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**Medical Doctor's Resignation from Public Sector Employment in Kenya:
What are the Underlined Factors?**

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**Submitted in partial fulfillment of the requirements for the degree of Masters of Business
Administration in Healthcare Management at Strathmore University**



**Institute of Healthcare Management
Strathmore University Business School**

Nairobi, Kenya

July 2023


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Signature  _____ Date 14/06/2023

Approval

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ABSTRACT

The global shortage of healthcare workers has been cited as one of the impediments towards the achievement of Sustainable Development Goal 3 on good health and well-being for all. The devolution of healthcare services in Kenya has made significant progress towards the achievement of this goal amidst numerous challenges. One of these challenges has been the high attrition rate of medical doctors from public healthcare employment through resignation. For policy makers at the national and county levels to instigate strategic recruitment and retention policy measures, it will be paramount to have a good understanding of the reasons why the doctors are resigning. The purpose of this study was to establish why medical doctors resign from public sector employment in Kenya. The study specifically determined the individual, job-related, organizational and environmental factors in the resignation of medical doctors from public sector employment. It is anchored on the Herzberg's two-factor theory. This study adopted a cross sectional descriptive research design and targeted medical doctors who have resigned from public sector employment in Kenya since the devolution of medical services in 2013. 113 doctors were sampled through convenient sampling and primary data obtained from them using a self-administered semi-structured questionnaire. From the results, it was evident that job-related factors ($B=1.252$, $p=0.046$) added significantly to the model prediction but environmental factors ($B=0.776$, $p=0.107$) and organizational factors ($B = 0.303$, $p = 0.702$) did not add significantly to the model. For individual factors that were examined, only age and education level were found to have a significant association with resignation of the medical doctors from the public service. Other individual factors such as gender, tenure and marital status were found not to have a significant association with resignation of medical doctors from the public service. This implies that only the job-related factors, and some individual factors lead to the resignation of medical doctors from the public service. There is a need for public healthcare management to initiate further programs to understand why doctors and other healthcare workers are quitting public service as well as identify issues that may attract and retain healthcare workers. The study has provided recommendations for future research and improving practice.

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LIST OF ABBREVIATIONS

CoK	: Constitution of Kenya
GDP	: Gross Domestic Product
HRH	: Human Resources for Health
HRM	: Human Resources Management
IOM	: International Organization for Migration
KHWR	: Kenya Health Workforce Report
KMPDU	: Kenya Medical Practitioners, Pharmacists and Dentists Union
KNBS	: Kenya National Bureau of Statistics
KNH	: Kenyatta National Hospital
LMICs	: Low- and Middle-Income Countries
NACOSTI	: National Commission for Science, Technology and Innovations
SDGs	: Sustainable Development Goals
UHC	: Universal Health Coverage
UN	: United Nations
USA	: United States of America
WHO	: World Health Organization

DEFINITION OF TERMS

Devolution : Transfer or delegation of power to a lower level, especially by central government to a local or regional administration. For example, management of healthcare services was devolved to county governments.

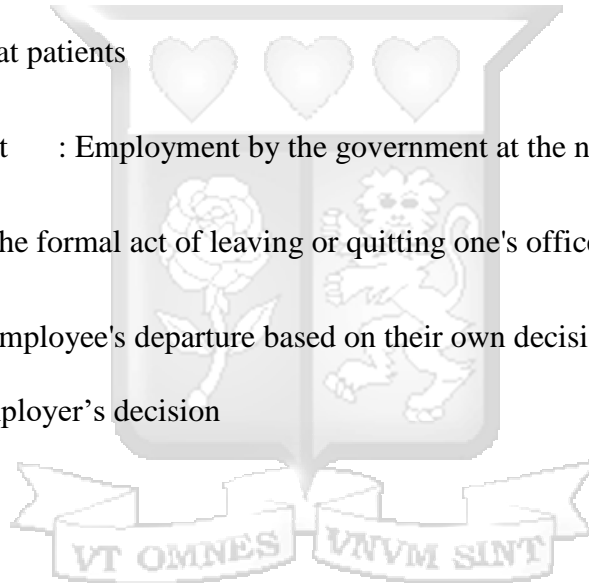
Healthcare worker : A provider of health care services and often works in a healthcare or social care settings.

Medical doctor : A person who holds a medical degree and is qualified to diagnose and treat patients

Public sector employment : Employment by the government at the national or county levels

Resignation : The formal act of leaving or quitting one's office, position or job

Voluntary turnover : Employee's departure based on their own decision rather than the employer's decision



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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

In 2015, the United Nations (UN) General assembly adopted the 2030 Sustainable Development Agenda and identified 17 goals towards its achievement (United Nations, 2015). One of these Sustainable Development Goals (SDGs) focuses on ensuring healthy lives and promoting well-being. To achieve this goal, member states' attainment of Universal Health Coverage (UHC) was identified as a key target (Verrecchia, Thompson, & Yates, 2019). Like in most other member states, right to health is a fundamental human right guaranteed in the Constitution of Kenya (2010) which provides that every person has the right to the highest attainable standard of health. Kenya hopes to achieve these broad health sector strategic goals by implementing Kenya's Vision 2030 development program launched in 2008 by President Mwai Kibaki and the Kenya Health Policy 2012–2030 (Republic of Kenya, 2007).

The key blocks of the health sector include Human Resources for Health, governance and leadership, medicines and technologies, service delivery systems, health information systems and health financing (WHO, 2007). The WHO noted that it would be impossible to achieve national and international health goals without more significant and more effective investment in health systems and services. All these were collectively termed as health systems strengthening. In a systemic review of the impact of health systems strengthening, Bucagu et al. (2012) reported a significant positive impact on Rwanda's maternal health services. Increase in the health workforce and their skills was one of the primary factors for the achievements highlighting the significance of HRH as a health systems pillar.

HRH are characterized as persons involved in activities whose goal is to improve health including those who prevent, promote and treat diseases (WHO, 2006). The same World Health Report, (WHO, 2006) raised the alarm about the worldwide shortage of healthcare workers a decade and a half ago, describing the then global shortage as a "crisis". The situation is even more critical today, and it is rapidly getting worse. The WHO has forecast a shortfall of 18 million health workers by 2030. This is over twice the 7 million shortfall estimated in 2013 (WHO, 2016).

1.1 Background Information

The Oxford dictionary of English (Stevenson, 2010) defines resignation as the act of giving up a job or position. The employee voluntarily decides to end his or her employment and communicates that decision to the employer. Today, the world is dealing with what has been termed as great resignation. According to the U.S. Bureau of Labor Statistics, 4 million Americans quit their jobs in July of 2021 alone. Resignations peaked in April 2021 and remained abnormally high, culminating in a record-breaking 10.9 million open jobs at the end of July (Harvard Business Review, 2021). These resignations are highest in the technology and healthcare industries. Another recent survey of UK doctors found that half of those who responded plan to work fewer hours, with a further 21% considering leaving the National Health Service altogether. The number of doctors who planned to take early retirement was also rising (British Medical Association, 2021). However, not a new phenomenon, a study in the US found burnout the most strongly related to doctors' plans to resign (Sinsky et al, 2017). Other surveys have attributed increased levels of burnt-out to the Covid-19 pandemic (Sheather & Slattery, 2021).

As of 2012, Malaysia experienced 300-400 doctors' resignations from the government services every year with most of them proceeding to practice privately. These high rates of resignations were associated with dissatisfaction with government service, which included heavy workload, poor working conditions and low remuneration (Malaysian Medical Association, 2012). Another cross-sectional study done in China (Wen et al, 2018) on the factors influencing turnover intention among primary care doctors found that 42.3% of the primary care doctors sampled intended to resign. Workplace location, age, job title, doctor's position level, work pressure and job satisfaction were associated with turnover intention.

The situation is worse in Africa. While assessing human resources for health in Sub-Saharan Africa, Willcox et al (2015) found that the most significant shortages of qualified healthcare workers were rural. Medical doctors have specifically been found to resign from rural areas to pursue employment in urban areas. A study done in Kirehe District Hospital in Rwanda found that 81.9% of doctors employed by the hospital in 2013 had left by the end of the same year with the single largest contributing factor being the rural setting of the hospital (Odiambo et al, 2017). Another study done in Ethiopia from 2009 to 2015 found a physician turnover of up to 43.3%, with 82% of the doctors who resigned heading for the capital, Adis Ababa (Assefa et al, 2016).

This is of concern for Sub-Saharan Africa which bears a quarter of the global disease burden and has 63% of her population living in rural settings (World Development Indicators, 2022).

Like other Sub-Saharan African countries, Kenya is faced by massive attrition of medical doctors from its public workforce. A study done in 2009 to investigate the health workforce attrition in Kenya's public sector found resignation to be the main driver for attrition among doctors (Chankova et al, 2009). A more recent study done in Kilifi County found devolution and the rapid transfer of HRH management to the counties to be the factors in the health worker strikes and mass resignations witnessed (Tsofa et al, 2017). This exodus's factors include low pay, poor working conditions, and perceived "hostility" from the county government.

1.2 Problem statement

Many reforms and changes have been implemented to strengthen the health systems and specifically improve service delivery in public health facilities. Berman and Bossert (2000) while reviewing health sector reforms in developing countries noted that most reform were in health financing, payment mechanisms, regulation and decentralization of primary care facilities to municipal governments. In Kenya, one of the most significant reforms was the devolution of healthcare services which was implemented in 2013 following the promulgation of the new Constitution of Kenya (CoK) in 2010. A systematic review of the progress and challenges facing the devolved healthcare system in Kenya published in 2020 (Masaba et al, 2020) found that although there was an improvement in the health structural development, the devolved health system faced a myriad of challenges. The major challenges noted were inadequate funds and understaffing.

One of the key healthcare functions devolved to the counties is the management of human resources for health (HRH) (Masaba et al, 2020). As soon as Kenya fully and rapidly devolved health services to the counties, it became evident that the coordination mechanism to manage the health workforce at a county level was inadequate (Thuku et al, 2020). Thuku et al (2020) notes that Kenya has however made great strides in strengthening its health systems. This has been through the HRH coordination framework, which supports standardization of county health operations with national goals while enabling national policy to address HRH gaps in the counties. Even with this, frequent labour unrests, strikes and massive resignations by healthcare workers at the counties is not uncommon. Due to this, there have been frequent calls to return human resources

for health back to the national government. Kenya Medical Practitioners Pharmacists and Dentists Union (KMPDU), a union that represents doctors in Kenya, has attempted to push for the formation of a Health Services Commission first through the Health (Amendment) Act, 2021 then through the Building Bridges Initiative (BBI) but failed on both occasions. The Union holds that mismanagement of Human Resources is the single largest challenge facing the devolved health system.

Although no study was found to have explicitly attempted to rank the different healthcare workers cadres in order of importance, it is silently believed that nurses and doctors are the most important in any healthcare system. The fact that Kenya, like many other low- and middle-income countries, is struggling with a shortage of healthcare workers, especially doctors and nurses is now common knowledge. According to the Kenya Health Workforce Report (KHWR, 2015), Kenya had 5,660 doctors retained in the country by December 2015. This translates to approximately 1.5 doctors to 10,000 population, against the WHO recommended minimum staffing level of 36 doctors per 10,000 population. The report, which is the first-ever comprehensive analysis of the health workforce situation in Kenya, also highlighted the gross disparities in the distribution of healthcare professionals by county. The ratio of doctors per 10,000 population varied from as high as 9.5/10,000 population in Nairobi County to as low as 0.8/10,000 in Mandera County.

Several reasons have been described for the chronic shortage of doctors and other healthcare workers in Low- and Middle-Income Countries (LMICs) like Kenya. Globally, there has been an increase in demand for health workers driven by population growth, increased purchasing power for health services, increased life expectancy and rise of chronic diseases among others (WHO, 2006). Inadequate supply of healthcare workers is another reason for the chronic shortage. As of 2006, Africa was producing only 10%–30% of the number of health care workers it required (IOM, 2006). Although Kenya is among the better off countries in Africa, a more recent study published in the Lancet in 2011 found that 24 countries in sub-Saharan Africa had only one medical school, while 11 countries had no medical school at all (Mullan et al, 2011). Attrition of health workers is the other reason for the shortage and perhaps the most significant since authorities have a direct control. The inability of public and private sector health care employers to create safe, satisfying, and rewarding work conditions is a significant factor in the human resources shortage. At a time when Kenya is failing to produce sufficient numbers of new health workers, urgent steps must be

taken to secure the existing pool of workers by addressing the avoidable causes of attrition. A study in 2009 found the main reasons for health worker attrition in the Kenyan public sector (all cadres combined) to be retirement, followed by resignation and then death (Chankova et al, 2009). The resignation was however the predominant reason for relatively high attrition among doctors and registered nurses in provincial hospitals. One of the recommendations from this study was that this finding could benefit from further research on the factors that led these cadres to resign.

Many reasons why a doctor would resign from public employment are highlighted above. It is crucial for authorities in Kenya to know and understand the exact reasons why its public service medical doctors are resigning. This will help them instigate necessary measures and policy actions to curb this attrition. Studies done in Kenya have mostly focused on doctors and other healthcare workers still employed in the public sector while trying to establish their job satisfaction, motivation levels and intentions to resign. This study will focus on doctors who have resigned from public service within the last 8 years (since healthcare was devolved) to establish why they resigned from public sector practice.

1.3 Objectives of the study

1.3.1 General objective

To establish the factors that influence medical doctors' resignation from public sector employment in Kenya.

1.3.1 Specific objectives

- i. To determine the influence of individual factors in the resignation of medical doctors from public sector employment.
- ii. To determine the influence of job-related factors in the resignation of medical doctors from public sector employment.
- iii. To determine the influence of organization factors in the resignation of medical doctors from public sector employment
- iv. To determine the influence of environmental factors in the resignation of medical doctors from public sector employment.

1.4 Research questions

- i. What is the influence of individual factors on the resignation of medical doctors from public sector employment in Kenya?
- ii. What is the influence of job-related factors on the resignation of medical doctors from public sector employment in Kenya?
- iii. What is the influence of organizational factors on the resignation of medical doctors from public sector employment in Kenya?
- iv. What is the influence of environmental factors on the resignation of medical doctors from public sector employment in Kenya?

1.5 Scope of the study

This study aimed to establish the factors influencing the resignation of medical doctors from public sector employment. It specifically focused on the influence of individual, job-related, organizational and environmental factors on the resignation of the doctors. The target population was the medical doctors who have resigned from public employment in Kenya since devolution of health services in 2013. Medical doctors make significant contributions and are arguably the most critical to the functioning of most healthcare systems hence the focus on them. The devolved Kenya healthcare system has also faced many and unique challenges especially in the management of HRH. Some of these challenges could be contributing to the resignation of the medical doctors. This study used electronic tools for data collection so as to reach these doctors some of whom were outside Kenya while the others were spread out across the country. Data for the study was collected over a span of 2 months starting June and ending July 2022 using a semi-structured questionnaire.

1.6 Significance of the study

Kenya's public health sector is struggling with an inadequate healthcare workforce. This is caused by among other factors, a high attrition rate among the healthcare workers especially medical doctors. Studies have found resignation to be a leading cause of attrition among medical doctors. Understanding the reasons why medical doctors are resigning will help policy makers at the national and county levels to instigate strategic recruitment and retention policy measures that will ultimately curb the attrition of medical doctors from the public sector.

Knowledge on the factors that have influenced the resignation of other medical doctors from the public sector will enable those seeking employment negotiate better terms. The public healthcare

managers at different levels will also use this knowledge to better the working conditions and provide incentives possible at their levels to prevent the resignations.

From a research and academic perspective, findings of this study will contribute to our understanding of how various factors intersect to influence the resignation of doctors, providing a platform for additional empirical work aimed at improving the retention of healthcare workers in the public sector.



CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on literature related to the topic of study. It presents literature review relevant to the key variables and research questions. It discusses factors underlying resignation of medical doctors from the public healthcare sector. It will start with a conceptual review, develop a theoretical review, an empirical review, a conceptual framework, and identify a research gap.

2.2 Conceptual review

This section introduces and details the concepts of staff resignation and factors that influence staff resignations. It also provides an overview of the Kenyan public health system.

2.2.1 Factors influencing staff resignation

As described in the introduction of this study, the Oxford dictionary of English (Stevenson, 2010) defines resignation as the act of giving up a job or position. The employee voluntarily decides to end his or her employment and communicates that decision to the employer. Multiple studies have linked low job satisfaction or job dissatisfaction to the overall intention to resign from employment. Job satisfaction refers to the attitude and feelings people have about their work. Positive and favorable attitudes towards the job indicate job satisfaction, while negative and unfavorable attitudes indicate job dissatisfaction (Armstrong, 2006). A study done among nurses in the Republic of Korea found a strong correlation between job satisfaction and intention to resign (Kim and Seomun, 2013). The underlying factors in job satisfaction and staff resignation can be individual, job-related, organizational, and environmental factors (Grobler et al, 2006).

Some of individual or personal factors that have been found to affect staff turnover include age, length of service and personality (Grobler et al, 2006). Younger employees with little seniority who are dissatisfied with their jobs are more likely to resign according to Grobler et al (2006). This may be because they have more entry-level access, more job opportunities, and fewer family responsibilities, making job mobility easier. The same book by Grobler finds that employees normally resign during the first three years of employment with a large percentage of voluntary turnovers occurring in the first few months of employment when a person is still new. Ji et al (2018), while investigating turnover intentions among graduate nurses in Korea found that newly employed nurses had a higher turnover rate and more factors influencing their turnover intentions. On personality, Timmerman (2006) found that its variables may influence turnover by influencing

the perception of the work environment and may lead people to believe a job has negative or positive qualities. Other personal factors that have been shown to affect staff turnover include gender, educational level and marital status.

A study to understand job stress among healthcare workers found job-related factors as the prime stressors (Saha et al, 2011). The study recommended alleviation of these stressors through workload management, job redesign and by offering occupational health education. Some of the job factors that influence staff turnover include workload, meaningful work, working conditions, remuneration, relationship with supervisor, relationship with co-workers, and job autonomy. Multiple studies have linked these and other factors to the overall job satisfaction which directly affects employee turnover intention (Ali, 2008).

From as early as the 19th century, some organizational characteristics have been associated with staff turnover. Bame (1993) found that healthcare workers tended to resign from small organizations with weak administrative strategies. Another study done among nurses in different organizations concluded that job satisfaction and turnover intention was affected by organization culture (San et al, 2009). These organizational factors that can potentially impact on staff turnover include the size of the organization, organizational culture, empowerment, promotional opportunities, corporate management, training and development opportunities and organizational commitment.

Several environmental factors have been shown to affect employee's resignation. A study done in the USA investigated the relationships between environmental factors of odor, noise, light, and colour and perceived stress, job satisfaction, and turnover intention. It concluded that nurses tend to overlook their environment and 'do their work' it found a significant relationship between these factors and turnover intention (Applebaum et al, 2010). Grobler et al (2006) notes that environmental factors have a significant effect on staff turnover and are generally out of the organizations control. They include the geographical location, environmental turbulence such as climate, and the metropolitan area's size.

2.2.2 Public health sector in Kenya

At both national and county levels, the Kenyan government acts as regulator and a provider of healthcare services. As market forces fail to address the population's health needs properly, the government intervenes to improve equity and efficiency and to carry out public health functions

that the private sector may not be motivated to provide. The government is the main provider of health services, owning 51% of all health facilities (Ministry of Medical Services, 2008). The private for-profit owns 34.3% of total facilities, while the private not-for-profit (largely faith-based institutions) owns 14.8%. According to a national household survey released by Kenya National Bureau of Statistics (KNBS) in 2019 (KNBS, 2019), 73.4% of Kenyans seek medical services from public facilities with the others seeking treatment from private for-profit and not-for-profit facilities. These statistics highlight the importance of ensuring proper service delivery in public health facilities.

Public healthcare facilities in Kenya are organized in levels with Level 6 being National Referral Hospitals under the national government. They include Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital, National Spinal Injury Referral Hospital and Mathari Teaching and Referral Hospital. New entrants into this category are the Kenyatta University Teaching and Referral Hospital and the Othaya Level 6 Hospital, currently being managed by KNH as an annex. All other public hospitals in Kenya are ran by the county governments and are organized into County Referral Hospitals (Level 5), Sub- County hospitals (Level 4), Health Centers (Level 3), Health Dispensaries (Level 2) and Community facilities (level 1) (PRIMASYS, 2017). As at now, medical doctors are stationed from level 3 hospitals upwards (PRIMASYS, 2017). Health dispensaries and community facilities are primarily maned by clinical officers and nurses.

2.3 Theoretical framework

A theoretical framework for a research project is a synthesis of the thoughts of giants in a field of research, as they relate to a proposed research or thesis, as one understands those theories, and how they will use those theories to understand their data (Kivunja, 2018). It is the structure that can hold or support a theory of a research study. This study was founded on the Two Factor theory by Herzberg because employee resignation or voluntary turnover is directly influenced by job satisfaction and dissatisfaction, concepts that are well explained by the theory.

2.3.1 Herzberg's two-factor theory

In 1959, Herzberg, Mausner and Snyderman reported research findings that suggested that man has two sets of needs: his need as an animal to avoid pain, and his need as a human to grow psychologically. This was inferred from a study of need satisfactions and the reported motivational effects of these satisfactions on 200 engineers and accountants (Herzberg, 1968). It is from these

findings that the Herzberg's two factor theory was proposed. It theorizes that job satisfaction consisted of two separate independent dimensions: the first dimension is related to job satisfaction, and the second dimension to job dissatisfaction. These dimensions are not opposite ends of the same continuum, but instead represent two distinct continua (House et al, 1967). Factors leading to job satisfaction are termed as motivator factors and are separate and distinct from those that lead to job dissatisfaction which are termed as hygiene factors. When motivators will be good then satisfaction will increase and when hygiene will be good then job dissatisfaction will be less. Removal of hygiene factors does not guarantee about job satisfaction. Similarly, reduction in motivators will not necessarily contribute to job dissatisfaction. In the context of this study, factors determining employee motivation and the subsequent retention or turnover may explain the behaviors of the medical professionals working in the public sector. With little satisfaction, it will be expected that these professionals will resign from government employment.

While affirming the theory, Ramlall (2004) concluded that managers who sort to eliminate factors that create dissatisfaction only brought about peace but not necessarily motivation. In his book on organizational behaviour, Miner (2005) also notes that hygiene factors should always be provided. These yield benefits up to a certain point beyond which the focus needs to be on the intrinsic aspects of the work which are the motivator factors.

Dalton (2010) while reviewing motivation in medicine notes that although this theory was originally published in 1959, it continues to affect contemporary research globally. Hygiene factors that have been identified over the years include salary, fringe benefits, company and administrative policies, physical working conditions, interpersonal relations within work and job security. In a later publication, Herzberg (2008) notes that these hygiene factors are extrinsic to the work while the motivator factors are intrinsic or inherent. The motivators include recognition, the meaningfulness of the work, sense of achievement, responsibility and growth and promotional opportunities.

Although Herzberg's theory was generally accepted, there are some criticisms. He was accused of assuming a correlation between satisfaction and productivity although his study stressed on satisfaction and ignored productivity (House et al, 1967). There are other criticisms that the theory applies least to people with largely unskilled jobs or those whose work is uninteresting, repetitive and monotonous (Malik and Naeem, 2013). Despite such criticisms, there is still support for

continuing relevance of Herzberg's theory. In fact, from a practical perspective, the influence of Herzberg's motivation theory can be seen at every organizational level as well as within every department (Riley, 2005)

This study is anchored on the Herzberg's two factor theory as discussed above. It postulates that hygiene factors like the job-related factors discussed later in this study are responsible for job dissatisfaction that would lead to resignation of an employee. When medical doctors are unable to maintain a work-life balance due to heavy workloads and unfavourable work shifts, it may lead to resignation even when other motivator factors exist. Improving these work conditions will therefore lead to more retention. Similarly, when the employee perceives financial compensation as below expectation, like in the Kenyan context where some counties pay medical doctors better than others, they are likely to resign. Improving financial compensation therefore would lead to employee retention. Even when hygiene factors have all been met, lack of motivators like job promotions and postgraduate training opportunities have been found to lead to low job satisfaction and ultimate resignation by medical doctors (Bonenberg et al, 2014). This study borrowed four main variables from Herzberg's (1959) two-factor theory that were used to frame the understanding of resignation of medical doctors from public service employment in Kenya. The study will show that the level of satisfaction with their jobs as described by the theory will influence their decision to resign.

2.4 Empirical review

This section presents a review of literature related to the objectives of the study. It focuses on the influence of individual, job-related, organizational and environmental factors on the resignation of employees.

2.4.1 Individual factors in resignation of employees

These are the various employee personal attributes that have been shown to have an effect on the employee's voluntary turnover. These factors include demographic variables such as age, gender,

tenure, education level, income and marital status as well as the individual's personality (Grobler et al, 2006). In a review of existing empirical works on factors that influence employees' turnover intention, Alkahtani (2015) observed that the same demographic variables have been discovered to have established relationship with employee voluntary turnover. Hayes (2015) found significant relationship between age and income and turnover intention. He however found no statistical significance between education, gender and length of service and turnover intention. These demographics have also been advanced in several models as predictors of turnover (Bal et al, 2011). In South Africa, Wocke and Heymann (2012) investigated the role of demographic variables as factors in the voluntary turnover process. They found that age, gender, level of education and race influenced the pull and push factors cited in the turnover process.

An employee's age has varying effects on turnover decisions (Hayes, 2015). According to the US Department of Labor (2013), individuals aged 18-25 changed jobs an average of 6.3 times between the years 1998 and 2010. This is supported by most study findings that reveal an inverse relationship between age and turnover. Grobler et al (2006) found that employees with a propensity to quit are young employees with little seniority who are dissatisfied with their jobs. He attributed this to a number of influences such as younger employees having more entry level access, more job opportunities and fewer family responsibilities which generally make their job mobility easier. Similarly, while looking at the attitudinal, personal, and job-related predictors of salesperson turnover, Wren et al (2014) found that older employees thought fewer job opportunities were available and chose to remain employed with an organization. These observations are echoed in Loewenberg (2014) who conducted a study on causes of turnover among social workers in Israel. The study found that young workers have higher voluntary turnover rates than older workers.

Although a paradox had been described where women were more satisfied than men with their jobs, yet more prone to voluntary turnover, a study by Lee (2012) found no evidence supporting the paradox. The study however reported the overall voluntary turnover rate to be high for female than male employees. On their part, Weisburg and Kirschenbaum (1993) observe that gender has been an inconclusive factor in understanding employee voluntary turnover decisions. They however found that women had greater rates of actual voluntary turnover than men. A study in engineering and technology found that women are 3.6 times more likely to resign from work than men (Zhu et al, 2016). Other studies tend to report contrary findings. Kamau (2018) while looking

at factors affecting employees' voluntary turnover at Deloitte & Touche Kenya concluded that gender did not have a significant association with employee voluntary turnover. Sicherman (1996) while using a large private company's personnel records to determine gender differences in employee departure found that women were more likely to leave their jobs for personal or family related reasons. He however noted that after controlling for personal and job characteristics, men and women showed similar turnover patterns. Globally, female employees serve a more important role in the family than male employees. Forced to choose between family and work, female employees are more likely choose family thus the higher voluntary turnover rate reported in most studies.

Job tenure refers to the length of time an employee has worked for their current employer. Most literature indicates that turnover is significantly higher for shorter tenure employees. Grobler et al (2006) noted that employees mostly resign during the first three years of employment with a large percentage of voluntary turnovers occurring in the first few months of employment. Some scholars have noted that long service came with employee stability factors such as forming group ties, essence of familiarity with the job situation, and other tangible and intangible benefits (Van Der Merwe and Miller, 1993). While looking at pharmacist job turnover, Mott (2000) reported that pharmacists who left jobs typically stayed less than 3 years with the average median tenure being 32 months. In another study on a large organization in the US, Zhu et al (2016) found that turnover odds decreased by 14% with each additional year of service. However, in her study, Kamau (2016) reported no significant association between length of service and employee voluntary turnover.

Education level is able to affect individual turnover intention indirectly. Ma et al (2003) while studying the causes of employee turnover in China reported that employees with high education level tend to have low level of satisfaction about jobs and careers, and have lower commitment to the organization. These negative attitudes are associated with turnover intention. Ofei-Dodoo et al (2020) examined the associations between family medicine residency managers' work engagement, job satisfaction, and turnover intentions. He found educational level to be a significant predictor of turnover intention. The managers are more likely to resign when they are highly educated. Other studies have reported contrary findings. A study on nursing staff reported that nurses are less likely to resign when they are highly educated. The U. S. Bureau of Labour

Statistic (2014) report stated that education still paid. One was less likely to be unemployed if they had higher education.

Marital status are the distinct options that describe a person's relationship with a significant other. They include married, single, divorced, separated and widowed. Several studies have found marital status to be a significant factor in employees' voluntary turnover (Nagadevara et al, 2008). In the India software industry, a study by Ahuja et al (2007) found that employees voluntarily resigned when their spouses changed jobs or relocated to other cities. As Sicherman (1996) finds, women were more likely to leave their jobs for family related reasons meaning voluntary turnover could be higher for married than unmarried women. In his study on gender differences in voluntary turnover, Lee (2012) finds that married men and women were more likely to quit their jobs than their unmarried counterparts. He however noted that the married were more risk averse and mostly quit one employment after securing another.

2.4.2 Job-related factors in the resignation of employees

Job factors, also referred to as work related factors in some literatures are the essential job elements in the design or management of work that could positively or negatively impact employee perception of the job. They include the workload, working conditions, remuneration and supervision among others. As canvassed by Herzberg in his two-factor theory, these factors are hygiene factors and failure to adequately meet them leads to job dissatisfaction.

Workload is defined as the amount of work (tasks and obligations) that an employee has to perform or complete within a specific amount of time. While looking at employee workload distribution of the hospital staff, Sravani (2018) noted that the employee's perceived discrepancies between his/her workload and that of other organizational members can cause job dissatisfaction. This finding agrees with the Adam's equity theory aims to strike a balance between an employee's input and output in a workplace. Ali and Farooqi (2014) recommended a workload balance. Their study concluded that either an increase or a reduction in workload will have implications on employee job satisfaction. A consistently heavy workload has also increased job tension and decreased job satisfaction (Hayes et al, 2006). A study investigated Taiwanese reporters' workload, autonomy, burnout, job satisfaction, and turnover intention (Liu and Lo, 2018). The findings implied that workload and news autonomy are significant predictors of burnout. Burnout leads to poor job satisfaction which ultimately leads to turnover intention. Due to their shortages and the nature of

their work, workload for healthcare workers worldwide is known to be high. Studies found that during the covid-19 pandemic, healthcare workers have had very high workload and exposure to multiple psychosocial stressors (Duarte et al,2020). This has led to most of them planning to quit or take early retirement (British Medical Association, 2021)

Broadly, working conditions refers to the working environment and aspects of an employee's terms and conditions of employment. This covers such matters as: the organization of work and work activities; training, skills and employability; health, safety and well-being; and working time and work-life balance (European Union, 2014). Across sectors, poor and stressful working conditions has been shown to significantly undermine employee morale ultimately leading to low job satisfaction and resignation. Nel et al (2008) writes that when working conditions are good (clean, attractive) employees will find it easier to carry out their jobs. They will find it more difficult to get things done if working conditions are poor (hot, noisy). Manyisa and van Aswegen (2017) sort to review scientific research on the factors affecting working conditions in public hospitals from an international perspective. Workload, HIV/AIDS epidemic, shift work, long working hours, poor infrastructure, inadequate resources and shortage of staff were found to be the main factors attributed to poor working conditions.

Remuneration is the total compensation received by the employees in return for the services he or she has done (Agustiningsih et al. 2016). It can be in the form of money or salary, fixed allowances, variable allowances, incentives and other fringe benefits like pension plans and medical insurance. Many studies have established strong relationship between remuneration and job satisfaction (Mafini and Dlodlo, 2014). Remuneration as part of reward management systems have major impact on organizations capability to catch, retain and motivate high potential employees and as a result getting the high levels of performance (Gungor, 2011). While looking at a large financial institution in Kenya, Obiero (2011) found better pay to be the most implicated pull factor in employee voluntary turnover. Medical doctors and other health workers worldwide have often protested poor remuneration especially when working in the public sector. For example, in Eastern Europe (Holt, 2010), doctors in the Czech Republic had threatened to resign en masse citing poor pay and working conditions. In Kenya, a study done on employees in public health institutions in Machakos county found a weak but statistically significant positive relationship between remuneration and retention of staff (Kanyili, 2018)

Simply defined, supervision is a process by which one or more workers are given responsibility to oversee and work with other workers to meet certain organizational, professional and personal objectives. Within workplaces, leaders are often powerful individuals who wield influence over many aspects of employees' working lives (Schyns and Schilling, 2013). Abusive supervision, which refers to sustained displays of nonphysical forms of hostility perpetrated by supervisors against subordinates is the most studied form of destructive leadership (Fischer et al, 2021). Studies have shown strong links between perceived abusive supervision and turnover intention (Haar et al 2016). In the healthcare sector, specialist and senior doctors are not only supervisors but also coaches and mentors to young doctors (Subramaniam et al, 2015). A longitudinal study in Switzerland concluded that regular supervision and goal-oriented career counselling provided by senior doctors contributed to young doctors not feeling so much stressed at work and being more content with their work (Buddeberg-Fischer et al, 2008). Another study analyzing the turnover of nurses in Germany found lack of support supervision as a reason for resignation from work (Nolting et al, 2006).

2.4.3 Organizational factors in resignation of employees

Organizational factors and characteristics that can potentially impact on resignation of employees include size of the organization, the organization's culture and the availability of training and development opportunities within the organization.

A panel analysis of national workforce data done in England (Hussein et al, 2016) found organizational size as one of the most commonly cited organizational predictors of turnover. Employees tend to leave smaller firms for larger firms. The larger the organizational size, the more the internal opportunities offered creating a stronger sense of employee security and job satisfaction (Zhang, 2006). The fact that smaller firms usually employ younger workers explains the higher turnover in small firms (Gasson 1974). While examining the link between Human Resources Management (HRM) practices and the performance of small firms, Sels et al (2006) concluded that weak HRM practices and policies contributed to the higher turnover in small firms. Bame (1993) on his part had found that healthcare workers tended to resign from small organizations with weak administrative strategies.

Organizational culture is a system of shared assumptions, values, and beliefs, which governs how people behave in organizations. It serves to integrate organizational members to know how to

relate to one another and adapt to the organization's environment (Jooste, 2003). Zhang (2006) finds that different organizational culture influence turnover. For new employees, individual value orientation and expectation must break in with organizational culture and management mechanisms. The higher the consistency of personal value orientation and organizational culture the greater the chance of retention and vice versa. While examining the relationship between organizational culture and employee retention in the Nigerian banking sector, Madueke and Emerole (2017) reported a significant positive relationship between culture and employee commitment. A study in the healthcare industry in Belgium demonstrated that congruence between an organization's culture and its new employees' value preferences is a predictor of turnover (Vandenberghe, 1999). The study looked at the preferred values of nursing recruits against the hospital values. Herzberg, in his theory, viewed policies, rules, and procedures that make part of an organisation's culture as hygiene factors that can lead to job dissatisfaction.

Labour is an important factor of production and employees are considered valuable assets to any organization. It is thus fundamental for organizations to invest in training and development programs to improve and update their skills, knowledge, competencies and experiences (Kadiresan et al, 2015). Rahman And Nas (2013) demonstrated that employee's turnover intention is predicted by employee's perception of available development opportunities within the organisation. Da Silva (2014) looked at how companies in Brazil could reduce turnover using human resource management practices. They concluded that recruitment and selection, benefits, and training and development were the most significant practices. Khan et al (2011) investigated the impact of training and development on organizational performance. Their results showed that training and development, on the job, and training design and delivery style significantly affect organizational performance. This included a significant effect on the overall turnover. Bonenberger et al (2014) investigated the effects of health worker motivation and job satisfaction on turnover intention in Ghana. They found one of the causes of low motivation and low job satisfaction among doctors and nurses to be lack of postgraduate training opportunities. The Herzberg two factor theory advocated career advancement and personal growth as strong motivator factors lack of which leads to low job satisfaction. Low motivation and low job satisfaction were associated with turnover intention.

2.4.4 Environmental factors in resignation of employees

Several environmental factors have been shown to affect employees' resignation and turnover. These factors include the physical geographic location of the organization, size of the metropolitan area, local economic conditions and labour markets (Grobler et al, 2006). Most of these factors are generally out of the organizations control. Living environment has strong influence on job satisfaction in rural areas. In their systematic review, Lehmann et al (2008) found inadequate housing, lack of schools and lack of recreational facilities to be push factors inducing staff to leave.

The physical location of an organization impacts the attractiveness and retention of employees. Holding other variables constant, a study done in California indicated that the turnover of child welfare social workers in rural areas was two to 600 times greater than in metropolitan counties (Fulcher and Smith, 2010). This is the case worldwide where people prefer to work in urban setups as opposed to rural and often under developed setups. In their study in Rwanda, Odiambo et al (2017) reported that the single largest contributing factor to the massive resignation by doctors was rural setting of the hospital. In their publication on global shortage of registered nurses, Buchan and Calman (Buchan & Calman, 2004) found that health care workers generally often leave stressful rural placements or positions in impoverished areas. Other factors related to the geographic location that could influence voluntary turnover include climatic and security conditions.

A metropolitan area consists of a densely populated urban agglomeration and its surrounding territories. While investigation the effects of urbanization on turnover, Finney and Kohlhase (2008) found that employees changed their jobs more frequently if they lived in larger urban areas. A larger metropolitan area hosts larger communities which means more industries, commercial areas, transport network, infrastructures, housing and entertainment. These factors may influence the decision of an employee to remain in employment or to seek opportunities elsewhere. The size of the metropolitan area may also influence the local economic conditions and labour market.

Economic conditions are the present state of affairs in the overall economy of a country or geographical region. They include variables and trends such as GDP growth rate, unemployment rate and inflation rate. Banaszak-Holl and Hines (1996) while determining the factors associated with nursing home staff turnover reported local economic conditions to be an important factor in the individual's decision-making process thus affecting the job turnover rates. Some scholars have

hypothesized that individual, work-related and organizational variables will be more predictive of turnover under prosperous economic conditions than when the economy is strained (Muchinsky and Morrow, 1980). For decades, a relationship between unemployment rates and employee turnover rates have been described. (Shikiar and Freudenberg, 1982) reported an inverse relationship between the two. They found that there were few opportunities available during periods of high unemployment rates and voluntary employees' turnover was low. When unemployment rates are low, employees can resign and expect to get opportunities in other organizations.

Labour market can be simply defined as the supply of and demand for labour. Supply is indicated by the availability of employees for organizations to hire while available job vacancies indicate demand. Evidence suggests that the turnover decision is not only about the individual's attitudes towards work or the organization but also about the actual opportunities available in the labour market (Tanova and Holtom, 2008). Employee are unlikely to resign if there are very few or no opportunities in the market. The healthcare labour market has been described as tight which means there close to full employment of all available health workers. Employee voluntary turnover is usually very high in tight labour markets (Williams et al, 2008)

2.5 Research gap

Review of empirical literature show that multiple studies have been carried out on resignation of employees most referring to it as employee voluntary turnover. Although most studies have broadly described the factors influencing the resignation, a number of them have explored the relationship between employee voluntary turnover and independent variables such as specific individual or personal factors, job-related factors, organizational factors and environmental factors. Literature reviewed in this study indicates that most researchers focusing on resigning employees in the healthcare industry have looked at healthcare workers in general or focused on nursing staff. Though there is empirical evidence of studies focusing on medical doctors, it relates to American, European and Asian context and to a very minimal level, African and Kenyan in particular. This establishes a gap that this study attempts to fill, especially in the local context.

Kenya and sub-Saharan Africa at large continue to face a myriad of challenges in the retention of medical doctors. In Tanzania for example, a qualitative study analyzing the retention of doctors at the district level found that none of the sampled districts had the recommended number of doctors.

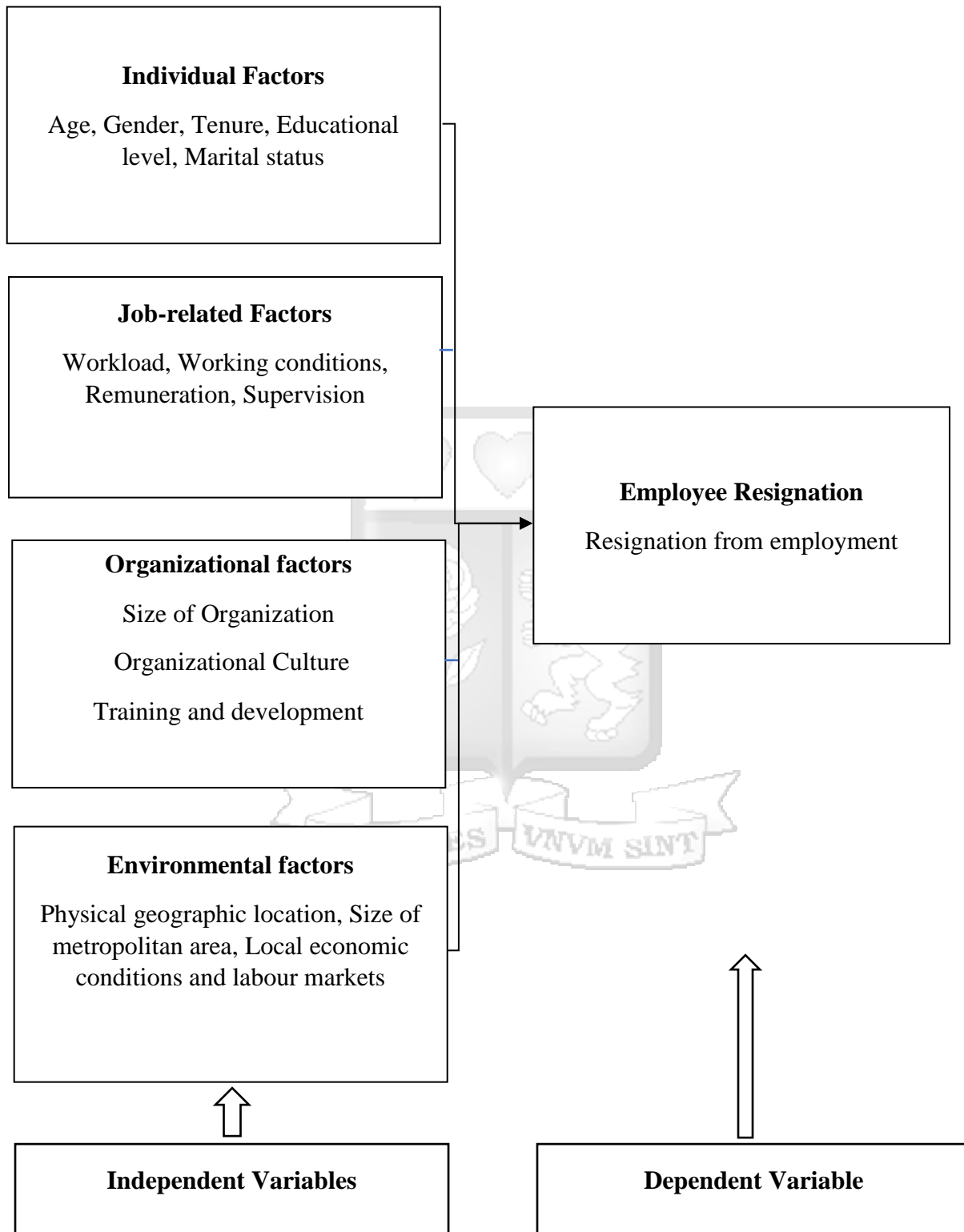
Some of the challenges noted included unfavourable working conditions including poor working environment, lack of assurance of career progression, and a non-uniform financial incentive system across districts (Sirili et al, 2018). Knowledge on such challenges is important for health administrators and policy makers when formulation retention strategies. This study seeks to add to this wealth of knowledge by finding out the exact reasons why the Kenyan medical doctors are resigning.

Empirical literature reviewed revealed a few studies done in the Kenyan public healthcare sector. Almost all studies focusing on medical doctors looked at their resignation from specific public hospitals with only a few looking at an entire county. In regards to the scope, all reviewed studies had doctors still in employment as respondents while looking at their turnover intention. There is limited empirical evidence on studies done in Kenya on already resigned doctors. Consequently, in this background, the researcher contends that there is a need to explore and document the same for use in academia and to advise policy makers in the public healthcare sector.

2.6 Conceptual framework

Regoniel (2015) describes a conceptual framework as the researcher's understanding of how the particular variables in his study connect. A diagrammatical representation shows the relationship between the dependent variable and independent variables in a particular study. It lays a foundation for research objectives and questions by basing the study in the relevant knowledge grounds. Resignation from employment is the dependent variable in this study. The independent variables are the individual, job-related, organizational and environmental factors that lead to the resignation.

Figure 2.1 Conceptual framework



Source: Author (2022)

Table 2.1 Operationalization of the variables

Variable type	Operational Definition	Indicators	Measurement
Independent Variables			
Individual factors	Employee's social demographic characteristics	Age in years Gender Highest education level attained, Number of years worked before resignation Marital status	Age in years Gender Highest education level attained, Number of years worked before resignation Marital status
Job-related factors	Workload Working conditions, Remuneration Supervision	Amount of work Work shifts, infrastructure, resources Salary Relationship with supervisor	Likert scale 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Organizational factors	Size of Organization Organizational Culture Training and development	Size of the hospital Values and ethics Promotion, Postgraduate training opportunities	Likert scale 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Environmental factors	Physical geographic location Size of metropolitan area Local economic and labour market condition	Rural or urban location, Climate Size of town Availability of jobs, conducive business environment	Likert scale 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
Dependent Variable			
Resignation	Resignation from employment	Resignation from employment	Yes – employees resigned No – employees did not resign

2.7 Chapter summary

Literature has been reviewed focusing on the influence of various factors on the decision to resign by medical doctors employed in the public sector. The factors looked at included individual factors, work-related factors, organizational factors and environmental factors. These together with the underpinning theories and the conceptual framework form the ground for studying the underlining factors in the resignation of medical doctors from public employment in Kenya.



CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter provides the methodological approach that will be adopted for this research. The chapter consists of the research design, population and sampling, data collection methods, data analysis procedure, research quality and ethical considerations.

3.2 Research design

A research design is the framework of research methods and techniques chosen by a researcher to enable them conduct their research (Abbott, & McKinney, 2013). This in turn outlines how the research procedures will be undertaken. This study adopted a cross sectional descriptive research design. Cross sectional studies are classified into either descriptive or analytical studies (Bickman, Rog, & Hedrick, 2009). Cross sectional studies provide data for describing the status of phenomena or relationships among phenomena at a fixed point in time or over a very short period (Bickman, Rog, & Hedrick, 2009). This gives a snapshot of the frequency and characteristics of a condition in a population at a particular point in time. The goal of incorporating this technique is to examine the relationship of a specific factor which in this case is doctors' resignation and other connected variables of interest within the discipline. Since the study used a descriptive study, it assessed the distribution and frequency of the discussed variables. The descriptive cross-sectional design was chosen since it can be conducted relatively faster and is also relatively inexpensive. It also provided the researcher with relevant information through identifying variables and the underlying relationships in a bid to describe the factors underlining the resignation of medical doctors from public sector employment in Kenya.

3.3 Population of the Study

A population of study refers to the collection of the whole category of elements, individuals, objects or items with similar characteristic from which data is collected for analysis (Kombo and Tromp, 2003). Data on the number of medical doctors who have resigned from the public sector was sought from four institutions namely; The Council of Governors (CoG), Ministry of Health (MoH), Kenya Medical Practitioners and Dentists Council (KMPDC) and Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU). None of these institutions had a consolidated database of the required data. Information gathered from the KMPDU County Liason Offices across the 47 counties indicated that a total of 1,012 medical doctors had been recorded as

having resigned during the study period. The actual numbers could be higher but for the purpose of this study, the 1,012 doctors were considered the target population.

3.4 Sampling technique

Sampling is a technique of selecting individual members or a subset of the population to make statistical inferences from them and estimate characteristics of the whole population (Csikszentmihalyi, & Larson, 2014). A sample is thus a representative of a larger population. This study used convenience sampling to select the sample based on respondents' availability and willingness to participate in the study. The use of convenience sampling is also necessitated by the fact that it is quite difficult to get doctors who have resigned from the public service.

The determination of the sample is based on the formula developed by Cochran (1977). The formula is;

$$n = \frac{P(1 - P)Z^2 N}{(N - 1)E^2 + P(1 - P)Z^2}$$

Where n is the sample size, N is the population of doctors that have resigned in Kenya, Z is the critical value that is 1.96 achieved at a confidence level of 0.05 in each tail, $p(1-p)$ is the estimate of the variance, $N-1$ is the degree of freedom, q is $1-p$, and e is the acceptable error or the level of precision which is 0.01.

$$n = \frac{0.05(0.05)1.96^2 \times 1012}{(1012)0.01^2 + 0.05(0.05)1.96^2} = 88 \text{ doctors}$$

The sample size consists of 88 doctors.

3.5 Data collection methods

The researcher engaged an assistant to aid in data collection to fasten the process. Prior to the research process, the researcher trained the assistant and gave guidance on the purpose of the study as well as the modalities to be incorporated during data collection.

This study collected primary data from the respondents using self-administered semi structured questionnaire. The questionnaire was divided into four sections each with questions focusing on addressing the four specific objectives of the study. Once the respondents had accepted to participate in the study, the questionnaires were sent online using google forms and the respondents

filled the forms online. Studies have shown that online data collection tools to have many benefits, including lesser cost in administrating questionnaires, reaching out to a large population, geographical and temporal advantages, reaching a unique population easily, and others (Vasantha and Harinarayana, 2016).

The researcher and the assistant reached out to the human resources officers in the ministries of health in all the 47 counties and compiled a list of the doctors who have resigned from these counties since 2013. For co-operation and faster responses, this was done via the offices of the County Liasson Officers, Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU). Telephone numbers and mailing addresses where applicable were sorted for the doctors who meet the inclusion criteria. The respondents meeting the inclusion criteria were then contacted by the researcher or his assistants via phone call or email to brief them on the study. A link to a pre-tested, semi-structured questionnaire was then emailed or shared via phone to all who consent. A follow up reminder was sent via email or phone call to those who do not respond within a week. Data collection was done within three weeks after approval of the study proposal.

3.6 Data processing and analysis

Data after collection was edited to eliminate any errors present and scrutinized for completeness then further analyzed by descriptive statistics methods. In this case, the descriptive data was derived in form of frequencies and percentages so as to derive trends and patterns. On the other hand, inferential statistics was used to make various inferences from the sample statistics to the larger population parameters to arrive at a generalization of the overall findings. SPSS software was deployed to carry out the analysis of the inferential statistics. The ultimate analyzed information were then discussed, interpreted, summarized and presented with conclusions. Chi square tests was also carried out to establish the association between the individual factors and resignation. This was due to the fact that all these variables were measured on a categorical scale. A multiple logistic regression model was used to predict the dependent variable which is doctor's resignation based on the independent variables which include individual factors, job-related factors, organizational factors and environmental factors. The rationale for choosing a multiple logistic regression model was that the dependent variable is dichotomous and there are several independent variables.

3.7 Research quality

3.7.1 Reliability test

A pilot test was carried out on 10 doctors with an aim to test the tool's reliability. With the use of Cronbach's alpha which is a well-known technique of estimating reliability, the resulting questionnaires were subjected to an overall reliability testing thus ensure internal consistency. This internal consistency was in turn used to measure the relationships between various factors on the same scale as well as whether various factors that are to measure the same general construct generate the same score. If the pilot survey reveals a Cronbach's alpha value greater than 0.7 then it is considered to have a good internal consistency and the questionnaire is therefore objective in nature. The questionnaire had a Cronbach's alpha of 0.705. Therefore, it was insinuated that the data collection instruments were be reliable and generated consistent results.

3.7.2 Validity test

According to Thanasegaran (2009) validity refers to the accuracy of the inferences made based on the research. The study used content validity to examine the validity of the questions. More precisely, content validity was ascertained by giving the research instrument to the supervisor whose recommendations were integrated in the study. Furthermore, a validity test was be done using data from the pilot study in which the Cronbach alpha value was compared to the ideal value of 0.7.

3.8 Ethical consideration

This study adhered to ethical standards and appropriate research procedures and all sources of information will be acknowledged as much as possible. Respondents were informed that their participation in the study is voluntary and it is their right not to respond to any question. Ethical clearance was sorted from Strathmore University Ethical Review Committee and research permit acquired from National Commission for Science, Technology and Innovations (NACOSTI).

3.9 Chapter Summary

The third chapter presents the methodological approaches that were used in the study. This study adopted a cross sectional descriptive research design. Data collected using structured questionnaires which were sent to the study respondents online. A total of 113 medical doctors were included in the study. A multiple logistic regression model was used to predict the dependent variable which is doctor's resignation based on the independent variables which include individual factors, job-related factors, organizational factors and environmental factors. The study adhered to all ethical standards of academic research.



CHAPTER FOUR: PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

This chapter documents the main findings or results from the analysis of the collected data. The chapter first presents general information from the respondents through descriptive analysis. The research questions are further examined or tested using inferential statistics. The hypotheses are tested using the binary logistics analysis. These findings are presented in form of pie charts, bar graphs and tables.

4.2 Response rate

For high quality and relevant data to be collected, a large sample size was needed for this research study. Therefore, a total of 150 questionnaires were sent to the research sample. Out of the 150 questionnaires sent to the research participants, only 113 were filled and sent back to the researcher for further analysis (Figure 1). Therefore, a response rate of 75.33% was recorded from this research study.

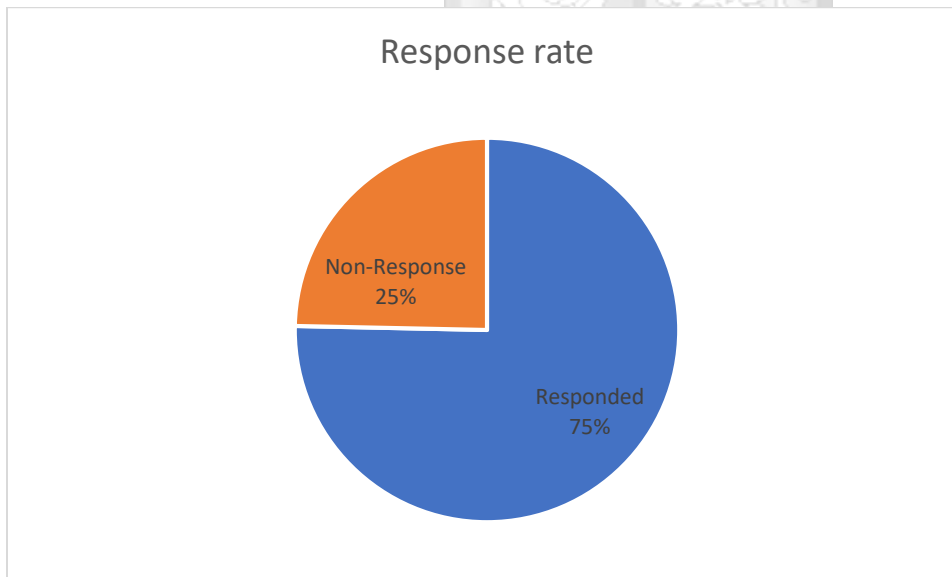


Figure 4.1: Response rate

4.3 Demographic information of participants

Important demographic information was collected from the research participants as reported in this section. A look into the demographic data provides crucial information about the research sample included in the study.

4.3.1 Gender

The gender profile of the participants was recorded in the research study as summarized in Figure 4.2. 68.1% of the research participants were female while the remaining 31.9% of the research participants were male.

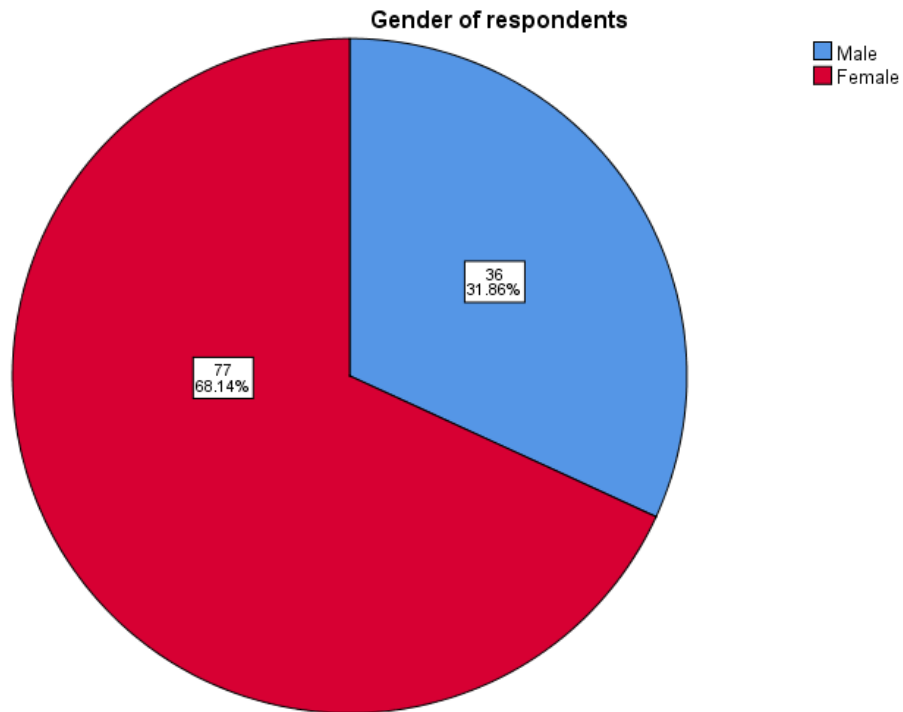


Figure 4.2. Gender of the respondents



4.3.2 Age at the time of resignation

The age profile of the participants at the time of resignation was recorded as summarized in Figure 4.3. The results show that 58.4% of the research participants were aged 25-29 years old while 28.3% of the research participants were aged 30-34 years old when they resigned. The remaining 11.5% and 1.8% of the research participants were aged 35-39 years and 40-44 years respectively.

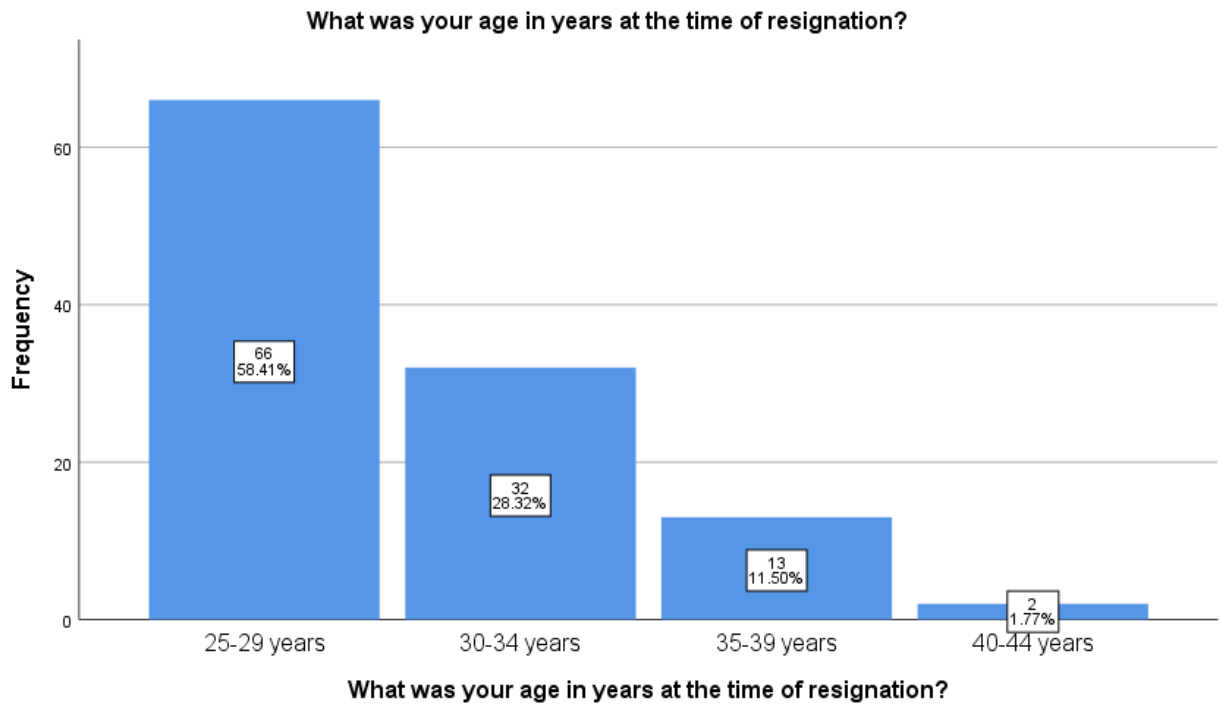


Figure 4.3: Age of the participants at the time of resignation



4.3.3 Tenure

The years worked for the government before resigning was also measured in the research study as shown in Figure 4.4. It is clear that 59.3% of the participants had worked for the government for less than 3 years while 22.1% of the research participants had worked for the government for 3-6 years before resigning. Another 9.7% of the participants had worked for the government for 6-9 years before resigning while only 8.8% of the participants had worked for the government for more than 9 years.

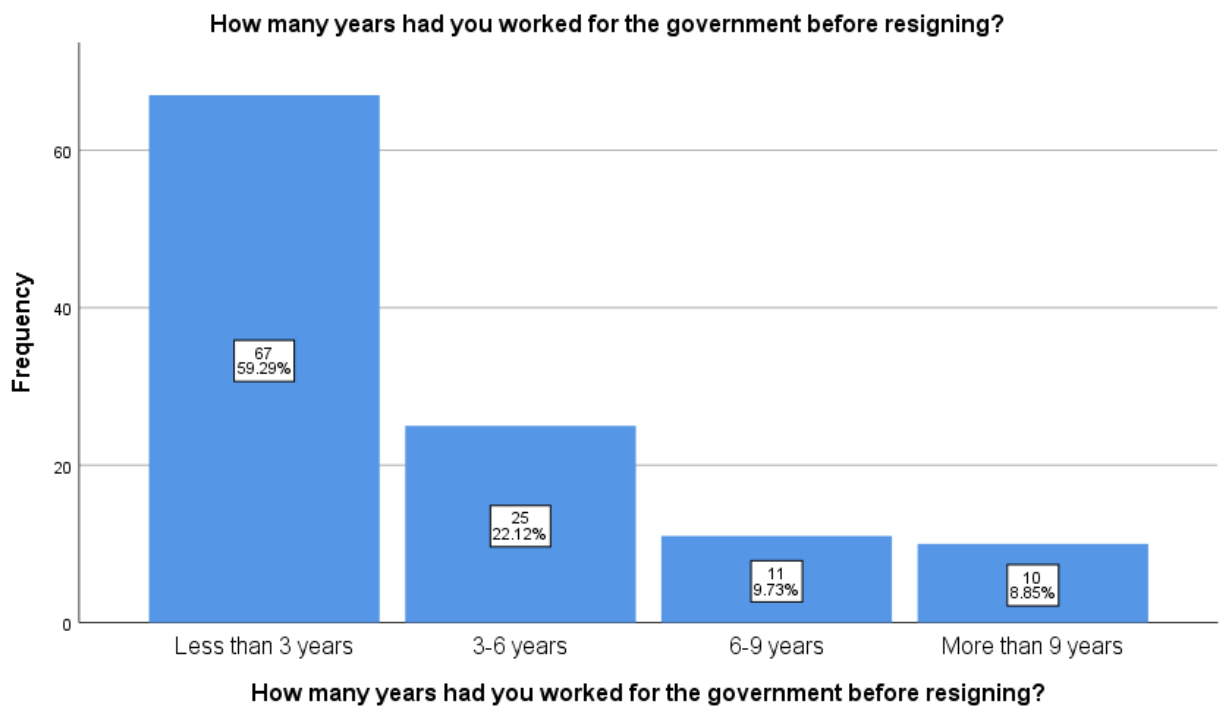


Figure 4.4: Years worked for the government before resigning

4.3.4 Educational level

The highest academic qualification at the time of resignation among the respondents was also recorded in the research study as shown in figure 4.5. The results showed that 73.5% of the respondents were having bachelor's degree while 24.8% were having a master's degree at the time they resigned. 0.9% of the research participants has a PhD while another 0.9% of the research participants had a postgraduate diploma.

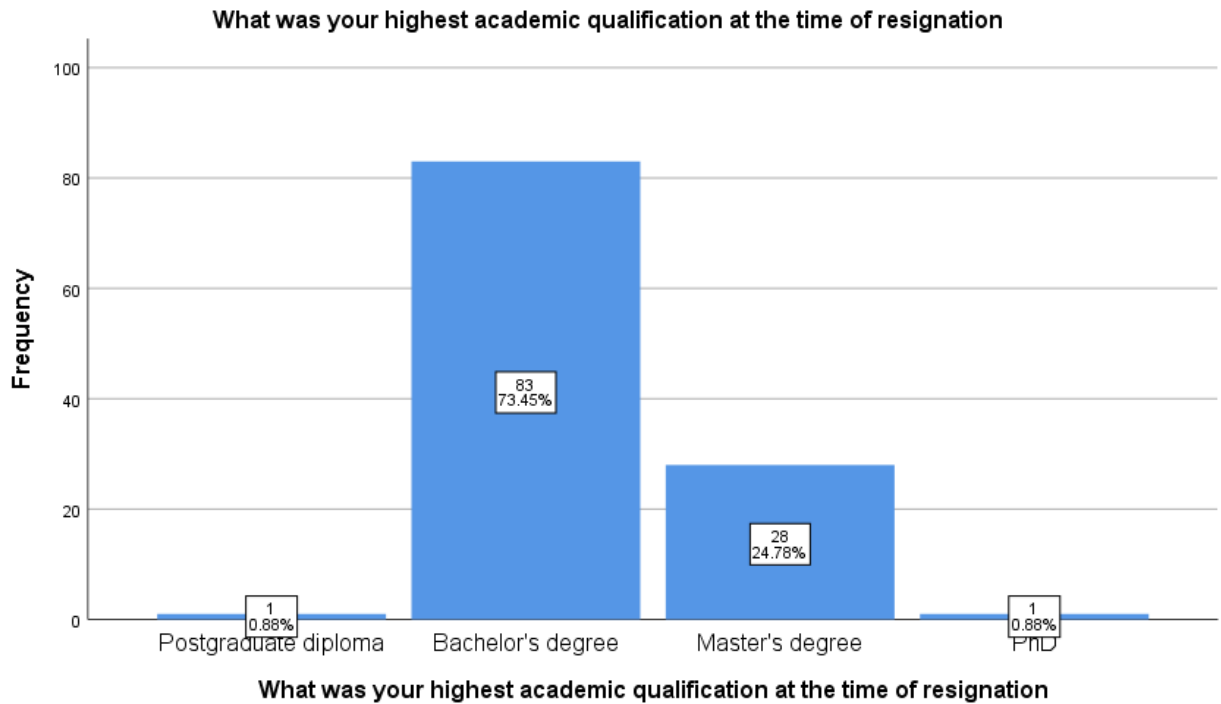


Figure 4.5: Highest educational qualification of participants at the time of resignation

4.3.5 Marital Status

The marital status of the participants at the time of resignation was also recorded as summarized in Figure 4.6. Majority of the research participants (58.4%) of the participants were single when they resigned. 39.8% of the research participants were married. 0.9% of the research participants were divorced while another 0.9% of the research participants were separated.

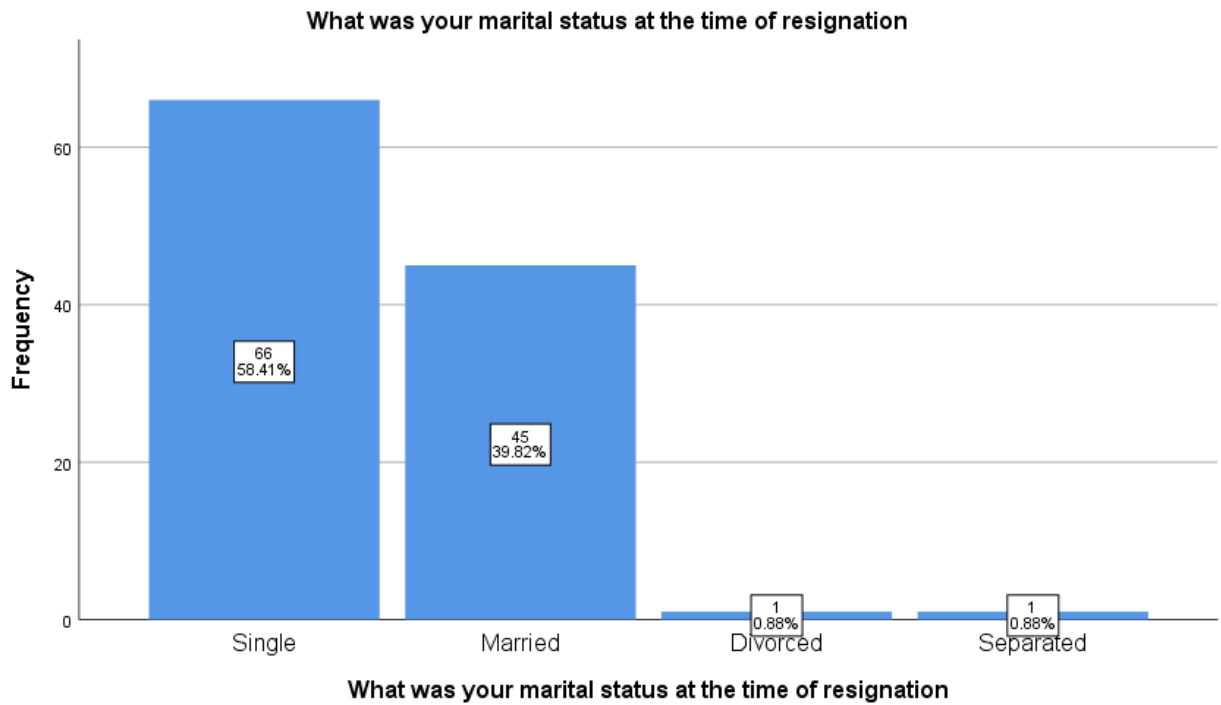


Figure 4.6. Marital status of the participants at the time of resignation.

The research study also examined whether the research participants actually resigned from government employment or not (Figure 4.7). This information was very important for this research study because the main focus of the study was to examine the reasons for employee resigning from their employments. As targeted by the research, almost all of the research participants (94.69%) had resigned from government employment while on 5.31% had not resigned from the government employment.

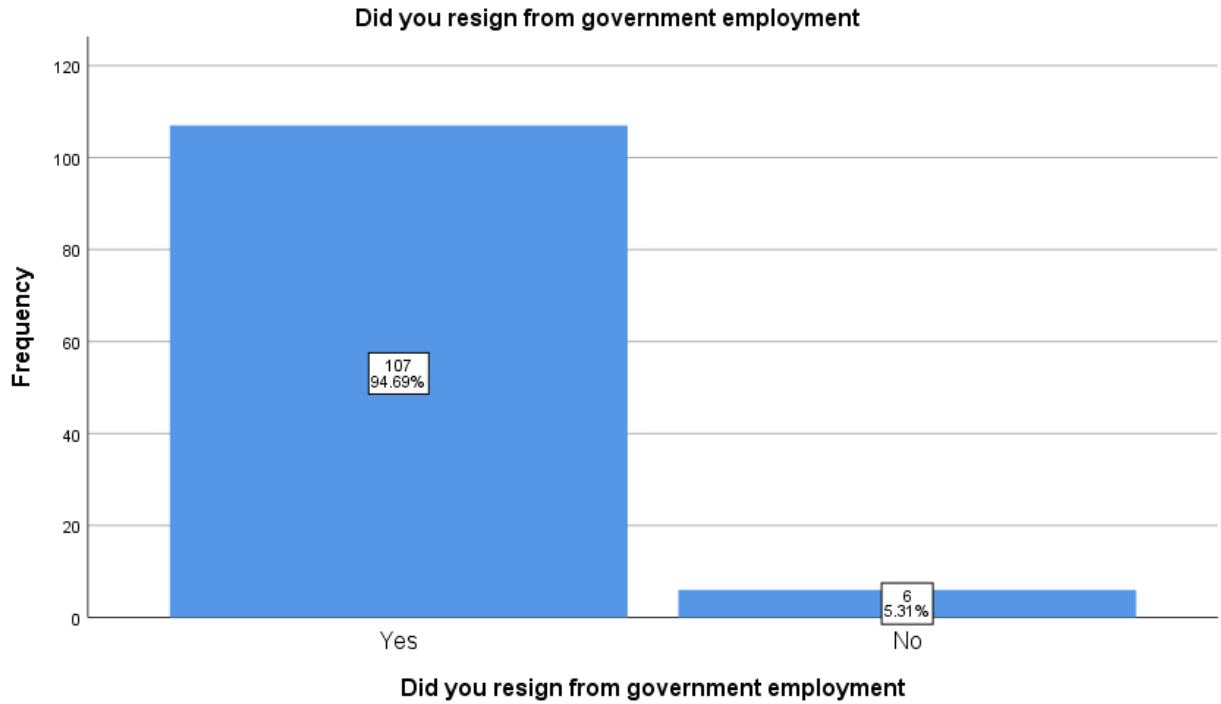


Figure 4.7. Resignation form government employment

4.4 Descriptive Results

The research study examined how individual factors, job-related factors, organizational factors and environmental factors determined employee resignation among medical doctors in Kenya. To collect this information the participants were presented with a range of statements that captures different sets of information under these main variables. The statements were answered on a 5-point Likert scale. The presentation of the summarized results of these statements was measured using mean and standard deviation. In all the instances of subsections, the following criterion was used for interpreting the results from the analysis; 0 – 1.49 = strongly disagree, 1.50 – 2.49 = Disagree, 2.50 – 3.49 = Neutral, 3.50 – 4.49 = Agree, and 4.20 – 5.00 = strongly agree. For individual factors, the respondents were asked questions relating to their age at the point of

resigning, their education level, their gender, tenure and marital status which were all measured as categorical variables.

4.4.1 Individual factors

The study sought to examine the influence of individual factors which include age, gender, tenure, education level and marital status on the resignation of medical doctors from public service employment in Kenya. The results are as shown in table 4.1. For the factor gender, the chi square results show that $\chi(1) = 0.006, p = .936$ which imply that there is no statistical association between resignation of medical doctors from the public service and gender. For the factor age, the chi-square results show that $\chi(3) = 8.472, p = .037$ which shows that there is a statistical association between age and resignation of medical doctors from the public service. For the factor education level, the chi-square results show that $\chi(3) = 18.551, p = .000$ which imply that there is a significant statistical association between education level and the resignation of medical doctors from the public service. For the factor marital status, the chi square results show that $\chi(3) = 0.253, p = .969$ which imply that there is no statistical association between the marital status and the resignation of medical doctors from the public service in Kenya. Finally, for the factor tenure, the chi-square results show that $\chi(3) = 5.087, p = .166$ which imply that there is no statistical association between tenure and the resignation of medical doctors from the public service in Kenya.

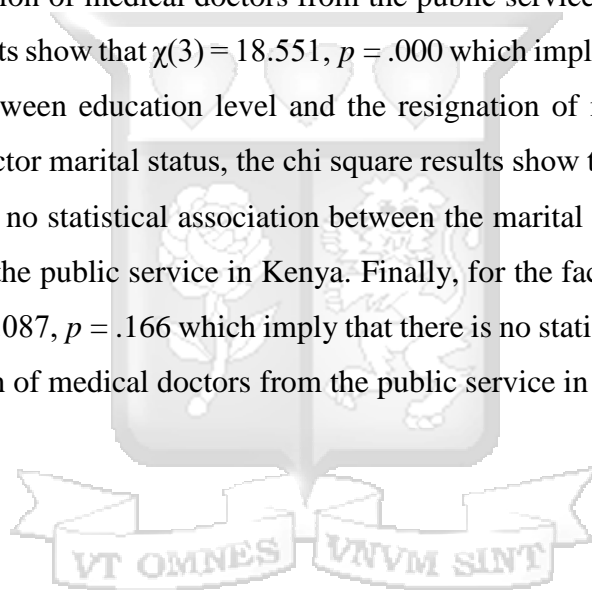


Table 4.1: Influence of individual factors on the resignation of medical doctors from public sector employment in Kenya

Individual Factors	Resignation of medical doctors		χ^2	df	p-value
	Yes	No			
Gender					
Male	34	2	0.006	1	0.936
Female	73	4			
Age categories in years					
25-29 years	63	3	8.472	3	0.037
30-34 years	31	1			
35-39 years	12	1			
40-44 years	1	1			
Highest education level					
Postgraduate diploma	0	1	18.551	3	0.000
Bachelor's degree	80	3			
Master's degree	26	2			
PhD	1	0			
Marital Status					
Single	62	4	0.253	3	0.969
Married	43	2			
Divorced	1	0			
Separated	1	0			
Tenure					
Less than 3 years	64	3	5.087	3	0.166
3-6 years	24	1			
6-9 years	11	0			
More than 9 years	8	2			

4.4.2 Job related factors

The study examined job related factors that may have made employees make the decision to resign from working for the government health sector. The results showed that majority of the participants agreed they resigned because of having conflicts with other employees (30.1%) and low salary/remuneration (21.2%). Very few of the research participants (6.2%) resigned from the organization due to too much workload (Table 4.1)

Table 4.2: Job-related factors

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because of too much workload	31.0%	36.3%	15.9%	10.6%	6.2%
I resigned because of low salary/remuneration	23.9%	31.9%	13.3%	21.2%	9.7%
I resigned because I had conflicts with other employees or workmates	9.7%	15.9%	17.7%	30.1%	26.5%
I resigned because I did not like the style of my bosses or had problems with them	47.8%	28.3%	13.3%	5.3%	5.3%
I resigned because of I did not like the way things were been done in the hospital by the leadership and/or workmates in terms of values and ethics	26.5%	24.8%	11.5%	17.7%	19.5%

4.4.3 Organizational factors

A range of organizations factors were also examined in this study with the assumption that these factors influenced the employees decision to resign from their work. A summary of the results from these statements is shown in Table 4.3. The majority of the research participants agreed that they resigned from the public sector because there was no or they were denied opportunities for postgraduate training (29.2%) and also because of the lack of or late promotions (26.5%). A small proportion of the participants (8.8%) reported resigning because of poor work infrastructure and inadequate resources for work.

Table 4.3: Organizational factors

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because of I did not like the way things were been done in the hospital by the leadership and/or workmates in terms of values and ethics	26.5%	24.8%	11.5%	17.7%	19.5%
I resigned because of there was no, or I was denied an opportunity for postgraduate training	12.4%	21.2%	15.0%	29.2%	22.1%
I resigned because of the hospital I was working in was very small	18.6%	28.3%	8.8%	19.5%	24.8%
I resigned because of poor work infrastructure and inadequate resources for work	31.0%	42.5%	9.7%	8.8%	8.0%
I resigned because of lack of or late promotion	4.4%	11.5%	6.2%	26.5%	51.3%

4.4.4 Environmental factors

Elements in the working environment were also examined based on their perceived value in influencing the decision to resign among the respondents. In terms of the environmental factors, the main factors responsible for resignations of the participants were because the hospital was located in a small town that lacked good support services such as schools, recreational facilities and medical facilities (20.4%) and because they did not like the climate of the area as it was too hot or cold (21.2%) (Table 4.3)

Table 4.4: Environmental factors

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because the hospital was located in a small town that lacked good support services such as schools, recreational facilities and medical facilities.	15.9%	22.1%	14.2%	20.4%	27.4%
I resigned because of I did not like the climate of the area because it was too hot or too cold	26.5%	32.7%	7.1%	21.2%	12.4%
I resigned because of the hospital was located in a rural area	42.5%	45.1%	4.4%	2.7%	5.3%

4.5 Regression analysis

The primary objective of this study was to determine the underlying factors for the resignation of medical doctors from the public service. The study employed a logistic regression model to predict the probability of the factors of interest falling into either resignation or non-resignation. The table below shows the Cox & Snell R square and Nagelkerke R square values which are useful in calculating the explained variation.

Table 4.5: Logistic regression between resignation and factors leading to resignation

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	35.674 ^a	.095	.278

a. Estimation terminated at iteration number 7 because parameter estimates changed by less than .001.

Based on the results in the table above, it is evident that the explained variation in the dependent variable based on our model ranges from 9.5% and 27.8% based on Cox & Snell R squared and Nagelkerke methods respectively. These values show that the regression model is a good fit of the data as these values of the logit regression models are expected to be less than the ones for a normal multiple regression model.

Table 4.6: Regression coefficient

Step	Job related factors	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
1 ^a	Job related factors	1.252	.629	3.966	1	.046	3.497	1.020	11.987
	Organizational factors	.303	.793	.147	1	.702	1.354	.287	6.402
	Environmental factors	.776	.481	2.600	1	.107	2.172	.846	5.578
	Constant	-9.661	3.218	9.014	1	.003	.000		

a. Variable(s) entered on step 1: Job related factors, Organizational factors, and Environmental factors.

From the results, it is evident that job-related factors ($B=1.252$, $p=0.046$) added significantly to the model prediction but environmental factors ($B=0.776$, $p=0.107$) and organizational factors ($B=0.303$, $p=0.702$) did not add significantly to the model. This implies that only the job-related factors lead to the resignation of medical doctors from the public service.

4.6 Chapter Summary

The results from this study showed that as targeted, almost all the research participants had resigned from working for the government. In terms of the factors that might have influenced the employees' decision to resign from their work, it was clear that this decision was more likely influenced by job related factors which included salary/ remuneration, workload, working hours, conflicts with other employees and the leadership style of their bosses.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This final chapter of the dissertation summarized the main findings and conclusions generated from the study. The presentation of the summary, conclusions and recommendations in this chapter follows the research objectives examined. The chapter wraps up by providing recommendations for improving practice and for future research in the subject area of interest.

5.2 Summary

The adoption of a new constitution in Kenya in 2010 led to the adoption of a devolved system of government where many government roles previously conducted by the national government were devolved to the county government including the management of the healthcare sector. This major shift in management of government functions led to many challenges for institutions in the healthcare sector including understaffing and inadequate financial resources to run operations. A major manifestation of these changes was the massive turnover rate of medical doctors from the public service. Therefore, this study was conducted to examine factors that influenced the decision for medical doctors to resign from public service.

The study used a quantitative research approach to collect data from a sample of 113 medical doctors. The use of a structured questionnaire allowed appropriate data to be collected that could be used to answer the research questions of interest. The findings from the research study confirmed that almost all of the research participants had resigned from working for the government. The research study predicted that the decision to resign from working in the medical sector was mainly influenced by job-related factors, organizational factors and environmental factors. The findings showed that only the job-related factors lead to the resignation of medical doctors from the public service. Organizational and environmental factors did not influence the medical doctors to resign from their work.

5.3 Discussions

The results from the analysis showed that job related factors were the most significant in determining whether medical doctors would resign from employment in the public sector.

- Individual factors

Individual employee factors examined in the study include demographic factors such as the age, gender, education level, years worked in the sector and the marital status. Literature reviewed in this study shows that these factors influenced the employee turnover process (Alkahtani (2015), Hayes (2015), Wocke and Heymann (2012)). This study however found that some of these individual factors did not influence the decision by the medical doctors to resign from working in the public sector. Results from the study show that gender, marital status and tenure had no statistical association with the resignation of doctors from the public service. The results on gender are consistent with Weisburg and Kirschenbaum (1993) who observed that gender has been an inconclusive factor in understanding employee voluntary turnover decisions. This study recorded more females (68%) as having resigned from government employment. This is consistent with the findings reported by Weisburg and Kirschenbaum (1993) and Zhu et al, 2016 who reported that women are more likely to resign from work than men. On marital status, this study found 58% of the medical doctors who had resigned from government employment to have been single at the time of resignation while 40% were married. This could be explained by the fact that majority of the doctors, (58%), resigned when that were below the age of 30 years and are thus more likely to be unmarried. These findings were however inconsistent with Lee (2012), and Sicherman (1996) who found that married men and women were more likely to quit employment than their unmarried counterpart citing family related reasons. Findings on tenure reported that majority (59%) of the respondents had resigned after working for less than 3 years which is consistent with what Grobler et al (2006) and Mott (2000) had reported.

Age and education level were found to have a statistical association with the resignation of doctors from public medical service. Majority of the respondents resigned when they were between the ages of 25 years and 29 years. This is consistent with findings from most of the reviewed studies that reveal an inverse relationship between age and turnover. Like in Grobler et al (2006), this can be attributed to a number of influences such as younger doctors having more entry level access and fewer family responsibilities making it easier for them to seize job opportunities in the private

sector or even abroad. On education level, majority of the medical doctors (74%) resigned when they had a bachelor's degree only. This could mean they resigned to pursue post graduate training opportunities which is important for career progression in the medical field. Providing adequate post graduate training opportunities can thus be used a retention strategy by the counties.

- Job-related factors

The working conditions present in the organization are among the most important factors that determine whether employees will leave the organization. Arguably, doctors who are older and have higher levels of education are highly likely to resign due to poor working conditions as they can go into private practice. Some of the factors that this study looked at under this category included workload, working conditions, supervision and remuneration. Unlike in the findings reported by Reyes et al. (2019), majority of the doctors in this study disagreed that too much workload had pushed them to resign from government. Reyes et al. (2019) had shown that workload which leads to burnout was a major factor that made employees resign from their work. Majority of the doctors also disagreed that supervision issues had pushed them to resign. This is a positive finding in a sector where senior medical consultants are often accused of abusive supervision by junior medical officers

As canvassed by Herzberg in his two-factor theory, these job-related factors are mostly hygiene factors and failure to adequately meet them leads to job dissatisfaction. Employee dissatisfaction is a negative outcome in any organization and has adverse impacts. In the case of medical doctors, the national and county governments are expected to engage in practices that would lead to higher levels of job satisfaction and lesser job dissatisfaction. The role of satisfaction and dissatisfaction in determining whether organizational, individual, job related and environmental factors will affect the employee turnover rate cannot be overlooked.

The Herzberg two factor theory suggests that factors such as working conditions, salary, and relationships between employees are among the important factors that lead to satisfaction among employees (Alshmemri et al., 2017). In the presence of job satisfaction, employees are more likely to be retained by organization. The relationship between job satisfaction and employee retention has been reported in literature (Siddiqui et al. 2012). For the medical doctors examined in this study, factors directly related to their jobs led to resigning which means that these employees were not satisfied. The implication of these findings is that organizational management must ensure they

provide appropriate platforms for ensuring the needs of the employees are met. Their jobs must be designed in a way that will lead to satisfaction.

- Organizational factors

Regression analysis done on the findings showed that organizational factors as a whole did not influence the decision by the medical doctors to resign from public employment. Some of the organizational factors that this study looked at included the availability of training and development opportunities, promotions, work infrastructure and the size of the hospital. The findings showed that majority of the doctors agreed that lack of post graduate training opportunity, delayed or lack of promotions and being posted to very small hospitals had influenced their decision to resign. This is consistent with findings by Bonenberger et al (2014) who found lack of post graduate training opportunities to be one of the causes of low motivation and low job satisfaction among doctors and nurses in Ghana. It is also consistent with findings by Hussein et al (2016) who reported size of an organization to be one of the most cited predictors of turnover. Surprisingly, majority of the respondents disagreed that inadequate resources and poor infrastructure at their workplace had made them resign. One of the top grievances usually cited by medical doctors during industrial actions both at the county and national levels is inadequate resources and poor infrastructure at their workplaces. It would thus be expected to be one of the main push factors in medical doctors' turnover.

Although the findings from our study showed that organizational factors did not significantly influence the decision by the medical doctors to resign, other scholars have however reported that organizational factors such as training and development of employees (Khan et al., 2011) and the organizational culture (Zhang, 2006) directly affect employee satisfaction and subsequent retention. The differences in these studies may be due to contextual factors that may have different between the studies. Therefore, more research is needed to establish the exact factors that influence employee retention in different contexts. A research study conducted in Kenya to examine determinants of employee retention at Kenyatta National Hospital showed that training was an important factor that determined employee retention in the sector (Ngure, 2017). The level of satisfaction among employees in the healthcare sector strongly determines their turnover rate (Momanyi & Kaimenyi, 2015). Therefore, management of these organizations must engage in in-

depth research to understand some of these factors and their influence on employees' decision to leave.

- Environmental factors

It was found in this study that work environment factors did not influence the decision of the medical doctors to resign from the public sector. More research is needed using different research methodologies to determine whether the environment where an organization is situated affected the employee retention rate. In consistency with findings from other studies (Lehmann et al (2008), majority of the doctors in this study concurred that the fact that the hospital where they were working was located in a small town that lacked good support services influenced their decision to resign. This would explain why remote counties in Kenya suffer the largest shortage of medical doctors as opposed to those counties with big cities and towns. Unsurprisingly, most doctors who responded in this study disagreed that the climate of their work place had an influence on their decision to resign. This could be explained by the fact that due to its geographic location along the equator, Kenya as a whole enjoys a relatively tolerable climate throughout the year.

5.4 Conclusions

It can be concluded from the results that job-related factors added significantly to the model prediction while the remaining environmental and organizational factors did not add significantly to the model. Therefore, only the job-related factors influenced the medical doctors to resign from working for the government in the public sector. The study was conducted to achieve four main objectives.

The first objective was to determine the influence of individual factors in the resignation of medical doctors from public sector employment. The results from the study led to the conclusion that individual factors such as gender, tenure and marital status did not affect the decision for the medical doctors to resign from the public service. However, age and education level affect the decision for the medical doctors to resign from the public service.

The second objective was to determine the influence of job-related factors in the resignation of medical doctors from public sector employment. It was concluded that job related factors were the only significant factors that influenced the medical doctors to resign from the public service. The

job-related factors examined in this context included salary, workload, working conditions and supervision.

The third objective was to determine the influence of organization factors in the resignation of medical doctors from public sector employment. The study concluded that organizational factors such as size of the organization, organizational culture and employee training and development did not influence the decision for the employees to resign from the public sector.

The fourth objective was to determine the influence of environmental factors in the resignation of medical doctors from public sector employment. The environmental factors including physical geographical location, size of the metropolitan area, local economic conditions and labor markets did not significantly influence the employees to resign from their work in the public sector.

5.5 Recommendations

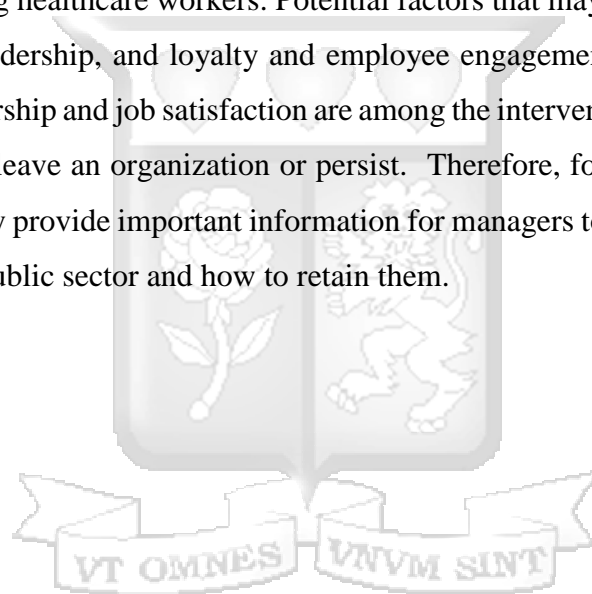
Findings from this study have provided crucial information that may support sector management in setting sectorial goals and objectives. The study has generated the following recommendations for the public health sector.

- There is a need for the public health sector management to initiate further programs to understand why medical doctors are quitting as well as identify issues that may attract and retain them to the sector. The information gotten from these programs may help management of organizations in the sector to develop ways of attracting and retaining more medical doctors. According to Reyes et al. (2019), this can be achieved by focusing on those factors that would lead to employee job satisfaction.
- In relation to the job-related factors that this study found lead to high number of medical doctors leaving public service, it is recommended that organizations in the sector improve the working conditions for the doctors by providing them with the necessary infrastructure, equipment and support needed to perform their duties. This study also recommends that the public health sector employers offer better salaries and other forms of financial compensation to their currently employed medical doctors. This will reduce the number of resignations. Both the working environment and the employee compensation were reported by Skaggs (2008) to have crucial roles in reducing the number of employees who resign from their jobs. These should however be in line with organizational goals and objectives.

5.6 Suggestions for further research

This study explored the influence of individual, job-related, organizational and environmental factors on the resignation of medical doctors from public sector employment using quantitative research design. The study recommends a similar study using qualitative research designs or mixed methods. This will enable the factors leading to the resignation of medical doctors be explored in a more elaborate way beyond what this study achieved. Furthermore, this study was quite broad and the factors in each object can be explored as separate studies.

Further research may also be conducted to examine the impacts of other intervening variables on the relationship between organizational, job related, personal and environmental factors, and voluntary turnover among healthcare workers. Potential factors that may be examined include job satisfaction, effective leadership, and loyalty and employee engagement. Al Mamun and Hasan (2017) showed that leadership and job satisfaction are among the intervening factors that determine whether employees will leave an organization or persist. Therefore, focusing future research on some of these factors may provide important information for managers to understand why medical doctors are leaving the public sector and how to retain them.



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APPENDICES

APPENDIX I: ETHICS APPROVAL



3rd August 2022

Dr Njuguna John,
njuguna.john@strathmore.edu

Dear Dr Njuguna,

**RE: Medical Doctor's Resignation from Public Sector Employment In Kenya:
What are the Underlined Factors?**

This is to inform you that SU-ISERC has reviewed and approved your above SU- master's research proposal. Your application reference number is SU-IERC1400/22. The approval period is 3rd August 2022 to 2nd August 2023.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 48 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 48 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to SU-ISERC.

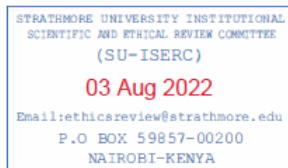
Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,


A handwritten signature in black ink, appearing to read "Ben Ngoye".

for: Dr Ben Ngoye,
Secretary; SU-ISERC


Cc: Prof Fred Were,
Chairperson; SU-ISERC



APPENDIX 2: NACOSTI RESEARCH PERMIT




REPUBLIC OF KENYA



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 716515
Date of Issue: 21/August/2022

RESEARCH LICENSE




This is to Certify that Dr.. John Ngoru Njuguna of Strathmore University, has been licensed to conduct research in Nairobi on the topic: MEDICAL DOCTOR'S RESIGNATION FROM PUBLIC SECTOR EMPLOYMENT IN KENYA: WHAT ARE THE UNDERLINED FACTORS? for the period ending : 21/August/2023.

License No: NACOSTI/P/22/19778


716515

Applicant Identification Number



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APPENDIX 3: LETTER OF INTRODUCTION

Ole Sengale Rd, Madaraka Estate,
P.O. Box 59857 00200, Nairobi, Kenya.
Cell: +254 703 414/6/7, Twitter: @SBSKenya
Email: info@sbs.ac.ke or visit www.sbs.strathmore.edu



5th August 2022

To whom it may concern,

RE: FACILITATION OF RESEARCH – JOHN NGORU NJUGUNA

This is to introduce John Ngoru Njuguna who is a Master of Business Management in Healthcare Management (MBA-HCM) Student at Strathmore University Business School, admission number MBAHCM/135217/2020. As part of our MBA-HCM Programme, John is expected to do applied research and undertake a project. This is in partial fulfilment of the requirements of the MBA-HCM course. To this effect, John would like to request for appropriate data from your organization.

John is undertaking a research paper on “**Medical Doctor's Resignation From Public Sector Employment in Kenya: What Are The Underlined Factors?**.” The information obtained shall be treated confidentially and shall be used for academic purposes only.

Our MBA-HCM Programme seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct use to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and of practical value to your organization.

We appreciate your support and shall be willing to provide any further information if required.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Caroline Tiara".

Caroline Tiara.
Manager – Graduate Programs.
Strathmore University Business School.



APPENDIX 4: STUDY QUESTIONNAIRE

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender: What is your gender?

- Male
- Female
- Other _____
- Prefer not to answer

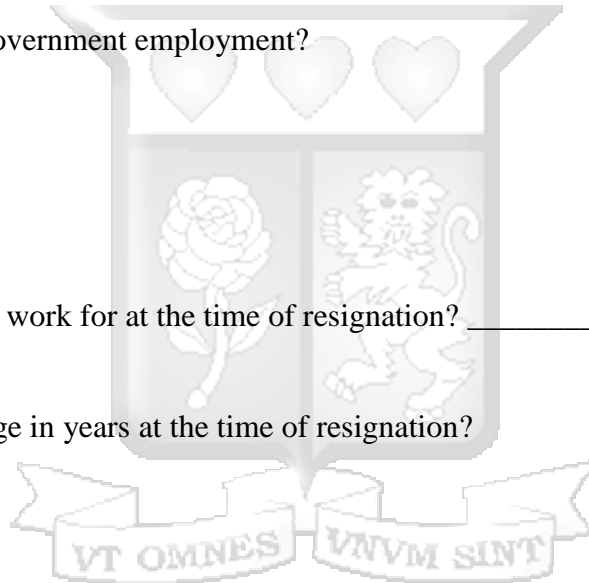
2. Did you resign from government employment?

- Yes
- No

3. Which County did you work for at the time of resignation? _____

4. Age: What was your age in years at the time of resignation?

- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50-54 years
- Above 55 years



5. Highest academic qualification at the time of resignation

- Bachelor's degree
- Postgraduate diploma
- Master's degree
- PhD

6. Marital status at the time of resignation

- Single
- Married
- Separated
- Divorced
- Widowed

7. How many years did you work for the government before resigning?

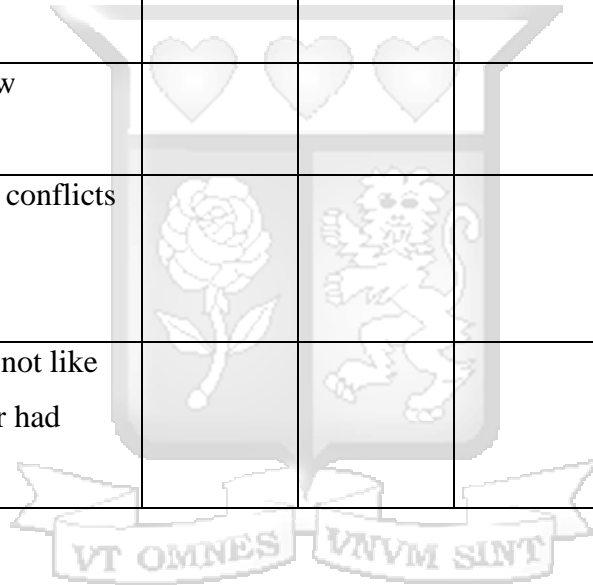
- Less than 3 years
- 3 – 6 years
- 6 – 9 years
- More than 9 years



Section B: Job-Related Factors

In the following section, you will find a list of questions relating to job related factors contributing to resignation. Consider if these factors lead to or contributed to your decision to resign. Please select one answer per statement and answer all statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because of too much workload					
I resigned because of unfavorable work shifts and long working hours					
I resigned because of low salary/remuneration					
I resigned because I had conflicts with other employees or workmates					
I resigned because I did not like the style of my bosses or had problems with them					



Section C: Organizational factors

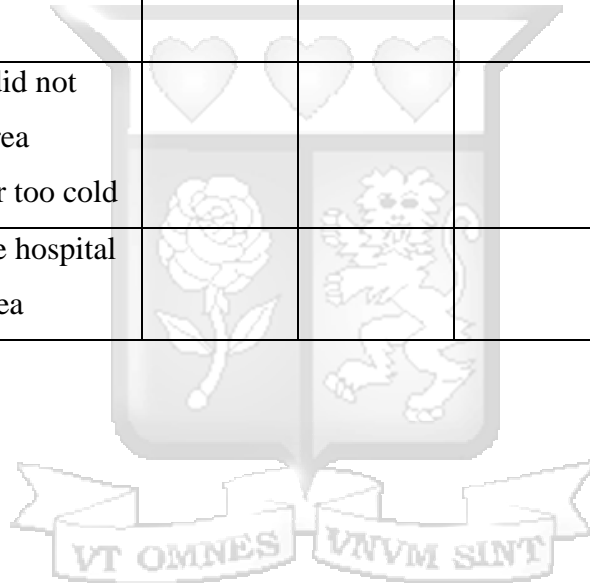
In the following section, you will find a list of questions relating to organizational factors contributing to resignation. Consider if these factors lead to or contributed to your decision to resign. Please select one answer per statement and answer all statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because of I did not like the way things were been done in the hospital by the leadership and/or workmates in terms of values and ethics					
I resigned because of there was no, or I was denied an opportunity for postgraduate training					
I resigned because of the hospital I was working in was very small					
I resigned because of poor work infrastructure and inadequate resources for work					
I resigned because of lack of or late promotion					

Section D: Environmental factors

In the following section, you will find a list of questions relating to organizational factors contributing to resignation. Consider if these factors lead to or contributed to your decision to resign. Please select one answer per statement and answer all statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I resigned because the hospital was located in a small town that lacked good support services such as schools, recreational facilities and medical facilities.					
I resigned because of I did not like the climate of the area because it was too hot or too cold					
I resigned because of the hospital was located in a rural area					



APPENDIX 5: PARTICIPANT INFORMATION AND CONSENT FORM

Study title: Medical Doctor's Resignation from Public Sector Employment in Kenya: What Are the Underlined Factors?

Investigator: JOHN NGORU NJUGUNA (*Master of Business Administration in Healthcare Management*) STRATHMORE BUSINESS SCHOOL, STRATHMORE UNIVERSITY.

Purpose of study: The study focuses on medical doctors who have resigned from employment in the public sector. It will include all medical doctors who have resigned from either national or county governments since devolution of healthcare services in 2013. It aims determine some of the factors that may have influence their decision to resign. The study is purely for educational purposes and the information gathered will be treated with confidentiality.

How to Participate: You will be asked to give responses to some questions which will be asked regarding your decision to resign from employment as a medical doctor in the public sector. This may take approximately 10 minutes.

Right to refusal or withdrawal: Taking part in this study is your choice; you may choose not to be in it. Your participation is voluntary and you are free to agree or disagree to participate in this study. You may withdraw from the study at any time even after signing this form and there will be no victimization.

Confidentiality and privacy: Your involvement in this research study will be kept confidential. You will not be asked for your names or any contact information. The study results/report that will be used in the final thesis will not use your name. All information provided will be transcribed into our database and this will be sufficiently encrypted and password protected. Only the people who are closely concerned with this study will have access to your information. All your information will be kept confidential.

Risks and benefits: There are no risks associated with this study and neither are there any direct benefits to you for taking part in.

For further clarifications or questions on this study, please contact me

Investigator: John N. Njuguna (Mobile: 0736169572 or Email Njuguna.john@strathmore.edu)

My Supervisor: Dr. Joseph Onyango (Mobile: 0720879706 or Email: jonyango@strathmore.edu)

Enquiries to: The Secretary- Strathmore University Institutional Ethics Review Board,

P.O BOX 59857-00200, NAIROBI; Email: ethicsreview@strathmore.edu; Tel No: + 254 703 034 375

Your signature indicates that this research study has been explained to you, that you have been given the opportunity to ask questions, and that you agree to take part in this study.

Signature: **Date:**

For Official Use:

Name:..... **Signature:**..... **Date:**

(Research Personnel)

