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**A QUALITATIVE EXAMINATION OF FACTORS AFFECTING THE RETENTION
OF DOCTORS AT THE KENYATTA NATIONAL REFERRAL HOSPITAL IN
KENYA**

CAROLYNE ROBAI

**RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE MASTERS IN PUBLIC POLICY AND
MANAGEMENT AT STRATHMORE UNIVERSITY**



SCHOOL OF BUSINESS STUDIES

STRATHMORE UNIVERSITY

NAIROBI, KENYA

JUNE, 2023

DECLARATION

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

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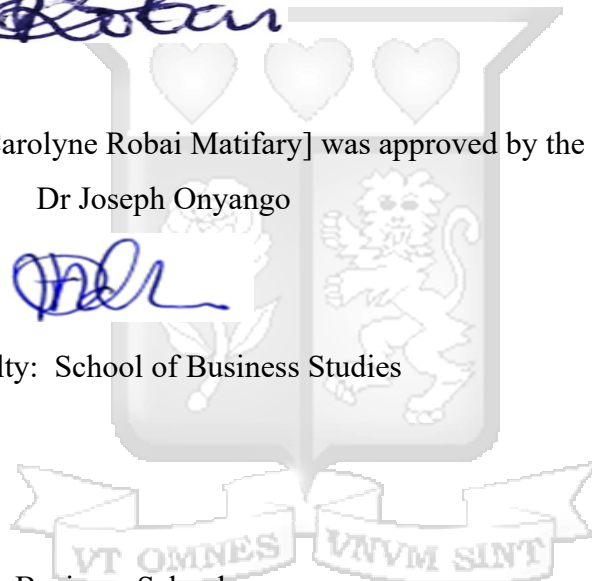
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ABSTRACT

Globally, governments struggle with providing quality, affordable healthcare to achieve Universal HealthCare Coverage (UHC). The World Health Organization (WHO) asserts that motivation and retention of healthcare personnel, including doctors, is essential for achieving UHC. Kenyatta National Hospital (KNH) the largest referral hospital in Kenya offers specialised services but experiences shortages of various specialists and attributes this to high turnover due to the hospital's unattractive service model and poor working conditions in light of the lengthy training periods to acquire the necessary skills to provide such specialized healthcare. Therefore, there is a need to establish how to make the most of this rare resource, including how to work on the retention of doctors. This study is anchored on Herzberg's Two Factor Theory which argues that individuals are interested at two different areas of motivation. The study was based on Adam's equity theory and Herzberg's two factor theory. An explorative qualitative study was conducted. In-depth interview was conducted among 24 doctors. Qualitative data was thematically analysed. The results showed that financial incentives affected their performance hence motivated them to stay. Financial incentives played a role on the decision to quit employment and recommended on the need to employ the contract doctors on permanent and pensionable terms. Career advancement opportunities were available for doctors employed on permanent and pensionable terms but not for medical officers on contractual terms of employment. This was a demotivating factor for the medical officers, increasing their turnover rates. Further, findings revealed that a good working condition at KNH a good working conditions at KNH was considered as one with good leadership, well-structured shifts, availability of consumables, good equipment, positive culture and a good system. The working conditions had a huge effect on the motivation of doctors, retention and service delivery. All these conditions would enhance their retention in the hospital.

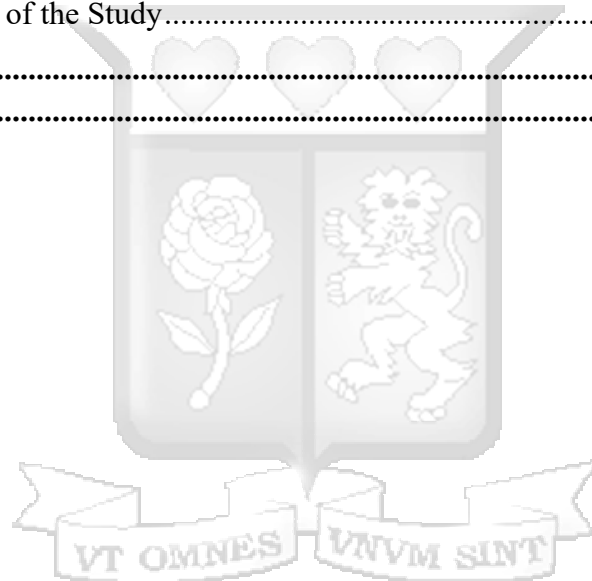
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LIST OF ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBA	Collective Bargaining Agreement
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
KNH	Kenyatta National Hospital
LDC	Least Developed Countries
TNA	Training Needs Assessment
SARS	Severe Acute Respiratory Syndrome
SDG	Sustainable Development Goals
UHC	Universal Health Coverage



OPERATIONAL DEFINITION OF KEY TERMS

Career development	This refers to provision of career development strategies through career talks, mentorships, scholarships and training through professional certifications (Koigi & Waiganjo, 2014).
Financial incentives	This refers to employee's remuneration through competitive salaries, competitive allowances and access to credit (Mbugua, Oyore, & Mwitari, 2018).
Working conditions	This refers to access to health working environment characterised by clear communication channels, fair distribution of work, professional autonomy with equal opportunities and safe and conducive working environment (Ndikumana, Kwonyike, & Tubey, 2018).
Doctor retention	This refers to odds of retaining medical personnel in place of work till exit in a natural process without resignation (Mwenda, 2012).



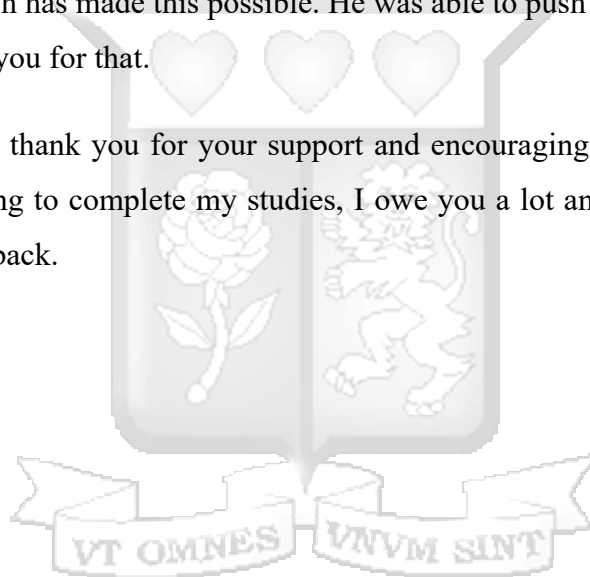
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CHAPTER 1 INTRODUCTION

1.1 Background of the Study

Globally, health ministry's aim to establish Universal Health Coverage (UHC) (WHO, 2017). Significant progress has been made towards achieving universal health coverage, emphasizing strengthening health systems. Several Governments struggle to provide all with quality, affordable healthcare (WHO, 2016). Kanchanachitra (2011) asserts that motivation and retention of healthcare personnel, including doctors, is essential for achieving UHC and SDG 3. SDG3(b) focuses heavily on the motivation and retention of the health workforce in poor countries, particularly in the Least Developed Countries (LDCs) and small island developing nations (Buchan, 2007). Retaining the health workforce influences the availability and distribution of health professionals, which affects the health workforce's density.

Brown et al. (2013) noted that given the current challenges associated with human resources for health in the majority of developing countries, the retention and motivation of doctors to be as productive as possible in the face of piling health concerns in the populations should inform efforts to highlight the factors that influence their motivation and retention. This will effectively address the challenges of retention of doctors, which is crucial to the operation of the health system and the delivery of favourable health outcomes (Humphreys & Wakeman, 2009; Brown et al., 2013). Lower doctor turnover allows mastery of local knowledge, continuity of services and care, whilst more experienced and trained doctors offer services with minimal adjustment to new environment thus enhancing efficiency and ultimately positively impacting treatment. (Humphreys et al., 2009).

To retain doctors, managers should focus expertise and talent to enhance treatment, minimize errors and spur employee productivity (Humphreys et al. 2009). Financial incentives have been found to motivate doctors in rural Australia as cited by (Holloway, Bain-Donohue & Moore, 2020). A systematic literature review by Willis et al., (2008) found out that career development, financial incentives and work environment were core factors that motivated doctors to remain at their work places. Retaining doctors is a planned activity (Brown et al.,

2013) involving administrative, organizational, professional practice, and professional development aspects.

The organizational aspect ensures that the organisation delivers a caring, valued, and fulfilling work environment for its employees, likely to boost their retention. The organizational aspect guarantees that the hospital has successful recruitment, remuneration, and benefits programs for doctors, thereby enhancing their happiness and retention. Some organizational variables include wage ranges based on job description, experience, education, working hours, and performance; open communication channels, promotions, recognition, and job status; (Brown et al., 2013). Professional practice enhances professional autonomy, participation in decision-making, skill mix, and workload to increase job satisfaction and decrease turnover rates. Lastly, career development guarantees employees' access to opportunities for professional improvement and ongoing education (Brown et al., 2013). When remuneration and benefits programs are not adequately addressed and executed, turnover rates may increase.

Mazurenko, Gupte, and Shan (2015) noticed that hospitals could reduce exits if they understood the organizational factors influencing the retention of doctors. These include hospital budget, salary, practice autonomy, workload, flexible shift, and possibilities for career progression (Halter et al., 2017). Doctors dissatisfied with their professions due to these organizational factors are prone to quit. Consequently, limiting these elements' impact would greatly assist in enhancing retention. Some studies (Aluku, 2012; Ngure & Waiganjo, 2017) have examined healthcare worker incentives and turnover rates at Kenya's public hospitals in general and rural and marginalized areas (Mullei et al., 2010; Bardad & Katuse, 2017). Intriguingly, there needs to be more focus on personal and organizational factors of financial and non-financial nature and their relationship to doctors' motivation and retention, especially in tertiary level hospitals.

Recognizing that human resource demands are an integral part of the challenges facing the National Health System, the Kenya Human Resources for Health (HRH) Strategy is one of the steps the national and county governments, in collaboration with partners, are taking to strengthen the human resources for health to more effectively deliver quality health services.

Kenya's human resources for health face numerous challenges, including severe shortages of essential doctor cadres, persistent inability to attract and retain skilled health workers, poor and uneven remuneration, poor working conditions, inadequate or lack of necessary tools and medical and non-medical supplies, the unequal distribution of healthcare staff, declining productivity among the health workforce, and poor leadership and governance, to name a few.

The purpose of the first National HRH Plan for 2009-2012 was to assist the National Health Sector Strategic Plan II's objective of reducing health disparities and reversing the decrease in the primary health indicators. In addition, it was connected to the Kenya Health Policy 2014-2030 and the Kenya Health Sector Strategic and Investment Plan 2013-2017. The 2010 Kenyan constitution devolved health functions to the counties, with the national government charged with policy formulation and coordination, capacity building, and providing technical assistance to counties and national referral health facilities. Consequently, Kenyatta National and Referral Hospital falls under the national government's jurisdiction and not that of Nairobi County, where it is located.

1.1.1 Doctors' Retention

Globally, the health workforce has suffered longstanding and unsolved labour shortages. This has been worsened by the ever-increasing workload necessitated by the COVID-19 pandemic in recent years. During the pandemic's peak, major collapses in healthcare systems across the world led to calls for strategies to alleviate the increasing healthcare workers' (including doctors) attrition problem within the sector. WHO (2021) observed that this turnover may worsen given the overwhelming pressures experienced by the health workforce during the pandemic, and proactive measures were necessary to retain healthcare workers.

The Kenya government is growingly cognizant that HRH in public hospitals is declining dramatically, thereby impeding optimal delivery of healthcare services. Several studies indicate that the emergence and re-emergence of pandemics, such as Covid-19, HIV/AIDS, Tuberculosis, and the longstanding Malaria, have necessitated an increased demand for healthcare services, mounting enormous stress on the currently available human resources.

Consequently, there is a need to refocus on deliberately addressing the HR needs of this cadre of workers (Ministry of Health, 2015).

The management of Kenyatta National Hospital attributes the shortage of various specialists to the high turnover of those hired due to the hospital's unattractive service model and poor working conditions in light of the lengthy training periods to acquire the necessary skills to provide such specialized healthcare (Auditor General, 2012). The administration stated that the hospital consistently loses staff doctors to other hospitals and health institutions abroad because it does not offer competitive employment terms and an enticing working environment (Auditor General, 2012).

The migration of qualified doctors from Kenyatta National Hospital to the private sector and other countries has severely understaffed the doctors at the hospital. This is supported by Mwenda (2012), who indicated that up to three-quarters (75%) of doctors leave government employment just three years after entering the public health sector in search of greener pastures in the private health sector or abroad (Mwenda, 2012).

1.1.2 Kenyatta National Hospital

Kenyatta National Hospital (KNH) is the oldest hospital in Kenya and a public referral hospital under the ministry of health. It was established in 1901 under the name Native Civil Hospital, which was modified in 1952. The primary objective of its development and establishment was to create a setting for medical research and to become the National Referral and Teaching Hospital. KNH became a state corporation in 1987 with the functions of receiving patients referred for specialized care, providing medical education facilities for the University of Nairobi, participating in national health planning and policy formulation and providing facilities for the education and training of doctors and other health allied professions (KNH, 2017).

KNH has a governing board, a management team, a director responsible for the hospital's daily operations, managers who handle administrative services, and department heads who oversee various clinical and non-clinical services. It is currently the largest referral hospital in East and Central Africa offering specialized services hence has more medical specialists than medical

officers. It has 50 wards, 24 operating rooms, and an emergency room. It has more than 2,000 beds. There are roughly 600,000 outpatient visits yearly and 6,000 healthcare workers, of which doctors are 300 (KNH, 2017).

The Kenya Medical Practitioners and Dentists Council registers and licenses doctors working at KNH. Over the past five years, KNH doctors have had slowdowns that adversely affected patients (Kilonzo and Mutanu, 2020). Poor management, mistreatment of doctors, low working conditions, and financial incentives such as poor and late salary payments were mentioned as the underlying causes (Kilonzo and Mutanu, 2020). Studies on nutritionists (Sitati, 2013) and job satisfaction among healthcare workers (Ong'ayo, 2008) have been conducted, but only some have trained their focus on doctors.

According to the administration, the hospital consistently loses doctors to other hospitals and institutions in Kenya and overseas that cite the search for greener pastures as the reason for exit (Kiambati, 2013). As a result, a doctors' shortfall at this facility still needs to meet some expected healthcare outputs and outcomes. The situation will likely worsen with the ballooning number of patients, the emergence of novel pandemics such as Ebola (2014) and SARS-Covid-19, (2020) and a country at the climax of implementing universal healthcare. All those endeavors have KNH as a critical pillar.

The flipside of poor motivation is poor retention, which has a chain of undesirable outcomes. Doctors' training and certification to practice take a long time. This means that replacement may be limited. The experience of the doctors who leave is also irreplaceable in the short run. With an ever-increasing patient population and the emergence of novel pandemics like Covid-19, the largest referral hospital faces a jinx of being a top hospital without experienced and adequate doctors to address the medical needs of the people who come to the hospital to seek services. This implies worsening health outcomes, including patient mortality. KNH has institutionalized various motivation as well as retention factors in a bid to ensure doctors are committed to long term service delivery. These include the provision of comprehensive medical cover, the establishment of doctor's plaza for private practice, subsidized accommodation facility, special allowances and parking slots. In addition, the Hospital provides protective gears, personal accident cover among others.

1.2 Problem Statement

Retaining the best talent and skill is important, since it limits numerous costly processes, such as recruitment, selection, replacement and training (Tymon et al., 2011). Turnover of skilled employees has been a managerial issue for decades, yet it is still a rather costly and vague problem (Fauzi et al., 2013). Numerous factors influence an employee's desire to remain with or depart from an employer. Behavioural theories like Herzberg's (1959) "Two Factor Theory" classify these elements as either intrinsic or extrinsic. These factors are typically categorized as the working environment, financial incentives, working conditions, personal development, and recruitment-related factors. The shortage of doctors is a global problem, and their motivation would increase organization efficiency, resulting in better public health. In developing nations, 17.5% of newly licensed doctors are projected to quit their initial position during the first year, and 33.5% do so within the second (Robert Wood Johnson Foundation, 2014). In Kenya, job satisfaction among healthcare employees is below 50%, precipitating the need for empirical enquiry regarding the factors that influence their motivation and, consequently, desire to leave or stay (Ojakaa, Olango & Jarvis, 2015).

Despite considerable equipment, tools, and supplies shortages, doctors can be motivated by adequate compensation, a supportive working environment, and encouraging leadership (Mbindyo et al. 2009). Although there have been some empirical attempts to comprehend the factors influencing doctors' motivation most of these studies have been undertaken in contexts other than Kenya (Arnoux-Nicolas et al., 2016; Kanchanachitra et al., 2011; Ndikumana, Kwonyike, & Tubey, 2018). In addition, variables have been operationalized variously; therefore, the studies lack the structural homogeneity necessary to draw a consistent conclusion.

The flipside of hygienic working environment is low retention, which has a chain of undesirable outcomes. Doctors' training and certification to practice takes a long time. This means that replacement may not be readily available. The experience of the doctors who leave is also irreplaceable in the short run. With an ever-increasing patient population and the emergence of novel pandemics like Covid-19, the largest referral hospital faces a jinx of being

a top hospital without experienced and adequate doctors to address the medical needs of the people who come to the hospital to seek services. This implies worsening health outcomes, including patient mortality.

As Washeya (2018) observed, poor motivation results in poor retention of health workers, hence poor health outcomes - including increased mortality rates. The opposite was also true. Owing to training period there is need for exploration of motivating since training process is not only long but also demanding hence it may not be easy to replace those exiting the service. Therefore, their replacement cannot be fixed immediately in case of demotivation and, consequently, attrition. Kenyatta National Hospital, as the largest referral hospital, has the highest number of doctors in a single medical facility in Kenya (KNH, 2017) and serves the whole country, especially for illnesses and conditions that lower-tier facilities cannot manage. Without motivated doctors, there will be a huge gap in unmet demand for medical attention, which translates to adverse health outcomes, including increased mortalities for avoidable cases. Therefore, the purpose of the proposed study was to determine the factors that affect the retention of doctors at Kenyatta National Hospital.

1.3 Objectives of the Study

1.3.1 General Objective

The study's main objective was to establish factors that affect the retention of doctors at Kenyatta National Hospital.

1.3.1 Specific Objectives

- i. To determine how financial incentives affect retention of doctors at Kenyatta National Hospital- Kenya
- ii. To establish the effect of career development opportunities on retention of doctors at Kenyatta National Hospital- Kenya
- iii. To determine the effect of working conditions on retention of doctors at Kenyatta National Hospital- Kenya.

1.4 Research Questions

- i. To what extent do financial incentives determine the retention of doctors at Kenyatta National Hospital- Kenya?
- ii. To what extent do career development opportunities affect the retention of doctors at Kenyatta National Hospital- Kenya?
- iii. To what extent do working conditions affect the retention of doctors at Kenyatta National Hospital- Kenya?

1.5 Significance of the Study

By identifying the factors that motivate doctors, thereby maximizing their retention, the study will be useful to the Ministry of Health and County governments in Kenya, which are tasked with providing quality healthcare services. In advancing better healthcare outcomes, policymakers within the healthcare sector and human resource managers for healthcare workers shall find the study useful in understanding what affects the motivation of doctors and, consequently, their retention.

The study's findings are crucial to academics since they tested theory against experience and help them comprehend the nexus of financial incentives, working conditions, and career development opportunities of doctors to better healthcare. This study contributed to the existing knowledge regarding the factors influencing the retention of doctors in Sub-Saharan Africa and inform further research on the subject.

1.6 Scope of the Study

The study assessed how the motivation factors; career development, financial incentives and working conditions affect the retention of doctors – the most specialized cadre of health workers - at the Kenyatta National Hospital, the largest referral and teaching hospital in East and Central Africa. This category of health workers at Kenyatta National Hospital greatly influences the health outcomes through treatment and training - not only in Kenya, but the East and Central Africa region as well.

CHAPTER 2 : LITERATURE REVIEW

2.1 Introduction

This chapter examines the available theoretical literature and studies that have been previously carried out and are relevant to the research problem. The chapter sheds light on the research problem to better understand the issues discussed.

2.2 Theoretical Foundation

This study was based on Herzberg's (1959) Two-Factor Theory and Adams' (1963) Equity Theory, as outlined below.

2.2.1 Equity Theory

Adams first put out this theory (1963). According to this view, employees are utility maximisers who strive for parity between the inputs they offer to the job and the benefits they obtain. Staff contributions include expertise, knowledge, time, experience, effort, hard work, loyalty, abilities, and dedication to the organization's objectives. Employees anticipate fair treatment and acknowledgment, which pushes them to work harder and significantly contribute to the organization's performance. Walster, Traupmann, and Walster (1978) contributed more comprehensively to Adam's idea of equity. Employees anticipate outputs such as commensurate compensation, an achievement award, and other non-financial advantages typically referred to as fringe benefits, such as office tea, lunch, transportation, team building, and promotions. When the inputs correspond to the outcome, there is decreased staff turnover and increased employee retention. Equity theory regards pay (financial incentive) as an outcome after an input has been expended or discharged in the form of work or service. Salary payment is one of the most popular remuneration packages given out to recipients, say, doctors on a periodical basis. Shoab et al. (2009), as cited in N'gethe et al. (2010), believe that an attractive remuneration package is one of the very important factors of retention and turnover because it fulfils both the financial and other materials desire of employees.

Mamah (2015), in light of this theory, observed that the influence of remuneration in motivation or demotivation has direct links with an employee deciding to continue working or a deciding to quit, respectively. In addition, a few more studies affirm their correlates. These include Curran (2012), who asserts that such a relationship exists, even in a very strong sense. Curran (2012) further maintained that employee turnover would be high when motivation is low. Also, Mylene (2008) believes that when an employee is demotivated, the intensity of desire for withdrawal will also be higher. The study will be predicated on the notion that doctors' contributions at work must be proportional to the output exerted by the organization, in this case, monetary gain.

This theory supported the objective of the study on how financial incentives affect the retention of doctors at KNH. Doctors utilize their knowledge, time and expertise while in the hospital to treat patients. The hospital in return is expected to give them better compensation packages in terms of financial incentives which reduces their turn over rates hence enhancing their retention at KNH.

2.2.2 Herzberg's Two-Factor Theory

Although Herzberg's motivation hygiene theory was originally published in 1959, it continues to affect contemporary research globally (Dalton, 2010). Herzberg uses a two-dimensional approach to determine motivation at the workplace: (1) motivating factors that lead to job satisfaction and (2) a separate set of demotivating factors that cause job dissatisfaction (Herzberg, 2003). The motivating factors (motivators/satisfiers) involve achievement, achievement recognition, work nature, responsibility, career advancement, and growth opportunities. The theory, therefore, suggests that securing and creating conditions for professional growth, empowering employees to self-organize their work, and discussing the employees' goals are necessary, as Filho et al. (2016) found out while studying physicians' job satisfaction and motivation in public, academic hospitals. Herzberg argues that even a small amount of time and money invested in motivating employees will translate into employee satisfaction and economic effects that will ultimately benefit society. Hygiene factors or

external motivators such as job security, salary and work conditions, Filho et al. (2016) further notes, if not met, the employee is demotivated and likely to quit employment.

This theory served as the foundation for this study for two primary reasons. Two primary incentives influence employee retention: intrinsic factors, which directly influence employee motivation, and extrinsic factors, which maintain employees in a neutral state without necessarily influencing motivation. Mathimaran and Kumar (2017) theorize the three Rs of employee retention, namely "respect, recognition, and rewards," which are manifested by investing in employees through the provision of training and career development opportunities, as well as better financial incentives and working conditions. Also, using this theory, researchers like Werner et al. (2011) have studied how motivation affects staff retention and found that the motivational factors of healthcare workers can be categorized into five distinct categories: working environment, financial incentives, living conditions, personal development and recruitment-related factors (Ministry of Health and Social Welfare Government of Lesotho, 2010).

This theory supported the objectives of the study on how working conditions and career advancement opportunities affected the retention of doctors at KNH. The provision of training opportunities for the doctors helps in improving their skills hence better outcomes at KNH. This goes hand in hand with provision of a better working environment for the doctors such as provision of equipment, availability of consumables, good leadership and their welfare issues being taken into consideration

2.3 Empirical Review

2.3.1 Factors Affecting Doctors' Retention

Theories of motivation, particularly Herzberg's (1959) "Two Factor Theory," have attempted to describe how factors that influence the motivation of workers can push them out of their occupations or attract them to specific jobs. These factors are classified as either intrinsic or extrinsic. The intrinsic variables include acknowledgement, achievement, progression, development, responsibility, and work. Extrinsic factors include policies, salary, supervisory styles, and co-worker relationships. For healthcare workers, subsequent research modelling of Herzberg's (1959) two-factor theory classified the motivating factors into the following:

working environment, financial incentives, living conditions, personal development, and recruitment-related factors.

Several studies conducted in other nations have demonstrated that financial incentives are an integral part of the retention of healthcare workers (Washeya, 2018; Seitovira et al., 2014; Ndetei, Khasakhala, and Omolo, 2008); Mbugua, Oyore, and Mwitari, 2018). In Namibia, doctors moved to the private sector for financial reasons (Washeya, 2018), and in Finland, financial incentives played a significant role in employees' decisions to remain (Seitovira et al., 2014). In Kenya, most studies on financial incentives for staff motivation have been conducted in other sectors with little focus on the health sector. Ndetei et al. (2008), whose study found financial incentives as driving factors of health workers' migration from rural to urban health facilities. Mbugua et al. (2018) found that 80% of Community Health Workers who were poorly motivated due to poor financial incentives attempted to quit their jobs.

Other studies discovered that career opportunities are a significant factor in a doctor's decision to remain (Booyens and Bezuidenhout, 2014; Ojaka, Olango, and Jarvis, 2014). In South Africa, career development opportunities influence doctors' retention (Booyens et al., 2014). In contrast, career development opportunities in Kenya were a factor in rural-to-urban migration and staff turnover (Ojaka et al., 2014). (Ongori and Agolla, 2009). Career advancement practices make employees feel valued and inspire them to work with vigour (Booyens et al., 2014). Despite the literature emphasizing the importance of career opportunities as a pull factor, there is a dearth of research demonstrating its significance among doctors.

According to some studies (Washeya, 2018; Bvumbwe, Malema, and Chipeta, 2015; Ojaka et al., 2014), working conditions are a significant factor in employee retention. The influence of working conditions on employee turnover in Namibia (Washeya, 2018), job satisfaction in Malawi (Bvumbwe et al., 2015), and job dissatisfaction in rural Kenya were examined (Ojaka et al., 2014). Access to information, research, study leave, group cohesion, and social relationships influenced the intention to stay in Kenya (Ojaka et al., 2014; Brown et al., 2013). Despite this vital information, there was fragmented data on the impact of these factors on the

motivation of Kenyan doctors. In addition, these studies have been conducted with diverse employee populations in Kenya; therefore, it is necessary to test these variables among doctors, specifically at the Kenyatta National Hospital.

Prior research has demonstrated that highly educated employees are more likely to leave for career advancement. This situation is exacerbated if the organization has limited career opportunities (Arnoux-Nicolas et al., 2016). There was a higher likelihood of doctor turnover among those with a high level of education due to their sense of accomplishment, which affects their work motivation (Ndikumana, Kwonyike, & Tubey, 2018). Doctors with higher professional titles and more extended working periods may experience a diminished sense of professional achievement and a greater propensity to leave the profession. In addition, longer working hours may result in fatigue, tension, and burnout, indirectly affecting the intention to leave (Brown et al., 2013).

2.3.2 Financial Incentives and Retention

Ndetei, Khasakhala, and Omolo (2008) investigated the effect of financial incentives on the retention of health workers in Kenya by examining the present practice. According to the reviewed literature, some financial incentives offered to health professionals include overtime pay, paid leave, access to a vehicle or home loans at competitive market rates, hardship allowance, transport allowance, uniform allowance, entertainment allowance, and special duty allowance. Previous research (Ndetei et al., 2008) showed that health worker mobility was rising despite these financial incentives. Most staff movements occurred in private medical facilities and the non-governmental sector, where employees earn higher salaries and benefits. However, since this study was conducted, there have been numerous wage adjustments and allowance provisions; hence, there is a need for additional research on this topic, particularly with current compensation packages.

Ojaka, Olango, and Jarvis (2014) investigated the factors influencing the motivation and retention of primary healthcare workers in Machakos, Kibera, and Turkana, Kenya. The study combined a cross-sectional survey design and a cluster sample design to sample 404 healthcare professionals from various healthcare professions, including doctors; however, most

respondents were nurses. This study focused on similar individuals who worked in a neutral work environment. The study found that 84.6% of medical staff reported that salary was a significant factor in their decision to change jobs and that staff working in rural areas thought their earnings were unfairly low compared to those in urban areas and other sectors. Those who believed their salaries and allowances were lower than those in other industries were more likely to seek a higher-paying position. Respondents to the study were heterogeneous and hailed from an environment where employees theoretically sought higher compensation due to challenging work circumstances.

Mbugua, Oyore, and Mwitari (2018) investigated the impact of monetary incentives on the motivation and retention of community health workers in Kenya's Makeni county. In a cross-sectional comparative study, Community Health Workers (CHWs) receiving monetary incentives were compared to those not receiving non-monetary incentives. Using a standardized questionnaire, data were collected and analyzed descriptively. The results suggested that the likelihood of motivation and retention of CHWs increased as their compensation increased. The CHWs who did not receive monetary incentives had a greater likelihood of attrition and intention to leave the program. This indicates that regardless of the level of health worker cadre, monetary incentives have a crucial impact on retention. However, this study was conducted on CHWs, significantly distinct from the doctors working in Kenya's largest referral hospital.

A study conducted in six African countries found that financial incentives are only one of the strong elements impacting health worker motivation and retention, even though the bulk of studies have identified financial incentives as a primary factor influencing medical staff retention (International Council of Nurses, 2008). In countries such as Zimbabwe and Uganda, low pay was the primary reason doctors decided to move. Still, in Cameroon, bad living circumstances, lack of advancement, and the desire to gain experience were the primary factors influencing health worker retention (Dieleman & Harnmeijer, 2006). Although financial incentives play a significant role in the decision to quit or improve performance in Vietnam, tactics that exhibit appreciation and respect, such as performance appraisal, training, and

supervision, were crucial in determining the retention of health workers (Dieleman, Cuong, Anh & Martineau, 2003).

2.3.3 Career Development and Retention

The International Council of Nurses (2008) found that among the non-financial incentives for nurses' retention, professional autonomy, recognition of work, a safe and clean working environment, support and career development, sabbatical and study leave, equal opportunity, access to training and education, parental leave, career talks, and coaching and mentoring structures were highly valued. In Africa, possibilities for career advancement, recognition, and appreciation influenced a nurse's decision to quit, but in Vietnam, options for training and performance evaluation had the same effect (Dieleman, Cuong, Anh & Martineau, 2003).

Koigi and Waiganjo (2014) investigated the human resource practices at Nyeri County Referral Hospital that influence the retention of healthcare employees. The study examined how staff training, career planning, and succession plans influence the intention of medical professionals to quit or remain using a stratified selection of 35 medical personnel. The study revealed that more than 74% of employees were dissatisfied due to the absence of a training and development policy, inadequate study leave, restricted possibilities for career advancement, and management's poor acknowledgement of employees' professional improvement. Staff members also said that they would prefer to work for an organization with well-established training and career development mechanisms. However, the survey did not examine outcomes by cadre and did not reveal which factors have the greatest impact on staff resignation intentions.

Muthumbi and Kamau (2021) studied the effect of career development on employee performance in Deloitte limited Kenya. The study applied descriptive research design and gathered primary data through issue of questionnaires. Data was analyzed using univariate and multivariate statistics. Results of the study indicated that career development have statistically significant positive effect on employee performance. Key developments aspects were identified as training programs, career guidance & mentorship and mobility programs. It was recommended that professional services firms should shift more efforts on aspects related to

career development. Specifically, professional firms ought to enhance training programs, career guidance and mentorship and mobility programs.

Joel and Kelley (2017) studied the importance of employees training and development in employee performance and evaluation. Qualitative research design was applied and primary data collected through use of interview guide. Results of the study indicates that employees training aids in achievement of diverse goals such as improvement of employees' morale, job security, employees' engagement and employee competencies. Further, organization leaders ought to adopt systematic approaches for assessing employee's performance whereby outcomes are determined by personal, organizational, environmental, motivation, skills level, aptitudes and role perceptions. Through, training and development opportunities effective tools for employee's appraisal will be developed and it will be easier to assess achievement of organization competitive advantage.

Asfaw, Argaw and Bayissa (2015) studied the impact of training and development on employee performance and effectiveness in Ethiopia. Quantitative research design was applied and primary data was collected through administration of questionnaires. Univariate and multivariate statistics were adopted for data analysis. The findings indicated that training and development have statistically significant effect on employee performance and effectiveness in Ethiopia. It was recommended that there is need for provision of employee training and development activities and ensuring that there is full participation of employees in planning, needs or skills deficit identification and evaluation of training and development programs.

Hassen (2022) examined the impact of training and development on employee performance in Bahir Dar university in Ethiopia. The study applied quantitative approach and cross-sectional survey design and administered questionnaires. Descriptive and bivariate statistics were used for data analysis. Results showed that training design, training needs assessment, training delivery style and training evaluation have significant positive effect on employees' performance. The study recommended that human resources management ought to engage in increasing the qualities and quantities of training program and deploys four phases of

systematic training process to increase the performance of administrative employees of Bahir Dar University more so through deployment of technology.

Njeri, Kahuthia and Muraguri (2019) examined the effect of employee development on organization performance in Rift Valley machinery services limited. Descriptive research design was applied and primary data sourced through administration of questionnaires. Descriptive and multivariate statistics analyzed the data. Results of the study indicated that employee development has positive statistically significant effect on organization performance in Rift Valley machinery services limited. The study concluded that employee development has significant impact on change management thus in addition to making employees continuous learners on organization requirements and effective compensation management may stimulate employee commitment.

2.3.4 Working Conditions and Retention

Ndetei, Khasakhala, and Omolo (2008) examined the current practice of "incentives for health worker retention in Kenya." Poor working circumstances caused by inadequate medical supplies, particularly pharmaceuticals and equipment, were identified as one of the non-financial variables influencing employees' intentions to leave. The frustration caused by the lack of these key items drove the movement of health workers to the private sector or NGO health facilities. In addition, the study indicated that a lack of social welfare services, limited career options, limited educational chances, and poor communication channels were among the factors that influenced healthcare workers' migration decisions. However, the provision of medical coverage, pension and national security fund contributions by the employer, career options such as local training and scholarships, and a reward for job performance were among the primary elements attracting healthcare employees in healthcare facilities. However, since this study was completed, significant non-financial benefit changes have been made. This necessitates conducting current research on this topic, particularly concerning compensation packages.

Misfeldt, Lait, Armitage, Hepp, Jackson, Linder, and Suter (2014) examined "financial and non-financial incentives for Canadian healthcare employees" in a systematic assessment of

peer-reviewed papers published between 2000 and 2012. Physicians, nurses, and healthcare personnel were included in the study. The results determined that nurses' professional autonomy, social support, promotional chances, clinical supervision, education and training opportunities, and collaboration with other medical staff substantially impacted medical staff retention. However, the effects of workload, pay, and indirect financial incentives on healthcare worker absenteeism and retention were equivocal.

Using a cross-sectional survey methodology, Ndikumana, Kwonyike, and Tubey (2018) investigated "non-financial incentives and professional health workers' intentions to stay in public district hospitals in Rwanda." A total of 252 medical staff were chosen to participate in the study. Descriptive data analysis and logistic regression were performed to examine the relationship between factors and outcomes. The results indicated that the availability of career advancement possibilities greatly boosted the likelihood of medical staff retention. However, there was no correlation between working conditions and the intention of healthcare personnel to remain at the institution. This suggests that non-monetary incentives may be crucial for retaining healthcare staff.

Hanai (2021) studied the effect of working environment on employee retention in Tanzania banking sector. A sample of 370 employees was considered and descriptive research design applied. Data was analyzed using descriptive statistics and binary logistics. Results of the study indicated that there was a statistically significant association between working environment and employee retention in banking sector in Tanzania. It was recommended that there is need for creation of harmonious supervisor relationship, clarity of responsibility and control over work so as to erodes odds associated with hygienic working environment.

Torsabo and Rose (2021) studied the effect of working environment on employee retention in Adamawa state university Mubi in Nigeria. Descriptive research design was applied and primary data collected through administration of questionnaires. Data was analyzed using univariate and multivariate statistics. Results of the study indicated that working environment had positive and statistically significant effect on retention. The study presented methodological gaps since it applied inferential statistics in exclusion of diagnostic tests.

Alias et al., (2019) studied the effect of a supportive working environment on employee retention at Malaysia information communication and technology industry sector. A descriptive research design was applied, and primary data collected through the administration of questionnaires. Data was analyzed through univariate and multivariate statistics. Results of the study indicated that organisation support, supervision support and job satisfaction have statistical effect on employee retention at Malaysia's information communication and technology industry sector. Since the study drew data from information technology sector there is need for a localized study to respond to contextual gaps.

Other scholars such as (Patel and Patel, 2014) also showed that the work environment is significantly related to employee retention. Nasir and Mahmood (2016) researched determinants of employee retention in Pakistan and argued that work-life balance, job satisfaction, work environment, recognition and supervisor support significantly correlate with employee retention. Roy (2018), who studied the banking industry in India, revealed a significant relationship between work-life balance and employee retention. In Pakistan, Malik, et al. (2018) argued that co-worker and supervisor support have a significant and direct relationship with employee retention.

2.4 Summary of Literature and Research Gaps

All studied hypotheses support the notion that observable motivators influence employee retention. In the empirical literature, there is a dearth of research investigating the mix of financial and non-financial factors that influence the retention of doctors at KNH. Employee retention is directly influenced by motivators, according to the two primary motivational theories examined in this research (either intrinsic or extrinsic). While Adam's (1963) equity theory gives intrinsic and extrinsic variables equal weight, Herzberg's (1959) two-factor theory gives intrinsic motivators greater weight. However, research evaluating the veracity of these hypotheses in various nations has yielded contradictory results, none adequately representing healthcare workers.

The results of studies on the effect of financial incentives on employee retention have been inconsistent and do not reflect healthcare personnel. Despite introducing financial incentives,

Ndetei et al. (2008) discovered that the movement of health personnel from the public to the private sector was still on the rise. This was linked to pay and allowances by Ojaka et al. (2014) and Mbugua et al. (2018), despite the study population being heterogeneous and being performed among CHWs. In the global empirical literature, monetary incentives play a minor role in employee retention (Dieleman et al., 2006; Dieleman et al., 2003). However, numerous wage revisions and allowance provisions demonstrate the necessity for more recent research on this topic, particularly with current compensation packages.

Variables have been operationalized differently in studies on career advancement, working environment, and employee retention. They include promotions and poor living conditions (Dieleman et al., 2006); opportunities for further education, recognition, and appreciation (Dieleman et al., 2003); poor working conditions, inadequate medical supplies, lack of social welfare facilities, limited career opportunities, limited educational opportunities and communication channels local training and scholarships (Ndetei et al., 2008); workload, medical supplies and drugs, and limited opportunities for promotion (Ndetei et al., 2008); and limited opportunities for promotions (Ndikumana et al. 2018). Studies on personal variables and employee retention have yielded contradictory results, as Ndikumana et al. (2018) found that ranks and experience impact medical staff's intention to stay. Yet, rank and experience greatly influence staff's intention to leave.



Table 2. 1: Summary of Literature Review

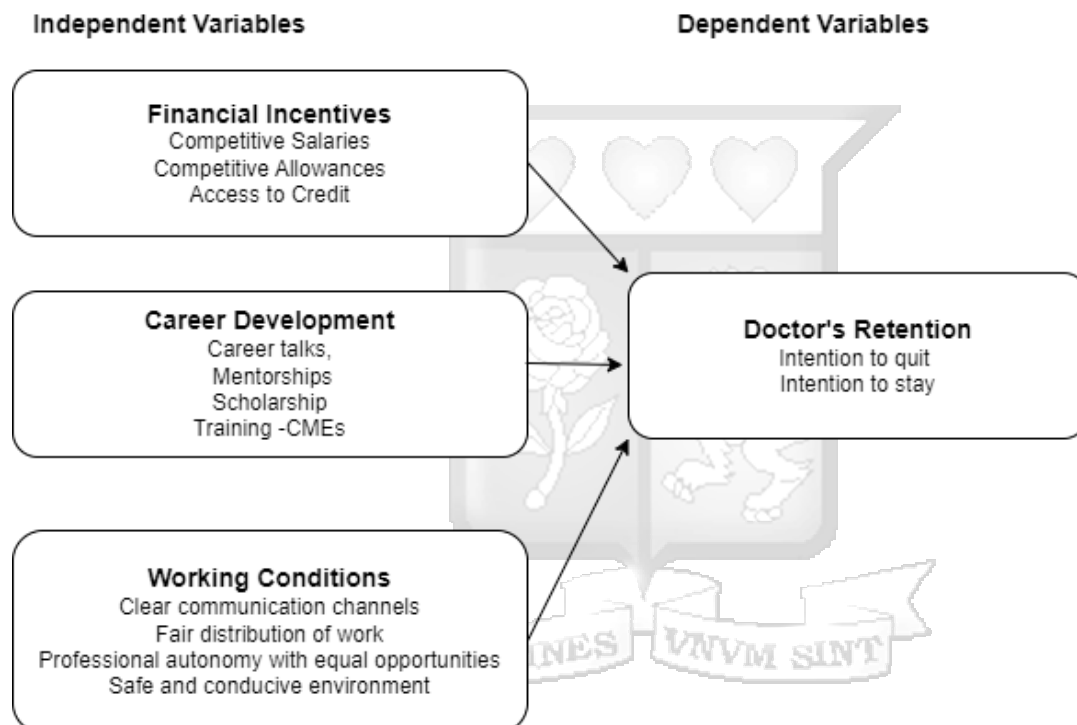
Author(s)	Objectives/Purpose	Key Findings	Research Gaps	Focus of this Study
Alias et al., (2019)	Studied the effect of supportive working environment on employee retention at Malaysia information communication and technology industry sector.	The study indicated that organization support, supervision support and job satisfaction have statistically effect on employee retention	The study poses methodological since despite of adopting inferential statistics diagnostic test findings were not reported.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.
Torsabo and Rose (2021)	Studied the effect of working environment on employee retention in Adamawa state university Mubi in Nigeria.	Working environment had positive and statistically significant effect on retention	Since the study drew data from education sector there is need for customized study in a health facility.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.
Hanai (2021)	Studied the effect of working environment on employee retention in Tanzania banking sector.	working environment had positive and statistically significant effect on retention.	There are contextual gaps since the study considered a financial institution whose industry specific characteristics are not homogeneous to health institution.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.
Hassen (2022)	Examined the impact of training and development on employee performance in Bahir Dar university in Ethiopia.	Training design, training needs assessment, training delivery style and training evaluation have significant positive	The study considered respondents from training institution though KNH is not fully a training facility.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.

		effect on employees' performance		
Mbugua, et al., (2018)	Investigated the impact of monetary incentives on the motivation and retention of community health workers in Kenya's Makueni county.	There was a statistically significant association between motivation and employee retention.	The study poses methodological since despite of adopting inferential statistics diagnostic test findings were not reported.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.
Joel and Kelley (2017)	studied the importance of employees training and development in employee performance and evaluation	That employee training aids in achievement of diverse goals such as improvement of employees' morale, job security, employees' engagement and employee competencies.	The study was purely qualitative thus the need to adopt mixed methods.	The study adopted ordered logit to examine the effect of financial incentives, career development and working conditions in KNH.



2.5 Conceptual Framework

The literature review contributed to the identification of study variables. Their relationship has been established using Herzberg's (1959) two-factor theory and Adams' (1963) equity theory. The theories suggest that employee retention is influenced by monetary incentives, working conditions, and career advancement. The following figure illustrates the relationship between these variables.



Source: Researcher, 2023

Figure 2.1: Conceptual Framework

2.6 Operationalization of Variables

Table 2. 2: Operationalization of the Variables

Variable	Construct	Operational Definition	Indicators	Measurement
Independent variables	1.Financial Incentives	Direct or indirect monetary rewards intended to inspire doctors to fulfill their duty.	Allowances such as overtime, uniform, leave hardship, commuter, entertainment, Car loans, Promotions House Mortgages	Thematic coding of the response to the interview questions by each individual respondent
	2.Working Conditions	The contexts in which doctors perform their duties	A secure and conducive atmosphere, clear communication lines, equitable workload distribution, equal opportunity at work, professional autonomy, overtime protection, and infectious disease prevention.	Thematic coding of the response to the interview questions by each individual respondent
	3.Career Development	Opportunities offered by KNH to enhance the learning and abilities of doctors	Includes trainings, career talks, mentoring, scholarships, Continuous medical education	Thematic coding of the response to the interview questions by each individual respondent
Dependent variable	1.Doctors retention	The ability of the doctors to continue working at KNH until retirement or their death.	Intention to quit Intention to stay	Thematic coding of the response to the interview questions by each individual respondent

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methods for the study. The chapter will comprise the research design, target population, sampling technique, sample size determination, data collection methods, data analysis and ethical considerations.

3.2 Research Philosophy

This is a belief about the way in which data about a phenomenon should be gathered, analysed and used. It is the foundation of knowledge which assists the researcher to expose, understand and minimize research biases (Sekaran & Bougie, 2010).

This study was based on the paradigm of positivism because the ontology of positivism paradigm states that reality is real and apprehensible, where the collection and analysis of data enables the testing of theories and proving hypotheses. Moreover, positivistic philosophical foundation is based on real facts, objectivity, neutrality, measurement and validity of results (Saunders, et al., 2014).

3.3 Research Design

The study design aimed to provide a method for identifying the answers to the research question, objectives, research problem of interest, population and sampling procedures (Wahyuni, 2012). Qualitative research often concerns developing a depth of understanding rather than a breadth, particularly when undertaken under a non-positivist paradigm, such as that involving depth psychology or a constructivist approach to research (Boddy, 2016). This approach was chosen because it allowed the researcher to get a deeper understanding of motivating factors affecting the retention of doctors at KNH. Open ended questions were used to probe the respondents. Qualitative Study design is iterative, data collection and research questions are adjusted according to what is learnt unlike quantitative methods that uses closed ended questions thus limiting the researcher from probing further. The qualitative study design is subject to statistical assumptions and conditions (Mack, 2005).

3.4 Target Population

According to Cooper and Schnidler (2014), the study's target population comprises respondents with particular characteristics or reliable understanding of the research problem. The Kenyatta National Hospital has 309 qualified and practicing doctors (KNH, 2022). The population were subdivided into 138 medical division doctors and 171 surgical division doctors.

Table 3.1: Population of the Study

Medical doctors at KNH		Number	Percentage
Medical division	Medical officers	50	16
	Medical specialists	88	29
Surgical division	Medical officers	71	23
	Medical specialists	100	32
Total		309	100

3.5 Sampling Technique and Sample Size

Sampling is selecting a statistically representative sample of the population of interest. This study utilized purposive sampling to get a sample representative of the intended population (Sarstedt et al., 2017). This would also ensure that all doctors have an equal opportunity to participate in the study without prejudice. The population of the study was made up of the medical officers and medical specialists. Medical officer interns were excluded from the study.

Being a qualitative study, the sample size was guided by the principle of saturation. Adding more participants to the study would not result in any new significant information obtained. This is commonly referred to as the power of information (Baker and Edwards 2012). The researcher interviewed the respondents until saturation was achieved. However, experts agree saturation is ideal but give numerical guidance which is an average sample of 20 for a master's thesis and 50 for a PhD (Baker & Edwards 2012). Therefore, in this study we enrolled 24 participants.

Purposive sampling was used to select the study population for the in-depth interviews and the key informant interviews. For the in-depth interviews, a representative population was derived using the concept of at least 8% as depicted by (Borg and Gal 2003) to achieve a population of 24 participants. Multi stage sampling was done. The study population was stratified (quota sampling) in two divisions, medical and surgical; divisions, further stratified into medical officers and medical specialists. Gender balance and equal representation from all cadres of doctors working at KNH was observed. Random sampling from each population of the strata for the in-depth interviews was done as described in table 3.2. In total 24 in-depth interviews were conducted.

Table 3.2: Sample Size

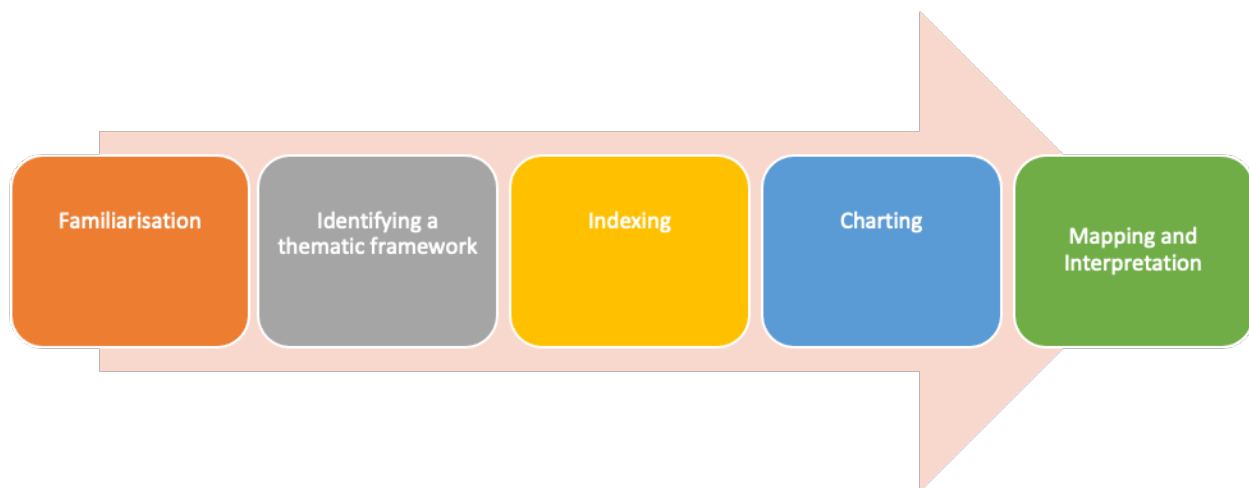
#	Medical doctors at KNH	Number	Sample size	Male	Female	
1	Medical division	Medical officers	50	6	3	3
		Medical specialists	88	6	3	3
2	Surgical division	Medical officers	71	6	3	3
		Medical specialists	100	6	3	3
#	Total		309	24	12	12

3.6 Data Collection Methods

Instruments refer to the tools to be used for collecting data and how the tools were developed, (Saunders et al., 2014). The study collected data using in depth interviews.

3.7 Data Analysis

Transcribed data was entered into NVivo software for easy organization, storage, and retrieval. Data was analysed using thematic framework analysis (Srivastava and Thomson 2009). The framework method was organized, cleared and comprehensive and involved five steps which clearly showed how the researcher obtained results from the data as shown in figure 3.1 below.



Source: Robai, 2020

Figure 3.1: Thematic Framework Analysis

3.7.1 Familiarization

A transcriber transcribed all audio recordings into textual data in a word document (transcripts). The transcriber did this by listening to the audio recordings and simultaneously typing everything that was said, including nonverbal sounds. Field notes were typed into a descriptive narrative. The researcher then immersed in the data by reading and re-reading transcripts and field notes to gain an overview of the content and identifying key ideas and themes emerging from the data. Specifically, the researcher began to grasp the factors affecting the retention of doctors at KNH.

3.7.2 Coding and Identifying a Thematic Framework

After familiarization, the researcher constructed a thematic framework for the data to be sifted and sorted. This involved identifying key issues, codes and themes for the data to be examined and referenced. When constructing this framework, the researcher was informed by the research objectives set a priori and emergent issues raised by the participants. Codes were taken directly from what the participants said (in vivo codes). N-Vivo software was used to create a node (eg, salaries) and count the frequency of the word salaries in the transcript. Once a node was created, the text was coded under it, and the same was searched to view all quotes associated with the node across all transcripts.

3.7.3 Indexing

Indexing involved systematically applying the thematic framework to the data in its textual form. Sections of data corresponding to a given theme were identified, then indexing references were noted on the margins of each transcript. The data was read and annotated according to themes in the thematic framework. Indexing references were recorded on the margins of each transcript using numerical or descriptive textual codes. For example, if one of the codes was working conditions, Therefore, the transcript was annotated as working conditions. Indexes provided a mechanism for labelling data in manageable 'bites' for subsequent retrieval and exploration. In addition, indexing allowed the researcher to note the frequency of specific codes in the data.

3.7.4 Charting

Charting involved building a picture of the real data. The researcher organized data from the original transcripts into charts with headings and sub-headings derived from the constructed thematic framework. A chart was created for each key theme with entries from several respondents. By so doing, the researcher cut and pasted chunks of verbatim texts (quotes) from the transcripts and grouped the same per theme in a chart. For example, suppose one of the themes was how salaries influenced the motivation and retention of doctors at KNH. In that case, all relevant data (quotes) supporting this theme were cut from the transcripts and put under this theme in a chart. This was important because it allowed the researcher to support the theme using the respondents' words. The quotes from the transcripts were referenced in the charts to make it easier to refer back to the original data.

3.7.5 Mapping and Interpretation

The researcher pulled together key characteristics of the data and mapped and interpreted the data set as a whole. The researcher reviewed the charts and field notes; compared and contrasted the perceptions, accounts or experiences of different respondents. The researcher

looked for associations and patterns and sought explanations internally within the data by comparing and contrasting the findings from different respondents. For example, comparisons were made within subpopulations of the study participants to see whether certain themes were predominant among males or females. The researcher used N-Vivo to query and display the relationships between nodes and created models and charts to present the results visually. In addition, the researcher also compared and contrasted the findings with those made in similar studies.

3.8 Research Quality

Piloting of the research instrument was conducted amongst 3 medical personnel who were drawn from Mama Lucy Kibaki hospital in Nairobi County. According to Saunders et al., piloting of the research instrument was vital since it gave chance for reduction of biases attributed to measurement errors and ultimately improved its validity. This sample was appropriate since Sekaran and Bougie (2013) averred that a sample of ten percent of the actual study sample was appropriate for piloting the research instruments. Pilot study data was analysed to evaluate its relevance and efficacy in addressing study objectives and average time taken by each respondent.

3.8.1 Validity of Research Instrument

Validity examines a research instrument's capability for eliciting the required replies or answers without ambiguity or distortion. Based on the analysis of the mock study, the researcher made all necessary edits, modifications, or additions to the questionnaire (Ali & Yusof, 2011). This established whether the questions accurately addressed the research questions or not. Emergent findings from on-going interviews and analysis informed subsequent interviews. This approach provided an opportunity for revising questions as the research unfolded. Consultations and discussions with the supervisor were also necessary for establishing the content's validity (Kombo & Tromp, 2006).

3.8.2 Reliability of Research Instrument

Reliability, the proportion of variance attributable to the true measurement of a variable, estimates the consistency of responses over time. It showed if the research instrument would yield the same results after repeated trials. Reliability related to the precision and accuracy of the instrument. The instrument should yield similar results if used on a similar group of respondents in a similar context (Cohen et al., 2000). After a week, the researcher administered the same questions to the same group of doctors and established the similarity of their responses to the questions asked. Multiple coding was used as a valuable strategy to improve the quality of findings. Themes were generated independently from the data by the researcher and methodology supervisor and thematic consensus was reached. The data was coded. This process served to maximize the rigor and validity of the analysis.

3.9 Ethical Consideration

According to Mugenda and Mugenda (2003), ethics is "a code of behaviour considered correct," which is vital for every researcher. Researchers should know their duties and obligations and how they may affect their study's respondents. Respecting the fundamental rights of those involved is essential.

Sensitive issues were approached carefully, and with tact, and respondents were free to decline to answer any question they deem intrusive. Each interview was estimated to take thirty to forty-five minutes. There were no anticipated risks to the participants recruited into the study. There were no incentives from participation in the study. Ethical approval to conduct this study was obtained from the Strathmore Research Ethics Committee (SU-ISERC1630/23 and the National Commission for Science, Technology, and Innovation (NACOSTI)Ref NO 459721. During data collection, all ethical considerations were adhered to. All respondents' rights such as privacy, confidentiality, protection from discomfort, and the right to withdraw from the data collection processes were honoured. All information was anonymized with precaution measures taken to ensure no names or other identifying information was linked to the data.

CHAPTER 4 : PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents the research findings. The factors affecting the motivation of doctors at KNH are categorized into three broad themes: 1. How financial incentives affect the retention of doctors at KNH; 2. The effect of career development opportunities on the retention of doctors at KNH. 3. The effect of working conditions on motivation and retention of doctors

4.1 Respondents' Response Rate

A. total of 24 respondents participated in the study. This represented 100% response rate. According to Mugenda and Mugenda (2013), a response rate of 50% was adequate for analysis and reporting; a rate of 60% was good and a response rate of 70% and over was excellent. Based on the assertion, the response rate was excellent.

4.2 Sociodemographic Characteristics of the Participants

Table 4. 1: Demographics

Table 4.1 Demographics

	N (=24)	%
Gender		
• Males	12	50%
• Females	12	50%
Age		
• 30-35	4	16.7%
• 36-40	12	50.0%
• 41-45	5	20.8%
• Over 46yrs	3	12.5%
Education level		
• MBCHB	12	50%

• MMed	12	50%
Marital status		
• Single	3	12.5%
• Married	21	87.5%
• Separated	0	0
• Divorced	0	0
• Widowed	0	0

4.3 Doctors Turnover in KNH

According to the findings, most of the medical specialists (75%, n=8) indicated that the turnover rate was low, followed by 20% (n=3) stating that the turnover rate was medium and 5% (n=1) indicating that the turnover rate was high. According to 90% (n=10) of the medical officer turnover rate was high at KNH followed by 10%. The turnover rate was high at KNH as indicated by most medical officers due to Contract terms of employment, minimal career growth and the search for better competitive compensation. In addition, high work risk, work pressure, mismatch between expectations and organizational culture contributed to the turnover of doctors at KNH.

Table 4.2 Doctor’s Turnover

Description/ Turnover (n=24)	Medical officer	Medical specialist
Low	0	8
Medium	2	3
High	10	1
Total	12	12

According to the medical specialists, the turnover rate was low due to job security, fair remuneration, an opportunity for career growth, training opportunities, continuous employee feedback through existing channels of communication, the KNH pride, vibrant unions addressing doctor issues and a favourable work environment.

According to **Key informant 21**,

“The world of work is changing fast, and employees know that they need to keep moving or risk falling behind. A dedicated career growth plan can increase employee motivation and reassure their future with KNH is bright. The hospital culture has a huge impact on employee motivation as it is the key driver of work dissatisfaction”

4.4 Themes

Three main themes were generated from the study as listed below:

1. How financial incentives affect the retention of doctors at KNH
2. The effect of career development opportunities on the retention of doctors at KNH
3. The effect of working conditions on the retention of doctors at KNH

4.5 Effect of Financial Incentive on Doctors Retention in KNH

Table 4.3 Effect of Financial Incentive on Doctors Retention in KNH

	Codes	Count
Do you think financial incentives (amount of salaries/wages, allowances, fringe benefits, etc.) affect the motivation of doctors at KNH?	Salaries/wages	20
	Allowances	15
	Fringe benefits	17
What are some of the financial incentives that have the highest motivation for the doctors working at KNH?	Basic salary	15
	Allowances	16
	Terms of engagement (Permanents & pensionable, contract)	18
Do you think these financial incentives as a motivation factor significantly influence the decision to quit or continue working at KNH?	Increased productivity	22
	Retention	15
	Morale stimulant	13
How do you think issues with financial incentives can be sorted out sustainably to guarantee motivation and encourage doctors to continue working?	Advance salary	18
	Recognition	14
	Reward	13

4.5.1 Financial Incentives that Affect Doctors' Motivation in KNH

Asked whether financial motivation affects employee motivation. Most of the respondents indicated that financial incentives (number of salaries/wages (n=20), allowances (15), fringe benefits (n=17), etc.) affect the motivation of doctors at KNH.

The reasons given include:

Key informants 1, 2, 3, and 4 indicated that financial incentives help doctors earn a living and care for their basic needs. It also affects the input they provide to the hospital's performance.

Key informant 7 indicated that KNH's salary is very competitive with other hospitals, especially for medical officers.

"...The hospital is generous and has put in place specific financial incentives that helps drive and sustain a rapid performance improvement in delivering maximum benefit. Our competitors in the health care industry cannot match what KNH offers. In most cases, the private facilities and other lower facilities us KNH as a benchmark for setting financial benefits. They are not at par with KNH financial incentive standards...."

Key informant 2 however indicated that financial incentives offered outside the country are better than in KNH.

"...Financial incentives play a critical role in enhancing employee motivation. It entails monetary benefits that encourage behavior or actions which otherwise could not take place. A financial incentive is a key reason why doctors would wish to switch jobs. These types of incentives aid in retaining competent and skilled employees within the workforce. This ultimately increases accountability and the perceived fairness of differences in compensation. KNH has made a deliberate effort to spur employee motivation through negotiation with relevant authorities for a competitive remuneration package..."

4.5.2 Financial Incentives with Highest Motivation

An examination on financial incentives that have the highest motivation.24 respondents indicated that basic salary, allowances, and terms of engagement contributed to the highest motivation levels among doctors.

According to Key informant 9

“...Basic salary plays a very critical role in enhancing employee motivation. In today’s competitive market, a competitive basic salary has a long-term effect since it contributes to a pension upon retirement. A negotiated Collective Bargaining Agreement results in better remuneration that entails multi-various allowances...”

4.5.3 Effect of Financial Incentives on Decision to Quit

Twenty-four respondents stated that financial incentive was not a motivation factor to influence the decision to quit or continue working at KNH but rather being employed on permanent and pensionable terms.

Key informant 1 indicated that being permanent and pensionable influences the decision to continue working in KNH because there is a sense of belonging in the organization and also available growth opportunities.

Key informants 2, 3, 5, and 6 indicated that being employees as medical officers on contract terms there are minimal benefits leading them to quit and look for better opportunities elsewhere. However, key informant 8 indicated that if there were no better financial incentives, most doctors would decide to quit working at KNH.

For instance, according to Key informant 4

“...I would say partly because, if you are in the short contract employment, you would probably be looking for working outside but the only thing limiting people now is the shortage of doctors positions...”

Key informant 16

“...Financial incentive significantly influences to quit or continue working in KNH. The current Permanent and pensionable package is among the best in the market and can positively impact employee retention and motivation to continue working at KNH. To retain medical officers, the management should extend the engagement terms to all health care providers, especially medical officers....”

4.5.4 How the Financial Incentives Issue can be Sorted out Sustainably

Key informant 7 indicated that the financial incentive is perfect in KNH there is nothing that needs to be changed on it. Key informant 5 indicated that medical officers should be employed

on a permanent and pensionable basis and encouraged to join the residency program to impact positively remaining as KNH employees

According to Key Informant 8

“.... To guarantee motivation the hospital needs to identify alternative methods to encourage doctors to continue working. These methods would include the provision of a 13th monthly salary as a result of exemplary performance as well as recognition for distinguished services. However, the interventions, unfortunately, are always not in control of the hospital since it is a government institution which relies on other ministries like national treasury hence difficult to solve the issues...”

According to Key Informant 19

“.... To guarantee motivation in the long run, the hospital should resource mobilize and request for full government support the already negotiated and agreed on CBAs...”

4.6 Effect of Career Development Opportunities on Retention of Doctors’ at KNH

Table 4.4 Effect of Career Development Opportunities on Retention of Doctors’ at KNH

	Code	Count
Are career advancement opportunities available and accessible by doctors working at KNH?	Workshops	15
	Seminars	12
	Scholarships	13
	Exchange programs	10
What provisions does the hospital policy (if any) have on career development?	Programs for permanent and pensionable employees	16
	Inclusion criteria exclude non-permanent doctors	12
Do the provisions in (3) above apply without any deterrence?	Serve for some time	20
Do you think career advancement opportunities motivate doctors to continue working at KNH?	Skills improvement	18
	Goal setting	15
	Budgeting	16
What do you think is the best way to sustainably address career advancement concerns among doctors to encourage them to continue working at KNH?	Human resource policy	15
	Training deterrence	14

4.6.1 Career Advancement Opportunities Available and Accessible in KNH

Twenty-four respondents indicated that there were career advancement opportunities for doctors employed on permanent and pensionable terms but not for a medical officer on a contract basis.

Key informants 8, 19, 23, and 24 indicated that the human resource instrument had identified the career advancements and opportunities of each staff per their cadre hence they believed it helped the doctors grow in their careers.

Key informant 13

“...Indeed, there are career opportunities that have been institutionalized in line with the long and short-term goals of KNH. These opportunities are aimed at creating a pool of expertise in the future to offer high-quality specialized healthcare services and position KNH as a premium junction for medical tourism and research. These opportunities are only available to permanent and pensionable employees thus limited to access...”

Key informant 1

“...The hospital conducts Training Needs Assessment and identifies skill gaps. To mitigate the identified skill gaps, KNH uses training, hiring, job shadowing, coaching and mentorship. In most cases and as part of succession planning, doctors are sponsored and trained in and out of the country to acquire the expertise to fill the identified skills gap and tap into the existing opportunities in the health care space....”

If yes, please state some of them.

All the key informants agreed that career advancement opportunities available include: Sub specialization on a field of your choice or department needs, short- and long-term courses, conferences, fellowships and advancements to more administrative roles.

Key informant 15

“...The career development opportunities are identified based on need. For example, emerging and remerging diseases usually create a platform for new knowledge and the hospital heavily invests in those new fields to set the pace and guide the rest of the healthcare fraternity. In recent years, career growth in oncology, HIV and COVID -19 have been areas of focus in our

facility. The existing hospital plans aim to create new Centres of focus and thus the need for new skills to offer services there to...”

4.6.2 Provision for Career Development

Key informant 2, 4, and 7 stated that they were not aware of the hospital policy on career development.

Key informant 5 indicated that the hospital policy focused on permanent doctors and not medical officers.

Key informant 8 indicated that the hospital policy dictates that departments are required to develop their training projections every year and prioritize the training per departmental needs then forward to the hospital training committee for budget allocation and approval.

4.6.3 Deterrence in Career Development Provision

Key informant 3

“...The existing provisions in the hospital training policy deter one from exiting KNH within 3 years upon completion of long-stay studies. The policy bonds an officer to compulsory offer services at KNH before exit. In addition, an employee who requires long term study must offer work for at least 3 years for management to consider release and funding for training ...”

Key informant 7

“...One of the key deterrence in the career development provision in KNH is terms of engagement. Officers on short term contracts, casuals and temporary employees are not considered for any training. In some circumstances, the officers are requested to resign to proceed for their post graduate studies...”

4.6.4 Career Advancement Opportunities Motivating Doctors in KNH

All respondents agreed that career advancement opportunities motivate doctors to continue working at KNH. They stated that this does not only apply at KNH but everywhere. Career advancement enriches the skills of doctors and gives the hospital a skilled workforce which eventually leads to improved clinical outcome.

Key informant 17

“...Career advancement opportunities are a motivator but we doctors on contract don’t get the chance to advance in our career...”

Key informant 21

“...Doctors often feel more motivated at work when there are opportunities for growth and professional development. Giving doctors opportunities is an ingredient to increase their skills and become more efficient in their position and thus instilling a sense of accomplishment and pride. Further career advancement opportunities aid in building skills and setting goals for improvement. To rip the benefits of career advancements professional and personal skills are provided to position an employee to offer good services to the hospital...”

4.6.5 Sustainability Measures to Address Career Advancement Concerns

Key informant 5 stated that KNH should review the human resource policy so that once a medical officer works for 6 months they are employed on permanent terms like other positions and progress in terms of career development.

Key informant 18

“... I think a lesson that we have learned is that the hospital has career guidelines in place in line with the government requirements of human resource management. These guidelines should be made available for employees to access and use in aligning their day-to-day growth system to the aspiration of the hospital. An effective induction process should be conducted for new doctors to create a platform for shared understanding. The hospital should strive to get funds to facilitate the training as well as create opportunities for exchange programs with other globally established health care facilities...”

Key informant 22

“...To sustain career advancement across the hospital, KNH should remove the training deterrence provision that requires a medical officer and other employees to work more than 3 years for them to benefit from long-term trainings. KNH should negotiate with the Ministry of Health and other government agencies through linkages and collaboration to strengthen human resources for health. This way the counties and the national government can create a training fund to support capacity building for all health care workers ...”

4.7 Effect of Working Conditions on Retention of Doctors

Table 4.5 Effect of Working Conditions on Retention of Doctors

	Codes	Count
What do you consider as good working conditions for effective delivery of services by doctors at KNH?	Good leadership	17
	Well-structured shifts	15
	Availability of consumables	14
	Good equipment	13
	Positive culture	14
	Good system constitutes	12
Has KNH made any effort towards offering such conditions to the doctors?	Improved remuneration	14
	Good welfare	12
	Considerate management	13
Do you think working conditions have any effect on the retention of doctors at KNH?	Work effectively & deliver	16
	Working conditions	14
How can the hospital use working conditions to retain more doctors at KNH?	Participative decision making	13
	Revision of terms	14

4.7.1 Good Working Conditions for Effective Delivery Services

Twenty -four respondents considered a good working condition effective as one that cares about their welfare. They stated that good leadership, well-structured shifts, availability of consumables, good equipment, positive culture, and a good system constitute a good working condition. Respondents were quick to appreciate the hospital's effort in ensuring it has good working conditions.

Key informant 16

“The hospital has embarked on an exercise to change the hospital culture to be positive. This will create good working condition for us and also those who will come after us”

Key Informant 13

“The hospital needs to take good care of its staff in terms of their welfare so that they can feel there is a good working condition”

Key informant 18

The hospital has really tried to give us a good working environment however there is room for improvement. It needs to benchmark with private institutions”

Key informant 3

“...the desired good working condition is as stipulated in the OSHE act of 2007 that include having workplaces where there is trust, cooperation, safety, accountability, risk taking and equity. The working conditions should motivate healthcare providers to offer services. The hospital environment should cultivate a positive atmosphere where doctors feel respected and important, protected, clear lines of communication, diversity and opportunities for growth...”

4.7.2 Efforts Towards Offering Effective Working Conditions

Fourteen respondents stated that the hospital had made tremendous strides in ensuring that good working conditions are in place. They noted that the hospital had improved the remunerations, there were better machines, good welfare and considerate management. These have proved to staff and doctors that there were efforts to make working conditions better.

Key informant 19

“...we have noticed the efforts by management. So far, we are well shielded in terms of having working tools and equipment...”

Key informant 12

“...Management has put well-tailored shifts that favours us. This has helped us to have a work life balance...”

4.7.3 Effect of Working Conditions on Retention of Doctors

Twenty-four respondents agreed that working conditions had a huge effect on the retention of doctors at KNH. They also stated that this didn't apply at KNH only but all over. For doctors

to work effectively and deliver, working condition played a key role in motivation and willingness to stay at the place of work.

Key informant 21

“...Having a bad working condition will demotivate me and eventually make me look work elsewhere. We all want comfort and peace of mind and that is brought by working environment and condition...”

4.7.4 Hospital Use of Working Conditions on Retention of Doctors in KNH

Thirteen respondents raised mixed reactions on how the hospital could use working conditions to retain more doctors at KNH. Considering the turnover in the hospital, the hospital ought to look into the doctors' welfare and recognize them as the drivers of the success of the hospital by including them in the decision making for the hospital. Fourteen respondents expressed the need of the hospital to revise their packages and also the terms of their engagement.

Key informant 14

“...the hospital management should have a consultative meeting with doctors to discuss about their welfare. By doing so, doctors will feel recognized, motivated and they will feel that the management has their interests at heart...”

Key informant 11

“...the hospital needs to revise the package and terms for doctors on contract so that they can feel they have a better job security similar to the one with doctors on PnP...”

Key informant 17

“...The hospital management and union should push the government to implement the negotiated CBAs. A good pay will motivate doctors to continue working at KNH...”

How do you manage workplace challenges

Most respondents stated that they experience some challenges however they were able to manage and overcome them. They would overcome the challenges through interpersonal skills, in a way that there would be no friction with others.

Key informant 9

“...I am aware of the work life balance. I come to work at the stipulated time, work and leave when my shift ends. Once I feel exhausted, I take a leave or days off and get a rest. Once am back to work, I feel energized...”

Key informant 15

“...challenges are there but we handle them depending on the nature of the change. It requires us to have some interpersonal skills...”

Have you been seeking for alternative employment

This question had a mixed reaction among respondents. Some doctors on permanent employment terms said they were not seeking for jobs while some said they were actively seeking for jobs outside KNH. Doctors on contract terms of employment, said they were actively looking for jobs where they were guaranteed of job security.

Key Informant 22

“...most of us on contract terms are looking for jobs, but if KNH decide to employ them of permanent and pensionable terms, we would be satisfied...”

Key informant 3

“...if I get a higher pay, I will leave.... I am always looking for greener pastures...”

What is the main motivation of continued stay in KNH?

Twenty -four respondents stated that what motivates them to stay at KNH was the nature of cases they interacted with at KNH and the pride to work at KNH, which is a level 6 hospital).

Key informant 3

“...at KNH we get complicated cases that requires us to do a proper history check. This kind of cases gives builds our experience and gives us confidence for the future...”

What can we improve on to enhance your stay in the facility?

Fourteen respondents raised mixed reactions on how the hospital can improve to enhance your stay in the facility KNH. Considering the turnover in the hospital, the hospital ought to look into the doctors' welfare and appreciate them.

Key informant 14

“...the hospital management should have a consultative meeting with doctors to discuss about their welfare. By doing so, doctors will feel recognized, motivated and they will feel that the management has their interests at heart...”

Key informant 11

“...the hospital needs to revise the package and terms for doctors on contract so that they can feel they have a better job security similar to the one with doctors on PnP...”

Key informant 17

“...The hospital management and union should push the government to implement the negotiated CBAs. A good pay will motivate doctors to continue working at KNH...”



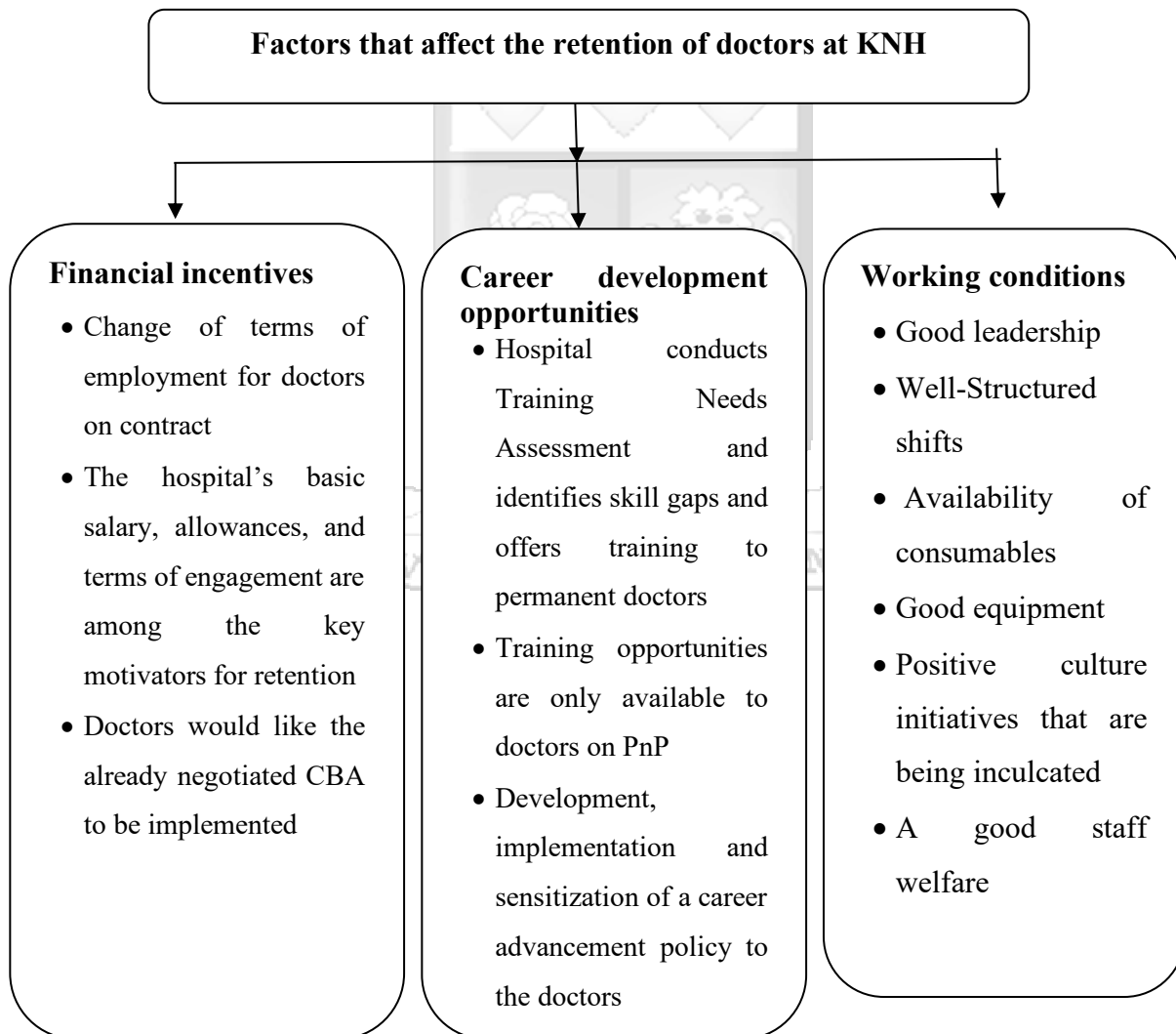
CHAPTER 5 : DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter outlines the summary of the research findings, discussion, conclusions and recommendation for policy and further study.

5.2 Summary of the Findings

The study's main objective was to establish factors that affect the retention of doctors at the KNH. Research findings can be summarized as shown in the figure below.



5.2.1 Financial Incentive and Retention

In this study, most respondents stated that financial incentives affect their motivation. They further stated that financial incentives affect their performance at KNH. This is in line with a study done by Ojaka, Olango, and Jarvis (2014) that investigated the factors influencing the motivation and retention of primary healthcare workers in Machakos, Kibera, and Turkana, Kenya which showed that salary was a significant factor in their decision to change job. Employees look for jobs that are well paying or that can sustain their lifestyle so that they can be able to cope up.

Findings from the survey clearly indicates financial incentives plays a role on a decision to quit employment. Remuneration was a key factor considered when one was taking up a job, when deciding to quit or when deciding to change employers. These findings are similar with a study done by Ndeti et al., 2008; Mbugua, Oyore, and Mwitari (2018) on impact of monetary incentives on the motivation and retention of community health workers in Kenya's Makeni county, which showed that the likelihood of motivation and retention of Community Health Workers (CHWs) increased as their compensation increased. The study further showed that The CHWs who did not receive monetary incentives had a greater likelihood of attrition and intention to leave the program.

Some respondents stated that financial incentives in the hospital could be sorted by employing the contract doctors on permanent and personable terms. Also, the hospital could motivate doctors and retain them by offering bonus salaries for those who performed well and also having the agreed collective bargaining agreement honoured.

5.2.2 Career Development and Retention

Study results showed that there were career advancement opportunities for doctors employed on permanent and pensionable terms but not for medical officers on contractual terms of employment. This was a demotivating factor for the medical officers hence an increase in their turnover rates. The hospital conducts a training need assessment survey after every two years to identify the skills gaps in the hospital. The hospital then offered training to the permanent

doctors to close the identified gaps. Career advancement opportunities available included: Sub specialization on a field of your choice or department needs, short- and long-term courses, conferences, masters' degrees, medical fellowships, continuous medical education workshops and advancements to more administrative roles. A similar study by Muthumbi and Kamau (2021) on the effect of career development on employee performance in Deloitte limited Kenya indicated that career development had a significant positive effect on employee performance. Key career developments aspects were identified as training programs, career guidance, mentorship and mobility programs for the employee's retention.

The doctors were not fully aware of the policy that the hospital had put on career advancement. Presence of such policy creates employee satisfaction and instils confidence to employees since the management cares about their career advancement. Lack of such a policy would have a negative impact to the hospital. This is similar to a study by Koigi and Waiganjo (2014), which revealed that more than 74% of employees were dissatisfied due to the absence of a training and development policy. The study further showed that the doctors would prefer working for an organization with well-established training and career development mechanisms.

5.2.3 Working Conditions and Retention

Most respondents in the study considered a good working condition at KNH as one with good leadership, well-structured shifts, availability of consumables, good equipment, positive culture, and a good system. All these conditions would enhance their retention at the hospital. This is similar to a study done by Ndetei, Khasakhala, and Omolo (2008), which identified poor working conditions caused by inadequate medical supplies, particularly pharmaceuticals and equipment that influenced employee's intention to leave.

The working conditions greatly affected the motivation of doctors, retention and service delivery at KNH. The doctors were motivated by presence of working tools, positive culture, chances for career advancement, good leadership and a good welfare. This is similar to a study done by Torsabo and Rose (2021), which showed that working environment had a positive and significant effect on retention of employees in Adamawa state university Mubi in Nigeria.

Another study done by Alias et al., (2019) on employee retention at Malaysia information communication and technology industry sector indicated that organization support, supervision support and job satisfaction significantly affected employee retention at Malaysia information communication and technology industry sector.

The doctors also acknowledged the efforts the hospital had put in place to provide good working environment through provision of working tools, well-tailored shifts and introduction of a culture change program. The doctors stated that the culture change program was a good initiative geared towards inculcating a positive culture in the hospital.

5.3 Conclusion

Financial incentives, career development opportunities and working conditions affected the retention of doctors at KNH. Financial incentives were a significant contributor to doctors retention at KNH. The doctor's intention to leave or stay at KNH was significantly associated with financial incentives. A good salary package had an effect on their output and also their desire to continue working for the hospital. Doctors on contract indicated that they would prefer to have a salary package similar to the one for doctors on permanent employment terms. A good remuneration would attract more doctors to work at KNH.

Career advancement was noted to be very crucial in a doctors' career journey. The results show a lot of disagreement on provision of career advancement at KNH for the contract doctors. Presence of a good policy that considers both doctors on contract and the ones who are permanently employed on their career advancement could have a huge impact on retention of doctors in the hospital.

Good working condition had an impact on retention of doctors at KNH since they all valued a good working environment. A good working condition was described as an employer that considers employee welfare. An environment that acknowledges career advancement, appreciates employees, and provides employees with tools of work. This would reduce turnover and even attract and retain more doctors to work at KNH.

5.4 Recommendations for Policy

The study recommends that the government of Kenya through the ministry of health should ensure all doctors have better working conditions. To ensure availability of equipment, the government should develop and implement policies that enable them engage in private public partnerships with external partners to resource mobilize for the relevant equipment needed in the hospital to increase productivity. The government should also increase the funding allocated to health in their budgetary allocation. This will enable the hospital acquire the relevant resources needed in the provision of quality universal healthcare services.

The hospital management to develop and implement a policy on the financial compensation model for the contract doctors to be the same as for the permanent doctors which will help in reducing their turnover rates thus enhancing their retention. Alternatively, they should engage all doctors on permanent and pensionable terms as the contract doctors feel unfairly treated at the work place. This will reduce their attrition rates and enhanced productivity at the work place hence improved patient outcomes.

The hospital management should develop and implement a clear and well-defined policy on career advancement opportunities for the doctors on contract terms. This will influence their career growth thus their motivation to stay at KNH. Facilitate collaborations on training and research with external partners which enhances capacity building for the doctors as well as acquisition of research grants for the hospital.

5.4.1 Suggestion of the Study

This study registered some complaints on the need for doctors moving to private facilities due to job satisfaction. This was outside the scope of this study to get clear details. This study recommends further studies to particularly look at factors affecting doctors' retention in private hospitals in Kenya.

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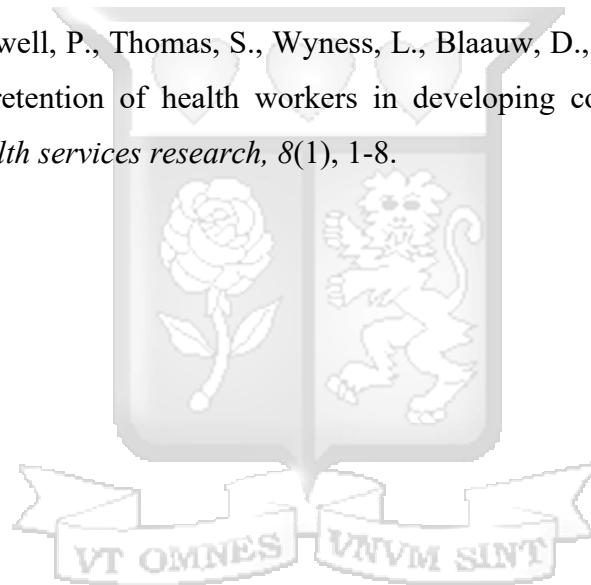
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APPENDICES

Appendix I: Letter of Introduction

Study Title: Factors affecting the retention of doctors at Kenyatta National Hospital, Nairobi, Kenya

Principal Investigator: Carolyne Robai

My name is Carolyne Robai, I'm from Strathmore University. Strathmore University is an academic and research institution in Kenya.

What is the purpose of this study?

To determine the motivating factors affecting the retention of doctors at KNH which is the largest referral hospital in Eastern and central Africa. Doctors are needed to provide quality healthcare services and better healthcare outcomes in the hospital.

What are we requesting from you?

We are asking you to assist us learn about your thoughts on the motivation factors affecting the retention of doctors at KNH by answering some questions.

Benefits of the Study

The study will enable the researcher to understand the motivating factors affecting the retention of doctors at KNH. This is important because we will be able to develop policies on doctors' motivation and retention that will be implemented appropriately to reduce the doctor's attrition rates.

Risks

We are not aware of any risks associated with this study, beyond the time taken to respond to the questions

Confidentiality

The information collected during this interview will be securely stored in a locked cabinet and will not be accessed by any other individual other than the principal investigator. The data will be anonymized to protect your identity. Results from the study will only be used for research purposes and under no circumstances will they be divulged to any other person apart from the participant.

Voluntary participation

Your participation in this study is voluntary. You are free to withdraw from the study at any time without any problem. Refusal to participate has no effect on the health services you receive from us. Feel free to ask any questions regarding the information given to you.

If you are willing to participate in this study, please sign this document to show that you have understood and agreed to participate.

Informed consent

Consent Agreement

I ----- (Name) have accepted to participate in this study.

I fully understand the aims of the study, that has been explained to me in a language that I understand most, and have been allowed to ask questions which have been answered. I also know that I'm free to withdraw from the study at any given time without any consequences. In case of any questions in future contact the principal investigator.

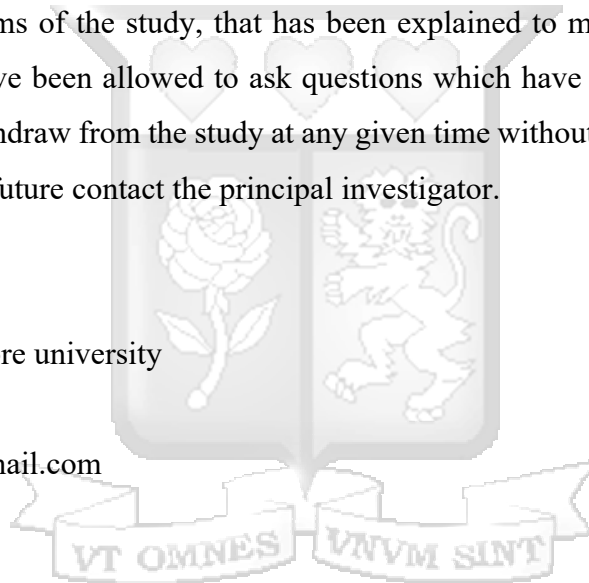
Principal investigator

Carolyne Robai

MPPM student; Strathmore university

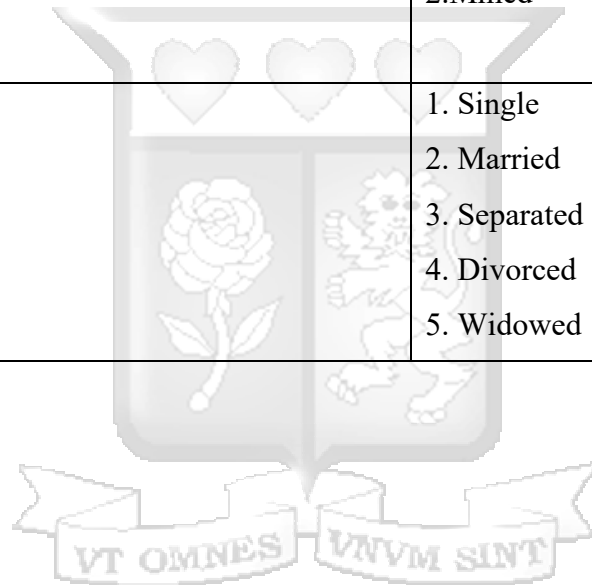
Telephone 0727926738.

Email: carolinerobai@gmail.com



Appendix II: Demographic Information

SOCIO-DEMOGRAPHIC CHARACTERISTICS			
NO	Question	Response	Code
1	Gender	F=1 M=2	[]
2	Age	Number	[]
3	Education level	1.MBCHB 2.Mmed	[]
4	Marital status	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[]



Appendix III: Interview Guide

Introduction.

I am Carolyne Robai from Strathmore Business School pursuing a Master's in Public policy and management. We are undertaking a study to understand motivation factors affecting the retention of doctors at Kenyatta National Hospital. We would like to thank you for agreeing to participate in this discussion and would encourage you to speak honestly and freely on the issues to be discussed. Your perceptions will help us have a better understanding of issues affecting the doctors and will help address doctors' retention problems in KNH.

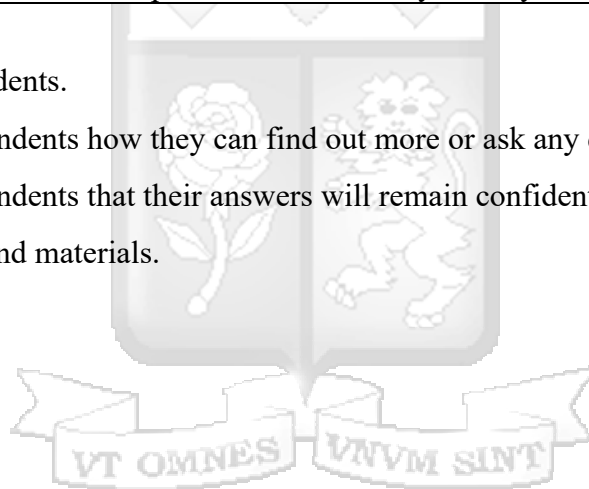
Background

1. Can you please tell me more about yourself, when you started working at KNH, which departments have you worked in, how long have you been working here?
2. How would you describe doctor's turnover in KNH

Reference Question	Key Questions
1. To determine how financial incentives affect the retention of doctors at KNH.	
Financial Incentives	<ol style="list-style-type: none"> 1. Do you think financial incentives (amount of salaries/wages, allowances, fringe benefits, etc.) affect the motivation of doctors at KNH? 2. If Yes/No, why? 3. What are some of the financial incentives that have the highest motivation for the doctors working at KNH? 4. Do you think these financial incentives as a motivation factor significantly influence the decision to quit or continue working at KNH?ifYES/NO ,why? 5. How do you think issues with financial incentives can be sorted out sustainably to guarantee motivation and encourage doctors to continue working?
2. To establish the effect of career development opportunities on the retention of doctors at KNH	
Career Development	<ol style="list-style-type: none"> 1. Are career advancement opportunities available and accessible by doctors working at KNH? 2. If yes, please state some of them. 3. What provisions does the hospital policy (if any) have on career development? 4. Do the provisions in (3) above apply without any deterrence? 5. Do you think career advancement opportunities motivate doctors to continue working at KNH?

	6. What do you think is the best way to sustainably address career advancement concerns among doctors to encourage them to continue working at KNH?
3. To determine the effect of working conditions on the retention of doctors at KNH	
Working Conditions at KNH	<ol style="list-style-type: none"> 1 What do you consider as good working conditions for effective delivery of services by doctors at KNH? 2 Has KNH made any effort towards offering such conditions to the doctors? 3 Do you think working conditions have any effect on the retention of doctors at KNH? 4 If Yes /No why? 5 How can the hospital use working conditions to retain more doctors at KNH?
Probe to find information on retention of doctors.	
	<ol style="list-style-type: none"> 1. How do you manage work place challenges? Probe for absentees, delays in service delivery. Postponed of surgical procedures. 2. Have you been seeking for alternative employment. 3. What is the main motivation of continued stay in KNH? 4. What can we improve on to enhance your stay in the facility?

- Thank the respondents.
- Remind the respondents how they can find out more or ask any questions.
- Remind the respondents that their answers will remain confidential.
- Gather all notes and materials.



Appendix IV: Strathmore Ethical Approval for the Study



23rd March 2023

Dr Matifary Carolyne Robai,
carolinerobai@gmail.com

Dear Dr Matifary,

RE: Factors Affecting the Retention of Doctors at Kenvatta National Hospital, Nairobi, Kenya

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** research proposal. Your application reference number is **SU-ISERC1630/23**. The approval period is from **23rd March 2023 to 22nd March 2024**.

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.

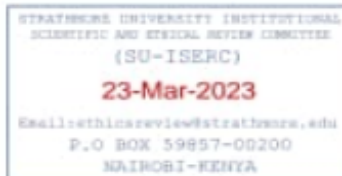
Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,


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


for: **Dr Ben Ngoye,**
Secretary; SU-ISERC

Cc: Mr Ambrose Rachier,
Chairperson; SU-ISERC




Appendix V: NACOSTI Research Licence Approval


REPUBLIC OF KENYA
 National Commission for Science, Technology and Innovation


NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 459721 **Date of Issue: 05/April/2023**

RESEARCH LICENSE




This is to Certify that Dr. Carolyn Robai Matifary of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Factors affecting the retention of doctors at Kenyatta National Hospital, Nairobi, Kenya for the period ending : 05/April/2024.

License No: NACOSTI/P/23/24871

Applicant Identification Number
 459721

Director General
 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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