectancy–value theory of achievement motivation. *Contemporary educational psychology*, 25(1), 68-81.
- World Health Organization (2014). *The World Health Report Working Together for Health*. Geneva.
- World Health Organization (2014). *Scaling Up HIV/AIDS Care: Service Delivery and Human Resources Perspectives*. Geneva.
- World Health Organization. (2010). Models and tools for health workforce planning and projections.
- Yammarino, F. J., & Dansereau, F. (2011). Multi-level issues in evolutionary theory, organization science, and leadership. *The Leadership Quarterly*, 22(6), 1042-1057.

APPENDICES

Appendix I: Research Questionnaire

Tick Where Appropriate and for Explanation, Please be Brief

SECTION A: PERSONAL INFORMATION

1. Gender

Male { }

Female { }

2. Highest education level

Secondary { } College { } University graduate {
}

Post Graduate { }

3. Years of Experience in the Hospital

Less than a Year { }

1Yr-5Yrs { }

6Yrs-10Yrs { }

11Yrs-15Yrs { }

16Yrs-20Yrs { }

Over 21Yrs { }

SECTION B: MOTIVATION STRATEGIES

i) Please give view on the motivation strategies used to retain employees in your hospital: **SA - Strongly Agree, A - Agree, U - Undecided, D - Disagree, SD - Strongly Disagree**

	Motivation Strategies	SA	A	U	D	SD
1	My hospital recognizes my performance and rewards me					
2	My hospital remunerates me in accordance to the current market					
3	The hospital gives me bonuses for work well done					
4	The hospital usually gives the awards that matter to me					

ii) In your opinion, what other motivation measures should the management take into consideration to improve employee retention?

.....

.....

.....

.....

.....

SECTION C: EMPLOYEE RELATIONS MANAGEMENT STRATEGIES

i) Please give view on the employee relations management strategies used to retain employees in your hospital: **SA - Strongly Agree, A - Agree, U - Undecided, D - Disagree, SD - Strongly Disagree**

Employee Relations Management Strategies		SA	A	U	D	SD
1	My supervisor usually discusses issuing affecting employees with me and other employees					
2	The hospital usually recruits the right employees					
3	The hospital usually undertakes motivation activities to encourage me and other employees					
4	The hospital usually undertakes performance reviews and motivates those whose performance is good					

ii) In your opinion, what other employee relations measures should the management take into consideration to improve employee retention?

.....

.....

.....

.....

.....

SECTION D: PROFESSIONAL GROWTH STRATEGIES

i) Please give view on the professional growth strategies used to retain employees in your hospital: **SA - Strongly Agree, A - Agree, U - Undecided, D - Disagree, SD - Strongly Disagree**

Professional Growth Strategies		SA	A	U	D	SD
1	My leader mentors and coaches me					
2	The hospital develops my career satisfactorily					
3	The hospital usually undertakes professional development training events to boost my professional growth					
4	The hospital usually promotes its employees to help them grow professionally					

ii) In your opinion, what other professional growth measures should the management take into consideration to improve employee retention?

.....

.....

.....

.....

.....

SECTION E: EMPLOYEE RETENTION

i) Please give view on the methods of employee retention used to retain employees in your hospital: **SA - Strongly Agree, A - Agree, U - Undecided, D - Disagree, SD - Strongly Disagree**

Employee Retention		SA	A	U	D	SD
1	Employee turnover in the hospital has been low					
2	I am satisfied with how the hospital management generally acts towards to me					
3	The hospital has devised different benefits for different employees					
4	There are regular exit interviews been undertaken by the hospital					

ii) In your opinion, what other employee retention measures should the management take into consideration to improve employee retention?

.....

.....

.....

.....

.....