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Influence of talent management practices on service delivery of doctors at Nairobi City County

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**INFLUENCE OF TALENT MANAGEMENT PRACTICES ON
SERVICE DELIVERY OF DOCTORS AT NAIROBI CITY
COUNTY**



CHRISTINE ONUKO

MBA/95947/2017

**A Thesis Presented in Partial Fulfillment of the Requirements for the Award of
the Degree of Master of Business Administration at Strathmore University**

Strathmore Business School

Strathmore University


Nairobi, Kenya

April 2019

DECLARATION


I affirm that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, this thesis contains no material previously published or written by another person except where due reference is made in the project itself. © No part of this thesis may be reproduced without the permission of the author and Strathmore University.

Christine Onuko
MBA/95947/2017

Signature 

Date 12/06/2019

This Thesis has been submitted for examination with my approval as the University Supervisor.

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ABSTRACT

The aim of talent management is to improve the availability and utilization of talented employees through streamlining the attraction, training and development and retention practices that in turn have an impact on business performance. A reliable and dedicated health workforce is required to ensure efficient and effective service delivery. However, this has not been the case as witnessed by the frequent industrial unrests by health workforce including doctors that has interrupted services in the hospitals. This research study sought to identify influence of talent management practices on service delivery of doctors in Nairobi City County. The specific objectives of the study were to determine how attraction, training and development and retention practices influence service delivery of doctors in Nairobi City County. Quantitative research method was applied in the study using a questionnaire. The target population was 233 doctors. The 145 doctors chosen from the four County Hospitals as respondents were a result of stratified random sampling. Data was analyzed through SPSS and interpretation through quantitative methods as per research objectives and questions. The study found that there is a positive correlation between attraction, training and development and service delivery of doctors in the four county hospitals in Nairobi City County. There was a positive association such that any improvement in the attraction, training and development practices will lead to a significant increase in service delivery. Employee retention however did not have an association with service delivery. This study recommends that there is need to relook the employee attraction and retention and reinforce employee training among doctors in Nairobi City County in a bid to improve service delivery. This implies that talent management practices should be of great concern to stakeholders at policy, management and regulator perspectives to enable organizations to achieve high performance leading to effective and efficient service delivery.

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LIST OF ABBREVIATIONS

CPSB - County Public Service Board

HR - Human Resource

HRH - Human Resources for Health

HRM - Human Resource Management

HRP - Human Resource Practices

SHRM - Strategic Human Resource Management

WHO - World Health Organization

FB0 – Faith Based Organization

NGO – Non Governmental Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction to the study

Talent management is characterized as hiring, developing, managing and retaining key employees recognized as talent (Khan *et al.*, 2017). It is also the enactment of an integrated strategy or systems intended to boost productivity of workforce through the development of better processes to acquire, develop, retain and utilize persons having aptitude and skills required to offset existing and imminent needs in the business (Society for Human Resource Management, 2016).

As per World Health Organization (WHO, 2007), the key blocks of the health sector include: Human Resources for Health, governance and leadership, vaccines and technologies, medical products, service delivery systems, information system and health financing. Human Resources for Health (HRH) are characterized as persons involved in activities whose goal is to improve health including those who prevent, promote and treat diseases (WHO, 2006).

HRH are core to providing all-inclusive health services which are proper, well timed and of reliable quality aiming at overcoming geographical, sociocultural, ethnic, organizational, gender and economic barriers thus ensuring that all communities have access that is equitable and free from discrimination (PAHO/WHO). It is only by securing a sufficient, well supported and equitably distributed health workforce can health goals be met. Therefore, it is important that HRH investments be tailored to the national setting and the financial ability so as to lead to economic growth, improved health outcomes and global health security (Cometto & Campbell 2016).

Despite the level of socio-economic development, countries face to varying degrees difficulty in educating, deploying, retaining and evaluating performance of their health workforce. There is need to boost political will and mobilize resources in a bid to strengthen and adequately finance health systems despite significant progress made so far (WHO 2016).

1.2 Background to the Study

Global shortage of 4.3 million HRH is a great bottleneck to poor people worldwide in regard to reaping benefits from the fruits of modern medicine. There are imbalances in levels of skill and geographic distributions with the greatest national gap running parallel to poor population level health results (Binagwaho *et al.*, 2013). Fifty seven nations have a major shortage of workforce and many others are unable to offer their population quality care (Dieleman & Hilhorst, 2011). Dussault and Dubois (2003) state that problems associated with planning, deployment, training, working conditions and Performance Management (PM) of HRH is as a result of limited policies and practices which are globally responsible for quantitative mismatch, qualitative disparity, unfair distribution and poor coordination between human resources management practices and needs of the health policy.

Sub-Saharan Africa has within it 24% of the international disease burden whereas it has only 4% of global health workforce (Binagwaho *et al.*; 2013). According to Joint Learning Initiative (2004), Sub Saharan Africa has fewer workforce than 40 years ago and there is need to triple this by adding a million more since in these countries, the HIV/AIDS prevalence and inadequate investments in HRH accosts the health workforce. The beginning of HRH burden in Africa is complex and context specific. Despite worldwide awareness of the urgency of health workforce limitations in Africa little effort has been put to boost health workers coverage mainly connected to political instability, poor health systems, bad conditions of work and worsened by health workers migration to developed nations (Fieno *et al.* 2016). Considering a regional dimension facilitates comparisons, benchmarking and capacity actualization thus requiring managers with necessary competencies and governance capacities for proper formulation and implementation of policy (Dieleman & Hilhorst, 2011).

WHO has identified Kenya as one of the world's 57 countries faced by acute crisis of health personnel and is one among the 36 in Sub Saharan Africa (WHO, 2006). Transparency International 2011 study reveals understaffing levels of between 50% – 80% at former provincial and rural health facilities. Health devolution to counties is engraved in the New Constitution of Kenya (2010) that culminates to the current organization of service delivery into six levels of care which was intended to

efficiently use existing resources through referral systems which did not guarantee direct access to adequate management of health needs in terms of staffing, management of facilities and management of patients (Ochieng, 2017).

The Nairobi County Government is made up of a legislative arm and an executive arm. The executive arm is has a governor and county executive members committee appointed by the governor with county assembly approval. The secretary of executive committee of the county who is also the County Secretary heads the county public service. The County Public Service Board (CPSB) was set up under Section 58 of the County Government Act, 2012. The CPSB is tasked with human resource management in the county. It plays an advisory role with regard to human resource planning, budgeting, management and development. It consists of at least three and at most five other members including a chairman and secretary appointed by the Governor with the County Assembly approval (County Public Service Human Resource Manual 2013).

1.2.1. Talent Management Practices

According to Armstrong (2008), talent management practices are made up of several activities that various organizations adopt. These include employee resource strategy, talent audit, attraction and retention programmes and policies, talent relationship management, role development, total reward, performance management, career management and learning and development. Dessler (2011) argues that talent management entails the coordination of different human resource activities such as the acquisition of workforce, assessment, retention and development. This study adopted Khan et al, (2017) definition of talent management characterized as attraction, development and retention of key employees recognized as talent as it reflects current talent management practices at Nairobi City County.

According to Saks (2005), employee attraction comprises all actions and processes employed by a firm so as to identify and attract people with capabilities to help it in the attainment of its strategic objectives. Employee attraction is the process of identifying and on boarding talent to meet dynamic business needs with a view of not only filling positions but also utilizing the candidates and their skills (Armstrong 2009)

However, this study applied Moayed & Vaseghi, (2016) view that employee attraction constitutes recruitment and selection of employees, employer branding, employee value proposition and employer of choice as it aligns with current employee attraction practices in Nairobi City County

This study uses Cole (2005) definition of training and development as activities with carefully considered steps to create managerial skills and having talented staff engagement and commitment by providing them with chances to grow in the current roles and progress to greater level duties. Stone (2002) opines that training and development is a measure to boost employee's capabilities via induction and continuous learning of new things. However, Ivancevich (2010) believes training equips staff with knowledge, expertise and understanding the firm and its objectives whereas Heathfield (2012) argues that accurate employee training and development is to aid the firm attain its temporary and permanent goals by value addition to its human resources but should be carried out in a timely manner that guarantees more returns i.e. improved productivity, personnel knowledge and trustworthiness.

Mckeown's (2005) defines employee retention as an employer's systematic effort in creating an enabling environment aimed at retaining and encouraging workers in their daily working in the organization. Employee retention is also defined as policies and practices inbuilt by firms to retain experienced workers from leaving their jobs (Hausknecht, 2009). For purposes of this study, the definition is borrowed from Alameddine et al (2012) who opine that retention is the adequate presence of properly trained and well experienced HRH critical to deliver patient based healthcare services across the healthcare continuum.

1.2.2 Service delivery

Service delivery is the direct output of the inputs into the health system which includes supplies, procurement, finances and health personnel. More inputs should therefore mean improved service delivery and a boost to access of services. The basic role of a health complex is to warrant accessibility and availability of health services that satisfy minimum standards of quality. Service delivery will differ from one country to another in accurate organization and composition of health services but any well-functioning

health system should have the following crucial characteristics; Quality, Comprehensiveness, Accessibility, Coverage, Efficiency and People Centeredness (WHO, 2010).

Efficient and effective service delivery is the point at which health system potential to enhance lives corresponds to the opportunity of realizing wellbeing gains. Health service performance delivery means accessibility and utility by those in need; care of adequate quality to obtain health benefits, using scarce resources efficiently and organizations that can learn, adapt and improve for the future. Often, projected benefits are not arrived at due to malfunctioning of service delivery (Berman et al, 2011).

To improve service delivery and fast track progress toward the Millennium Development Goals, less developed country governments, NGOs and donors have increasingly committed resources. For countries with weak institutions, allocations of budget alone are an unreliable indicator of the true services quality or value for money. Moreover, it is not realistic to exclusively rely on public sector when the failures in service delivery are systemic. This creates a need for government to improve their performance which can be achieved through enabling citizens and actors in civil society to push governments. To realize this, citizens need access to information pertaining performance in service delivery (Bold et al, 2011).

However, Ojaka et al. (2014) show that there is need to move from existing practice which focuses on the increasing number of service providers per population towards linking investment increase in HRH to boost productivity and performance. An increase in the number of providers of health services for each health institution should culminate to a corresponding enhancement in health indicators in the catchment of the facility.

The Kenyan Health sector consists of the Private sector and Public Sector. The Private Sector has the private for profit facilities, NGO's and FBOs whereas the public system comprises of the MOH and parastatal organizations. 4,700 health facilities exist nationally providing health services 51% of which are public (Muga et al, 2005). Public health sector comprises of National referral hospitals, County referral hospitals,

health centers and dispensaries. This study focusses on the County referral hospitals in Nairobi City County.

1.3 Problem Statement

There is a shift by policy makers from previous disease focused approach that entailed health systems strengthening, treatment, health promotion and prevention. The sustainable development health goal by the United Nations aims at improving health financing as well as recruiting of health personnel in developing countries despite education difficulties, placement, retention and HRH performance facing all countries in varying degrees notwithstanding their socio economic development. (WHO, 2016)

WHO recommends an average of 23 doctors per 10,000 people for optimal service delivery. The shortage of HRH in a devolved system of government compromises and undermines health development of a country. Moreover, there is a disparity in the health facilities' distribution and the available health workers where hard to reach regions receive less staff as well as health infrastructure (Ochieng, 2017). There has been industrial unrests by HRH specifically, doctors in 2017 that lasted 100 days and left most public hospital services paralysed as they demanded implementation of Collective Bargaining Agreement that was signed in 2013 which included better remuneration for them as well as health infrastructure including medical equipment and employment of more doctors to fill the existing gaps.

Nairobi City County has noted bottlenecks within the healthcare system. A gap exists in recruitment of critical HRH, lack of education and training committee on HRH and training programs based on training needs assessment, leadership and management skills coupled with absence of clear paths of job progression, gaps in number of staff across cadres and inequitable distribution of HRH in view of workload (Nairobi City County Health Sector Strategic and Investment Plan 2014-2019) Resignation of doctors and thereby migration to other counties, countries and private sector has been witnessed post devolution (Human Resource Management Policy Guidelines 2015)

Although there exists several local studies done on talent management practices (Gitonga, 2016, Kibui, et al, 2014; Keoye, 2014; Gathiga, 2014, Moturi, 2013 and Wandia, 2013), majority focused on the impact of these practices on motivation,

retention and performance of employees or the organization. This study thus sought to address this knowledge gap by focusing on the influence of talent management practices and specifically talent attraction, training and development, and retention on service delivery of doctors in Nairobi City County.

1.4 Overall Objective

To establish the influence of talent management practices on service delivery of doctors in Nairobi City County

1.4.1 Research Objectives

- i. To establish how talent attraction influences service delivery of doctors in Nairobi City County.
- ii. To establish the influence of training and development on service delivery of doctors in Nairobi City County.
- iii. To establish how retention influences service delivery of doctors in Nairobi City County.

1.5 Research Questions

- i. What is the influence of talent attraction on service delivery of doctors in Nairobi City County?
- ii. What is the influence of training and development on service delivery of doctors in Nairobi City County?
- iii. What are the retention practices used and their influence on service delivery of doctors in Nairobi City County?

1.6 Scope of Study

This study focused on the influence of talent management practices on service delivery of doctors in Nairobi City County's four county hospitals namely; Mbagathi Hospital, Mama Lucy Kibaki Hospital, Pumwani Maternity Hospital, and Mutuini Hospital.

1.7 Significance of the Study

Outcomes from this research are relevant to various stakeholders both at policy and management level. County Health Management will be aware of the challenges and/or gaps that exist in identifying, attracting, hiring, training and retaining doctors in Nairobi City County. This will enable them to create approaches and methodologies that will strengthen their talent management practices leading to higher levels of performance and consequently improved healthcare service delivery.

This study will direct policy makers in formulation of relevant policies that will guide and support the implementation of the process of talent management. The findings and conclusions will serve as a reference source in future research and studies as they seek to enhance knowledge on talent management practices and its influence on doctors' service delivery in Nairobi City County

Health facilities in Nairobi City County will benefit from the study as it will help the management teams know what to focus on to achieve maximum productivity of their teams that will lead to improved service delivery. Doctors will also benefit from this study as they will be better placed to make informed decisions for both the patients and themselves with regard to service delivery. The regulators will be able to hold the County responsible in guaranteeing talent management practices are adhered to in a bid to have efficient and effective service delivery

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focused on review of literature with regard to talent management practices and its effect on service delivery of doctors. It outlines a theoretical framework, variables literature review, empirical review, conceptual framework, research gaps and chapter summary.

2.2 Theoretical Framework

This refers to a blueprint or guide for a research that consists of concepts, constructs, theoretical principles and tenets of a theory (Grant & Onsanloo, 2014). It lays the basis upon which a research is conducted and guides researcher not to deviate from the confines of accepted theories to make his or her final scholarly and academic contribution (Adom *et al.*, 2018). The premise of this research is Taylor's theory of scientific management and the two factor theory by Herzberg in establishing the talent management practices and its influence on service delivery of doctors in Nairobi City County.

2.2.1 Taylor's Theory of Scientific Management

Taylor (1911) conducted a study on the subject of management from the angle of scientific research well known as Scientific Management Theory where he believed in standardization of work and equal division of labor. Taylor believed the human factors that characterize workers are laziness (inclining to less work), unproductivity, lack of enthusiasm for the enterprise development, demotivation, and lack of a stipulated vision and mission. Taylor held to the opinion that apt management is fundamentally scientific and rests upon clearly substantiated principles, rules and laws as a foundation. The principal objective in management is ensuring maximum profitability on the employer's side coupled with maximum profitability for every employee. The remedy for insufficiency lies not in looking for some unusual/extraordinary man but rather in systematic management (Turan 2015)

The four scientific management principles include; using scientific method rather than working by “rule of thumb”, allowing managers to organize work between workers and managers so that workers can be efficient, provide instructions to workers to ensure they are using the most efficient ways and monitor their performance and to align workers to their roles based on skills and motivation as well as training them to work to optimal efficiency (Taylor, 1914). Likewise, management of talent in an organization guarantees motivation, training and development and retention of talents. It also creates a platform upon which highest productivity and efficiency can be attained (Robbins, et al, 2013).

The study therefore builds the stipulation by Taylor (1911) that employees having physical and mental skills sufficient for works being standardized must be chosen, therefore, the most suited employee has to be chosen. He further argues that enterprises and their methods, rather than submitting low unproductiveness, must reject this and provide the greatest productivity. Talent management gives a path whereby increased productivity is achieved by ensuring that firms attract, develop and retain skilled employees.

2.2.2 Herzberg’s two factor theory

Herzberg, Mausner and Synderman (1959) developed this theory. Herzberg created a two-dimensional paradigm of factors influencing people’s attitude towards work hence have an influence on employee satisfaction. The two factors include: Hygiene factors which is related to the necessity of avoiding unpleasantness and Motivational factors which reflects the individual’s need for self-growth and self-actualization (Alshmemri et al, 2017).

Hygiene (extrinsic) factors include company policy and administration, salary, technical supervision, status and work conditions, interpersonal relations with supervisors, subordinates and peers, personal life and job security. Such factors are indirect motivators though essential in avoiding dissatisfaction therefore they only produce short term effects in job attitude and performance. Motivation (Intrinsic) factors include: Recognition, achievement, likelihood of responsibility and personal growth, advancement and work itself. The presence of these factors builds a strong

level of motivation which in turn yields good job performance but is not highly dissatisfying when absent (Dartey & Amoako, 2011). Application of this theory by organizations helps in managing employees towards better performance and requires use of both intrinsic and extrinsic factors because satisfying employees extrinsic/hygiene factors only prevents employees from growing dissatisfied but will not appraise them (Yusoff et al, 2013).

According to Stello (2011), Herzberg's theory of two factors assumes that there is a relationship between job attitude and productivity. It was found that favorable attitudes affect performance positively and therefore the way the job is done depends on the workers attitudes. Therefore, this theory was created for better and more insights about the attitudes of people towards their jobs due to job dissatisfaction indicators e.g. filing of grievances, slow downs and strikes. This study makes the use of this theory relevant having witnessed industrial unrest from doctors in 2017 that lasted 100 days as they agitated for better remuneration and favorable working conditions.

2.3 Talent Management Practices and Service delivery

This section majored on talent management practices and its influence on service delivery of doctors comprising of employee retention practices, development and training and employee attraction.

2.3.1 Employee Attraction

The contention for talent has focused on attracting "the best". Organization effectiveness and performance is achieved through human capital that plays a crucial role (Huselid, 2015). Talent has been termed as the key differentiator in workforce management as well as competitive advantage (Bhatnagar, 2014). Team engagement maximization, retention and motivation by way of proper diligence in talent attraction is crucial in today's environment that is greatly competitive. A talent provision process which is properly substantiated and well implemented from beginning to end results to consistent and reliable outcomes in depicting right talent (Ronn, 2017).

According to Knox and Freeman (2006), the brand of the employer is growth in recruitment services offered by recruiters in consolidation of the values and attributes of the firm during the firm's process of recruitment. The image of the employer's brand is the organization's uniqueness in its employer role. The total employee experience in an organization signals to the potential talent they are likely to experience therefore it is critical to improve the external and internal communication. The mechanisms of employee attraction include employer of choice, employee value proposition, employer branding recruitment and selection. Selection and recruitment requires that organizations reflect their culture and values through use of various techniques or methods of obtaining the right talent (Moayedi & Vaseghi, 2016).

Capelli (2008) believes that through a structured and scientific recruitment and selection process institutions are able to permeate right kind of talent into the system thus creating effective talent management practices. Kipps & Marshall (2006) assert that predicting aptitude, performance and retention are at best just a guess if you rely on non-scientific selection strategies. Absence of a health workforce means absence of health services. Despite a workforce of more than forty million and spending of \$7.2 trillion worldwide, in most geographies, demand of HRH is more compared to the supply of personnel who can offer it. Health amenities are now considered crucial to national economies as it contributes to the stability, growth and development of a nation. Role of HRH is more complex than their peers in other sectors as it entails shared goals across the sector but habitually priorities competing within it (Turner, 2018).

According to Dolea *et al.* (2010), it was noted that both in developing and developed nations, there are notable disparities in health workers distribution geographically. About one-half of the population resides in remote areas that are served by 38% of the entire nursing personnel and 25% of the total physicians' personnel. At national level, there is increased interest to isolate and put in place effective remedies to address shortages of medical personnel in rural and remote areas from both policy makers and researchers.

The viability of priority programs of health in resource poor countries is under threat due to poaching of medical personnel from less developed nations by developed

nations. Provision of basic health services infrastructure has been severely limited due to migration of highly skilled professionals (Scott *et al.*, 2004). Sophie *et al.* (2017) opine that training institutions had been destroyed and a large number of staff killed or fled after a conflict or crisis thereby making it a challenge to recruit adequate numbers of staff. The Pre and Post conflict period was marred by low and irregular remuneration making the challenges starker. The most common problem of staffing in healthcare has been lack of set remedies to the problem of attraction as it is only by effective navigation and strategy through implementation by political goodwill that headway will be realized against learning about what helps in terms of fit and problem analysis (Lehmann *et al.*, 2008).

2.3.2 Employee Training and Development

Armstrong (2009) pointed out that workers gain and better their expertise and competencies they need to execute their duties well in a bid to develop their talent making policies and programs of learning and development in reference to employee success profile an essential component of talent management process. Learning and development activities involve giving talented staff the chance to develop in their day to day mandates and to thus rise to greater level duties by gaining their engagement and commitment as you deliberately move to develop managerial skills (Cole, 2005).

WHO (2016) aims to have effective leadership, governance and public policy stewardship by building institutions' capacity at global, regional, national and sub national levels. Deployment based on evidence and training policies are crucial in most African countries that are facing HRH challenge and lacking relevant employees needed to deliver fundamental healthcare. Despite prevalent emphasis on heightening training of HRH as part of strengthening the health systems, institutions are hindered by lack of external accreditation, shortage of faculty and poor physical infrastructure whereas resources accessible by policy makers at national levels are scarce (Murphy *et al.*, 2014).

Continuous lifelong training is essential to the prevalent challenge of enhancing and maintaining skills of public health workers. However, this coupled with departmental staffing shortages has promoted use of technology in terms of distance learning to offer training. However, this creates an additional challenge of certifying that online

trainings are user friendly, effective, accurate and up-to-date (Kenefick *et al.*, 2014). Planning health workforce is vital in ensuring attraction, development and training of health workforce is done in the best way possible. In many under developed nations, policy formulators fail to use reliable information to make data driven decisions concerning health workforce because HRH data is limited, inconsistent, outdated or unavailable. (Spero *et al.*, 2011).

Major bottlenecks identified by national and regional governments for HRH include: High rates of turnover for trained staff, medical personnel in remote areas with no access to opportunities of training, programs of training done outside the actual context of work, coordination inconsistent with training institutions whose training fails to meet regional needs, development of health personnel competencies that is limited and absence of competency based performance evaluation (Zolfo *et al.*, 2010). In regions, municipalities, communities and local settings, there is need for competent and well trained medical staff with the needed knowledge, skills and capacity to change into action the formulated plans and policies. The foundation of education and training and development demands new and changing competencies and skills which need to be identified in order to mitigate current and future health challenges (Barry, 2008).

2.3.3 Employee Retention

Scholars have opined that staff retention is a process whereby staffs are inspired to remain in an organization as long as it would prove beneficial to both the employee and the organization. Tenure and age justifies voluntary job leaving as has been stated in a number of literatures that have been reviewed throughout occupations. Cotton and Tuttle (2006) alludes that employees with high likelihood of leaving their jobs are younger and those engaged most recently rather than the older ones who have served a longer time

Organizations are required to come up with the causes and nature of turnover in order to develop viable management policies on retention. It is therefore vital that there is formulation of a well targeted and critical number of moves on retention and to determine the human capital markets retention having the greatest influence on success of organizations (Allen, Bryant & Vardaman, 2010). When employees get dissatisfied,

they move to other organization making today's employees different from the older generation employees (James & Mathew, 2012).

Notably, the people institutions opt to have are mainly those that are most likely to leave hence the turnover of key employees has an impression that is disproportionate to the business. Research predicts that the high and low performers have job exit rates that are higher than the average ones. Reed (2001) affirms that concerted effort is essential to keep gifted employees as every employee is five minutes away from handing in his or her notice and 150 working hours away from quitting work for greener pastures though there are limitations on what a given organization can do.

Globally, retention of HRH remains a great bottleneck facing decision and policy makers within countries today. Sub Saharan Africa suffers from both rural urban migration and international brain drain within nations making it hard to retain medical practitioners (Sirili *et al.*, 2018). Medical field is having great attrition rates' culminating to almost 7.2 million health employees' shortage globally which is expected to increase to 12.9 million in 2035 thereby having retention of critical manpower resource a problem. Factors causing a turnover and leading to movement of healthcare workers from developing countries to developed countries include: High workload and stress levels, decreased job satisfaction, better remuneration and ideal working conditions abroad (Bhattacharya & Ramachandran, 2015).

According to Narayan *et al.* (2018), dynamics influencing job dissatisfaction in the rural areas include salary and financial allowances, working and living conditions, management at the health facility, supervision, career development opportunities and pathways of promotion, support systems and family considerations which have contributed to attrition in rural areas and uneven distribution in low income countries. There is limited documentation as to how lack of healthcare worker knowledge about human resource policies/procedures knowledge and unreliable communication between authorities and its healthcare workers negatively impacts rural areas healthcare workers retention.

Job dissatisfaction is the most well-known contributor of health professionals turnover and is summarized under three main categories; Individual characteristics

(professional position age, tenure and education), organizational characteristics (salaries, benefits, managerial support and organizational commitment) and work characteristics (opportunities for professional development, workload, work group cohesion and work environment) (Alameddine *et al.*, 2012).

Workers expectations have shifted from having a big salary to having work/life balance, ability to make a contribution that is meaningful to the world, having employer partnerships, receiving opportunities for both professional and personal growth, and at-work socialization opportunities. To replace a worker can cost at least 150% of his salary i.e. \$75,000 to replace a \$50,000. Therefore, healthcare organizations that understand and respond to these shifts will attract and retain the employees they need (Izzo & Withers, 2002).

2.4 Empirical Review

This section focusses on employee attraction, training and development and retention and its link to service delivery of doctors at Nairobi City County

2.4.1. Employee attraction and service delivery

A study carried out by Ogolo (2018) sought to analyze strategies on talent management and its impact on performance of NGOs in Kenya. It was a descriptive survey that included 47 heads of department from 17 Non Profit organizations operating under DFID in Kenya. Data collection was done using questionnaires that had questions that were both open and close ended. The study affirmed that majority of respondents concurred with the organization having attraction strategies including organization reputation and organizational pay scheme. However, they recommended that emphasis on staff motivation and good healthy working environment would attract more people. Current study will be contextually different from this as it will focus on talent management practices amongst doctors and its influence on service delivery in Nairobi City County

Poorhosseinzadeh and Subramaniam (2012) performed a study on talent attraction for Malaysian multinational companies. They employed descriptive research design and collected quantitative data. The study stipulated that there exists a positive and

significant relationship between talent attraction and organizational success. Moreover, the findings indicated that probability of a company to attract the right talent is contingent on its values and how the targeted talent perceives the organization. In addition, they established that there was a relationship that was positive and also significant between talent retention and organization success. This study is different from the current study in that it only considered talent attraction while the current study considered other variables such as training and development and employee retention

2.4.2. Employee training and development and service delivery

Dal Poz et al (2015) carried out an assessment of HRH program implementation in 15 Latin American and Caribbean nations. Data collected was both quantitative and qualitative. Methodology used was questionnaires, face to face interviews and virtual meetings. The study found that the gap between what is done and what can be done is increasing due to misalignment of health workforce and health systems. The challenge lies in difficulty of training HRH, inadequate numbers of health professionals with adequate skills and competencies, difficulties in retaining as well as hiring of HRH in public sector. They therefore recommended training of HRH based on the Primary Healthcare Model, competitive recruitment process, minimize entry requirements for residency programs, strengthen institutional capacity and installation of evaluation as an institutional practice. Current study will be contextually different from this study as it will focus on employee training and development of doctors in Nairobi City County

Tomblin et al (2014) carried out a study that reviewed deployment and training policies for Rural Africa HRH. They searched fourteen electronic health databases for journals relevant to trainings and deployments of midwives, nurses and doctors for rural maternal, newborn, child health in African countries. Documents were added based on a predetermined process. The results indicated information paucity on trainings and deployments policies of HRH and noted that to address this challenge, there was need for deployment and training policies that were evidence based together with strengthened capacity for HRH in a bid to improve health systems. Current study is different from this study as the focus will not be Africa at large but training and deployment of doctors in Nairobi City County and its influence on service delivery.

2.4.3. Employee retention and service delivery

Sirili et al (2018) performed a study on retention of Medical Doctors at district level in Tanzania. It was a qualitative study that reviewed HRH documents. Data collection was through key informant interviews of 15 of the members of management team and doctors in the chosen district hospitals. Data analysis was through qualitative content analysis. The result was that none of the hospitals had the recommended number of doctors, unfavorable working conditions, lack of career progression and non-uniform financial incentive. They noted that retention is influenced by satisfaction of job, commitment to company and intentions to stay that are connected and influenced by factors related to work, company and individual characteristics. As opposed to this study, the current study will focus on retention of doctors and its influence on service delivery in Nairobi City County.

A study was conducted by Wanguku (2016) on the influence of Human Resource Practices on retention of Medical Officers in level 5 and 6 hospitals in Nairobi County. The study utilized a mixed research design and collected data through informant interviews of 61 respondents. Data was analyzed through regression and Pearson correlation. The study found that the four variables of on boarding, performance management, talent motivation and Human Resource Development have a correlation between themselves however, there was a statistical significance with talent motivation and performance management. Current study is different as it will focus on retention of doctors in Level 4 hospitals and its influence on service delivery of doctors

2.5 Research Gap

There are several studies conducted on talent management practices in other sectors with majority focusing on its influence on organizational performance and retention of Human Resources for Health. Limited studies exist on the influence of talent management practices on service delivery of doctors which forms the basis of this research. According to WHO (2006) strategies to improve service delivery are considered to be a combination of competent and productive healthcare workers as well as their presence and retention within the facilities

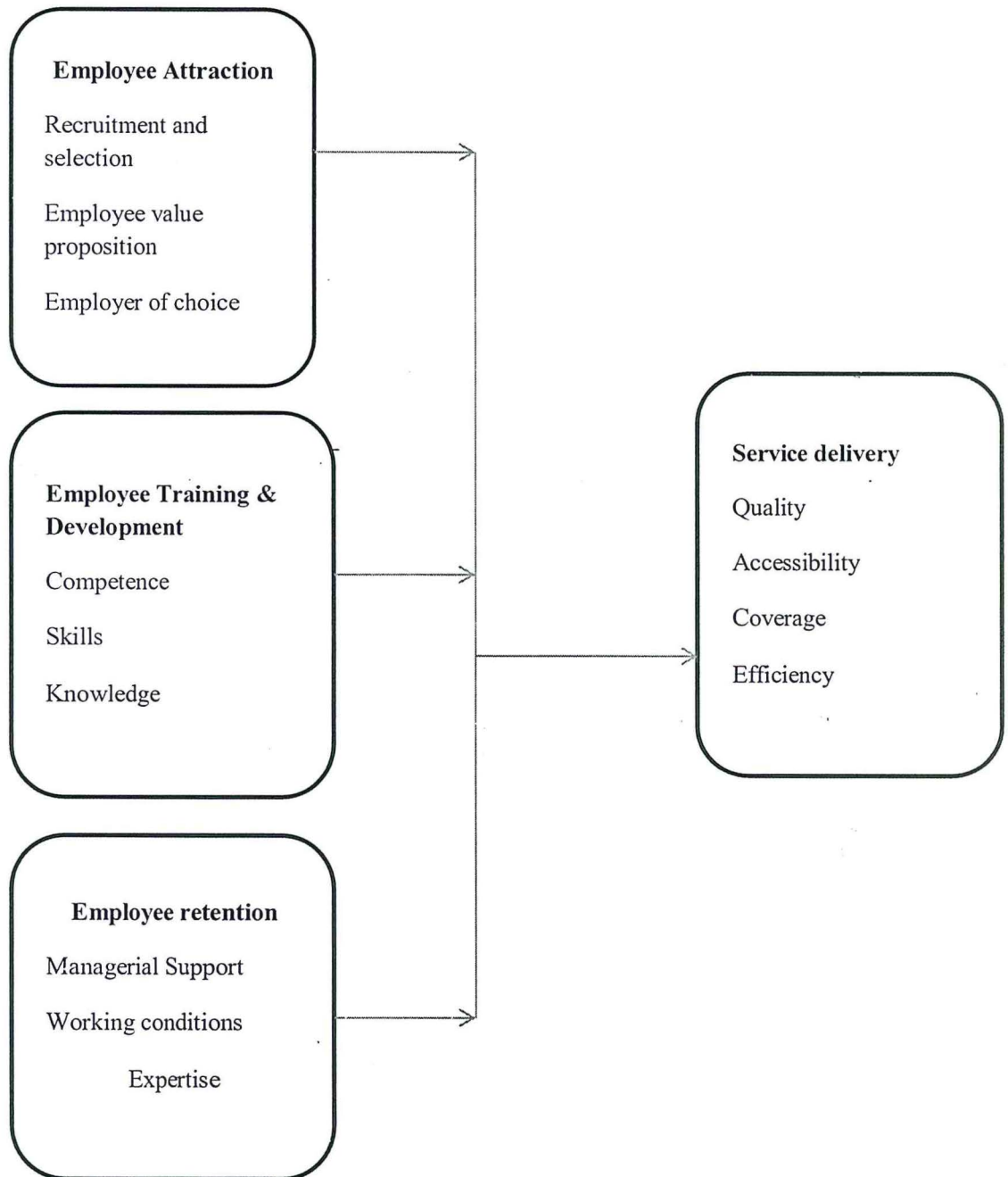
2.6 Conceptual Framework

As per Rocco and Plakhotnik (2009), a conceptual framework lays foundation for research objectives and questions by basing the study in the relevant knowledge grounds. Independent variables in this study include: employee retention that covers managerial support, expertise and working conditions, employee development and training that entails skills, competences and knowledge and employee attraction that is through recruitment and selection, employee value proposition and employer of choice whereas the dependent variable is the service delivery of doctors that is measured in terms of quality, accessibility, coverage and efficiency.

Figure 2.1: Conceptual Framework

Independent Variable

Dependent Variable



Source: Author (2019)

2.7 Chapter Summary

A review of literature on employee attraction, training and development and retention together with underpinning theories and conceptual framework form the ground for studying talent management practices and its influence on service delivery of doctors

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter entails research design to be adopted, population to be included and how the population will be reduced into a small manageable number through sampling. It further details methods used in collecting and analysing data and research quality in terms of reliability, validity and the ethical considerations.

3.2 Research Design

According to Ghauri and Gronhaug (2005), research design entails coming up with a specified plan or specified data collection framework and the successive statistical analysis, which contains the research approach and the objectives which are of much concern to the researcher. This study utilized a descriptive research design as it helped the scholar to describe the context area of research, institute the relationship and explain the collected data with aim of establishing the differences and similarities within a given time frame. It also provided the researcher with detailed information through identifying variables and the underlying relationship in a bid to describe the influence of talent management on service delivery of doctors at Nairobi City County.

3.3 Population and Sampling

Kombo and Tromp (2003) aver that population refers to collection of the whole category of elements, individuals, objects or an item with similar characteristic from which data is collected for analysis. There are four county hospitals in Nairobi County namely; Mama Lucy Kibaki, Mbagathi, Pumwani Maternity, and Mutuini Hospitals. The County hospitals were chosen as they employ majority of doctors in Nairobi City County compared to Level 1 to Level 3 health centers and dispensaries. The target population of this research consisted of 233 doctors as per information obtained from the Nairobi County Human Resource Department

Bartlett et al (2001) indicated that the general goal of a research survey is to gather data from a population representative. Researcher utilizes information gotten from the survey to generalize findings population based on a sample. Sample size was derived by Fisher's formula for 95% confidence interval as indicated below:

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

Where; n = Infinite population sample size

Z = 1.96 (at 95% confidence level)

P = Estimated proportion of population

q = 1 - p

d = Precision of estimate at 5% (0.05)

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

$$= 384$$

Adjusted sample size:

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

Where; n¹ = Adjusted sample size

n = Estimated sample size for infinite population

N = Finite population size

$$n^1 = \frac{1}{1/384 + 1/233}$$

$$= 145 \text{ respondents}$$

The study utilized disproportionate stratified random sampling of the 145 respondents from the four county hospitals in Nairobi City County as shown in table 3.1

Table 3.1: Sampling Method

Hospitals	Doctors Population	Sample size
Mbagathi	104	70
Mama Lucy Kibaki	77	55
Pumwani Maternity	34	11
Mutuini	18	9
Total	233	145

Source: Nairobi County Human Resource Department

3.4 Data Collection Methods

According to Kothari (2004) a self-administered questionnaire is a systematic approach of eliciting values, beliefs, attitudes and opinion of the people. To collect data, the researcher formulated questionnaires. Type of data collected was quantitative. Questionnaires enabled the researcher to obtain primary data from the respondents and it contained questions that were closed ended and likert scale was used as shown in appendix II. The questionnaires were administered by the researcher through dropping them at the respective county hospitals and picking them up once the respondents were done answering the questions.

3.5 Ethical Issues in Research

The participants were alerted that derived information was meant for academic research findings and no undesirable person was to access the questionnaire. The purpose of the research was disclosed on factual truths. Respondents' requests for anonymity were adhered to. The identity of the respondents was concealed and kept confidential as their names were not indicated in the questionnaires. The subjects were requested to participate in the research voluntarily through a research introduction letter and informed consent sought through filling the information consent form. The findings were disseminated based on true findings, free of any bias. Moreover, ethical clearance was gotten from Strathmore University Ethical Review Committee and research permit acquired from National Commission for Science, Technology and Innovations (NACOSTI).

3.6 Data Analysis

Data collected was scrutinized for consistency and completeness in preparation for analysis that was done using descriptive statistics (SPSS Version 20) and inferential ones. Descriptive statistics were captured by use of mean, standard deviation percentages and frequencies. Inferential statistics such as correlation were used to give conclusions. The researcher used multiple regression analysis in order to establish the influence of talent management on service delivery of doctors at Nairobi City County.

The following research model was used for analysis:

$$Y_1 = a + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \dots$$

Where Y_1 = Service delivery of Doctors in Nairobi County

a = Constant

X_1 = Employee Attraction

X_2 = Employee Training & Development

X_3 = Employee Retention

β_1 , β_2 , β_3 represents regression coefficients. These help in the generalization of the findings on the influence of talent management on service delivery of doctors in Nairobi City County.

3.7 Research Quality

This section entails research validity and reliability

3.7.1 Validity

Instrument validity connotes the ability of an instrument to measure the constructs as purported. In this study, the questionnaire was outlined borrowing from related prior studies with changes geared toward addressing the study objectives. The research supervisor double checked the document to ensure that the theoretical aspects were arrived at as intended.

3.7.2 Reliability

Reliability shows the degree to which outcomes are error free or extent to which an instrument of research yields results that are consistent (Cooper & Schindler, 2014). The Cronbach alpha analysis helped to ascertain the research instruments' reliability by showing data collection instrument internal consistency. The Cronbach's Alpha depicts reliability by showing a true 'base' score. Cronbach's Alpha is crucial to a scholar as it ensures consistency and reliability of instruments of data collection even if the questions are interchanged with related ones (Valencia-GO, 2015).

Pilot study refers to a preliminary study performed in a trial to predict and improve upon study design before performance of the actual study with a focus on evaluating cost, feasibility time, effect size and adverse events (Cooper & Schindler, 2014). The researcher selected four respondents for the pilot test who were based in Nairobi County. The four participants were picked from two county hospitals in Nairobi. Each hospital provided 2 doctors. The four questionnaires were then coded and responses transferred into SPSS that was adopted to derive coefficient of reliability i.e. Cronbach's Alpha (α). The threshold value for Cronbach's Alpha for this study was 0.7.

CHAPTER FOUR
RESULTS AND INTERPRETATION

4.1 Introduction

The chapter entailed results and interpretation of findings. The administration of questionnaires helped in gathering data. The data collected was quantitative and was analyzed using SPSS software. Inferential analysis was conducted to indicate association between dependent and independent variables. These comprised the regression and correlation results. Regression results included model of fitness, ANOVA and regression coefficients.

4.2 Response Rate

The researcher administered 145 questionnaires to the 4 county hospitals respondents. However, 108 were filled appropriately and handed in whereas 37 were not returned. This translated to a 74.5% response rate. Consequently, the documented response rate was presumed appropriate for the study as it is backed up by Mugenda and Mugenda (2010) who posited that a response rate of 70% and beyond is sufficient for both analysis and conclusions drawing. 25.52% of the respondents did not submit their responses either because they were too busy or were not available during the submission of the questionnaires.

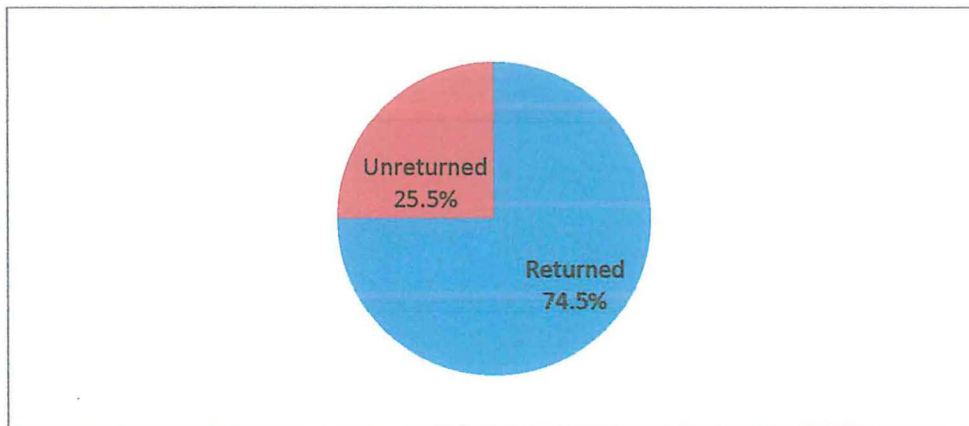


Figure 4.1 Response Rate

4.3 Demographic Characteristics of the Respondents

The study aimed at determining demographic characteristics of respondents i.e. gender, education level, age and years worked in the organization.

4.3.1 Gender

The study found that 19% of respondents were male whereas 81% were female. It was important to know the gender distribution to see whether they have differing opinions on the relationship between talent management and delivery of service. The low male numbers was due to the fact that the females were more willing to take time and fill the questionnaires as opposed to the males

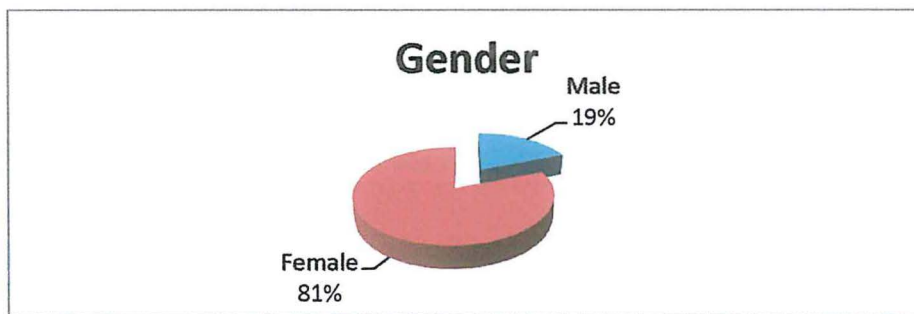


Figure 4.2 Gender

4.3.2 Age

The study sought out the age of the respondents and found out that 24% of them were between 21 – 30 years while 76% were at 31 – 40 years. Results showed that most of the respondents were middle aged. The higher number of employees aged between 31 and 40 years can be explained by the fact that young doctors join the workforce at that age after seven or more years in medical school.

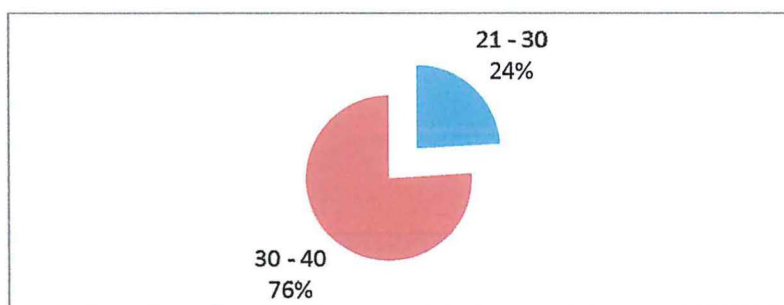


Figure 4.3 Age

4.3.3 Education Level

The researcher tasked the respondents with questions regarding their education levels and results were such that 50% of the respondents were degree holders and 50% were masters' holders. Level of education was important as it acts as one of the indicators of the training and development practices and its influence on service delivery.

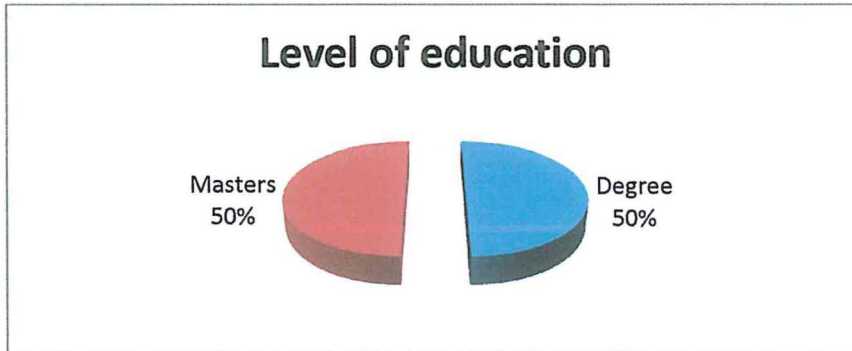


Figure 4.4 Level of education

4.3.4 Years Worked in Organization

This study found that 30% of the respondents had worked in the organization for 1 – 3 years, 53% had worked 4 – 7 years and 17% had worked for over 8 years. The importance of years worked in organization is to show career progression. From the results, it implies that employee turnover is high after 8 years of working at the 4 county hospitals in Nairobi.

Table 4.1: Years Worked in Organization

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-3 years	32	29.6	29.6
	4-7 years	57	52.8	82.4
	Over 8 years	19	17.6	100.0
	Total	108	100.0	100.0

Source: Author (2019)

4.4 Descriptive Statistics

The study adopted descriptive research design now that it allows generalization of findings and analysis and variables relation. The variables included employee attraction, employee training and development and employee retention that were independent variables as service delivery was the dependent variable

4.4.1 Employee Attraction

The descriptive statistics for employee attraction are as indicated in Table 4.2

Table 4.2: Employee Attraction Descriptive Statistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is a structured and scientific recruitment and selection process	21.3%	34.3%	28.7%	15.7%	0.00%
The culture and values of the organization reflects it as the employer of choice	29.6%	35.2%	27.8%	0.00%	7.4%
The organization uses competitive remuneration as a way to attract new employees	36.1%	37.0%	0.00%	26.9%	0.00%
There is a positive employer image that radiates to the community at large and attracts potential job applicants	27.8%	32.4%	20.4%	19.4%	0.00%
There is a manageable workload i.e. doctor patient ratio	75.9%	8.3%	15.7%	0.00%	0.00%
The organization supports a work/life balance	15.7%	25.9%	29.6%	28.7%	0.00%
Mean	34.4%	28.9%	20.4%	15.2%	1.2%

Source: Author (2019)

34.3% of the respondents stated that their organizations did not have a structured and scientific recruitment and selection process. 35.2% affirmed that their organization does not have culture and values that reflect the organization as the employer of choice, while 37.0% pointed out that their organization does not use competitive remuneration as a way to attract new employees. 32.4% reiterated that their organization does not have a positive employer image that attracts potential job applicants in the community. In addition to the findings 75.9% of the respondents stated that their organization does not have a manageable workload while 29.6% were neutral as to whether the organization supports a work/life balance

Descriptive statistics displayed in Table 4.2 indicates that employee attraction practices are applied to a small extent in the four county hospitals in Nairobi City County. The test for correlation displayed in Table 4.6 indicated that there is a positive association between employee attraction and delivery of service. The model of coefficients output displays that employee attraction significantly and positively influences service delivery. Thus, a unit implementation of employee attraction practices will lead to a 0.441 increase in service delivery.

4.4.2 Employee Training and Development

Descriptive statistics derived for employee training development are presented in Table 4.3

Table 4.3: Employee Training and Development Descriptive Statistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My organization has policies on formal training and development	7.4%	8.3%	45.4%	19.4%	19.4%
Training needs assessment is carried out before conducting training to ensure efficiency and effectiveness	17.6%	26.9%	39.8%	15.7%	0.00%
Employees obtain and improve their skills, competencies and knowledge through regular training	17.6%	10.2%	25.0%	36.1%	11.1%
Training and development activities allow for growth in current and future roles within the organization	28.7%	16.7%	8.3%	46.3%	0.00%
Training Program are comprehensive and meet training needs	15.7%	22.2%	16.7%	34.3%	11.1%
Training and development also entails conducting periodic tests and reviews	15.7%	43.5%	33.3%	7.4%	0.00%
There are incentives and/or stipends for attending training programmes	17.6%	16.7%	20.4%	37.0%	8.3%
Mean	17.2%	20.6%	27.0%	28.0%	7.1%

Source: Author (2019)

45.4% are not sure if their organization has policies on formal training and development. 39.8% were neutral as to whether their organization training needs assessment is carried out before conducting training to ensure efficiency and effectiveness. 36.1% of the respondents stated that employees acquire and improve their skills, competencies and knowledge through regular training, while 46.3% affirmed that training and development activities allow for growth in current and future roles within the organization. Another 34.3% reiterated that training programs are comprehensive and sufficiently demanding. 43.5% of the respondents stated that they do not have periodic tests and reviews post training. However, 37% of the respondents opine that there are incentives and/or stipends for attending training programmes.

Descriptive statistics displayed in Table 4.3 indicate that employee development and training is applied to great extent in the 4 county hospitals in Nairobi County. The test for correlation contained in Table 4.6 showed a positive association for employee training and development and service delivery. The model of coefficient output displays that employee training and development significantly and positively influences delivery of service. Thus, a unit implementation of employee attraction practices will lead to a 0.663 increase in delivery of service.

4.4.3 Employee Retention

Descriptive statistics derived for employee retention are as presented in Table 4.4.

Table 4.4: Employee Retention Descriptive Statistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There are effective retention management policies outlined by the organization	63.0%	16.7%	20.4%	0.00%	0.00%
There is concerted effort by management to keep talented employees within the organization.	63.0%	37.0%	0.0%	0.0%	0.0%
Expertise is highly regarded in when it comes to retaining key talent	64.8%	35.2%	0.0%	0.0%	0.0%
There is constant supply of medical and non-medical supplies thus creating a good working environment	52.8%	38.9%	0.0%	0.0%	0.0%
Employees feel that they are able to reach their full potential at the organization	34.3%	65.7%	0.0%	0.0%	0.0%
Employees work and feedback is valued by the organization	35.2%	46.3%	8.3%	10.2%	0.0%
There is matching of roles, duties, and responsibilities with capacity and capabilities	52.8%	35.2%	12.0%	0.0%	0.0%
Mean	52.3%	39.3%	5.8%	1.5%	0.0%

Source: Author (2019)

52.3% of the respondents stated that there is no employee retention practices in their respective organizations. A proportion of 63.0% of the respondents stated that their organization does not have effective retention management policies outlined by the organization. A further 63.0% affirmed that there is no concerted effort by management to keep talented employees within the organization, while 64.8% pointed out that their organization does not regard highly expertise when it comes to retaining key talent. 52.8% reiterated that their organization does not have a consistent supply

of medical supplies thus creating a poor working environment that can be demotivating for the employees

In addition to the above findings, 65.7% of the respondents stated that employees in their organization do not feel like that they are able to reach the full potential at the organization, while 46.3% affirmed that employees work and feedback is valued by their organization. 52.8% reiterated that their organization does not have matching of roles, duties, and responsibilities with capacity and capabilities such that employees feel like they are reaching their full potential.

Descriptive statistics displayed in Table 4.4 indicate that employee retention practices are applied to a small extent in the four county hospitals in Nairobi County. The test for correlation contained in Table 4.6 shows that there is no association between employee retention and service delivery. The model of coefficients output displays that employee retention does not significantly influence service delivery.

4.4.4 Service Delivery

Descriptive statistics derived for service delivery are shown in Table 4.5

Table 4.5: Employee Service Delivery Descriptive Statistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
As more doctors are recruited, there is a corresponding improvement in health indicators in the catchment of the facility	24.1%	21.3%	24.1%	20.4%	10.2%
Patient centeredness and safety has led to increased quality of healthcare provision	25.9%	18.5%	27.8%	27.8%	0.0%
Services are accessible to the patients with no undue barriers e.g. cost	7.4%	35.2%	28.7%	17.6%	11.1%
The services available can cater to the target population of patients who need it	7.4%	37.0%	16.7%	27.8%	11.1%
There is comprehensive care of patients both preventive and curative	25.9%	25.0%	38.0%	11.1%	0.0%
Service can be provided to the patient away from the facility e.g. at home or at the workplace	64.8%	16.7%	11.1%	7.4%	0.0%
Mean	25.92%	25.62%	24.40%	18.68%	5.40%

Source: Author (2019)

Results in Table 4.5 indicate that 24.1% are neutral and the same proportion state that if more doctors are recruited, there is no corresponding improvement in health indicators in the catchment of the facility. 27.8% were neutral and the same proportion state that patient centeredness and safety has led to increased quality of healthcare provision. 35.2% of the respondents stated that services are not accessible to the patients with no undue barriers, while 37.0% affirmed that the services available cannot cater to the target population of patients who need it. Another 38.0% are unsure whether in their organization there is comprehensive care of patients and they don't have to be referred to other health institutions. 64.8% of the respondents stated that

services cannot be provided to the patient away from the facility e.g. at home or at the workplace.

4.5 Inferential Statistics

This section contains inferential statistics employed in this study. It included correlation and regression analysis. Some diagnostic statistics were also carried out as a precondition of running the regression analysis. The attributes constituting the various variables were summarized to create a whole variable. This was achieved by estimating the median value of all the attributes.

4.5.1 Correlation Analysis

Correlation analysis establishes whether there exists an association between two variables lying between (-) strong negative correlation and (+) perfect positive correlation. The Pearson correlation was used in this study with a Confidence Interval of 95% and a two tail test

Table 4.6: Correlation Analysis

		Service Delivery	Employee Attraction	Employee Training & Development	Employee Retention
Service Delivery	Pearson Correlation	1	.585**	.700**	.152
	Sig. (2-tailed)		.000	.000	.117
	N	108	108	108	108
Employee Attraction	Pearson Correlation	.585**	1	.602**	.416**
	Sig. (2-tailed)	.000		.000	.000
	N	108	108	108	108
Employee Training & Development	Pearson Correlation	.700**	.602**	1	.250**
	Sig. (2-tailed)	.000	.000		.009
	N	108	108	108	108
Employee Retention	Pearson Correlation	.152	.416**	.250**	1
	Sig. (2-tailed)	.117	.000	.009	
	N	108	108	108	108

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

Source: Author (2019)

The findings in Table 4.6 indicate that components depicting talent management practises i.e. employee attraction and employee training and development are significantly positively correlated at the 5% significance level to service delivery. However, employee retention is not significantly correlated to service delivery.

4.5.2 Regression Analysis

The variables of this study were analyzed using regression model. Service delivery was regressed against the independent variables. The analysis was undertaken at 5% level of significance. The results are as shown in Table 4.7

Table 4.7: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.736 ^a	.542	.529	.78644

Predictors:(Constant): Employee Attraction, Employee Training and Development, Employee Retention

R square is the coefficient of determination indicating the deviations in the response variable which is a result of changes in predictor variables. As shown in Table 4.7, the R square value was 0.542, insinuating that 54.2% of the deviations in service delivery are caused by the predictor variables included in the study. Consequently, other variables not included in the model justify for 45.8% of the variations in service delivery.

Table 4.8: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	76.202	3	25.401	41.068	.000 ^b
	Residual	64.324	104	.618		
	Total	140.525	107			

a. Dependent Variable: Service Delivery

b. Predictors:(Constant), Employee Attraction, Employee Training and Development, Employee Retention

The null hypothesis states that there is no significant relationship between the predictor variables in unison and service delivery. The alternate hypothesis is that there is

significant relationship between predictor variables in unison and delivery of service. The study findings exhibit a significance value of 0.000 which is less than the critical value of 0.05. The null hypothesis is therefore rejected and the alternate hypothesis adopted. Thus, the overall model is significant to explain service delivery.

The analysis of variance which is exhibited in Table 4.8 shows that the model developed is significant as evidenced by the significance value obtained when compared to critical value. This implies that the model is appropriate in predicting service delivery by utilizing the talent management practice components selected for the study. These findings concur with those of Lanktree *et al.* (2014) who opined that an understanding on how to recruit trained health personnel successfully, ensure they are motivated and retain them in remote areas is important to access of health services to populations that are most vulnerable. The findings are also in agreement with those of Ronn (2017) who posited that only the process of talent resourcing that is properly stipulated from the beginning to the finishing point results in consistent outcomes in talent war. Team engagement maximization, retention and motivation via careful diligence in acquisition of talent is important in the current greatly competitive environment

Table 4.9: Model Coefficients

Model	Unstandardized Coefficients		Standard Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.521	.293		1.777	.078
Employee Attraction	.441	.129	.304	3.433	.001
1 Employee Training & Development	.633	.096	.545	6.561	.000
Employee Retention	-.254	.167	-.111	-1.524	.130

a. Dependent Variable: Service delivery

The null hypothesis of the study was that there is no significant relationship between predictor variables and delivery of service. The alternate hypothesis is that there is a significant relationship between each of the predictor variables and service delivery. Employee attraction and employee training have significance values less than the

critical value of 0.05. Thus, the null hypothesis was rejected and alternate hypothesis adopted. Therefore, variables were found to have a significant relationship with service delivery at the 95% level of significance. They have positive effects as exhibited by the respective coefficients. However, employee retention has a significance value that is beyond the critical value of 0.05. Thus, null hypothesis is accepted meaning employee retention does not significantly affect service delivery.

The regression equation below was thus estimated:

$$Y_i = 0.521 + 0.441X_1 + 0.663X_2$$

Where;

Y_i = Service Delivery

X_1 = Employee Attraction

X_2 = Employee Training and Development

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discussed the study's findings summary and offered conclusions and recommendations on the influence of talent management practices on service delivery of doctors in the four county hospitals in Nairobi City County. It further went on to state limitations of the study and provide suggestions for further research.

5.2 Summary

This study aimed at determining the influence of talent management practices on service delivery of doctors in the four county hospitals in Nairobi County. Three talent management components were picked which included employee attraction, employee development and training, and employee retention. Primary method of data collection utilized were questionnaires which were administered to a sample of 145 employees in four county hospitals in Nairobi City County. This study used descriptive statistics, correlation and regression analysis

5.2.1 Employee Attraction

The objective of study was to find out the influence of employee attraction practices on service delivery of doctors. The findings were that there was no scientific recruitment and selection process, neither was the organization employer of choice nor does the organization use competitive remuneration as a way to attract employees in the four county hospitals in Nairobi County. It was also noted that the doctors found the workload was high. However, study findings were that there is a positive and a significant association between employee attraction and service delivery. This was established through the regression analysis. Thus, employee attraction exhibited positive association with delivery of service such that an increment in employee attraction practices will lead to increased service delivery.

The findings agree with those of a study conducted by Ogolo (2018) who found that an organization that has attraction strategies including organizational reputation and commensurate pay scheme impacts performance hereby service delivery.

5.2.2 Employee Training and Development

The scholar's objective was to find out influence of employee training and development on service delivery of doctors. The findings were that training and development allowed for growth in current and future roles, the training programs were comprehensive based on the training needs and that there are incentives to attend trainings in the four Nairobi county hospitals. However, it was noted that, there were no periodic tests and reviews post training. There existed a positive and a significant association between employee training and development with service delivery through the use of the correlation and regression analysis such that an increment in employee training and development practices will lead to increased service delivery. The study findings are in agreement with findings by Armstrong (2009) who pointed out that learning and development policies and programs are essential components in the process of developing talent

5.2.3 Employee Retention

The study's objective was to find out the influence of employee retention on service delivery of doctors. The findings revealed there were no effective retention policies, no concerted effort by management to retain talent, no regard for expertise, poor working environment due to lack of essential supplies, feedback not valued by management and lack of matching duties and responsibilities with capacity and capabilities in the four Nairobi county hospitals. The study findings revealed no association between employee retention and delivery of service through the use of correlation and regression analysis such that an increase in employee retention would not have significant increase on delivery of service. The study is in congruence with study done by George et al (2018) who stated that HRH recent concerns spans issues related to retention, leadership and management, migration, accountability and dual practice as opposed to previously focused on issue of training, recruitment and development. The four county hospitals in Nairobi County are focusing on employee attraction and employee training and development but failing to consider employee retention.

5.3 Conclusion

The overall objective was to determine whether talent management practices influence service delivery of doctors in the four Nairobi county hospitals by testing if the model developed in the study is significant and sufficient. Thus, the study concluded that talent management practices significantly and positively influences service delivery which concurred with study findings by Lanktree *et al.* (2014) who opined that the health systems strengthening in Sub-Saharan Africa could be successful if there was an understanding on how to clearly recruit trained health workers, motivate and retain them in a bid to boost on health services access by population that is most vulnerable.

5.4 Recommendations

5.4.1 Employee attraction practices

In order for the County hospitals to attract doctors, it is critical to permeate the right talents into the system by ensuring that the recruitment and selection process is scientific and is well implemented from start to finish including offers of competitive remuneration. Moreover, the county health management team needs to ensure that the doctors are motivated and well taken care of to ensure that positive employer image is radiated to community and it is deemed as an employer of choice. In line with the global HRH shortage, the county should invest in employing more doctors whether directly or indirectly through partners to meet the WHO threshold.

5.4.2 Employee Training and Development

It is commendable that current training programs are adequate and sufficient leading to growth of employees in current and future roles. However, it is important to do periodic post training reviews and tests for sustainability.

5.4.3 Employee Retention Practices

Policy makers should develop effective retention management policies that encompass causes for turnover for doctors in the four county hospitals in Nairobi City County. County health management team should create a feedback mechanism between employees and management and at the same time ensure that there is continuous provision of medical and the non-medical supplies to ensure good working environment which translates to efficient service delivery. A survey should be done on

each doctor in terms of their responsibilities and capabilities and the findings used to align the two

5.5 Limitations of the Study

Following time and cost limitations, study scope was limited to only a case study of the four county hospitals in Nairobi City County. Hence, it was not established whether these result findings would hold for private facilities and the rest of the public health organizations in Kenya.

5.6 Recommendations for Further Study

Influence of talent management practices on service delivery of doctors study findings is of great importance to policy makers and county health management teams. The same study could be carried out across other health cadres, county hospitals across Kenya, public national hospitals and private hospitals in a bid to avail and properly utilize talent in these sectors

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APPENDICES

Appendix I: Introduction Letter



Strathmore University
Business School

The Respondent

Dear Sir/Madam

Re: Request for Research Data

I am a Postgraduate student at Strathmore University Business School undertaking a Master of Business Administration degree. My research topic is “**Influence of Talent Management Practices on Service Delivery Of Doctors At Nairobi City County**”. In order to carry out the research you are therefore kindly requested to assist in providing statistics on management practices and service delivery.

The information you provide will be treated in strict confidence and is purely for academic purposes. Your name will not appear in the final research paper as confidentiality is highly regarded. Your assistance and cooperation will be highly appreciated.

Yours sincerely,

Christine Onuko

Appendix II: Questionnaire

Section A: General Information

- 1 Gender: Male Female
- 2 Your age bracket (Tick where appropriate)
- 21 – 30 Years 31 - 40 Years
 41 - 50 years Over 50 years
- 3 Kindly indicate the highest level of education that you have attained?
- Diploma Masters
 Degree PHD
- Others Specify.....
- 4 How many years have you worked in your institution?
- Less than one year 1-3 years
 4-7 years Over 8 years

Section B: Employee Attraction

This section is about employee attraction strategies that your organization adopts to get the best talent. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5 where 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

	5	4	3	2	1
There is a structured and scientific recruitment and selection process					
The culture and values of the organization reflects it as the employer of choice					
The organization uses competitive remuneration as a way to attract new employees					
There is a positive employer image that radiates to the community at large and attracts potential job applicants.					
There is a manageable workload i.e. doctor patient ratio					

The organization supports a balanced lifestyle between work and personal life such as flexible working arrangements, flexible hours					
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Section C: Employee Training and Development

This section is about employee training and development strategies that your organization adopts to get the best talent. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5: 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

	5	4	3	2	1
My organization has policies on formal training and development					
Training needs assessment is carried out before conducting training to ensure efficiency and effectiveness					
Employees obtain and improve their skills, competencies and knowledge through regular training					
Training and development activities allow for growth in current and future roles within the organization					
Training Programs are comprehensive and meets training needs					
Training and development entails conducting periodic tests and reviews					
There are incentives and/or stipends for attending training programs					

Section D: Employee Retention

This section is about employee retention strategies that your organization adopts to get the best talent. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5: 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

	5	4	3	2	1
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There are effective retention management policies that incorporate ongoing diagnosis of the nature and causes of turnover					
There is concerted effort by management to keep talented employees within the organization.					
Expertise is highly regarded in when it comes to retaining key talent					
There is constant supply of medical and non-medical supplies thus creating a good working environment					
Employees feel that they are able to grow and reach their full potential within the organization					
Employees work and feedback is valued by the organization					
There is matching of roles, duties, and responsibilities with capacity and capabilities					

Section E: Service Delivery of Doctors

Kindly indicate the extent of agreement with these statements on performance of doctors. For each of the statements, please use the scale given below to indicate your level of agreement on a scale of 1-5: 5-Strongly agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree

	5	4	3	2	1
As more doctors are recruited, there is a corresponding improvement in health indicators in the catchment of the facility					
Patient centeredness and safety has led to increased quality of healthcare provision					
Services are accessible to the patients with no undue barriers e.g. cost					
The services available can cater to the target population of patients who need it					
There is timely and effective services offered to the patients who come to the organization					
A comprehensive range (preventive/curative) of health services is provided to the patients who come to the facility					
Service can be provided to the patient away from the facility e.g. at home or at the workplace					

THANK YOU FOR TAKING PART IN THE STUDY

Appendix III: Budget

Items	Details	Cost
Stationery	Printing papers	15,000
	Binders	5,000
Transport		10,000
Data collection	Internet	5,000
	Distribution of instruments	5,000
	Collection of instruments	5,000
Production of the documents	Typesetting	1000
	Printing	15,000
	Photocopying	5,000
	Binding	5,000
Data analysis		30,000
TOTAL		101,000

Appendix IV: Work plan

Activities	Start Time (2019)			
	Jan	Feb	March	April
Proposal writing				
Proposal defense and corrections				
Data collection				
Data analysis				
Report writing				
Submission of Research Report				