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# Effect of staff motivation on retention of nurses in Kenyatta National Hospital.

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**EFFECT OF STAFF MOTIVATION ON RETENTION OF NURSES IN KENYATTA  
NATIONAL HOSPITAL**

**KIRONJI Margaret**

**HCM/100942/17**



**A RESEARCH STUDY SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE MASTERS OF BUSINESS  
ADMINISTRATION-HEALTH MANAGEMENT OF STRATHMORE BUSINESS  
SCHOOL, STRATHMORE UNIVERSITY NAIROBI**

**March 2020**

## DECLARATION

I declare that this project is my original work and has not been presented for a degree in any other university.


Signature: 

Date: April 1, 2020

KIRONJI Margaret

Reg No: HCM/100942/17

This project has been submitted for examination with our approval as university supervisors.

Signature: 

Date: April 1, 2020

Jacinta Nzinga (Ph.D.)



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## DEDICATION

This study is dedicated to my family for encouraging me all the way. Special thanks to my daughter for allowing me to complete my studies on time.



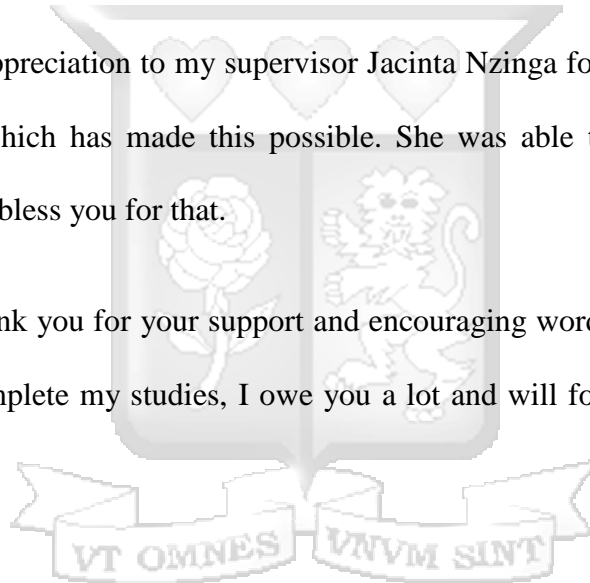
## ACKNOWLEDGMENT

First and foremost, I would like to thank the Almighty God for providing the opportunity to participate in this course and for seeing me through it. He has been a constant source of strength and encouragement for me to press on.

To the faculty and staff at Strathmore Business School for walking with me through this journey. For all the lecturers who struggled to make me understand concepts and constantly giving me insights that are still applicable in my daily life.

I sincerely express my appreciation to my supervisor Jacinta Nzinga for her timely response and most valued feedback which has made this possible. She was able to push me even when I thought I could not. God bless you for that.

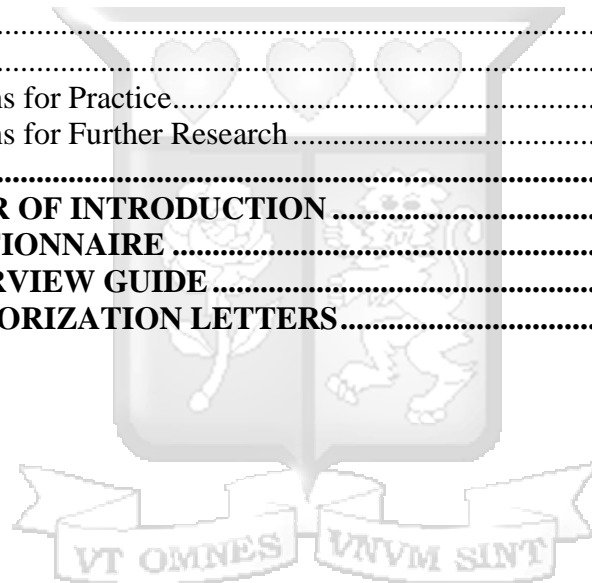
Lastly, to my family, thank you for your support and encouraging words. For all the time I have spent away trying to complete my studies, I owe you a lot and will forever be grateful because you had my back.



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## ABSTRACT

The provision of quality and affordable healthcare remains a challenge for many countries and has been shown to be constrained by many factors including economic, social and political factors. This then results in an imbalance between the supply and demand for health services. Shortage of skilled health workers then provides further strain on improving access to quality health services. Therefore, there is a need to establish how to make the most of this rare resource, including how to work on the retention of the health care workers. The study was anchored on Herzberg Two Factor Theory that argues that individuals are interested at two different areas of motivation. First level includes psychological needs such as advancement, personal growth, the nature of work, responsibility, and achievement (motivators). Second group of factors the “hygiene/extrinsic are work related like salaries, work conditions, policies and administration. This study aim was to investigate the effect of staff’ motivation on the retention of nurses at Kenyatta National Hospital (KNH). The specific objectives were to determine the effect of financial incentives, career development, working conditions and personal factors affecting retention of nurses in Kenyatta National Hospital- Kenya. Using a mixed methods cross sectional study design, both quantitative and qualitative data was collected from nurses working at Kenyatta National Hospital (KNH). A sample of 228 nurses were randomly selected for self-administered questionnaires for the study. To complement the quantitative data, qualitative data was collected through purposive in-depth interviews with 10 departmental heads in the nursing cadre to understand factors that influenced nurse’s motivation at work. The quantitative data was analyzed using Statistical Package for Social Scientist (SPSS). Descriptive statistics such as frequencies and percentages were used to summarize data while logistic regression was used to estimate adjusted odds ratios. Qualitative data was analysed manually using thematic analysis of issues emerging from the data and informed by findings from the questionnaires. Results showed that nurse’s intention to leave KNH was 60 percent and that age, education, availability of career development initiatives, desire for better working conditions and need for a better pay significantly influenced nurses’ intention to leave KNH. The recommendations from this study include ensuring revision of any CBA agreed on that will look into nurses being paid for overtime hours worked, access car loans and mortgages, ensure nurses are provided with basic career development opportunities such as career talks and scholarship opportunities. Additionally, nurses ought to be provided with good social welfare facilities. The other incentive is provision of clean and safe work environment for nurses. And importantly to review workload at the facility to allow fair distribution and motivate their nurses.

## ABBREVIATIONS

BScN	Bachelor of Science in Nursing
CBA	Contract Bargaining Agreement
KNH	Kenyatta National Hospital
MoH	Ministry of Health
NCK	Nursing Council of Kenya
NGOs	Non-governmental organization
NGOs	Non-Governmental Organizations
RHRIS	Regulatory Human Resources Information System
SDGs	Sustainable Development Goal
SPSS	Statistical Package for Social Scientist
WHO	Universal Health Care
KHWIS	Kenya Health Workforce Information System



## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the study

Globally, ministries of health are all moving towards achieving Universal Health Care (WHO, 2017). Major strides have been made to achieve universal health coverage with a strong focus on strengthening the health systems. Governments are still struggling with the idea of providing quality, affordable healthcare for all their citizens (WHO, 2016). In Kenya, the government launched the big four agenda which included expansion of the manufacturing sector, affordable housing, food security and affordable health for all (Government of Kenya, 2017).

The WHO (2016) framework defines a health system framework in 6 major building blocks: service delivery; health financing; medical equipment and technology; information; leadership and governance; and health workforce. This study focuses on the health workforce because Africa is the worst hit in terms of health worker shortages. The Sustainable Development Goals (SDGs) require 4.5 health workers per 1000 populations yet the Africa region has only 1.30 health workers per 1000 population which is below the SDGs recommendations. Therefore, it's imperative to work on policies that would increase the number of health workers while lowering the turnover rates.

According to the World Health Report (2015), there is a severe workforce crisis globally with 57 countries being adversely affected. This means health worker to patient ratio is low consequently resulting in health worker burnouts, negative patient outcomes and often increased rates of mortalities. In Sub Saharan Africa, several countries are affected by nurse staff' shortages with estimations revealing that by 2030, the global shortage of nurses and midwives will be up to 7.6

million (WHO, 2017). This shortage is defined by an imbalance in skill mix and uneven distribution of health professionals leaving millions of people without health care.

For instance, the nurse-patient ratio is 1:500 in Zambia, 1:5882 in Malawi, 1:1012 in Nigeria and 1:1200 in Kenya (WHO, 2016). Given the current challenges related to human resources for health in most developing countries, staff retention and helping workers to be as productive as possible in the face of such obstacles should be an important outcome to increased motivation.

Retention of the health workforce is very critical in the functioning of the health system and delivering positive health outcomes (Humphreys & Wakeman, 2009; Brown et al, 2013). Lower turnover of employees ensures mastering of local knowledge, continuity of services and care, more experienced staff compared to new staff members who have to learn new workplace practices that ensure efficient service delivery (Humphreys et al., 2009). For effective retention, human resource managers should motivate the staff they want to retain due to their experience and skills, which boost the quality of care and minimizes medical errors and increases productivity (Humphreys et al. 2009).

A review of the literature suggests that retention strategies can be grouped into organizational, administrative, professional practice and professional development (Brown, Fraser, Wong, Muise & Cummings, 2013). The administrative aspect ensures the organization provides a caring, valuing and satisfying working environment to staff which is likely to increase their retention. The organizational aspect ensures the hospitals have effective recruitment, compensation and benefits programs for the staff hence increasing their satisfaction and thus retention. Some of the organizational variables include salary ranges based on job profile, experience, education, working hours and performance; open lines of communication,

promotions, recognition and work status (Brown et al, 2013). Professional practice helps improve staff autonomy, participation in decision making, skill mix and workload to improve job satisfaction and low turnover rates. Finally, professional development ensures staff access to opportunities for professional advancement and development and continuous education (Brown et al, 2013). When these aspects are not well addressed and implemented in an organization, consequences may include higher turnover rates for employees.

Evidence suggests that shortage of nurses is detrimental not only to the quality of patient care, but also to staff morale, which in turn affects staff retention (Mazurenko, Gupte, & Shan, 2015). Understanding factors affecting the retention of nurses would thus help hospitals reduce their turnover. Systemic factors may include hospital budget, remuneration, practice autonomy, workload, flexible shift, and opportunities for career advancement while personal factors may include nurses' dissatisfaction, burnout, stress, and motivation (Halter et al., 2017). Nurses dissatisfied either by systemic or personal factors are likely to leave their jobs and therefore minimizing the effect of these factors would be very instrumental in improving retention.

Available studies on nurse's incentives and retention in Kenya have concentrated on public hospitals (Aluku, 2012; Ngure & Waiganjo, 2017) and in rural and marginalized areas (Mullei et al., 2010; Bardad & Katuse, 2017). There is also a narrow focus on financial incentives and only a few studies have incorporated non-financial incentives such as personal factors, working conditions, and career development. Additionally, few studies explored retention factors of health workers in urban settings and particularly in higher-level hospitals such as tertiary level hospitals

### 1.1.1 Nurses Motivators

Behavioral theories also referred to as theories of motivation especially Herzberg (1959) "Two Factor Theory" have tried to model motivating factors that push workers out of their jobs or pull workers to certain jobs. The theory classifies these factors as either intrinsic or extrinsic. The intrinsic factors include recognition, achievement, advancement, growth, responsibility and the work itself. The extrinsic factors include policies, salary, supervisory styles, and co-workers' relationships. Subsequent research modeling of the Herzberg (1959) two-factor theory in the health sector (Ministry of Health and Social Welfare Government of Lesotho, 2010) found that healthcare workers' motivators can be further categorized into five distinct factors in the order of priorities such as working environment, financial incentives, living conditions, personal development and recruitment related. There is dearth of literature on the role of these factors among nurses.

Some studies in other countries have shown that financial incentives are an integral component of the retention of health workers (Washeya, 2018; Seitovira et al., 2014; Ndeti, Khasakhala, and Omolo, 2008); Mbugua, Oyore, and Mwitari, 2018). In Namibia, employees' migration to private sector was due to financial factors (Washeya, 2018) and in Finland; employees prioritized financial incentives for their intention to stay (Seitovira et al., 2014). In Kenya, most of the studies on financial incentives on staff's retention have been done in other sectors with little focus in the health sector save for Ndeti et al., (2008) whose study found financial incentives as driving factors of health worker's migration from rural health facilities to urban health facilities, and Mbugua et al., (2018) who found 80% of CHWs attempted to quit their jobs due poor financial incentives.

Other Studies on found career opportunities an important factor of consideration for employees' intention to stay (Booyens and Bezuidenhoudt, 2014; Ojaka, Olango, and Jarvis, 2014). In South Africa, availability of career development opportunities influenced employee's retention (Booyens et al., 2014), while in Kenya career development opportunities, was found to be a reason for rural-urban migration among employees (Ojaka et al, 2014) and staff turnover (Ongori and Agolla, 2009). Career advancement practices make staff feel valued and motivate them to work enthusiastically (Booyens et al., 2014). Despite literature pointing on the importance of career opportunities as a pull factor, there is a dearth of literature on how it is an important factor among nurses.

Studies on working conditions have shown this is an important factor in employee retention (Washeya, 2018; Bvumbwe, Malema and Chipeta, 2015; Ojaka et al, 2014). Working conditions influenced employee turnover in Namibia (Washeya, 2018), job satisfaction in Malawi (Bvumbwe et al., 2015) and job dissatisfaction in rural areas of Kenya (Ojaka et al, 2014). In Kenya, personal factors; access to information, research, study leave, group cohesion, and social relationships (Ojaka et al, 2014; Brown et al., 2013) were also shown to influence intention to stay. However, despite this key information, there was scant information on the role of these factors on nurse's motivation Kenya. Moreover, these studies have been conducted in varied nurse populations in Kenya hence necessary to test such variables in Kenya.

### **1.1.2 Efforts for Nurses Motivation in Kenya**

Recognizing that human resource demands are an integral part of the challenges confronting the National Health System, the Kenya 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 in order to deliver quality health services more efficiently. There are myriads of challenges facing the Kenya's human resources for health which includes severe shortages of essential cadres, persistent inability to attract and retain health workers, poor and uneven remuneration among cadres, poor working conditions, inadequate or lack of essential tools and medical and non-medical supplies, the unequal distribution of staff, diminishing productivity among the health workforce, and poor leadership and governance etc. The first National HRH Plan for the period 2009-2012 was aimed at supporting the National Health Sector Strategic Plan II goal of reducing health inequities and reversing the decline in the key health indicators. It will be linked to the Kenya Health Policy 2014-2030 and Kenya Health Sector Strategic and Investment Plan 2013-2017. The constitution of Kenya 2010 devolved health functions to the counties with the national government mandate being health policy formulation and coordination, capacity building and technical assistance to the counties and the national referral health facilities. Therefore Kenyatta National and referral hospital falls under the National government and not Nairobi County where it is situated.

### **1.1.3 Nursing in Kenya**

In Kenya, the nursing workforce eligible to practice is comprised of nurses that have registered with the Nursing Council of Kenya (NCK). The NCK has been registering nurses since 1960. The Nursing Council of Kenya (NCK) sets standards related to the education and practice of nurses. The NCK uses the Regulatory Human Resources Information System (RHRIS) to track nurses through the process of training, examination and registration to practice nursing. In Kenya, nurses are trained at three levels, certificate (i.e. an enrolled nurse), diploma (i.e. a registered nurse) and degree (i.e. Bachelor of Science in Nursing (BScN)). To maintain an updated national register, the NCK tracks information such as continuing education, retention,

disciplinary action, and migration. For education, the NCK tracks both upgrades in academic education and short courses. An academic upgrade is when a nurse advances their educational status from enrolled to registered or registered to a bachelor's degree. Academic upgrades also include post-basic training in specialty areas (e.g. critical care). Masters degrees and PhDs are recognized as special qualifications. Short courses include continuing professional development to ensure up-to-date skills. Retention, or licensure renewal, is required every three years. At this point, the NCK updates each nurse's personal information and confirms that the nurse has completed the required continuing professional development. The NCK also grants permission to nurses trained outside of the country to practice in Kenya and verifies nursing credentials for Kenyan nurses applying to migrate. The latter information can be used to estimate the number of nurses that intend to leave the country. Finally, the NCK collects data on the regulation of private practice and nursing education in Kenya.

The public sector retirement age is 60 years of age, while nurses over 60 years are still eligible to work in the private and faith-based sectors. As of 2012, there were 50,025 nurses aged 60 years of age or younger registered to practice nursing in Kenya and 5,066 over 60 years. For nurses aged 60 years and under, diploma nurses comprise 57.8% of the workforce, followed by certificate nurses (39.2%) and degree nurses (3.0%). Based on 2012 deployment data from the Kenya Health Workforce Information System (KHWIS), maintained by the Nursing Unit, formerly the Department of Nursing, Ministry of Health (MOH), there are 19,591 nurses deployed at 4,187 health facilities across Kenya, including public, parastatal and faith-based facilities. The public sector employs 16,671 of these nurses, followed by 2,246 employed in Kenya's two parastatal national referral hospitals — Kenyatta National Hospital and Moi Teaching and Referral Hospital and the remainder at faith-based facilities. Based on available

data from IPPD from 2008-2012, 826 nurses left the public sector. The causes of public sector nursing attrition include retirement (37%), death (28%), dismissal (19%), resignation (10%) and transfer (6%). For nurses leaving the public sector, 69% were enrolled nurses and 31% were registered nurses. Another form of workforce attrition, not directly captured in IPPD, is due to migration. Based on available data from the RHRIS on requests for licensure verification, 1,149 nurses applied to migrate between 2008 and 2012, accounting for 1,278 applications since nurses can apply more than one time.

#### **1.1.4 Kenyatta National Hospital**

Kenyatta National Hospital (KNH) is a public referral hospital under the ministry of health and the oldest hospital in Kenya. It was founded in 1901 as Native Civil Hospital a name that was changed in 1952. The core purpose of its construction and establishment was to provide a medical research environment and become the National Referral and Teaching Hospital. In 1987, KNH became a state corporation with its function being receiving patients on referral for specialized care, providing facilities for medical education for university of Nairobi, participate in national health planning and provide facilities for education and training in nursing and other health allied professions (KNH, 2017).

KNH has a statutory board, a management team, a director for routine running of the hospital, managers who oversee administrative services and departmental heads who manage various clinical and non-clinical services. The hospital is now the largest referral hospital in East and Central Africa. It has 50 wards, 24 theatres, and an accident & emergency department. It has over 2,000 bed capacity. The annual outpatient attendance of approximately 600, 000 visits, and has 6,000 staff members (KNH, 2017).

Nurses working in KNH are registered and licensed by the Nursing Council of Kenya (NCK). In the last five years, there have been some go-slows among nurses at the KNH (Daily Nation, 2018). The underlying reasons were cited as poor management, mishandling of nurses, poor working conditions and financial issues for instance poor and delayed payment of salaries (Daily Nation, 2018). These issues are not empirically studied among nurses. Available studies are done among nutritionists (Sitati, 2013) and others focused on job satisfaction (Ong'ayo, 2008).

## **1.2 Problem Statement**

Many factors influence motivation of an employee to stay or leave once engaged to an employer. Behavioral theories such as Herzberg (1959) "Two Factor Theory" classified these factors as either intrinsic or extrinsic, which are generally grouped into the working environment, financial incentives, living conditions, personal development and recruitment related factors. Nurse shortage is a global issue and thus their motivation would improve organization effectiveness thus culminating in better health for the population. In developing countries, it is estimated that 17.5% of newly licensed nurses leave their first job within the first year, and 33.5% leave within two years (Robert Wood Johnson Foundation, 2014). In Kenya, rates of healthcare workers' job satisfaction estimated at less than 50% especially among nurses which leaves a knowledge gap on the factors that influence their motivation and therefore intention to leave or stay (Ojaka, Olango & Jarvis, 2015).

Healthcare workers can be motivated in hospitals with good remuneration, having supportive working conditions, and supportive leadership, despite significant shortages in equipment, tools, and supplies (Mbindyo et al. 2009). While there have been some empirical attempts to understand factors affecting nurse's motivators, most of these studies have been conducted in

contexts different from Kenya. Moreover, the operationalization of variables has been done differently hence the studies are not structurally homogenous to make a coherent conclusion.

This study, therefore, sought to establish the influence of motivation on staff retention at Kenyatta National Hospital. Unlike previous studies that have focused generally on medical staff and nutritionists, this study focused on nurses since they are the biggest cadre in Kenya and are responsible for majority of the care provision including administering and evaluating treatment as well as ensuring implementation of clinical interventions.

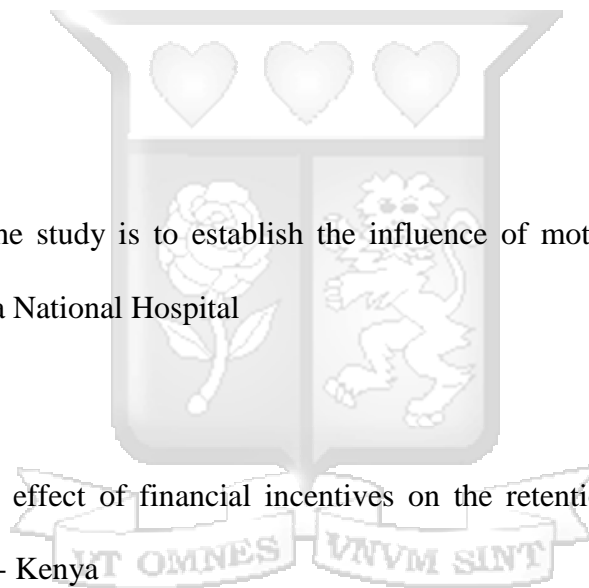
### **1.3 Research Objectives**

#### **1.3.1 Main objective**

The main objective of the study is to establish the influence of motivation on staff retention among nurses at Kenyatta National Hospital

#### **1.3.2 Specific objectives**

- i. To determine the effect of financial incentives on the retention of nurses at Kenyatta National Hospital- Kenya
- ii. To establish the effect of career development on retention of nurses at Kenyatta National Hospital- Kenya
- iii. To determine the effect of working conditions on retention of nurses at Kenyatta National Hospital- Kenya
- iv. To establish personal factors affecting retention of nurses at Kenyatta National Hospital- Kenya



#### **1.4 Research Questions**

- i. To what extent do financial incentives determine the retention of nurses at Kenyatta National Hospital- Kenya?
- ii. To what extent does career development affect retention of nurses at Kenyatta National Hospital- Kenya?
- iii. To what extent do working conditions affect retention of nurses at Kenyatta National Hospital- Kenya?
- iv. What are some of the personal factors that affect the retention of nurses at Kenyatta National Hospital- Kenya?

#### **1.5 Significance of the Study**

Nurse satisfaction is an important component in service delivery among hospitals in Kenya. The information gathered from this study assisted in understanding the motivators of nurse's retention which would help minimizing nurses' turnover. The results of this study has provided the human resource managers with knowledge and information on how best to improve the welfare of nurse staff and thus improve their retention.

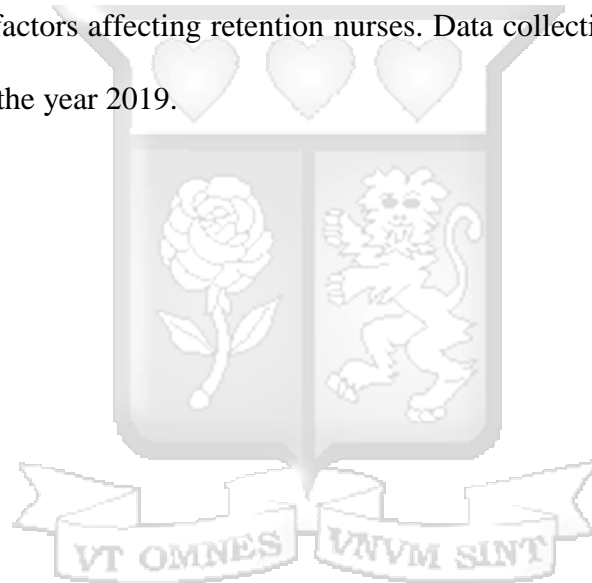
The findings and results of this study have provided invaluable insights as far as the motivation of nurses is concerned, which may be valuable to policy makers. Policies, guidelines and procedures used in the retention of health workers will therefore be strengthened to safeguard hospitals effectively and offer terms of service that would improve nurse retention and thus improve service delivery.

The findings of the study are also of importance to scholars as it has tested theory from practice and thus helped understanding how financial incentives, working conditions, career development

opportunities and personal factors contribute to the motivation of nurses and thus contributing to the existing literature on the factors influencing the retention of nurses in Sub-Saharan Africa.

### **1.6 Scope of the Study**

The study was limited to Kenyatta National Hospital. KNH is now the largest referral hospital in East and Central Africa with more than 6,000 staff members out of which a third are nurses. The target population were randomly selected to give all nurses a chance of participating in this study. The study focused on the financial incentives; career development factors; working conditions and personal factors affecting retention nurses. Data collection was done between the month of May and June, the year 2019.



## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

The chapter presents the literature reviewed in regard to the subject under study and it covers issues contributing to staff retention through various incentives. As per the researcher's interest, these are financial incentives, career development opportunities, safe working conditions and personal factors on staff retention. It starts with a theoretical review then moves to factors affecting employee motivation to stay or leave their current employer.

### 2.2 Theoretical Foundation

This study is anchored on Herzberg's (1959) Two – Factor Theory and Adams (1963) Equity Theory as discussed below.

#### 2.2.1 Adams equity theory

This theory was first proposed by Adams (1963). The theory contends that employees are utility maximizers who try to maintain equity between inputs they bring in the job and the benefits received. The inputs made by staffs includes expertise, knowledge, time, experience, effort, hard work, loyalty, skills and commitment to the organization's goals. The outputs expected by employees includes fair treatment and recognition which motivates them to work harder and contribute significantly to the organization's performance. Walster, Traupmann, and Walster (1978) had more comprehensive input for Adam's equity theory. The researchers outlined that employees expect output such as commensurate salaries, an award for achievement, other non-financial benefits commonly known as fringe benefits such as 10.00 o'clock and 4.00 o'clock tea, lunch transport, team building and promotions. When the inputs match the output then there is less staff turnover and a more staff retention.

The theory also argues any perceived inequalities demotivates the workers, causes staff to exert less effort, and often quit their jobs. This theory is important in this study since it clearly shows employees are rational beings that expect compensation for their inputs. The theory also reveals employee motivators are commensurate to salaries, an award for achievement, promotions and fair treatment. The absence of these factors serves to demotivate and thus thwart employee's retention. The study borrowed the idea that nurses must perceive their input at workplace balances output exerted by the organization that is monetary benefit and therefore it is necessary to investigate whether nurses input matches their compensation at Kenyatta National Hospital.

### 2.2.2 Herzberg's Two – Factor theory

The Two Factor Theory was proposed by Herzberg (1959). According to the theory, individuals are not just satisfied with the lower-order needs at work especially the monetary incentives or safe and working conditions as demonstrated by Maslow's (1943). Instead, individuals are also interested in higher-level psychological needs such as advancement, personal growth, recognition, the nature of work, responsibility, and achievement (Herzberg, 1959). This means employee's motivation is internally generated and impelled by factors that are intrinsic to work which the theory calls motivators.

However, based on Herzberg, intrinsic motivators are not sufficient to ensure the complete satisfaction of employees. Extrinsic factors which are non-job-related variables also play a role in causing dissatisfaction among employees despite their inability to directly motivate employees. These extrinsic non-related variables are the "hygiene" factors and must be present as well. They include salary, company policies, supervisory styles and co-worker relationships (Herzberg, 1959). It is worth noting that solving extrinsic factors does not improve motivation

but only leads to a neutral state which means only intrinsic factors increase motivation. Hackman, Oldham, & Greg (1976) found intrinsic conditions of the jobs that influence job satisfaction includes achievement, recognition and personal growth while extrinsic factors include wages/salary, company policies, and supervisor practices.

This theory is the basis of this study for two main reasons. The theory posits employee retention is a factor of two main motivation factors: the intrinsic factors which directly affect employee's motivation and extrinsic factors that keep employees in a neutral state without necessarily affecting their motivation. Researchers who have studied how motivation influences staff retention using this theory, found that healthcare workers' factors for motivation can be categorized into five distinct factors: working environment, financial incentives, living conditions, personal development and recruitment related (Ministry of Health and Social Welfare Government of Lesotho, 2010). Mathimaran and Kumar (2017) hypothesize three R's of employee retention namely "respect, recognition, and rewards" which are manifested through investing in employees through the provision of opportunities in training and career development, better financial incentives and living conditions.

This study borrowed four main variables from Herzberg's (1959) two-factor theory that were used to frame the understanding of how nurse's motivation in Kenyatta national hospital influences staff retention. These are working environment, career development opportunities, and personal development.

### **2.3 Empirical Review**

This section provides empirical studies on the influence of motivation on employee retention and organized to study objectives.

### 2.3.1 Financial incentives and retention of employees

Ndetei, Khasakhala, Omolo (2008) studied the role of financial incentives for health worker retention in Kenya looking at the current practice. From the reviewed literature, it was found that some of the financial incentives offered to health workers include overtime pay, paid leave, and access to car or house loans at competitive market rates, hardship allowance, transport allowance, uniform allowance, entertainment allowance, and special duty allowance. However, despite the presence of these financial incentives previous studies (Ndetei et al, 2008) demonstrated that health worker migration was on the rise. The study results demonstrated that income was a major influence of the decision to leave among medical staff. Most of the staff migration occurred in the private medical facilities and the non-governmental sector where staff received better salaries and allowances. However, since this study was done, there has been several salary revisions and allowance provisions and therefore there is a need to conduct more studies on this subject, especially on the current compensation packages.

Ojaka, Olango, and Jarvis (2014) studied factors affecting motivation and retention of primary level healthcare workers in Machakos, Kibera, and Turkana; Kenya. The study employed a cross-sectional survey design and used a cluster sample design to sample 404 healthcare workers from different healthcare professionals, even though a greater percentage of respondents were nurses. This study focused on homogenous employees working in a neutral work setting. The study found out that 84.6% of medical staff indicated salary was a major factor influencing their change of job and that staff working in rural areas felt that their salaries were unfairly low compared to those working in urban areas and other sectors. Those who felt their salaries and allowances were lower compared to pay in other sectors were more willing to look for another better paying job. The study respondents were non-homogenous and were from a setting where

employees theoretically demand higher compensations due to difficult work environments. Some were in urban slum areas where employees would theoretically need compensation for working in slums and others from hardship areas such as Turkana.

Mbugua, Oyore, and Mwitari (2018) studied the role of monetary incentives on motivation and retention of community health workers in Makueni county Kenya. The study utilized a cross-sectional comparative study where a Community Health Worker (CHW) receiving monetary incentives were compared to those not receiving non-monetary incentives. Data were collected using a structured questionnaire and analyzed descriptively. The results indicated the higher the CHWs were paid the higher the odds of motivation and retention. The CHWs not receiving monetary incentives had higher odds of attrition and intention to drop out. This means despite the level of health worker cadre; financial incentive plays a key role in retention. However, this study was done among CHWs, which is quite different from nurses working in the largest referral hospital in Kenya.

Despite a majority of studies revealing financial incentives as a major factor influencing medical staff's retention, a study done among six African countries revealed that financial incentives were not the only strong factors influencing health worker motivation and retention (International Council of Nurses, 2008). In countries such as Zimbabwe and Uganda, poor wages was the major factor influencing health workers' decision to migrate while in countries such as Cameroon was poor living conditions, lack of promotional opportunities, and desire to gain experience majorly influenced health worker retention (Dieleman and Harnmeijer, 2006). In Vietnam, though financial incentives are an important factor in the decision to leave or perform better, strategies that demonstrate appreciation and respect such as performance appraisal, training, and

supervision were critical influencers of health workers' retention (Dieleman, Cuong, Anh and Martineau, 2003). These studies were not from national referral which this study focuses on.

### 2.3.2 Career development and employee's retention

The International Council of Nurses (2008) analyses on "incentive systems for healthcare professionals" in various countries found that among the non-financial incentives for nurses' retention; professional autonomy, recognition of work, safe and clear workplace, 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, opportunities for career development, recognition, and appreciation influenced nurse's decision to leave while Vietnam Opportunities for training, performance appraisal influenced the decision to leave (Dieleman, Cuong, Anh and Martineau, 2003).

Koigi and Waiganjo (2014) studied the HR practices that influence staff's retention of healthcare workers at Nyeri County Referral Hospital. The study sampled 35 medical staffs using stratified sampling technique and investigated how staff training, career planning and succession plans affect medical staff's intention to leave or stay. The study found more than 74% of staffs were not satisfied due to lack of training and development policy; inadequate study leave; limited opportunities for career development and management low recognition of professional growth for staffs. Staffs also pointed out that they would prefer working in organization which have well laid down structures of training and career development. The study however, did not analyze findings per cadre and didn't show which factors influence staff intention to leave most.

### 2.3.3 Working conditions and employees' retention

Ndetei, Khasakhala, Omolo (2008) studied the "incentives for health worker retention in Kenya" looking at the current practice. From the reviewed literature, it was found some of the non-financial factors influencing staff intention to leave include poor working conditions contributed by inadequate medical supplies especially drugs and equipment. The frustration of lack of these essential commodities influenced health workers' migration to the private sector or NGOs health facilities. The study also found that lack of social welfare facilities, limited career opportunities, limited educational opportunities and poor communication channels were among the factors influencing the decision to migrate among healthcare workers. However, pull factors such as the provision of medical cover, pension and national security fund contribution by the employer, career opportunities such as local training and scholarships, and an award for job performance were among the key factors attracting healthcare workers in healthcare facilities. However, over the years since this study was conducted, there have been several non-financial benefit revisions. This means there is a need to conduct current studies on this subject, especially on the current compensation packages.

The Ojaka, Olango, & Jarvis (2014) study on factors affecting motivation and retention of primary level healthcare workers in Machakos, Kibera and Turkana Kenya revealed that in all clusters of the different healthcare professionals studied, healthcare workers preferred working in NGO's than any other sector. Healthcare workers revealed that there is a lot of workload in the government sector due to staff shortage, inadequate and poor conditions of equipment, shortage of medical supplies, Drugs are available in NGOs and the private sector in addition to the work environment being better in the private and NGO compared to government. The respondents from the government health facilities were less satisfied with their jobs due to the huge

workload, inadequate equipment's and other supplies and limited opportunities for job advancement. The study recommends better non-financial compensations to healthcare workers particularly those working in the government health facilities.

Misfeldt, Lait, Armitage, Hepp, Jackson, Linder, & Suter (2014) studied "financial and non-financial incentives for healthcare workers in Canada" in a systematic review of published journals in peer-reviewed journals between the years 2000-2012. The study included three categories of medical staff: Physicians, nurses and healthcare providers. From the findings, it was established that nurses' professional autonomy, social support, promotional opportunities, clinical supervision, education, and training opportunities and collaboration with other medical staff had a significant influence on medical staff retention. However, there were inconclusive results on workload, wages and non-direct financial incentives on absenteeism and retention of nurses. The study recommends more studies to be conducted since most of the results were based on nurses from acute care settings. This study investigated the factors pin pointed in the study concerning nurses working in a governmental parastatal context which has been overlooked in previous studies.

Ndikumana, Kwonyike, and Tubey (2018) studied "non-financial incentives and professional health workers' intentions to stay in public district hospitals in Rwanda" using a cross-sectional survey design 252 medical staffs were selected to participate in the study. Data were analyzed descriptively and logistic regression was used to test the association between predictors and the outcome. The results revealed the availability of career development opportunities significantly increased the odds of retention among medical staff. However, there was no significant

association between working conditions and healthcare workers' intention to stay in the hospital. This implies that non-financial incentives were important in ensuring nurses' retention.

#### 2.3.4 Personal factors and employee retention

Ndikumana, Kwonyike, and Tubey (2018) studied factors influencing professional health workers' intentions to stay in public district hospitals in Rwanda. The study adopted a cross-sectional survey design where 252 medical staff were selected to participate in the study. Data were analyzed descriptively and logistic regression was used to test the association between personal factors and intention to stay. The results indicated gender and marital status did not influence the medical staff's intention to stay. However, older nurses than younger nurses, degree holders than diploma and certificates, nurses than doctors, and more experienced than less experienced, reported more intention to stay. This means among the significant factors influencing nurse's intention to stay age, education, experience, and ranks are crucial.

Aluku (2012) studied "factors influencing retention of health workers in primary health care facilities, Kakamega County, Kenya". The study used a cross-section study design and used a semi-structured questionnaire to collect the data which was analyzed descriptively. The chi-square test was used to test the association and multi-nominal logistic regression was used to test the direction of the association. The study found age and experience significantly influenced the medical staff's intention to stay, while a cadre of staff and gender did not influence their intention to stay. Results from logistic regression revealed older and more experienced medical staff were more likely to leave.

Ngure & Waiganjo (2017) studied "factors influencing retention of health workers" in Kenyatta National Hospital. The study utilized a cross-sectional research design and data was collected

from all types of health workers. The study did not examine the influence of personal factors but instead focused on financial factors and non-financial factors. Similarly, Mbugua and Oyore's (2018) study did not examine personal factors influencing the retention of medical staff but also focused on monetary incentives on retention. Ongori et al (2009) found lack of personal growth, career stagnation and working in rural areas where staff lack basic social amenities negatively influence staff's intention to work in such environments.

## **2.4 Research Gaps**

All the theories reviewed seem to support the fact that staff retention is influenced by observable motivators. From the empirical literature, there is a deficiency of studies that explore the combination of financial, non-financial and personal factors influencing nurse retention in KNH.

The two major motivational theories reviewed in this study show employee's retention is directly influenced by motivators (either intrinsic or extrinsic). While Adam's (1963) equity theory puts equal importance on both intrinsic and extrinsic factors, Herzberg's (1959) two-factor theory only puts more weight on intrinsic motivators. However, studies investigating the reality of these theories have shown mixed results in different countries none of which adequately capture healthcare workers.

Studies in the effect of financial incentives and retention of employees have shown mixed results and do not represent healthcare workers. Ndetei et al. (2008) found despite the provision of financial incentives migration of health workers from the public to the private sector were still on the rise. Subsequent studies by Ojaka et al. (2014); Mbugua et al. (2018) attributed this to salaries and allowances even though the study population was non-homogenous and was conducted among CHWs. In the global empirical literature, financial incentives are not very

important in staff retention (Dieleman et al., 2006; Dieleman et al., 2003). However, there have been several salary revision and allowances provision showing a need to conduct newer studies on this subject, especially on the current compensation packages.

Studies on career development, working conditions, and employee retention have operationalized variables differently and do not resemble nurse's health workers. They include promotions and poor living conditions (Dieleman et al., 2006); opportunity 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 promotions (Ojaka et al 2014); and no significant association between working conditions and healthcare workers intention to stay (Ndikumana et al. 2018).

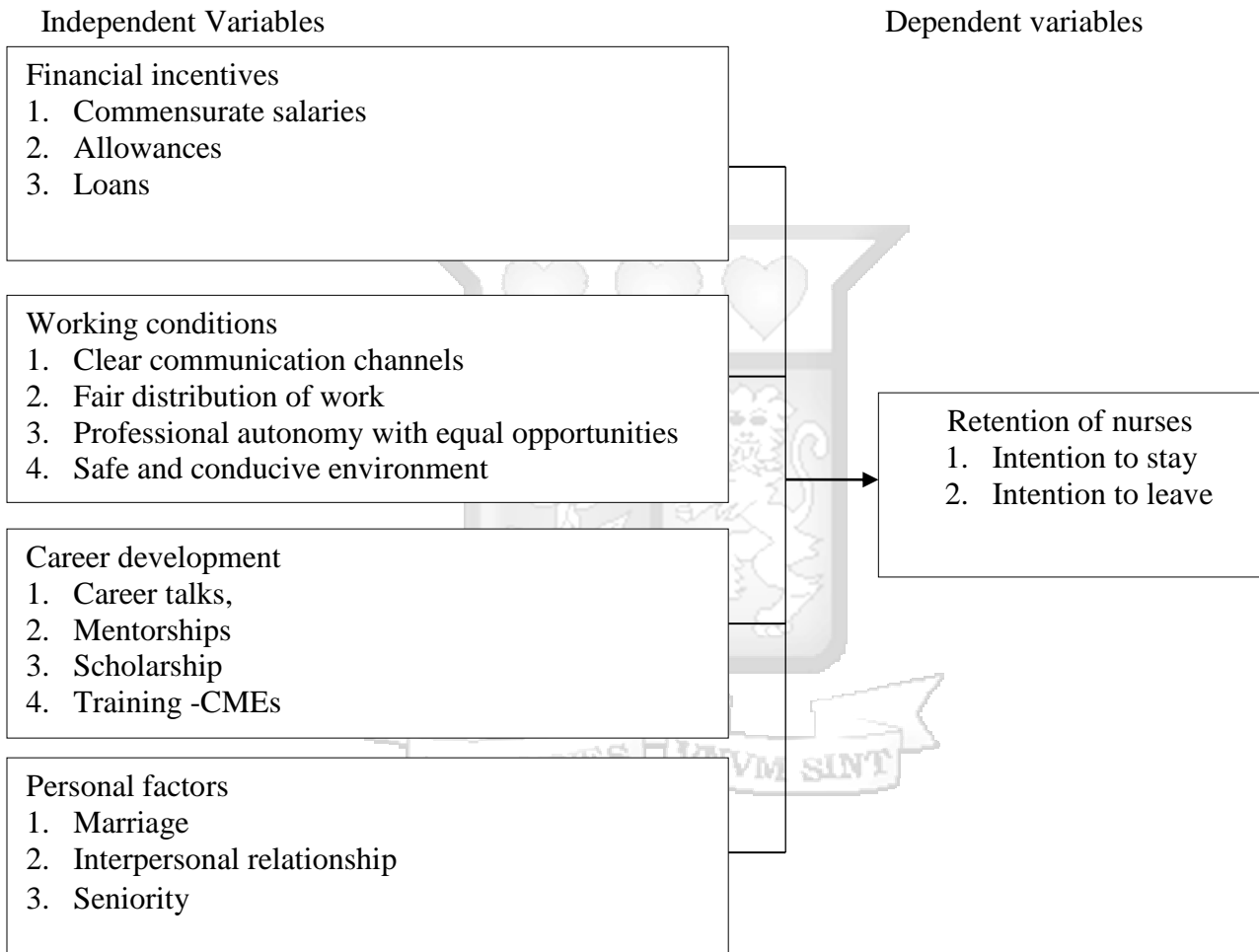
Studies on personal factors and employee retention have shown mixed results as Ndikumana et al (2018) work showed that ranks and experience influence medical staff's intention to stay while Aluku's (2012) study found that rank and experience significantly influences staffs' intention to leave.

## **2.5 Conceptual Framework**

The conceptual framework integrates the theories in a diagrammatic representation to enhance how the dependent variable is determined by the independent variables. The representation also gives a clear picture of how the independent variables achievement lead to staff retention. The literature review in this study contributed to identifying variables for this study. Their relationship has been determined using Herzberg's (1959) two-factor theory and Adams (1963)

equity theory. The theories assume employee retention is a factor of financial incentives, working conditions, and personal development. The operationalization of these variables is presented in figure 2.1 below.

The conceptual framework for the study is presented in Figure 2.1



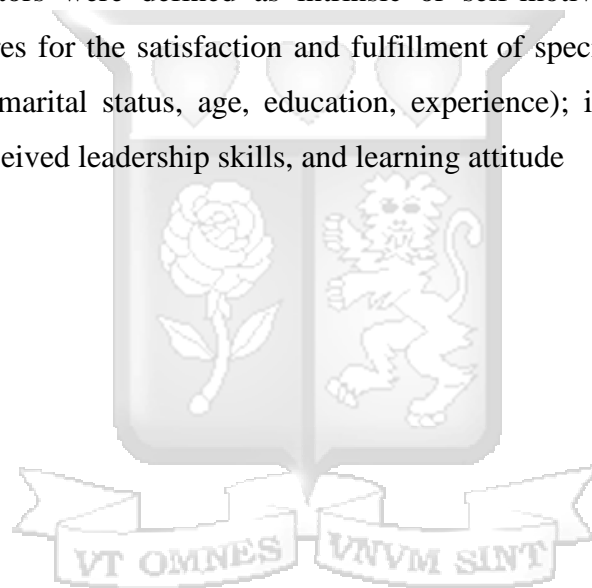
## 2.6 Variables definition

Financial incentives were defined as monetary benefits (either direct or indirect) that are meant to motivate nurses deliver on their mandate. They includes better salaries or increments; allowances (e.g. overtime, uniform, paid leave, hardship and transport) and other monetary benefits (car or house loans, entertainment allowance, and special duty allowance, etc.).

Working conditions were defined as nurses working environment and all existing circumstances affecting labor in the workplace. They includes safe and conducive environment; clear communication channels; fair workload distribution; equal opportunity at work; professional autonomy; overtime and infective prevention.

Career development was defined as those activities/opportunities provided by KNH to improve the learning or improving nurse's skills so that they can do their job better and progress. They included training, career talks, coaching, mentorships, scholarships, trainings-CMEs and study leaves.

Personal motivation factors were defined as intrinsic or self-motivation that are unique to individuals internal desires for the satisfaction and fulfillment of specific needs. They included Demographics (gender, marital status, age, education, experience); interpersonal relationship, ranks, seniority, self-perceived leadership skills, and learning attitude



## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter presents the methodology used in the study. The chapter is organized into research design, study area, target population, sampling technique, sample size determination, data collection methods, data collection procedures, data analysis, and ethical considerations.

### **3.2 Research Design**

Brink and Wood (1998) state that the purpose of a research design is to provide a plan for answering the research question and "is a blueprint for action". It is the overall plan that spells out the strategies that the researcher uses to develop accurate, objective and interpretative information. The study was carried out using mixed methods research designs. According to Creswell (2012) a mixed methods research design is a procedure for collecting, analyzing, and "mixing" both quantitative and qualitative research and methods in a single study to understand a research problem. This research design was adopted to give the researcher a flexibility of blending quantitative and qualitative data for in-depth analyses on the factors that influence nurse's motivation at KNH thus influence their intention to leave or stay.

### **3.3 Target Population**

The target population was "the entire aggregation of respondents that meet the designated set of criteria" (Burns & Grove 1997). Target population refers to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. The target population usually has varying characteristics and it is also known as the theoretical population.

The target population of this study included 1900 qualified nurses working with Kenyatta National Hospital Kenya (KNH, 2017). Kenyatta National Hospital (KNH) is a National Referral and Teaching Hospital that provides medical research environment. It is the largest referral hospital in East and Central Africa (KNH, 2017).

### 3.4 Sampling Method Procedure

The study used a random sampling technique to ensure all available nurses had equal chance of being selected to participate in the study. According to Creswell (2012) in random sampling technique subjects have equal chance of being selected hence reduction of sampling biases. The study visited various departments and randomly selected nurses present to participate for the study.

For the qualitative interviews, the study purposively selected nurses from different clinical specialties, of different gender and age groups and of varied working experience. As such the sample consisted of departmental heads, senior nurses and junior nurses who participated in the study.

### 3.5 Sample Size Determination

Since the population of the study is known (1900 nurses), the study used Yamane's (1967) minimum sample size determination formula for known/limited population sizes. The formula is presented as:

$$n = \frac{N}{1 + N(e)^2} = \frac{1900}{1 + 1900(0.05)^2} = 330$$

Where  $n$  is the sample size,  $1 = \text{Constant}$ ,  $N$  is the population size (1900), and  $e$  is the level of precision which is 0.05 at 95% confidence interval. Substituting the above formula, the final sample size was estimated at 330 nurses.

Qualitative designs may not require sample size calculation but the gathered responses must be good enough to answer research questions fully (Creswell et al., 2007; Baker and Edwards, 2012). Therefore, based on the sampling criteria based above, nurses from different specialties were initially approached for interview. However, on reaching a sample size of 10 participants, the study achieved both data and theoretical saturation and therefore no additional nurses were sampled (Guest, Bunce, and Johnson, 2006).

### **3.6 Data Collection**

#### **Quantitative data**

This study used a structured questionnaire to collect 328 quantitative responses from the nurses. The questionnaire used Likert scale scores where nurses were asked to rate the extent to which various motivation factors would influence their retention. The questionnaire was administered to nurses during staff meetings, during breaks, before and after work shifts.

#### **Qualitative data**

The study also employed qualitative data collection techniques using interviews to complement the quantitative findings. These interviews were conducted at the beginning or end of shifts when nurses were not busy and were guided by an open ended interview guide. The interviews lasted 30-40 minutes and the responses were audio recorded for transcription.

### **3.7 Validity and Reliability Test**

Since this study utilized primary data collection instruments, a pilot study was conducted for pretesting of the questionnaire. The study used the criterion by Isaac et al., (1995) that suggests 10 -30 respondents for the pilot study. Data was collected from 17 respondents to refine the research instrument.

#### **3.7.1 Validity**

According to Polit and Hungler (1995), validity refers to "the degree to which the instrument measures what it is supposed to be measuring". The researcher used content validity, which refers to the accuracy with which an instrument measures the factors under study. The researcher conducted a pre-test of the instruments. Based on the analysis of the pre-test, the researcher was able to make corrections, adjustments and additions to the research instruments. The study used content validity to ensure the validity of the instruments. This was used to check whether the questions on the research instruments address the research questions. Consultations and discussions with the supervisors were also done to establish content validity (Kombo & Tromp, 2006).

#### **3.7.2 Reliability test**

Reliability is the proportion of variance attributable to be the true measurement of a variable and estimates the consistency of such measurement overtime, in other words it is a measure of the degree to which research instruments would yield the same results or after repeated trials. Reliability relates to the precision and accuracy of the instrument. If used on a similar group of respondents in a similar context, the instrument should yield similar results (Cohen et al. 2000).

Accurate and careful phrasing of each question to avoid ambiguity and leading respondents to a particular answer ensured reliability of the tool. The procedure for extracting an estimate of reliability was obtained from the administration of test-retest reliability method which involved administering the same instrument twice to the same group of subjects with a time lapse of two weeks between the first and second test.

Results from both pilot and final study show that all objectives had a Cronbach's alpha above 0.7 hence the questionnaire was reliable. This is in line with Mugenda and Mugenda (2003) who states that a Cronbach alpha of above 0.7 deems the instrument reliable.

Table 3.1: Reliability results

Objective #	Objective	Reliability results		Number of questions dropped
		Cronbach's Alpha	No. of Items	
1	To determine the effect of financial incentives on the retention of nurses at KNH	.770	8	2
2	To establish the effect of career development on retention of nurses at KNH	.829	8	1
3	To determine the effect of working conditions on retention of nurses at KNH	.735	8	2
4	To establish personal factors affecting retention of nurses at KNH	.707	7	3

The developed qualitative interview guide was piloted with nurses from KNH who eventually were not part of the study. The piloting enabled improvement of the content and structuring of the interview questions leading to development of the final interview guide that was used in the study.

### 3.8 Data Analysis

#### Quantitative data

The questionnaires were checked for completeness, coded and entered into SPSS 20 software for analysis. Descriptive statistics were calculated using the median, IQR, frequencies, and percentages. Pearson chi-square test was used to test association and logistic regression was used to calculate adjusted odds ratio. The binary logistic can be summarized as shown in the equation below where  $p_i$  is the probability of intention to stay and  $1 - p_i$  is the probability of intention to leave.

$$\text{Log} \left( \frac{p_i}{1 - p_i} \right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

The log odds of intention to stay are a function of  $X_1$ -financial incentives,  $X_2$  - career development,  $X_3$ -working conditions,  $X_4$ -personal factors, and a random error term  $\varepsilon$ .  $\beta_i$  ( $i=1,2,3,4$ ) are the parameters linked with the corresponding independent variable to be estimated (partial regression coefficients).

#### Qualitative data

Qualitative data collected using audio recording was transcribed and analyzed manually using thematic content analyses and by allowing themes to freely emerge from the data. The emerging themes were then compared alongside the quantitative data for each objective to identify gaps in interpretation and strengthen the overall arguments supporting the results of the study.

### **3.9 Ethical Consideration**

Mugenda and Mugenda (2003), define ethics as "a code of behavior considered correct". It is crucial that all researchers are aware of research ethics. Ethics relate to two groups of people; those conducting research, who should be aware of their obligations and responsibilities, and the "researched upon", who have basic rights that should be protected.

The study therefore was conducted with fairness and justice by eliminating all potential risks, through informing the respondents of their rights. Ethical issues observed in a study may include "informed consent, right to anonymity and confidentiality, right to privacy, justice, beneficence and respect for persons" (Brink & Wood 1998).

This research followed all the research protocols outlined by the Strathmore University research and ethics department with a research permit sought from Strathmore University research ethics committee, National Commission for Science, Technology, and Innovation, and Kenyatta National Hospital research ethics committee.

During data collection, all ethical considerations were adhered to. All respondents' rights such as the right to privacy, confidentiality, protection from discomfort, and the right to withdraw from the data collection processes were honored. All information was anonymized with precaution measures taken to ensure no names or other identifying information was linked to the data.

All participants signed a written informed consent form after being made aware of their right to decline or withdraw from participating in the study. Participation was therefore voluntary and no incentives were offered although respondents were made aware that the results may help to understand the factors that influence retention of nurses in tertiary hospitals.

## **CHAPTER FOUR: RESULTS**

### **4.1 Introduction**

This chapter contains information from the data analysis presented in the form of tables, pie charts, and bar graphs from the quantitative aspect of the study. It also includes narratives of the emerging themes and representative quotes from the qualitative part of the study. In the presentation of these findings, I also present the interpretation of the results organized in seven sub-sections including demographic information of the participants, nurses' intention to leave, of financial incentives, of career development and working conditions. Results on the personal factors affecting nurse selection of employer and strategies influencing their intention to leave are also presented.

### **4.2 The response rate**

Questionnaire return is the proportion of the questionnaires returned after they have been issued to the respondents. The return rate of the questionnaires was 328 of a target sample of 330 nurses (99.4%). The high return rate was achieved because the researcher approached nurses during short breaks and gave those questionnaires to complete and handover after the break. The 99.4% return rate was therefore sufficient for further analyses.

### **4.3 Profile/demographics of Respondents**

The demographic information of the respondents was based on background information of the respondents' such as gender, age and education level. The specific reasons they chose to work at KNH, how long they had worked in KNH, and the sectors they were working before joining KNH was collected. The background information was important in understanding whether respondent's demographics affect their intention to leave.

As presented in table 1 above, results revealed that majority of the nurses in KNH are female, middle-aged and with a Nursing diploma educational background. The findings revealed there were higher percentage of female nurses (62%) that had intention to leave when compared to males (54%). Younger nurses had higher proportion of those with intention to leave compared to older nurses. Nurses' with degree level of education had highest proportion of having intention to leave when compared to diplomas and certificate holders.



**Table 4.1: Background information**

	Had intention to leave KNH		Total No. (%)	
	No	Yes		
Gender	Male	34	40	74 (22.6%)
	Female	97	157	254 (77.4%)
Marital status	Married	86	70	156 (47.6%)
	Divorced/widow/single	45	127	172 (52.4%)
Age	18-25	9	20	29 (8.8%)
	26-35	33	84	117 (35.7%)
	36-45	47	58	105 (32%)
	>46	42	35	77 (23.5%)
Highest Education level	Certificate	8	6	14 (4.3%)
	Diploma	92	94	186 (56.7%)
	Degree	31	97	124 (37.8%)
	Postgraduate	2	2	4 (1.2%)
Year of graduation	<2	8	32	40 (12.2%)
	2-4	16	52	68 (20.7%)
	5-14	20	52	72 (22%)
	>15	87	61	148 (45.1%)
Experience at KNH	<2	16	76	92 (28%)
	2_<5	12	44	56 (17.1%)
	5_<15	16	16	32 (9.8%)
	>15	87	61	148 (45.1%)
Reason of choosing KNH	Salary	8	24	32 (9.8%)
	Working conditions	16	12	28 (8.5%)
	Career development	70	126	196 (59.8%)
	Personal reasons	13	19	32 (9.8%)
	Financial/non-financial reasons	20	8	28 (8.5%)
Sector of work before joining KNH	Public	32	16	48 (14.6%)
	Private	56	104	160 (48.8%)
	Mission/NGO/FBO's	18	50	68 (20.7%)
	KNH	25	27	52 (15.9%)
Was nursing your first career choice	Yes	101	139	240 (73.2%)
	No	26	58	84 (25.6%)

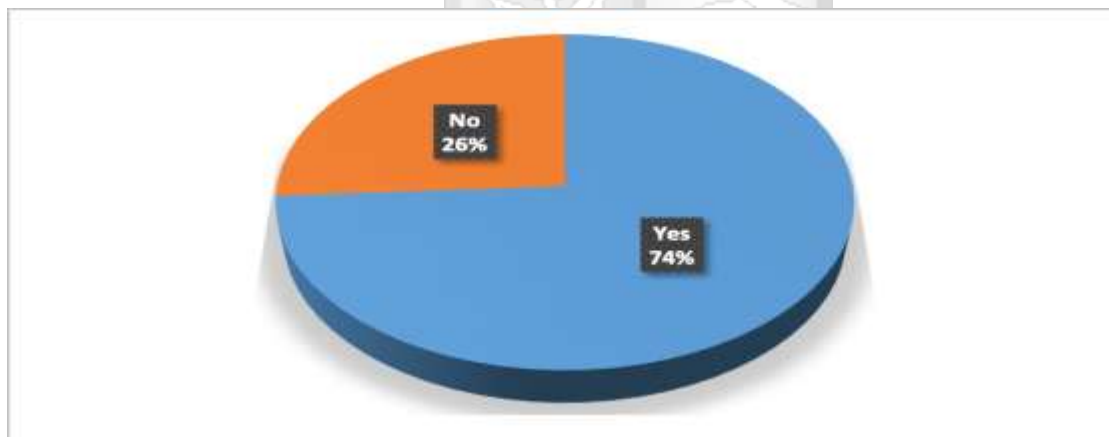
Table 4.2 below illustrates that the median work experience of the nurses was 11.42 years while the median length of experience at KNH as a nurse was 6.7 years. Interesting result is that the median working experience for nurses with intention to leave was 2.3 years compared to 18

years for those having no intention to leave which shows the less experienced were more likely to have intention to leave.

**Table 4.2: Nurse Experience**

	Median (IQR)	Min	Max
Working experience as a nurse in years	11.42 (3.93-20.1)	0.92	36.05
Length of stay at KNH as a nurse in years	6.7 (1.6-19.18)	.04	33.0

Further analysis revealed that 74% of nurses considered nursing as their first career choice while 26% did not, as shown in the pie chart below. The findings revealed that 69% of nurses whose first career choice was not nursing had intention to leave KNH compared to 58% whose first career choice was nursing.

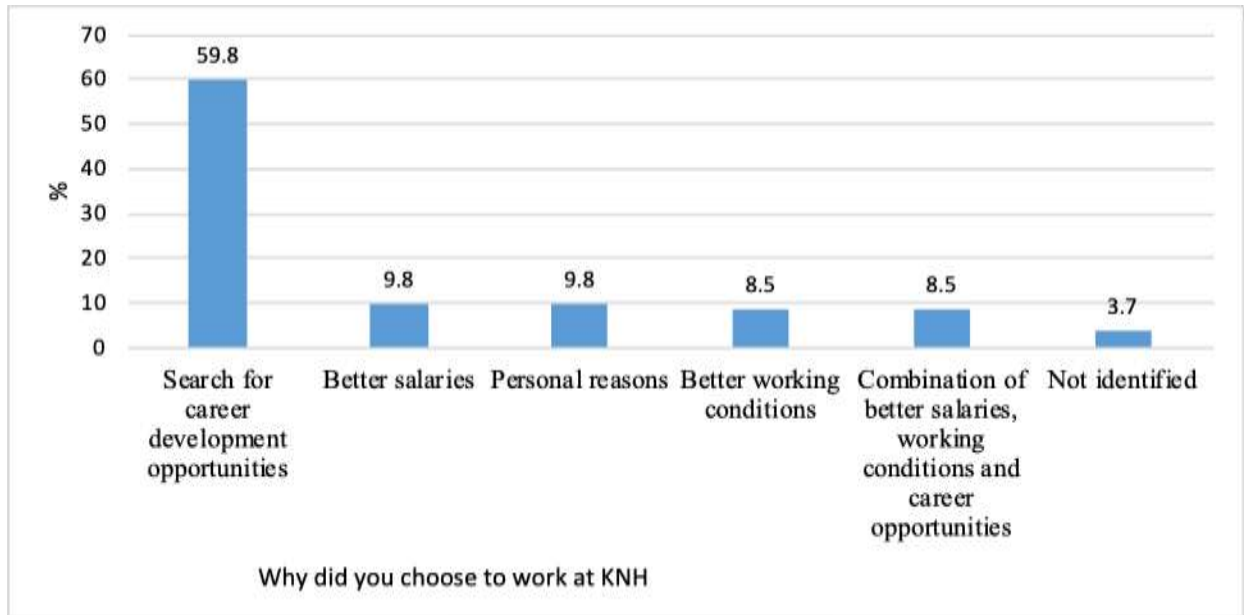


**Figure 4.1: Nursing as a first career choice**

In exploring why nurses specifically chose to work at KNH, it was found that 59.8% preferred KNH due to career development opportunities, 9.8% chose it for both personal reasons and better salaries, 8.5% chose it due to better working conditions, and another 8.5% for better salaries,

working conditions and career opportunities. Personal reasons included family primary residence being in Nairobi, and children schooling within Nairobi.

However, 3.7% did not identify their primary motivation to choose KNH. The summary is presented in the figure 4.2 below.



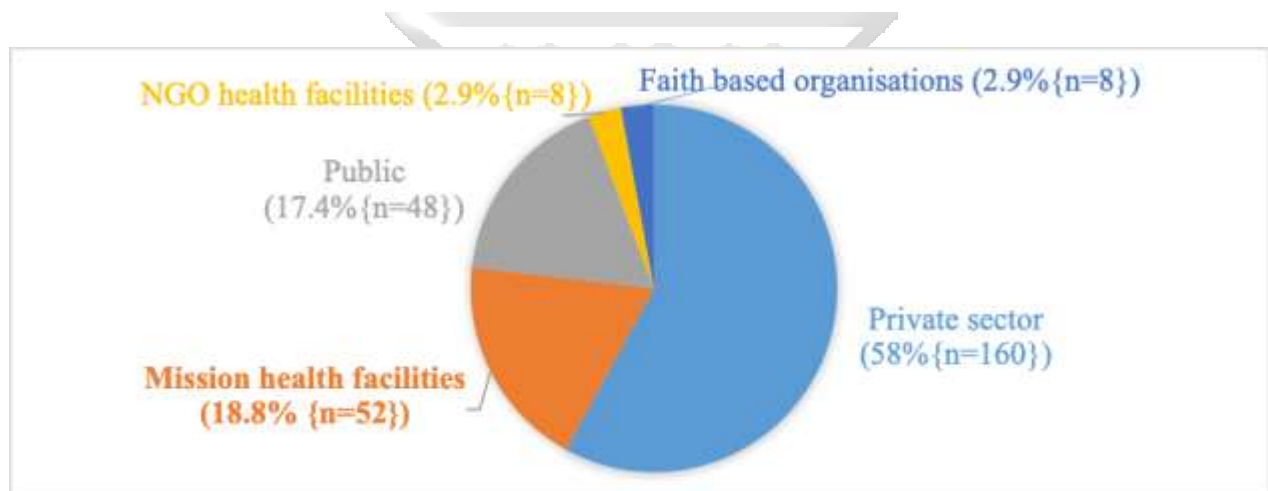
**Figure 4.2: Reasons for working in KNH**

During in-depth interviews with the nurses, the respondents described that their desire to work in KNH included family preferences and opportunities for career development:

(Index 1): *“I was looking for a workplace where opportunities for career advancement were present and that’s why I chose KNH. KNH has a better proximity to University of Nairobi, Kenyatta University, Catholic University, and Mt. Kenya University where I wanted to pursue Bachelors of Science in Nursing.”*

(Index 2): “My family is settled here and my kids’ school just around therefore preferred KNH.”

Analysis of employment histories of nurses before joining KNH, showed only 15.9% had KNH as their first employer. Of the 84.1% who KNH was not their first employer, 58% were from the private health facilities, 18.8% were from Mission, 17.4% from public, and 2.9% were from NGO and faith-based organizations health facilities respectively. The summary is presented in the figure 4.3 below.



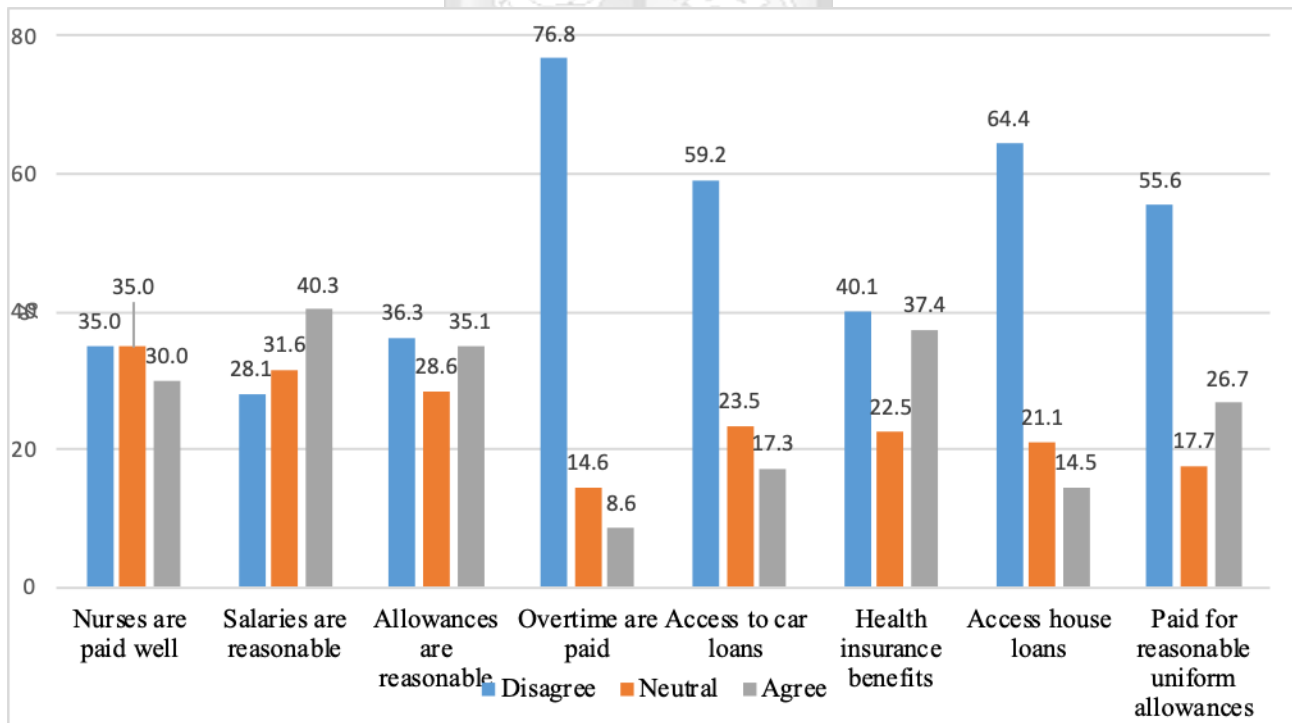
**Figure 4.3: Previous employment**

It was interesting to note that majority of the nurses working in KNH were previously working in the private sector. The findings revealed that majority of the nurses (59.8%) had left previous employments in search of career development although an analysis of the current nurse educational levels of the KNH nurses was diploma level training (59.2%), with only 2% master’s level. Nurses with masters are the only category of nurses who chose KNH for career developmental reasons.

(Index 3: Nurse with master’s education level). “KNH is a good place to work if you want to access institution for higher education. Those that prefer to be nurse teachers have access to post diploma nursing teaching courses on the other side of the hospital.”

#### 4.5 Descriptive for Financial Incentives

In establishing whether financial incentives played a role in motivating nurses at KNH, findings showed that 76.8% of nurses disagreed that they were paid for overtime. Furthermore, 59.2% disagreed to having access to car loans, 64.4% reported that they could not access house loans, 55.6% disagreed getting uniform allowances and 40.1% disagreed to access insurance benefits. Nurses that disagreed on the provision of these financial incentives had intention to leave. These issues are further analyzed below and the summary presented in the bar graph 4.4 below.



**Figure 4.4: Financial incentives offered at KNH**

Linked to above, KNH did not score well on financial incentives for nurses as the findings shown intention to leave or stay KNH was statistically associated with financial incentives ( $X^2\{2\} = 35.665; p 0.000$ ). The results show a lot of disagreement on provision of allowances at KNH e.g. although it was reported that KNH had an agreement with banks on car loans and mortgage for staffs, the participants reported that these financial benefits ceased to exist with no notice to the health workers.

On exploring nurses' perception on financial incentives offered at KNH, nurses disagreed with the role of financial incentives in retaining nurses in the hospital. During interviews they described low salaries, delays in allowances payment and lack of information on decision making around allowances.

*(Index 1): "Salary offered by ... is not enough. Apart from the salaries we used to have things like mortgage agreements with banks and we used to access car loans but those things were set up for a very short period of time. But I think when ... introduced this policy, it was tailor made for specific people and once they got what they wanted it was abolished and before we even knew it had been stopped."*

*(Index 8): "This hospital has a lot of delayed salaries which demotivates the staff. They keep saying there is no money. We are also paid poorly, I believe my salary does not reflect my work given the workload placed on me from morning till evening, if a better opportunity arises, I will definitely leave for greener pastures".*

#### 4.6 Descriptive for Career development

Nurses were provided with some statements on career development and were requested to score as ‘strongly disagree, disagree, agree, strongly agree or hold a neutral position’ on each of them. Participant responses to this revealed that 50.6% of nurses reported KNH as having better career development opportunities. However, 61% of the nurses also reported lack of scholarship opportunities for nurses at KNH, with 54.3% reporting lack of access to career talks and 55.1% of nurses reporting absence of mentorship. Furthermore, poor recognition was as high as 65.9% of the respondents who reported absence of rewards even after excellent job performance after staff’s appraisal (refer to fig 4.9). On further analysis, nurse’s intention to leave or stay KNH was statistically associated with career development ( $X^2 \{2\} = 15.493; p 0.000$ ) and higher proportion of nurses who tend to disagree provision of career development opportunities at KNH were more likely had intention to leave.

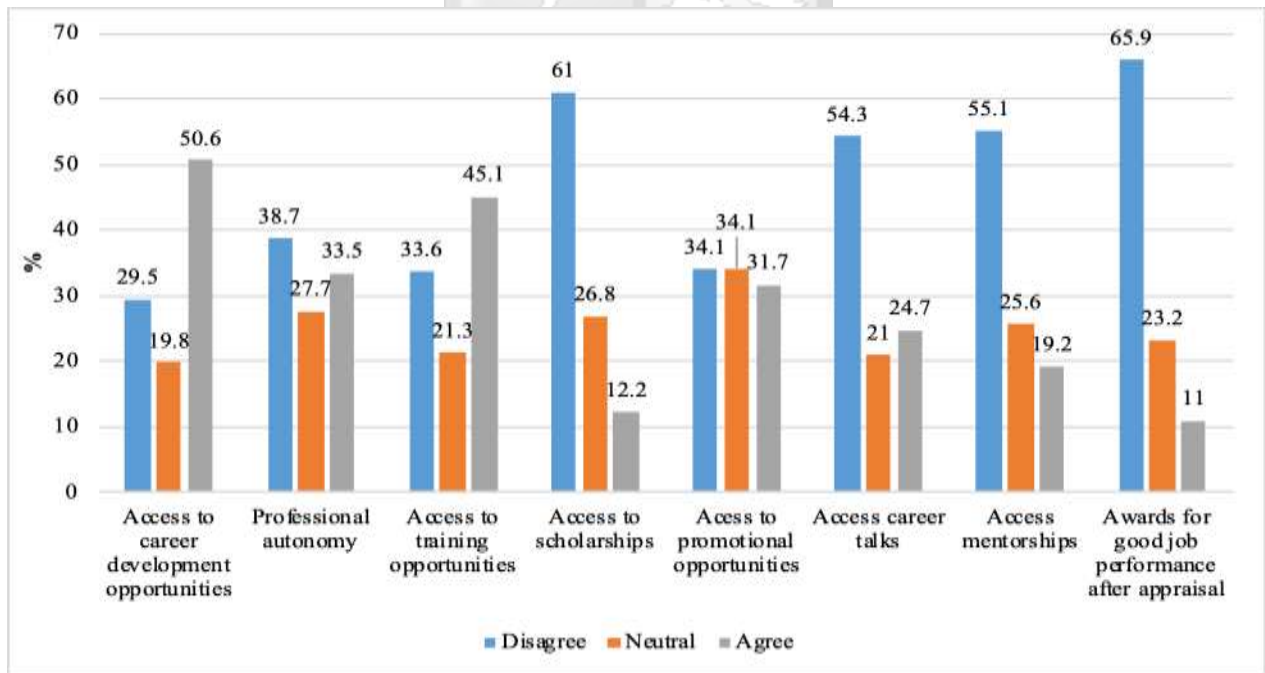


Figure 4.5: Nurse’s perception on the career development opportunities

Interviews with nurses on understanding availability of career development opportunities and the perception of nurses towards professional development in the hospitals supported the survey findings represented in figure 4.5 above. For instance, there lacked official mechanisms for promoting staff as these appeared to only happen ad hoc:

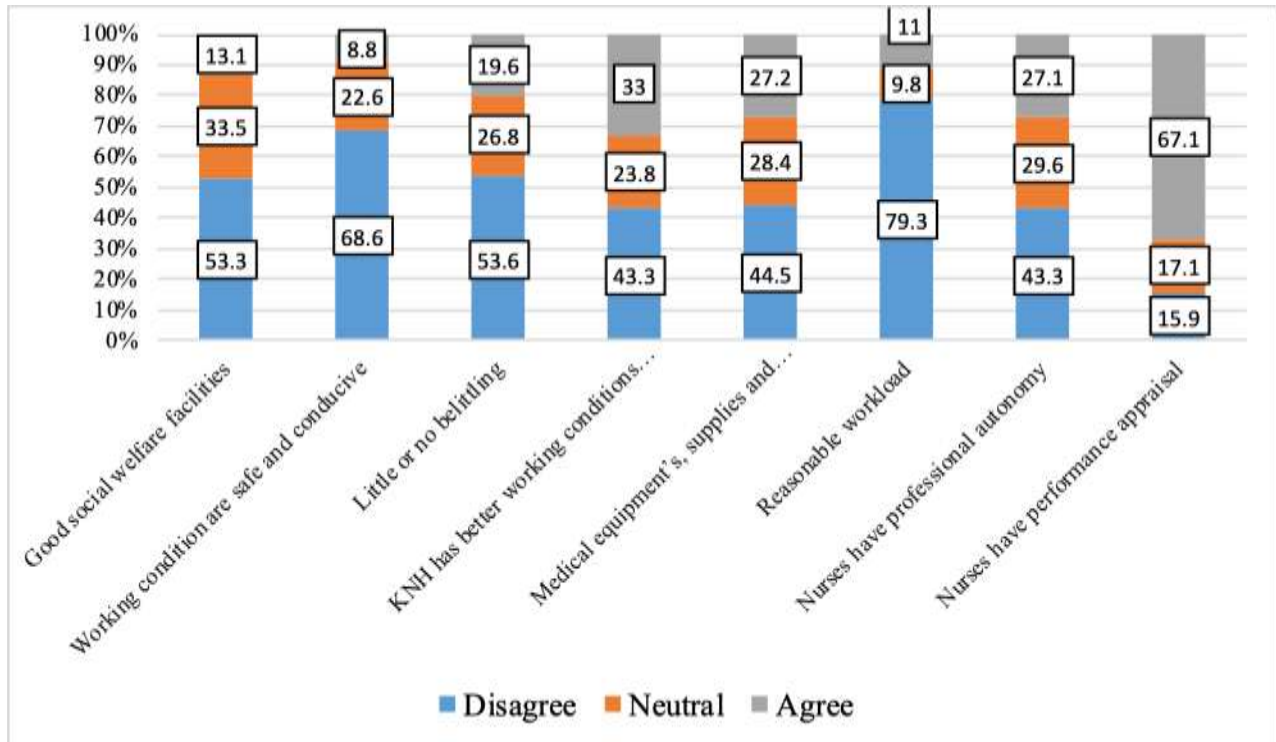
(Index 1): *“The required system for promotion is normally not followed. The official system is such that after 3 years a nurse should automatically move to the next job group but it doesn’t happen and nobody is concerned to follow. The other promotion protocol is consistent with education and years of experience. However, when scholarships are not granted competitively it’s easy to guess the promotions are tailor made for a chosen few. We actually get the job done and never think of promotions unless one looks for greener pastures elsewhere. People are promoted based on who knows who.”*

(Index 3): *“Even with performance appraisal being done, there is simply no recognition. I have been working here for more than 20 years and not as much as a thank you note despite numerous performance appraisal. Scholarships here are only for some chosen few. Money is allocated for nurse career development but we don’t get it. It is spent on administration and doctors not on nurses. There is also no fair access to study opportunities. You really need to know someone to access either scholarships or study opportunities.”*

#### **4.7 Descriptive for Working Conditions**

Findings revealed that working conditions at KNH were mostly unfavorable with 53.3% of respondents disagreeing on the presence of good social welfare facilities. Furthermore, 68.6% disagreed that the working conditions at KNH were safe and conducive and 79.3% disagreed

KNH had reasonable workload (figure 4.6 below). Although 67.1% agreed that there was a performance appraisal system in KNH, as described above, the participants often questioned the utility of this system.



**Figure 4.6: Nurses perceptions of working conditions at KNH**

Further analyses established that nurse's intention to leave or stay KNH was statistically associated with working conditions ( $X^2 \{2\} = 56.935; p 0.000$ ). Therefore, the higher proportion of nurses who tend to disagree about provision of good working conditions at KNH more likely had intention to leave. As mentioned above, majority of nurses felt nurse patient ratio was low which lead to high workload. Nurses also mentioned lack of professional autonomy in their day to day jobs and poor recognition of the social welfare of the nurses. The qualitative responses are presented below.

*(Index 1): “Working conditions for nurses aren’t good at al. The other day they refused to recognize our nurses’ union so we don’t even have channels to forward our complaints. The administration is just sitting in the offices no one is coming on the ground to see what is going on. Clearly there is no system here. No policies are working we are just on our own.”*

*(Index 2): “We nurses took our college seriously and our seniors need to understand we understand the boundaries of our profession. Sometimes we fear to take charge of situations otherwise we may be blamed of eventuality.”*

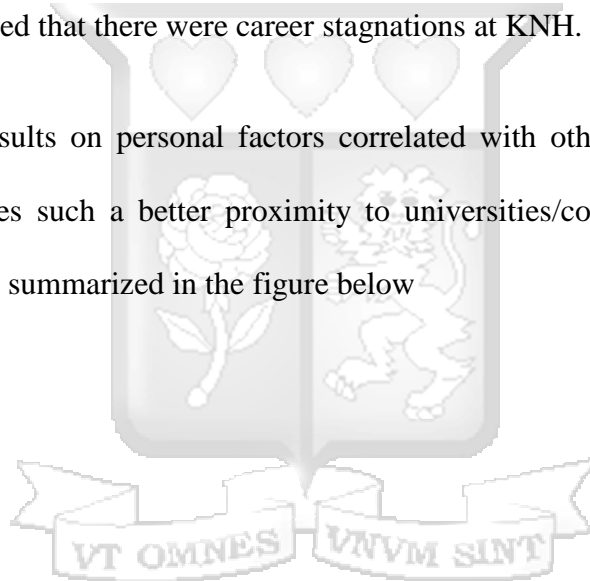
*(Index 6): “...has very poor working conditions. Imagine right now I have a patient with 108kg assigned to 1 nurse who will keep turning that patient alone! We are suffering! A lot of nurses have scoliosis. We have back problems throughout. The other day we had an open-heart surgery it took 10 hours the nurse could not leave even to go to the bathroom. Here nurse’s patient ratio is poor...workload is the main issue of all working conditions. Like here we have specialized clinics and every day we serve about 150 patients and at any one time I have only 3 nurses. But we are managing to get some nurses this year hoping for more. Since we opened our specialized clinics to the public numbers have been increasing. For sure something needs to be done!”*

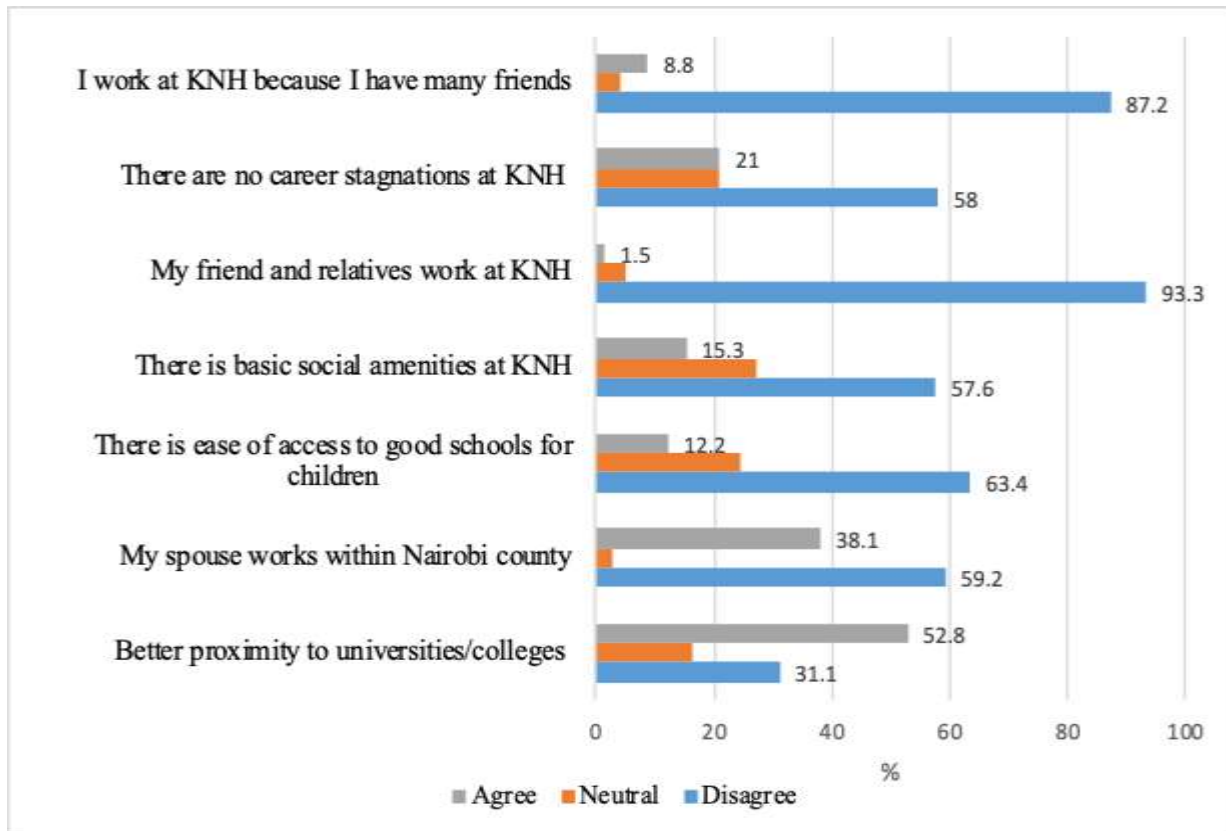
*(Index 9): “Working conditions in ... are bad and staffs are leaving. Staffs have asked HR to replace those leaving but have since learnt that ... is no longer hiring new staff. To help with the work they are employing temporary staff and have also scrapped locums. Locum can work whatever total hours and will get paid as per hours worked while temporary fixed amount 50,000 a month and fixed number of hours.”*

#### 4.8 Descriptive for Personal Factors

The study aimed at understanding personal factors influencing nurse's selection of KNH as an employer and therefore decision to stay. On overall, personal factors did not have statistical significance on intention to stay. From the results, 87.2% of the respondents disagreed that they were working at KNH because they were influenced by friends, while 93.3% disagreed their friends, relatives even work at KNH. Furthermore, 59.2% disagreed that their spouse works within Nairobi while 63.4% disagreed KNH helps them have ease of accessing good schools for children and 58% disagreed that there were career stagnations at KNH.

It was found that the results on personal factors correlated with other factors such as career development opportunities such a better proximity to universities/colleges normally in urban areas. These findings are summarized in the figure below





**Figure 4.7: Personal Factors Affecting Nurse’s Selection KNH**

Interviews with nurses to understand how personal factors influenced nurses’ decision to choose KNH rather than another employer, it was found personal factors did not necessarily inform nurse’s decision on the intention to stay or leave. However, personal factors influenced nurses’ intention to stay if they were related to career development opportunities such as desire for higher education which most perceived at KNH as supportive of as reported below;

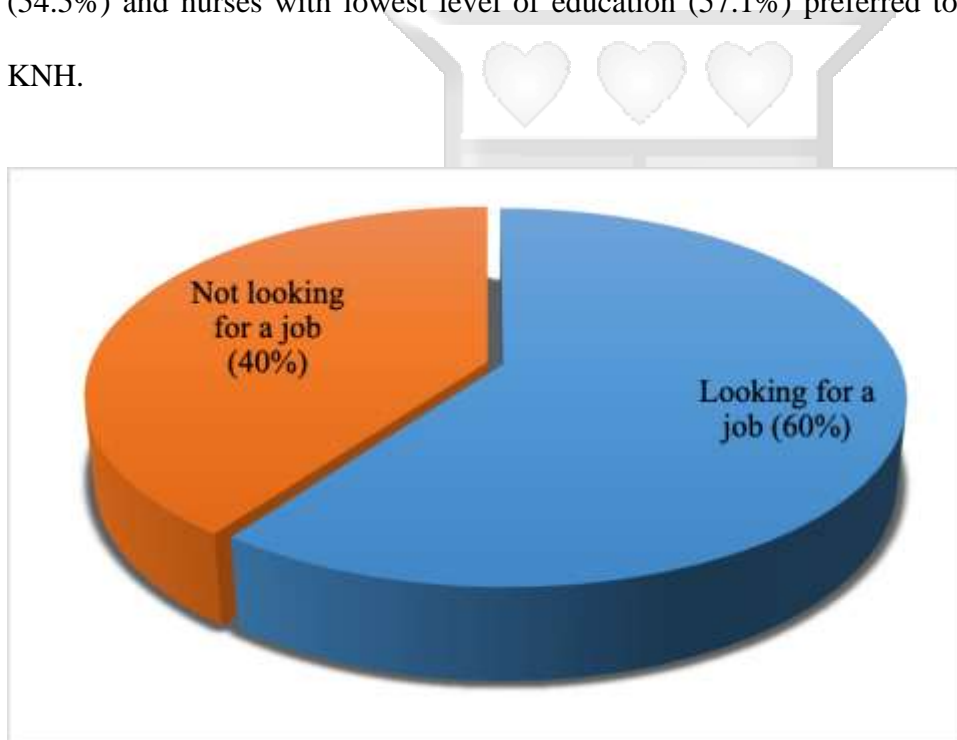
*(Index 4): KNH is strategically located such that one can easily access institutions for higher learning. UoN has college where I attend because I want to teach nursing in a college. It’s easy to access other institutions such as Mt. Kenya University. But this is not the reason I chose KNH even though it was within my objective.*

*(Index 6): Friends, relatives or urban life was not the reason in chose KNH. I just wanted a higher pay which KNH gladly provided.*

#### **4.9 Factors Influencing Nurses Retention at KNH**

##### **4.9.1 Nurses Intention to Leave KNH**

Findings showed that 60% of nurses were not satisfied with their current job at KNH and were looking for a similar job elsewhere (see Fig 4.8 below). Of the (60%) of nurses who had an intention to leave, majority were degree and masters education levels. Furthermore, older nurses (54.5%) and nurses with lowest level of education (57.1%) preferred to stay rather than leave KNH.



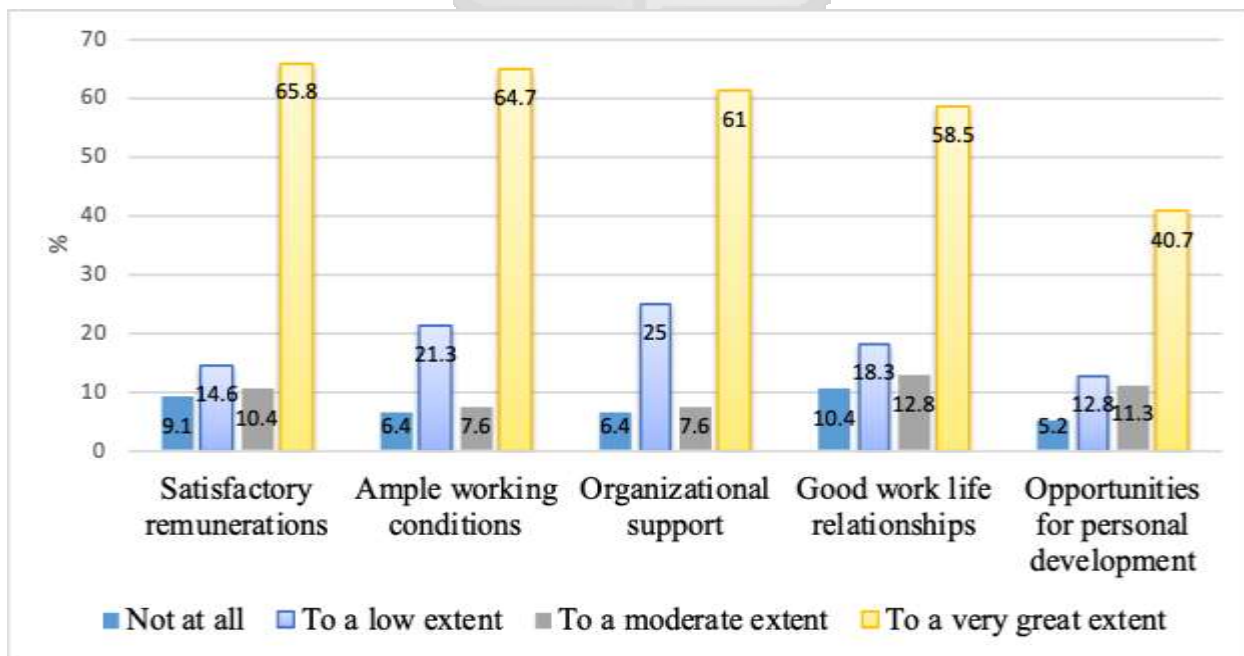
**Figure 4.8: Nurses satisfaction working at KNH**

To further understand nurses' intention to leave or stay at KNH, interviews with nurses revealed that nurse turnover was not common as represented by responses below;

(Index 1): Comparing KNH and other employers, I believe KNH is a better employer in terms of commensurate package and being in an urban area, it's possible to advance our career. NGO may pay better but they are very few.

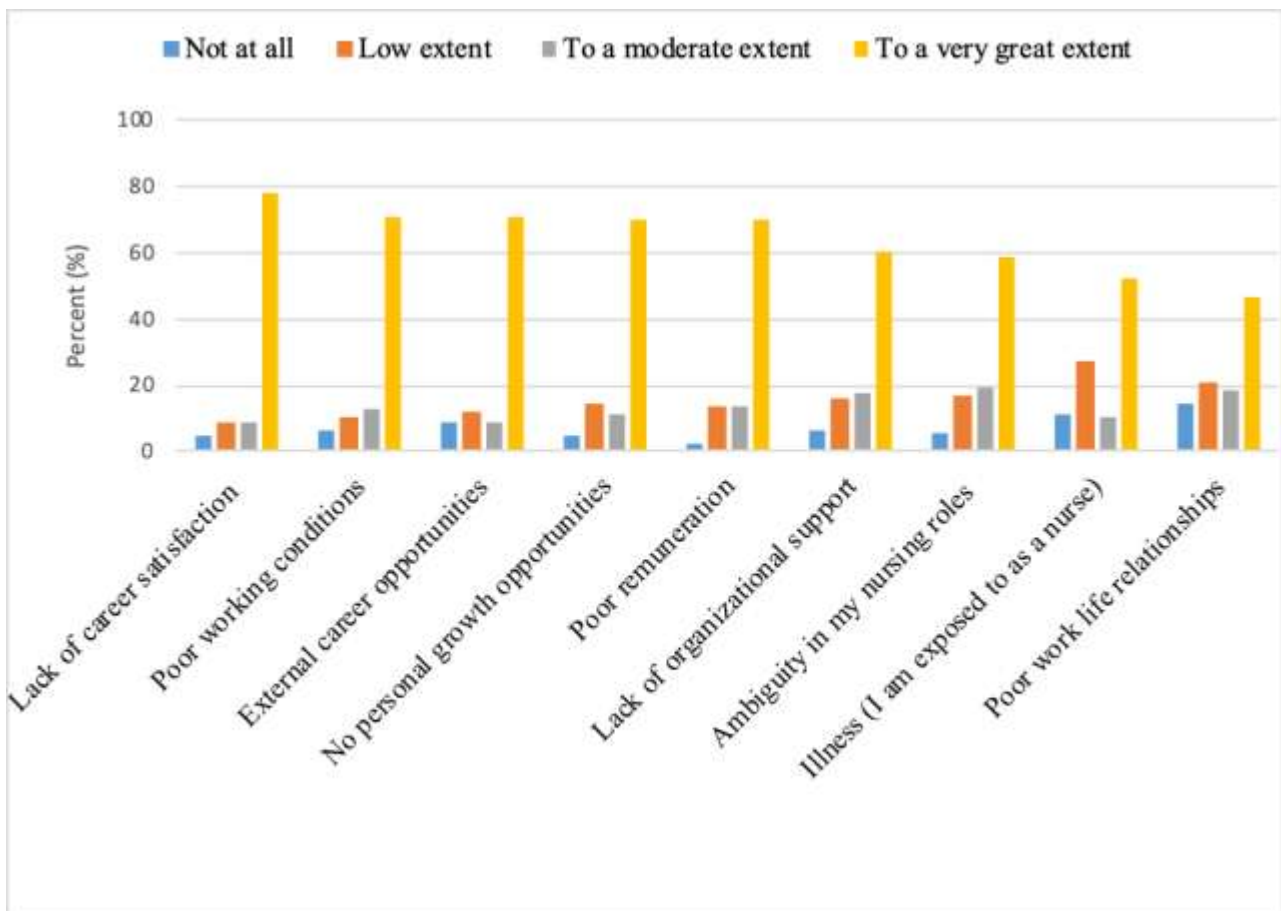
(Index 3): "...The specialized are the young nurses who have strong appetite for education and pursue degrees and possibly masters... In-terms of ages, I think young nurse are more likely to leave for greener pastures than older nurses. Maybe nurses with lower level of education have very limited opportunities and therefore have less choices to make..."

In attempting to establish what influenced nurse's decision to retain in their current job at KNH, participants reported satisfactory remuneration (65.8%), ample working conditions (64.7%), organizational support (61%), good work life relationships (58.5%) and availability of opportunities for personal development (40.7%) (Refer to fig 4.9 below)



**Figure 4.9: Strategies for Nurse's Retention**

However, nurses reported that the reasons that would greatly influence their intention to leave include: lack of career satisfaction as a nurse (78.1), poor working conditions (70.8), availability of career opportunities in another job (70.7), lack of opportunities for personal growth (69.5), poor remuneration (69.5), lack of organizational support (59.8), ambiguity in my nursing roles (58.6), illness one is exposed to as a nurse (51.9) and poor work life relationships (46.3) as represented below.



**Figure 4.10: Factors Influencing Intention to Leave**

The qualitative responses on the factors that would influence nurses' intention to leave is presented below.

*(Index 1): “This hospital has a lot of delayed salaries and contract bargaining agreements which are not honored. If they are honored, this would really improve our satisfaction”.*

*(Index 2): “Nurses are interested in career growth and promotional opportunities. The hospital needs to ensure nurses have a well-defined career growth and promotional plan for nurses”.*

*(Index 7): Nurse are ambitious people and most of us want to be nurse managers. If I find another employer who promotes me to a manager or the organization has some well-defined steps to management levels, I would certainly leave.*

Results from binary multivariate logistic regression revealed older nurses (more than 46 years of age) has less odds (0.375) of having intention to leave KNH compared to younger nurses 18-25 years of age (AOR 0.375; CI: 0.152-0.928,  $p < 0.05$ ). Nurses with degree level of education had higher odds of having intention to leave compared to those with only certificate level of education (AOR 4.172; CI: 1.344-12.955),  $p < 0.05$ ). Nurses who had graduated college more than 15 years ago were less likely had an intention to leave KNH compared to nurses whose graduation is less than 2 years (AOR 0.175; CI: 0.076-0.406,  $p < 0.05$ ).

Those who had stayed at KNH between 5 to 15 years were 0.211 times less likely had an intention to leave (AOR 0.211; CI: 0.088-0.507),  $p < 0.05$ ) and those who had worked at KNH more than 15 years were also 0.148 times less likely to leave (AOR 0.148; CI 0.079-0.277,  $p < 0.05$ ) compared to nurses who had only worked at KNH less than 2 years. Older nurses revealed higher satisfaction with KNH as an employer but newly graduated nurses were less

satisfied with their current job as they were optimistic their education level had opened more opportunities for them.

Nurses who chose KNH for better working conditions had lower odds of having intention to leave (AOR 0.25 CI: 0.084-0.748,  $p < 0.05$ ) and those who choose it for better financial and non-financial reasons also had lower odds on having intention to leave (AOR 0.133 CI: 0.042-0.419,  $p < 0.05$ ) compared to those who choose KNH for financial reasons such as better salaries. This means nurses would prefer better working conditions and opportunities for career development than better salaries. Furthermore, nurses whose previous employer was private, and mission had higher odds of having an intention to leave compared to those whose employer was public hospitals (AOR: 5.556; CI: 2.480-12.444,  $p < 0.05$ ). This is because of lower workload in private sector and better nurse autonomy.

Nurses whose overall motivation on KNH financial incentives was low were 6.31 times more likely had intention to leave compared to those whose overall motivation was high (AOR: 6.31, CI: 2.757-14.441,  $p < 0.05$ ). Nurses whose overall motivation on career development opportunities offered at KNH was low were 2.25 times more likely had intention to leave compared to those whose overall motivation was high (AOR: 2.25, CI: 1.102-4.595,  $p < 0.05$ ). It was also found nurses whose overall motivation on working conditions offered at KNH was low more were more likely to leave (AOR: 21.12, CI: 6.744-66.144,  $p < 0.05$ ). This means nurse's job satisfaction is dependent on underlying work conditions. Good working conditions means nurses work in a clean, safe and conducive environment, with the available necessary tools of work, not being undermined in the line of duty, reasonable workload and nurse professional autonomy. These factors need to be assured in nurse's line of duty to promote satisfaction.

**Table 4.3: Nurse’s Intention to Stay or Leave KNH Based on the Objectives**

Reason of choosing KNH (Ref category: Salary/financial)		
Working conditions	0.25 (0.084-0.748)	0.013
Career development	0.60 (0.256-1.406)	0.240
Personal reasons	0.487 (0.168-1.416)	0.186
Financial and non-financial reasons	0.133 (0.042-0.419)	0.001
Sector of work before joining KNH (Ref category: Public)		
Private	3.714 (1.877-7.349)	0.002
Mission/NGO/FBO’s	5.556 (2.480-12.444)	0.001
KNH	2.16 (0.961-4.855)	0.062
Financial Incentives (Ref: Highly Motivated)		
Low Motivation	6.31 (2.757-14.441)	0.000
Moderately Motivation	1.586 (.728-3.458)	0.246
Career development motivators (Ref category: Highly Motivated)		
Low Motivation	2.25 (1.102-4.595)	0.026
Moderate Motivation	0.795 (0.419-1.509)	0.483
Work condition motivators (Ref category: Highly Motivated)		
Low Motivation	21.12 (6.744-66.144)	0.000
Moderate Motivation	2.9 (1.049-8.446)	0.040

#### 4.10 Chapter Summary

The study aimed at establishing what influences the motivation and retention of nurses at Kenyatta National Hospital. This chapter presented the results addressing the study objectives. The results revealed that 60% of nurses were not satisfied with their current job at KNH and were looking for a similar job elsewhere; that younger, recently recruited, and more educated nurses were less satisfied with their current job and were more likely to leave and those previously from NGO sector were less satisfied with their job and that working conditions. Overall, career development opportunities, and financial incentives significantly influenced job satisfaction.

## CHAPTER FIVE: DISCUSSION

### 5.1 Introduction

This chapter presents a summary of the interpretation of data findings from the study. It interrogates the findings concerning the existing theoretical literature, previous empirical research and how the study advances theory, knowledge, and practice.

### 5.2 Discussion of the Findings

The main objective of the study was to establish the influence of motivation on staff retention among nurses at Kenyatta National Hospital (KNH). The study was guided by four objectives. KNH is the largest teaching and referral hospital in Kenya and is situated in Nairobi County. The target population of this study was 1900 registered nurses at the KNH.

The study used both questionnaires and in depth interviews for data collection. The sample size for the study was calculated at 330 respondents for the questionnaires, who were deemed informative enough in providing information for the study. The researcher also used multiple regression analysis to predict the score on one variable on the basis of their scores on several other variables. The findings of the study were based on the four specific objectives.

In establishing whether financial incentives played a role in motivating nurses at KNH, findings showed that 76.8% of nurses disagreed that they were paid for overtime. Furthermore, 59.2% disagreed to having access to car loans, 64.4% reported that they could not access house loans, 55.6% disagreed getting uniform allowances and 40.1% disagreed to access insurance benefits.

Although the majority of nurses were not satisfied with their current job at KNH and were therefore looking for jobs elsewhere, majority were not willing to leave because of the opportunity to advance their careers. This is similar to results from a study by Ongori et al (2009) that found medical staffs in urban areas had more opportunities for personal and career growth compared to those in rural areas despite remaining uncontented with the conditions of their current job or with current pay. However, salary levels also play a significant contribution to the intention to stay as shown by Ojaka et al (2014) who found that medical staff working in urban areas had better salaries and allowances than those in rural areas and therefore would still stay despite the desire for a better job.

From the results of this work, KNH did not score well on financial incentives for nurses as most of the respondents were either skeptical or indifferent about financial incentives offered. In this study, nurses' overall motivation on KNH financial incentives was low as they were not paid for overtime, nor given a car and house loans or paid reasonable uniform allowances and only received 'reasonable' salaries

KNH did not score well on financial incentives for nurses as the findings shown intention to leave or stay KNH was statistically associated with financial incentives ( $p < 0.000$ ). The results show a lot of disagreement on provision of allowances at KNH e.g. although it was reported that KNH had an agreement with banks on car loans and mortgage for staffs, the participants reported that these financial benefits ceased to exist with no notice to the health workers.

On exploring nurses' perception on financial incentives offered at KNH, nurses disagreed with the role of financial incentives in retaining nurses in the hospital. During interviews they described low salaries, delays in allowances payment and lack of information on decision making around allowances.

Nurses were provided with some statements on career development and were requested to score as 'strongly disagree, disagree, agree, strongly agree or hold a neutral position' on each of them. Participant responses to this revealed that 50.6% of nurses reported KNH as having better career development opportunities. However, 61% of the nurses also reported lack of scholarship opportunities for nurses at KNH, with 54.3% reporting lack of access to career talks and 55.1% of nurses reporting absence of mentorship. Furthermore, poor recognition was as high as 65.9% of the respondents who reported absence of rewards even after excellent job performance after staff's appraisal (refer to fig 4.9). On further analysis, nurse's intention to leave or stay KNH was statistically associated with career development ( $p < 0.000$ ) and higher proportion of nurses who tend to disagree provision of career development opportunities at KNH were more likely had intention to leave.

Findings revealed that working conditions at KNH were mostly unfavorable with 53.3% of respondents disagreeing on the presence of good social welfare facilities. Furthermore, 68.6% disagreed that the working conditions at KNH were safe and conducive and 79.3% disagreed KNH had reasonable workload.

Interviews with nurses on understanding availability of career development opportunities and the perception of nurses towards professional development in the hospitals supported the survey

findings. For instance, there was lack of official mechanisms for promoting staff as these appeared to only happen ad hoc.

Findings revealed that working conditions at KNH were mostly unfavorable with 53.3% of respondents disagreeing on the presence of good social welfare facilities. Furthermore, 68.6% disagreed that the working conditions at KNH were safe and conducive and 79.3% disagreed KNH had reasonable workload. Although 67.1% agreed that there was a performance appraisal system in KNH, the participants often questioned the utility of this system.

Further analyses established that nurse's intention to leave or stay KNH was statistically associated with working conditions ( $p < 0.000$ ). Therefore, the higher proportion of nurses who tend to disagree about provision of good working conditions at KNH more likely had intention to leave. As mentioned above, majority of nurses felt nurse patient ratio was low which lead to high workload. Nurses also mentioned lack of professional autonomy in their day to day jobs and poor recognition of the social welfare of the nurses.

The study aimed at understanding personal factors influencing nurse's selection of KNH as an employer and therefore decision to stay. On overall, personal factors did not have statistical significance on intention to stay. From the results, 87.2% of the respondents disagreed that they were working at KNH because they were influenced by friends, while 93.3% disagreed their friends, relatives even work at KNH. Furthermore, 59.2% disagreed that their spouse works within Nairobi while 63.4% disagreed KNH helps them have ease of accessing good schools for children and 58% disagreed that there were career stagnations at KNH.

It was found that the results on personal factors correlated with other factors such as career development opportunities such a better proximity to universities/colleges normally in urban areas.

Interviews with nurses to understand how personal factors influenced nurses' decision to choose KNH rather than another employer, it was found personal factors did not necessarily inform nurse's decision on the intention to stay or leave. However, personal factors influenced nurses' intention to stay if they were related to career development opportunities such as desire for higher education which most perceived at KNH as supportive.

In attempting to establish what influenced nurse's decision to retain in their current job at KNH, participants reported satisfactory remuneration (65.8%), ample working conditions (64.7%), organizational support (61%), good work life relationships (58.5%) and availability of opportunities for personal development (40.7%)

However, nurses reported that the reasons that would greatly influence their intention to leave include: lack of career satisfaction as a nurse (78.1%), poor working conditions (70.8%), availability of career opportunities in another job (70.7%), lack of opportunities for personal growth (69.5%), poor remuneration (69.5%), lack of organizational support (59.8%), ambiguity in my nursing roles (58.6%), illness one is exposed to as a nurse (51.9%) and poor work life relationships (46.3%).

Results from binary multivariate logistic regression revealed older nurses (more than 46 years of age) has less odds (0.375) of having intention to leave KNH compared to younger nurses 18-25 years of age ( $p < 0.05$ ). Nurses with degree level of education had higher odds of having intention to leave compared to those with only certificate level of education ( $p < 0.05$ ). Nurses who had

had graduated college more than 15 years ago were less likely had an intention to leave KNH compared to nurses whose graduation is less than 2 years ( $p < 0.05$ ).

Those who had stayed at KNH between 5 to 15 years were 0.211 times less likely had an intention to leave ( $p < 0.05$ ) and those who had worked at KNH more than 15 years were also 0.148 times less likely to leave ( $p < 0.05$ ) compared to nurses who had only worked at KNH less than 2 years. Older nurses revealed higher satisfaction with KNH as an employer but newly graduated nurses were less satisfied with their current job as they were optimistic their education level had opened more opportunities for them.

Nurses who chose KNH for better working conditions had lower odds of having intention to leave ( $p < 0.05$ ) and those who choose it for better financial and non-financial reasons also had lower odds on having intention to leave ( $p < 0.05$ ) compared to those who choose KNH for financial reasons such as better salaries. This means nurses would prefer better working conditions and opportunities for career development than better salaries. Furthermore, nurses whose previous employer was private, and mission had higher odds of having an intention to leave compared to those whose employer was public hospitals ( $p < 0.05$ ). This is because of lower workload in private sector and better nurse autonomy.

Nurses whose overall motivation on KNH financial incentives was low were 6.31 times more likely had intention to leave compared to those whose overall motivation was high ( $p < 0.05$ ).

Nurses whose overall motivation on career development opportunities offered at KNH was low were 2.25 times more likely had intention to leave compared to those whose overall motivation was high ( $p < 0.05$ ). It was also found nurses whose overall motivation on working conditions offered at KNH was low more were more likely to leave ( $p < 0.05$ ). This means nurse's job

satisfaction is dependent on underlying work conditions. Good working conditions means nurses work in a clean, safe and conducive environment, with the available necessary tools of work, not being undermined in the line of duty, reasonable workload and nurse professional autonomy. These factors need to be assured in nurse's line of duty to promote satisfaction.

### **5.3 Summary of discussion of results**

Similar to literature reviewed from other countries this study showed that staff motivation was important in the decision to stay at Kenyatta national hospital. KNH is the largest teaching and referral hospital in East and Central Africa and would boast of a robust nursing workforce of over 2000. Financial incentives remained top on the list but some interesting factors may need more consideration, as a starting point, improving working conditions. With a bed capacity of 1800 and soaring patient numbers of almost 3000 what, most nurses talked about was having a safe and conducive work environment with a reasonable workload. Professional autonomy also played a role in allowing the nurses to make their own professional decisions in executing their duties at work. Secondly, career development stood out as a major motivating factor in from this study. KNH is the largest teaching hospital in the country serving as the teaching hospital for the college of health sciences of the University of Nairobi and other affiliate colleges like the Kenya Medical Training College in Nairobi. In so doing most nurses felt that a proper career progression plan with scholarship/sponsorship would encourage nurses to further enhance their skills and at the same time grow in different professional capacities. Regular career talks and a well-managed mentorship program can also motivate the staff to stay at KNH. Therefore, KNH ought to consider how to implement better working conditions and career development to increase job satisfaction for nurses.

## **5.4 Conclusions**

Based on the findings, on determining the effects of financial incentives on the retention of nurses, KNH did not score well. The study shows the intention to leave or stay at KNH was statistically associated with financial incentives. The results show a lot of disagreement on provision of allowances at KNH.

On establishing the effect of career development on nurses retention, the study concluded that nurse intentions to quit or stay KNH was statistically associated with career development and higher proportion of nurses who tend to disagree provision of career development opportunities at KNH were more likely to leave.

On establishing personal factors affecting retention of nurses, it was concluded that personal factors did not influence decision to leave but correlated with other factors such as career development opportunities and better proximity to universities/colleges normally in urban areas.

In determining how working conditions at KNH affected retention of nurses, it was concluded that it was unfavorable considering factors like inadequate welfare facilities, bigger workloads and lack of a proper appraisal system.

## **5.5 Recommendations**

### **5.5.1 Recommendations for Practice**

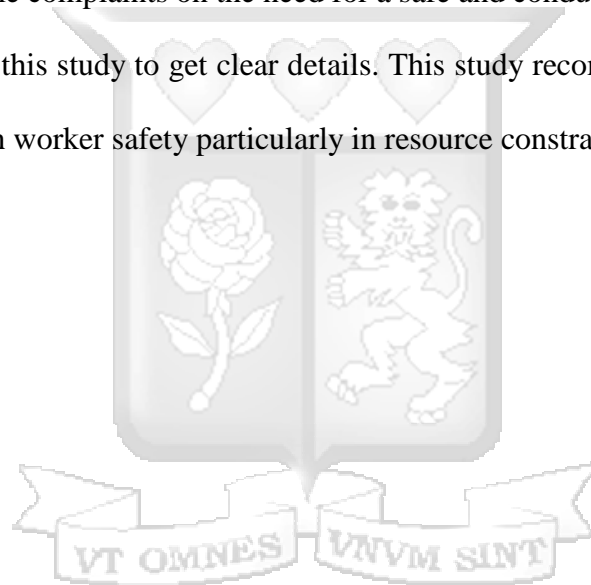
Encouraging nurse's retention management should ensure collective bargaining agreements are honored. It's necessary to ensure nurses are paid for overtime, that there is an agreement with financial institutions to allowances and without delay.

Nurses need to be provided with basic career development opportunities such as career talks, mentorships, promotions after staff's appraisal, and scholarship opportunities.

To encourage nurse's retention working conditions nurses need to be provided with good social welfare facilities, a clean working environment, the workload should be fairly distributed, and performance appraisal should lead to promotion or recognition.

### **5.5.2 Recommendations for Further Research**

This study registered some complaints on the need for a safe and conducive work environment. It was outside the scope of this study to get clear details. This study recommends further studies to particularly look at health worker safety particularly in resource constrained environments.



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## **APPENDIX I: LETTER OF INTRODUCTION**

My name is Margaret Kironji a student at Strathmore University taking master's in business administration-health management. I am undertaking a research thesis whose title is "factors influencing retention of nurses in Kenya". You are being contacted as a nurse working with KNH which the study area and therefore you are requested to complete this questionnaire best of your knowledge. All your information is confidential and you are not required to reveal your identity in this study. Please also remember that there is no wrong or right answer to the questions and therefore provide the best answer you think about.

### **Procedures to be followed**

Participation in this study will require you answer some few questions by a way of a structured questionnaire.

Participation in this study is voluntarily. This means that you are free to refuse to participate, to refuse to respond to any questions and you may stop at any time, without any negative repercussions. You may ask questions related to the study at any time.

### **Discomforts and Risks**

If some of the questions make you uncomfortable, you may refuse to answer these questions if you so choose or ask for clarification. I would also like to assure you that since your anonymity will be preserved the information you provide cannot be linked to you.

### **Benefits**

If you participate in this study you will help us to learn on the motivators for nurses and their effect on retention. The findings may be used to policy makers to improve nurse's retention.

### **Confidentiality and Anonymity**

You are required to complete this questionnaire at your most convenient time and return the questionnaire when you are comfortable. Your name will not be recorded on the questionnaire and will not appear on any of the results reports. The information you provide will be kept in a locked cabinet for safe keeping, with only the research team having access. Everything will be kept private.

**Contact Information**

If you have any questions you may contact any of the following:

1. Margaret Kironji on 0733912246
2. Dr. Jacinta Nzinga on 0722243877
3. The Strathmore University Ethical Review Committee Secretariat

**Participant’s statement**

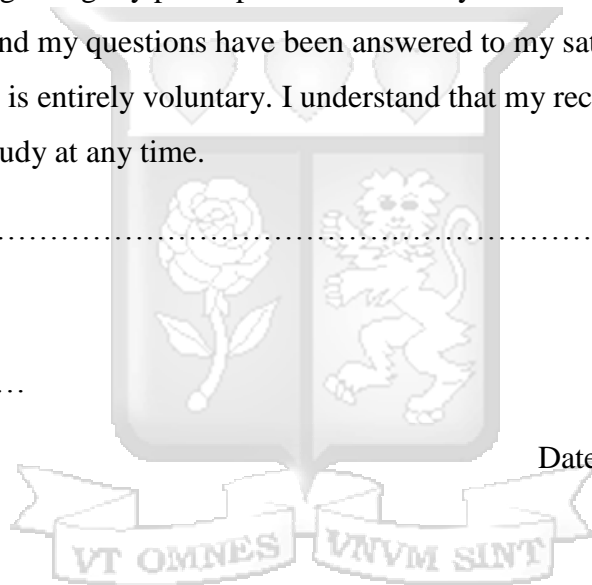
The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time.

Name of Participant.....

.....

Signature

Date



## APPENDIX II: QUESTIONNAIRE

QUESTIONNAIRE CODE.....

### Section A: DEMOGRAPHIC INFORMATION

1. What is your gender?

- Male
- Female

2. What is your age?

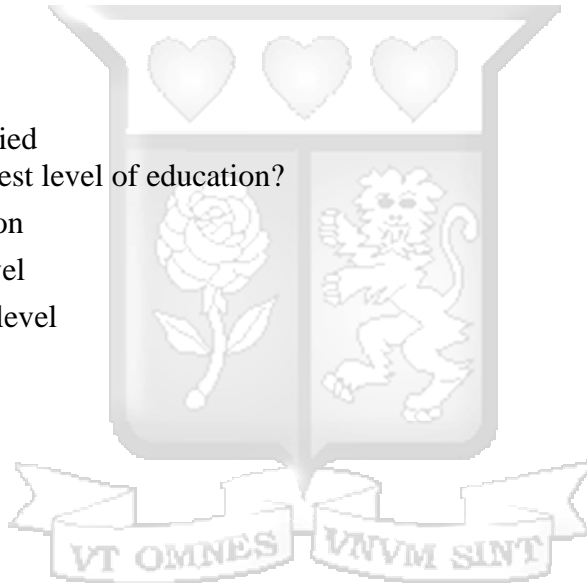
- 18-25 Years
- 26-35 Years
- 36- 45 Years
- >46 Years

3. What is your marital status?

- Married
- Separated
- Divorced
- Never married

4. What is your highest level of education?

- No education
- Primary level
- Secondary level
- Certificate
- Diploma
- Degree
- Masters
- PhD
- Others Specify \_\_\_\_\_



5. What is your current department of work? \_\_\_\_\_

6. Is KNH your first employer since graduation?

- Yes
- No

If No; why did you leave your previous employers?

- For better salaries
- For better working conditions
- I wanted a place with more career development opportunities
- My own personal reasons

7. Was nursing your first choice as a career?

- Yes
- No

If No, what was your first choice? \_\_\_\_\_

The questions below seek to establish the influence of financial incentives on the retention of health workers. Please indicate your level of agreement in any of these questions.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Generally, KNH pays nurses well					
KNH has reasonable salaries					
KNH has reasonable allowances					
Nurses are paid for overtime promptly					
Nurses are able to access to car loans					
Nurses are able to access house loans					
Nurses are paid for reasonable uniform allowances					

Do you think KNH should increase nurse's salaries? If yes, for which of the reasons listed below (Tick all that apply)

- The salaries are low compared to other sectors
- Salaries are not commensurate with workload
- To increase nurses job satisfaction
- The lifestyle of urban areas is expensive
- There is no need to increase salaries but rather focus on non-monetary rewards such as career development and working conditions

If no, please state why

---



---

The questions below seek to establish the influence of career developments on the retention of health workers. Please indicate your level of agreement in any of these questions.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
There are more career development opportunities for nurses at KNH					
Nurses have professional autonomy at KNH					
There are more nurses training opportunities at KNH					
Nurses have access to scholarships at KNH					
Nurses have promotional opportunities at KNH					
Nurses access career talks at KNH					
Nurses access mentorships at KNH					
Nurses get awards for good job performance at KNH					

The questions below seek to establish the influence of working conditions on the retention of health workers. Please indicate your level of agreement in any of these questions.

<b>Working conditions</b>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
KNH good social welfare facilities					
Working condition at KNH is safe and conducive for nurses					
There is little or no belittling, confrontations at KNH					
KNH has better working conditions than my previous employer					
Medical equipment's, medical supplies and drugs are available at KNH					
There is very reasonable workload at KNH					
Nurses have professional autonomy at KNH					
Nurses have poor living condition at KNH					
Nurses have performance appraisal at KNH					

The questions below seek to establish the personal factors influencing retention of health workers. Please indicate your level of agreement in any of these questions.

<b>Personal factors</b>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I work at KNH because I have many friends					
There are no career stagnations at KNH					
My friend and relatives work at KNH					
There are basic social amenities at KNH					
Nurses have professional autonomy at KNH					
Nurses have good living conditions at KNH					
Nurses have performance appraisal at KNH					

Would you like to be contacted for an in-depth interview regarding your career choice?

- Yes  
 No

If yes, please indicate your contacts for me more in-depth interview which will be done at your convenient time \_\_\_\_\_

The questions below seek to establish your perception on the factors for nurses' retention. Please indicate your level of agreement in any of these questions.

I am currently looking for a better paying job

- Yes  
 No

If I find a more paying employer, I would leave KNH

- Yes
- No

Which of the following strategies would entice you to remain in your current job?

0 = Not at all; 1 = To a small extent; 2 = To some extent; 3 = To a moderate extent; 4 = To a great extent 5 = To a very great extent

	0	1	2	3	4	5
Ample working conditions						
Opportunities for personal development						
Organizational support						
Satisfactory remunerations						
Good work life relationships						
Others						

Which of the following reasons would make you think about leaving your current job?

	0	1	2	3	4	5
External career opportunities						
Poor work life relationships						
Lack of opportunities for personal growth						
Poor remuneration						
career satisfaction						
Role ambiguity						
Lack of organizational support						
Work family conflict						
Poor working conditions						
Illness						



## APPENDIX III: INTERVIEW GUIDE

### **Introduction:**

I am Margaret Kironji from Strathmore Business School pursuing a Master's in Business Administration degree in the field of Healthcare management.

We are undertaking a study to understand what influences nurses in making the decision to stay 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 nurses and will help address 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. What is your current job title, roles and responsibilities?
3. How would you describe nurse's turnover in KNH?

Probe: How many nurses out of 10 leave in a year to work elsewhere?

### **Section 1: Effect of financial incentives**

1. In your own opinion what are financial incentives for nurses offered by KNH  
Probe: In-terms of salaries, salaries, allowances, overtime pay, car loans, house loans
2. Do you think KNH has better financial incentives than other referral hospitals and why do you think so?  
Probe: Which financial incentives are available in KNH but are not available in other referral or private hospital  
Probe: What about compared to other referral hospitals and the private sector and why do you think so?
3. Do you think financial incentives in KNH would influence nurse's intention to stay at KNH?  
Probe: Are the current financial incentives the reason why staffs prefer to stay in KNH or are the reason why nurses leave
4. Do you think KNH should increase nurse's salaries and why do you think so  
Probe: From the current salaries and allowances do you think they are commensurate with nurse's experience and education

### **Section 2: Career development in KNH**

5. Are there any career development opportunities in KNH?  
Probe: Access to scholarships, routine training, career talks, mentorships...
6. Which are the careers opportunities that are unavailable in KNH? Would you like them introduced? Why?  
Probe: The ones not mentioned above on whether they are important if introduced
7. Do you think enough has been done to encourage nurses to improve their careers in KNH in the past few years?  
Probe: Since the time you started working with KNH has nurses career development opportunities changed or they have been the same since then
8. What career improvement challenges/constraints do you think the nurses in KNH experience? Are there any attempts made to solve them? Which ones?

### **Objective 3: Working conditions in KNH**

9. How would you describe work conditions in KNH?

Probe: Nurses welfare, and living conditions

10. Are there social welfare facilities for nurses in KNH? Which ones? Of what value are they to the nurses?

11. Are there cases of belittling, confrontations, and lack of professional support for nurses in KNH? Please share a few recent examples

12. How would you describe nurse's workload at KNH? How much professional autonomy do KNH nurses have?

Probe for examples and scenarios

### **Section 4: Personal factors**

13. What motivates you to keep working as a nurse? What keeps you working for KNH?

Probe for intrinsic/personal factors

14. Do you think the management has put systems to assess wellbeing of its staff? If yes, please share examples. If not, why do you think not?

15. What can be done to enhance personal growth and wellbeing for KNH nurses?



## APPENDIX IV: AUTHORIZATION LETTERS



30<sup>th</sup> April 2019

Dr. Kironji, Margaret Wanjiku  
mkironji@gmail.com

Dear Dr. Margaret,

REF **Protocol ID: SU-IERC0384/19 Student No: 100942**

**EFFECT OF STAFF MOTIVATION ON NURSES RETENTION IN KENYATTA NATIONAL HOSPITAL**

We acknowledge receipt of your application documents to the Strathmore University Institutional Ethics Review Committee (SU-IERC) which includes:

1. Study Protocol submitted 3<sup>rd</sup> April 2019
2. Cover letter listing all submitted documents 3<sup>rd</sup> April 2019
3. Proposal declaration page signed by supervisors 3<sup>rd</sup> April 2019

The committee has reviewed your application, and your study "*Effect of staff motivation on nurses retention in Kenyatta National Hospital*" has been granted approval.

This approval is valid for one year beginning **30<sup>th</sup> April 2019** until **30<sup>th</sup> April 2020**

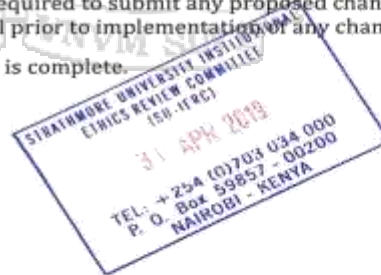
In case the study extends beyond one year, you are required to seek an extension of the Ethics approval prior to its expiry. You are required to submit any proposed changes to this proposal to SU-IERC for review and approval prior to implementation of any change.

SU-IERC should be notified when your study is complete.

Thank you

Sincerely,

Prof Florence Oloo  
**Secretary**  
**Strathmore University Institutional Ethics Review Committee**





REPUBLIC OF KENYA



NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 195186

Date of Issue: 14/August/2019

**RESEARCH LICENSE**



This is to Certify that Dr.. Margaret Kironji of Strathmore University, has been licensed to conduct research in Nairobi on the topic: EFFECT OF STAFFS MOTIVATION ON RETENTION OF NURSES IN KENYATTA NATIONAL HOSPITAL for the period ending : 14/August/2020.

License No: NACOSTI/P/19/487

195186

Applicant Identification Number

Director General  
NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY &  
INNOVATION

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Website: <http://www.erc.uonbi.ac.ke>  
Facebook: <https://www.facebook.com/uonknh.erc>  
Twitter: @UONKNH\_ERC [https://twitter.com/UONKNH\\_ERC](https://twitter.com/UONKNH_ERC)



Ref: KNH-ERC/A/177

13<sup>th</sup> May, 2019

Margaret Wanjiku Kironji  
Reg. No. HCM/100942/17  
Strathmore Business School  
Strathmore University

Dear Margaret

**RESEARCH PROPOSAL: EFFECT OF STAFF MOTIVATION ON NURSES RETENTION IN KENYATTA NATIONAL HOSPITAL (P260/04/2019)**

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH- UoN ERC) has reviewed and **approved** your above research proposal. The approval period is 13<sup>th</sup> May 2019 – 12<sup>th</sup> May 2020.

This approval is subject to compliance with the following requirements:

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

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

Yours sincerely,

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

- c.c. The Principal, College of Health Sciences, UoN  
The Director, CS, KNH  
The Chairperson, KNH- UoN ERC  
The Assistant Director, Health Information, KNH  
Supervisor: Jacinta Nzinga, Strathmore Business School