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**AN INVESTIGATION OF FACTORS INFLUENCING RETENTION OF DOCTORS IN
MACHAKOS COUNTY: A CASE OF MACHAKOS LEVEL 5 HOSPITAL**

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**SUBMITTED IN PARTIAL FULFILMENT FOR THE AWARD OF THE DEGREE OF MASTER IN
BUSINESS ADMINISTRATION HEALTHCARE MANAGEMENT AT STRATHMORE UNIVERSITY
BUSINESS SCHOOL**

**STRATHMORE BUSINESS SCHOOL
STRATHMORE UNIVERSITY
NAIROBI, KENYA**

APRIL, 2018

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I declare that this work has not been previously submitted and approved for the award of degree by this or any other university and to the best of my knowledge does not contain material previously published or written by any person except where due reference is made in the thesis itself.

Sheila Jepkoech Kipkore

Approval

The thesis of Sheila Jepkoech Kipkore was reviewed and approved by the following:

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ABSTRACT

Human resources in the health sector comprise a fundamental element in the delivery of health services and the achievement of Sustainable Development Goals (SDGs) globally. The escalating shortage of health personnel in Kenya has become critical concern that needs to be addressed as an integral strategy of improving the health systems (Miseda, Were, Murianki, Mutuku, & Mutwiwa, 2017). The aim of this study is to investigate the factors such as job satisfaction; career progression and leadership style and how they affect retention of doctors in Machakos County. The study employed a survey research design and data was collected using structured questionnaires. The Quantitative data was assessed using descriptive statistics like frequency and percentages. The target population of the study was 54 doctors and 78% of them participated in the survey. The findings from the survey shows that doctors job satisfaction is affected by different factors that include high workload, poor stock of drugs and lack of recognition by management. On career progression the survey revealed that training did not follow the policy criteria, it was irregular and not supported financially by the management. Promotions were opportunities were unequal, irregular and not based on merit. The leadership style been practiced was the task-oriented leadership. From the findings of the study, it can be concluded that, retention is very important among the medical professionals therefore the hospital management and MOH should formulate retention strategies.

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ABBREVIATIONS/ACRONYMS

| | |
|------|--|
| HR | Human Resource |
| HRH | Human resource for health |
| SDGs | Sustainable development goals |
| WHO | World Health Organization |
| SPSS | Statistical Package for the Social Science |
| MOH | Ministry of health |
| HMT | Hospital management team |

OPERATIONAL DEFINITION OF KEY TERMS

| | |
|--------------------|--|
| Employee Retention | Creating a work and human resource environment where employees want to stay because the work is challenging and fulfilling (Bakker, 2011). |
| Paramedics | Nurses and clinical officers |
| Doctor's | Medical doctors consists of consultants, Registrars and Medical officers |
| Consultants | Specialist doctors |
| Registrars | Doctors in training to be specialist in different fields of medicine and are sponsored by the county government |
| Medical Officers | Doctors with no specialty-General practioners |

CHAPTER ONE

INTRODUCTION

This chapter discussed the background of the study, problem statement, research objectives, scope and significance of the study.

1.1 Background to the Study

Human resource (HR) is the most critical asset of any health system and consumes a major share of the resource allocation in the sector. Human Resources for Health (HRH) can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. It is recognized globally that HRH is a crucial element in the delivery of health services and the achievement of Sustainable Development Goal (SDGs). Recent health sector studies, as well as policies, strategies and plans, acknowledge that HRH constraints are hampering health sector planning, service delivery and ultimately health outcomes in Kenya and world at large according to Castillo-Laborde (2011).

Employees remain essential to an organization as employees engage in processes tailored towards promoting the level of organizational growth and development. Employees engage in the daily operations of the organization, which compounds on the needs of employees and the importance of adopting measures tailored towards meeting the existent employee needs presented in the organization as stated by Wright & McMahan (2011). Involvement in the daily operations of the organization places employees at a vital position within the organization as employees develop the ability to identify the existent challenges and possible measures that may be adopted to counter the challenges experienced.

The effects health care shortages are becoming increasingly acknowledged in some countries. According to World Health Organization (2015) 1.3 percent of the world's health staffs attend to people who experience 25 percent of the worldwide disease burden. There are more than 55 countries experiencing shortage of healthcare workers, a shortfall of 2.5 million doctors and nurses and midwives. Current research indicates that the ratio of health care workers to patients in Africa is 2.5 to 1000. Conversely, the US has a healthcare worker to patient ratio of 24.5 to 1000. America accounts for 14 percent of the world's population compared to sub-Saharan Africa which for 11 percent of global population. However, 25 percent of global

diseases are found Sub-Saharan Africa while Americans account only 10 percent of diseases worldwide. There is a mass exodus of health care workers from Africa to developed countries in search for greener pastures making the shortage more pronounced. The health systems of most African countries have been severely affected by this migration of their health workers. The HIV epidemic in sub-Saharan Africa further affects the work environment further for the health worker by increasing workload, exposure to infection and decreasing their motivation(*chen*)

The Government of Kenya (GOK) views human resource development in the health sector as an essential component of the health system especially in the provision of basic health services. There is growing recognition that HRH in the public sector are shrinking dramatically, thereby affecting the delivery of services. Several studies have shown that the emergence and re-emergence of infectious diseases, such as HIV/AIDS, tuberculosis, and malaria, have also increased the demand for health services, putting enormous stress on the existing human resources as highlighted by ROK (2006). Generally, the HRH function in Kenya can be observed from three broad lenses: availability of the required health workforce to deliver quality health care services at all levels of health care; equitable distribution of health workforce across the country irrespective of the nature of the physical and social environment; and provision of quality health care services supported by strong pillars of job satisfaction such as performance management schemes, compensation and sensitivity to basic human requirements that make service delivery in harsh environments possible according to Rolfe, et.al.(2008).

The escalating shortage of health personnel in Kenya has become critical concern that needs to be addressed as an integral strategy of improving the health systems, Miseda et al (2017). The shortage of paramedics usually leads to long waiting times for patients at health facilities and results in overcrowding in hospitals. Therefore, a study to investigate the factors that influenced doctors' retention in specific counties would help policy makers to come up with intervention measures that help retain this workforce.

1.2 Statement of the Problem

HRH ratios in Kenya falls below the WHO recommended standards, for example, the WHO recommended staffing levels for key health workers (doctors, nurses and midwives) is 2.3 per 1000 population as compared to Kenya's 1.5 per 1000 population World Health Organization,

(2015). WHO also recommends a 1 doctor per 1000 population ratio. Kenya is below the recommended WHO ratio with approximately 46 million Kenyans; it requires an estimate of 40,000 more doctors to meet that ratio. This greatly affects delivery of quality and timely health services by the health worker.

A study by Miseda et al. (2017), reported that the Kenyan health care systems encounter a variety of human resource challenges; shortage of personnel, exacerbated by mass exit of healthcare workers to other countries. Furthermore, the remaining workers are unevenly distributed between the urban and rural areas. The emergence of this trend has adversely affected the achievement of the SDGs. The key obstacle is now recognized as the lack of a stable human resource base in the health sector, Clemens and Peterson (2016) as macroeconomic policy constraints are identified as root causes for the present situation.

With devolution; the health system in Kenya has experienced many challenges in planning and management of the health workforce and has resulted in strikes and resignation of health workers mostly of doctors from the public health facilities. With the shortage of health workers it is therefore important to understand factors influencing the retention of doctors in the public health service.

1.3 Research Objectives

Main objective of the study was to determine the factors influencing retention of doctors in Machakos Level 5 Hospital.

1.3.1 Specific Objectives

- i. To explore the extent to which job satisfaction affects doctors' retention at Machakos Level 5 Hospital.
- ii. To determine the role of career progression on retention of the doctor in Machakos Level 5 hospital as relates to training opportunities and promotion.
- iii. To determine how the type of leadership style used by management influences retention of doctors in Machakos Level 5 hospital.

1.3.2 Research question

The purpose of the research was to seek answers on the following research questions;

- i. How does job satisfaction affect doctors' retention at Machakos Level 5 Hospital?
- ii. What is the role of career progression on retention of the doctor in Machakos Level 5 hospital as relates to training opportunities and promotion?
- iii. How leadership styles influence retention of doctors in Machakos Level 5 hospital?

1.4 Scope of Study

The study focused on hospitals in Machakos Level 5 Hospital County and therefore the findings cannot be generalized to all other facilities such as the rural health centers.

1.5 Significance of the Study

The study contributes to knowledge to the different stakeholders such as the Ministry of Health in the national and county level, Medical Institutions and academicians. This study informs the policy makers not only in Machakos County but also the National government on the factors that can contribute to the retention among doctors deployed in the country's medical facilities. The Machakos county Human Resource Department will use the findings of this study to identify gaps in the existing of HR policy and its implementation and also better understand the challenges that affect retention rates among doctors in the county.

The study adds to the existing literature on the factors that can contribute to the retention among doctors. The finding provides other researchers or academicians to identify the gaps that arose from the study for purposes of carrying out further research.

CHAPTER TWO

2 LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing literature on employee retention. The first section discusses the theoretical framework and how they relate with the objectives of the study. The second section discusses literature on job satisfaction, career progression and leadership style and how they relate to employee retention. The third section focuses on the conceptual framework explaining how the above specific objectives relate with the outcome which is doctor's retention.

Employee retention entails creating a work and human resource environment where employees want to stay because the work is challenging and fulfilling Bakker (2011). Employee retention also refers to the rate of employees remaining within the company on recruitment over a specified period. According to Armstrong (2014), employee retention is a critical component of an organization as it presents an organization with an engaged, productive and efficient workforce. In addition according to Lee, Mullins, & Young (2016) argues that the creation of an organizational environment that promotes employee retention is crucial to the level of business growth and development.

2.2 Theoretical framework

Herzberg two factor theory was developed by a physiologist Fredrick Herzberg he stated that there are certain factors in the workplace that cause job satisfaction and absence others cause dissatisfaction. Job satisfaction is not the opposite of job dissatisfaction because factors causing each of these are distinct and independent from each other. The factors causing job satisfactions are the motivators and they arise from the job itself e.g. recognition, achievements or personal growth. Managers must strive to improve internal job factors to motivate employees. The factors causing job dissatisfaction are caused by absence of the hygiene factors and are external to the job itself e.g. salary, working conditions or job security. In order to remove dissatisfaction in the work place the manager must aim to increase the hygiene factors. Therefore the ideal work environment should have high hygiene and high motivation. This model is based on job

satisfaction. The objective was to provide a framework for gaining knowledge, not just the elements impacting such attitudes, but also why it causes in such effects.

According to Alshmemri, Shahwan Akl, & Maude, (2017), Herzberg's two-factor concept comprise a critical frame of reference for administrators who want to understand more about job satisfaction and related work performance matters. The same authors argue that Herzberg's two-factor theory is an important reminder that there are two critical elements in every job: what individuals do in terms of job content, and the setting in which they do the job (job context). Herzberg asserts that managers ought to strive to always eradicate poor hygiene sources of job dissatisfaction at their place of work and ensure develop job satisfier determinants into job content to optimize prospects for job contentment according to Stello(2014). This model is relevant and important to this study in that it acknowledges that staffs have two classes of needs that they expect fulfilled in order for them to be motivated in their work environment.

Maslow's hierarchy of needs is a motivational theory which was proposed by Abraham Maslow a psychologist. It's displayed as pyramid and the basic needs are represented in the lowest level and known as deficiency needs which include friendship and love, security and physical need. At the top of the pyramid is self-actualization. It states that people are motivated by the different levels of needs and will strive to fulfill it, the basic needs are to be met before the higher needs. It can be utilized to ascertain the kind of information individuals seek at different phases of their career development. For instance, people at the base level seek to strive hard to address their essential needs. Information perceived not to be directly related to helping an individual fulfill his or her needs in the shortest time possible is left unattended. Accordingly, individuals at the safety level seek information that can help them. They look for how their lives can be safe and secure. Informative information is sought by people to fulfill their belongingness needs. In most cases this can be seen in materials relating to relationship development. Empowering information is desired by individuals at the esteem stage. Employees continue to search for information on how their self-esteem can be built. Lastly, individuals in the growth phases of cognitive, aesthetic, and self-actualization look for enriching information.

This theory is useful to the study as it recognizes that employees needs will influence their motivation and need for career progression. Managers must therefore understand what

their employees needs are and plan better for activities such as training, appraisal, reward or remuneration packages in order to bring satisfaction and motivation in the work place and facilitate their retention.

McClelland human motivation theory was formulated by psychologist David McClelland in 1941 as a build up on Maslow's hierarchy of needs he states that all people have three motivators and this influence a person's characteristic depending on the motivator they have. The model three motivators are: need for achievement, need for affiliation and need for power are present regardless of the age, sex or culture. Those individuals with the need for achievement like to work alone, have a strong need to set and accomplish their goals and want regular feedback. The person seeking affiliation wants to belong to a group goes with what the group decides on prefers collaborations to completion and does not like uncertainty. Individuals seeking power want to control others are competitive and enjoy recognition and status. This theory informs managers that they have to identify individual's needs/motivators; this will enable the manager setting goals, feedback and informs them how to motivate and reward the team members.

Another useful theory is the McGregor theory X and Y a motivation theory developed by psychologist Douglas McGregor. The theory is about how a managers belief on what is the motivation of their team affects their management style. Theory X is the authoritarian style of management, the manager has a pessimistic view of the team members and believes that they dislike work, avoid responsibility and have little motivation and therefore ends up micromanaging peoples work. Theory Y uses a participative approach. They tend to have an optimistic view about the team members, that they are happy to work on their own, self motivated and seek and accept responsibility. This manager has hands off approach which encourages participation and values individual thoughts and goals. Therefore the management style of a manger is affected by the above and none is preferred over the other, one has to assess the external and internal environment of the work, organizational structure, type of work and skill level and adapt which style would work better.

2.3 Empirical review

This section presents literature review in line with the objectives.

2.3.1 Job Satisfaction

Job satisfaction refers to how a job offers fulfillment or how well it serves as a source of enjoyment according to Jessen, (2010). The doctors' labor force in the health segment has critical features that cannot be overlooked. With the devolved governments in Kenya, hospitals have external pressures that cannot be adequately addressed without relevant adjustments to the doctor's labor force. The evaluation of determinants of doctors' retention is a crucial component of the health policy improvement process. Putting doctor's problems on the top of the health policy agendas is the best step toward improving retention of doctors in Kenyan counties according to Mwenda (2012). All relevant sectors should be rallied behind these goals, in order to promote an all-inclusive and organized approach to Human Resource Management. This would open the possibility of establishing health care infrastructure that is more responsive to both the expectation of doctors and the country's health needs. As such the research believes that incorporating a study that analyses the factors that determine doctors' retention in Machakos Level 5 Hospitals will contribute towards this end.

According to Armstrong, (2014) compensation comprises of the salary and benefits extended to an employee on recruitment and in the course of the work period in an organization. Compensation is integral to employee retention as it involves the provision of rewards for employee input into the organization in a manner that is motivating and caters to all the employee needs established in the market as stated by Rolfe et al (2008). The development of a competitive compensation package has been considered critical in promoting the level of employee retention in institution. The provision of an extensive benefits package is an integral component resulting in employee retention.

The major setback facing both emerging economies and developing countries is discrepancy and imbalance of health care workers densities particularly doctors in urban regions in comparison with rural zones. For instance, in Bangladesh, 35 percent of the doctors work in four cosmopolitan cities where only 14 percent of the population lives. On the same note, South Africa rural zones are inhabited by 45 % of the entire population, however, with only 12 % of doctors working there as stated by Kirby & Siplon, (2012). Both rural and urban regions in South Africa grapple with a dire shortage of health workers these employees prefer to work in places

that have better prospects for high income generation, career development and superior living and working conditions.

Shortages in the medical professionals pose a major problem for health policy-makers especially in African countries. For example, severe staff shortages in all health professions class are reported in Zimbabwe, including more than 2,000 opportunities for nurses. Similarly, Vietnam faced a 30% reduction in the number of doctors between 2010 and 2015. These shortages seem to have been heightened by the migration of critical medical personnel Willcox et al (2015).

In many African countries the skills of limited and expensive medical professionals such as doctors are not adequate to meet local health needs. A research on health systems problems in Nigeria indicated that, one of the major challenges facing the health systems in Nigeria is acute shortage of doctors. As a result of dilapidated infrastructure and low compensation packages, many doctors and other healthcare professionals end up migrating to affluent nations in search of better paying jobs as stated by Willcox et al (2015). Some of the African nations have recognized presence of international recruiting agencies and examination protocols targeted toward the best and brightest doctors, compelling African governments to put up strict measures against brain drain.

In Kenya about 70 percent of medical doctors work in major towns, serving only 20 percent of the entire population, implying that many rural hospitals are served by less skilled personnel according to Ojaka, Olango, & Jarvis, (2014). One cannot escape the fact that the absolute population of doctors need to increase. Nevertheless, addressing the critical skills mix for Kenya and come up with ways to train, motivate, increase job satisfaction levels and retain doctors need to be an immediate priority especially at the county level.

A study conducted by Ojaka et al., (2014), found that over the past few years, increasing focus has been put on the rehabilitation of Kenyan health policies. But side by side with the supposed benefits of policy, various scholars are of the opinion that a major flaw of health policies is their inability to create room for matters of human resources retention and job satisfaction. The lack of clear cut health policies related to doctors' professional development has resulted in the serious shortages of doctors that threaten the ability of Kenya's health care infrastructure to accomplish their objectives.

Unattractive working condition in most African countries produce dissatisfaction and demotivation with work which are reasons for doctors leaving their countries greener pastures . For example as study by Prince & Otieno, (2014) showed that most health care staff in Nigeria are least satisfied with freedom of working methods and as a result they end up seeking jobs in Western world. Various studies have also demonstrated similar findings in relation to job gratification of the part of health care personnel in low income nations. An enhancement of the working atmosphere of doctors ought to be an important factor when it comes to strengthening a health care structure. Besides, it has been found that appreciation for work by managers appears to be a strong indicator for job satisfaction of doctors. Furthermore, as indicated by other studies, the coordination between human resource managers and employees has to be improved according to Prince & Otieno (2014). There is need to have the availability of professional and motivated workers to develop relationships and expedite good cooperation with the society. The poor cooperation between healthcare institutions and employees particularly in African countries has been attributed to poor pay.

Kenya is culturally and geographically diverse, with diverse working conditions in various regions. Devoid of a clear understanding of the many determinants of doctors' job satisfaction and retention in various contexts, it is probable that communities will continue to encounter problems in accessing decent primary health care.

Having a manageable workload is an important factor when it comes to job satisfaction. This is also related to motivation, and it is supported by existing studies Kawakatsu et al, (2015). A high number of health employees in Kenya have reported that their workload is overwhelming. This could be due to rampant cases of healthcare shortages in the country

On a similar note, some health personnel in African health facility settings have been reported to take up extra duties as a result of inadequate personnel. Increased amounts of work often caused by lack of enough employee leads to workers' burn out and demoralization. These become push elements that lead remaining health employees to quit. Eventually, this culminates in a vicious cycle that has to be dismantled.

Research has shown that interactions level with colleagues have a high effect on job satisfaction. Nevertheless, friendly relationships at the place of work have been found to reduce excessive workload. According to Prince & Otieno(2014), a high satisfaction with fellow workers could ameliorate stress resulting in a more positive work atmosphere. Besides, this

underpins the criticality of consolidating teamwork as in working shifts to allow personnel time-off, to cultivate relationships with fellow workers and particularly with communities. Moreover, working in teams can help motivate doctors on the one hand and on the other hand it can help improve effectiveness and job satisfaction.

2.3.2 Career Progression

Career progression has been defined by Jenkins et al., (2013) as a sequence of formal developments designed and controlled by an institution to impact the career growth of one or more personnel. Even though career management and career self-management may not be mutually exclusive, successful career management initiatives require people understanding what they will accomplish, explanation of institutional plans and commensurate individual opportunities to allay anxiety and disillusionment of employees. According to Rolfe, Leshabari, Rutta, & Murray (2008), the development of an understanding of employee retention is crucial to the success of a company as the process involves the review of the current company measures and processes that may be adopted to improve employee engagement in the current business processes and functions. This will help impart positive attitudes towards career development and the organization. Healthcare institutions offering career pertinent information and help will narrow a doctor's career focus and keep them closely bound to the organization.

A study by Morgan (2013) maintains that the promotion of organizational processes tailored towards meeting the current employee needs is an integral component contributing to the level of employee retention experienced in a firm. Employee retention may be attributed to several factors presented in the internal workplace including compensation, availability of resources, work-life balance, performance review and feedback mechanisms in place together with the adopted form of leadership and management.

Career development and planning deals with ensuring the streamlining of employees' career planning and institutional career management processes to come up with an optimal match of employees and institutional needs as highlighted by Hoekstra (2011). On the other hand, career management demonstrates a series of events that allow both an employee and the employer to accomplish their respective objectives. For most organizations, career management entails positioning the right individuals in the most competitive and lucrative situations while for

the employees, it implies understanding the requisite skills to advance professionally and to be compensated based on productivity, Hoekstra (2011).

2.3.3 Leadership

Leadership entails the manner in which roles of leadership are executed and the way in which managers select to conduct themselves towards other workers (Vinkenburg, van Engen, Eagly, & Johannesen-Schmidt, 2011). Other researchers have defined leadership to be a behaviorally centered technique aimed at comprehending leadership, Mung, May-Chiun, Kwang Sing, & Ayob (2011) and Aydin, Sarier, & Uysal (2013). Subordinates usually analyze the behaviors of their leaders to understand their style of leadership. From this perspective, it would be safe to point out that behavior approach and style approach can be used interchangeably as stated by Aydin et al. (2013). Style approach deals with or focuses on the behavior of leaders and how they utilize task and relationship behaviors to influence their subordinates in their works to enable the firm to realize its objective. Varying behavioral researches have pointed out that there are two styles of leadership: task focused and relationship centered leadership styles.

The focus of task-oriented leaders relates to accomplishing defined organizational objectives. Task-oriented leaders motivate the staff members to fulfill their goals through giving them defined responsibility, pre-defined goals and method for analysis, specifying directions, establishing timetable and establishing ways in which the objectives can be realized according to Aydin et al. (2013). Task-oriented leaders usually utilize a single method to communicate with the junior staff regarding their roles and responsibilities and how they are supposed to carry out those tasks. The behaviors of task-oriented leaders include clarification of responsibilities, defining goals, performance appraisal, and control and planning for short-term. From this, it is easier to understand the manner in which task-oriented behaviors are linked to motivation of employees and intention to stay or leave the company. Definition of duties and specification of direction for workers can be a motivator for the employees based on the kind of worker one is dealing with or it can demotivate others. In reference to McClelland's achievement hypothesis, this all boils down to the characteristics of each employee. Administrative commitment portrays the psychological attachment of a worker to the institution. According to Wang, Weng, McElroy, Ashkanasy, & Lievens (2014), there exist types of institutional commitment namely: Continuance, Normative and Affective Commitment. Affective commitment is associated with

an employee's emotional affiliation to the institution and its objectives. Continuance commitment deals with the cognitive affiliation between a worker and his or her employer as a result of the costs involved with leaving the organization. Lastly, normative commitment can be seen as typical emotions of obligation to stick with an employer.

The focus of relationship-oriented leaders is based on establishing and expanding, deepening interpersonal relationships. Contrary to task-oriented leaders, relationship-oriented leaders prefer two-way communication method with their subordinates as stated by Aydin; et al (2013). The reason for this is based on their need to offer support to the junior employees both emotionally and socially. By doing this, the relationship-oriented leaders assist the junior employees to feel comfortable in their workstation and help them to advance in their careers. The outstanding behaviors of relationship-oriented leaders can be grouped into three types of behaviors, namely, supporting, developing, and recognizing behaviors. The success of relationship-oriented leaders is dependent on the traits of the employees. A case in point, if a worker falls in the groups according to Summer, Kopelman, Prottas, & Davis (2016) defined by McGregor in theory X, then the relationship oriented leadership style would be of little help. Therefore, managerial behavior leaders play a critical role as far as personnel 'job satisfaction and commitment goes. Leadership as a component of management function is mostly associated with personnel and social dynamics. It is the element of influencing a team of individuals towards accomplishing business goals.

Leadership can be perceived as the ability of an administrator to impact, inspire, and spur personnel to contribute toward corporate success highlighted by Mwenda (2012). As such, human resource managers can apply various leadership approaches to guide and direct their workers using common leadership techniques. There are no universal leadership styles for all organizations; rather, different leadership styles are required for various situations. A resourceful leader must have knowledge of when to apply a particular leaders approach. The adoption of a leadership structure that promotes employee engagement has been considered instrumental in promoting the level of employee retention Block (2016).

2.4 Conceptual Framework

This study therefore developed a conceptual framework from elements that contribute to employee retention and satisfaction among doctors thereby establishing the level of influence of the elements. Each of the elements such as job satisfaction, career progression and leadership are independent variable whose influence will be measured against dependent variables such as HR processes, policies and systems and structure within the hospital that lead to better retention rates at the hospital as shown below.

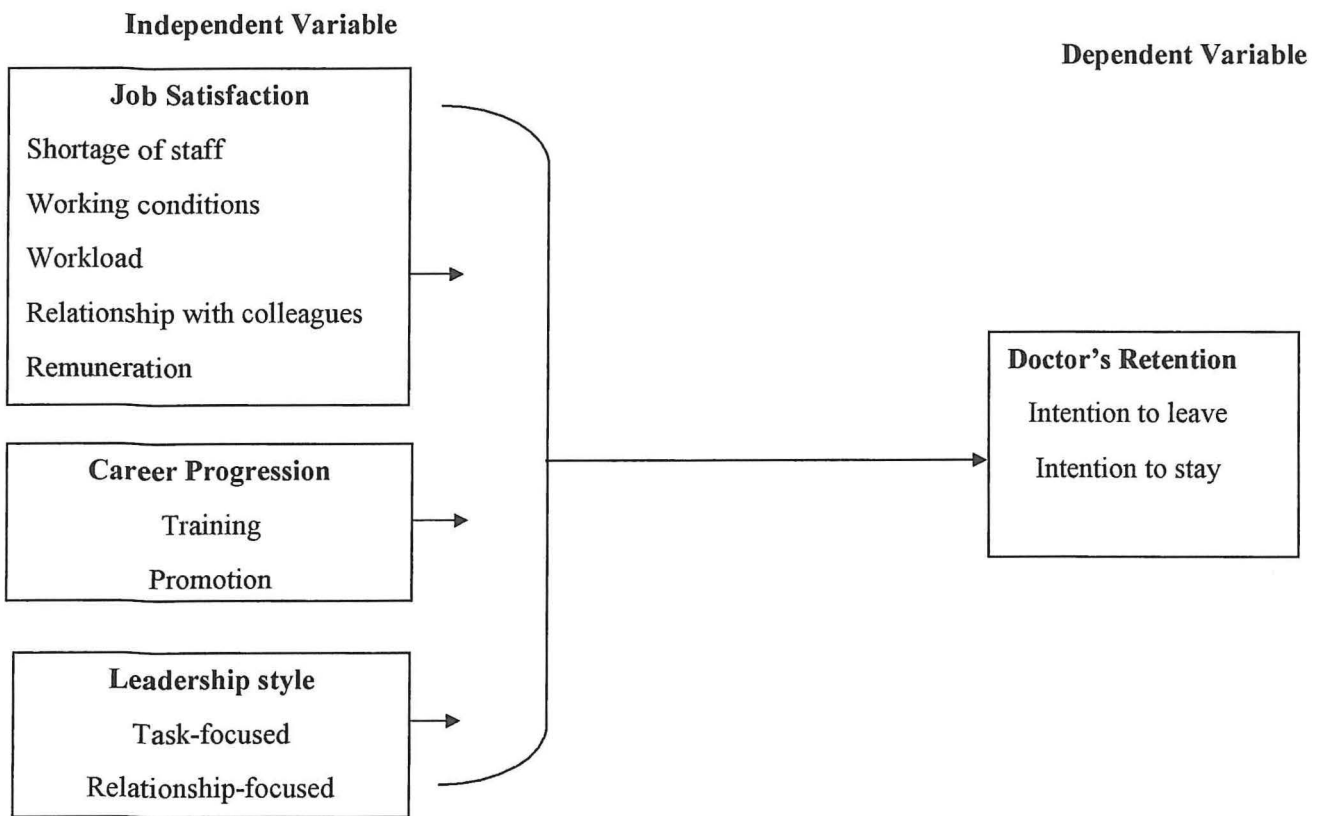


Figure 2.1: Conceptual Framework

2.5 Summary

The literature review shows that there is a correlation between job satisfaction theories, career progression theories and the leadership theories. These theories identified improve job satisfaction. Theories such as Herzberg two factor theory that deals with what employees expect to have from their jobs. Specifically, it acknowledges the staff s have needs that that they expect fulfilled. The stated theory is important to eliminate job dissatisfaction before going onto creating conditions for job satisfaction. Furthermore, career progression theories as the Maslow's hierarchy theory can be applied at different phases of their career development. Therefore, employee at the base-level seeks to strive hard to address their essential needs. Lastly, leadership refers to the manner in which roles of leadership are executed within the organization Vinkenbunrg et al.(2011). Applying behavioral theories and leadership styles managerial behavior plays an important in employee job satisfaction and commitment. Therefore, leadership as a

component of management function associated with personnel and social dynamics. Leadership is an essential element that influences a team's dynamics and addresses the business goals.

The findings various studies on job satisfaction and retention have shown the need to further confirm the validity and reliability of the variables job satisfaction, career progression, and leadership. For example, understanding the variable that highly contributes to job retention in the health sector therefore; an improvement would lead to higher job retention and satisfaction rates. There are also limited studies about career progression and its impact

CHAPTER THREE

3 STUDY METHODOLOGY

3.1 Introduction

This chapter explains the study procedure and approaches that were utilized in conducting this research. The study design, population, evaluation, and the procedure of information gathering are described in the research design. In addition, it explains the research procedure and data evaluation processes.

3.2 Research Design

The research used a simple survey design—which according to Orodho (2003)—is useful in describing the current state of affairs. The study determines the factors that determine doctors' retention in Machakos Level 5 Hospital. The design examines variables the group that have similar in characteristics by sampling data from doctors—these comprise the respondents. The proximity to and knowledge of in Machakos Level 5 Hospital are the reasons for the location of the study.

The study research design was deemed as appropriate as it covers situations where there is no effort of manipulating predictor variables or be in a position to develop a control group, or randomization of subjects among group; also, it explains the connection between the preexisting groups, Mugenda and Mugenda, (1999). The survey carried out may be applied to design a research process whereby the study acquires information from a section of the population with the aim of looking into the attributes of the population. The design is chosen for its high sense of representativeness and simplicity as the researcher may be able to acquire the participant's opinion.

In this study, the research acquired the views of the respondents with the desire to expose the factors that determine doctors' job satisfaction and retention (Mugenda and Mugenda, 1999). The focus of this study was on variables, namely job satisfaction, career progression, leadership style and employee retention.

3.3 Target Population

The study included medical doctors at Machakos Level 5 Hospital. The doctors are targeted as managers in charge of all activities in the hospital.

3.4 Sample Size and Sampling Techniques

The study used purposive sampling techniques in selecting the specific respondents for the survey. As Mugenda and Mugenda (1999) observe, new researchers encounter challenges when figuring out the sample size to use in their studies. They recommend a sample size that's as big as possible. However, they point out that as a result of time and resource constraints in social science research, the researcher should use 50% where the target population is seen as having characteristics of interest if the availability of estimate lacks. The sample size for the study will be arrived at through the use Cochran sample size formula for determining a representative sample for population proportions using a 95% degree of confidence and a $\pm 5\%$ margin of error. This is set below.

$$n_0 = \frac{Z^2 \cdot p \cdot q}{d^2}$$

Where; n_0 = size of the sample for infinite population

$Z = 1.96$ (at 95% Confidence level)

$p =$ approximated size of the population which has attribute in question (0.50)

$q = 1-p$

$d =$ precision of the measure at 5% (0.05)

The size of the sample was;

$$n_0 = \frac{(1.96)^2 \times 0.50 \times 0.5}{(0.05)^2}$$
$$n_0 = \frac{0.4609}{0.0025} = 384$$

The modification of Cochran formula for sample size calculation for the smaller population n of 86 participants

$$n = \frac{n_0}{1 + \left[\frac{(n_0 - 1)}{N} \right]}$$

Where; n = altered size of the sample

n_0 = approximated sample size for infinite population

N = Finite population size

$$n^1 = \frac{384}{1 + \left[\frac{384-1}{63} \right]} = 54 \text{ respondents}$$

Therefore the study sampled 54 employees at Machakos Level 5 Hospital.

Stratified sampling was used to select the number of participants from each category.

Population size

| |
|----------------------------|
| Consultants=15 |
| Medical officers=23 |
| Registrars=25 |
| Total number of doctors=63 |

Sample size

Consultants

$$15/63 * 54 = 13$$

Registrars

$$(25/63) * 54 = 21$$

Medical officers

$$(23/63) * 54 = 20$$

Total=54

3.5 Research Instruments

The study employed structured interview questionnaires as the main data collection instrument for this primary data. The structured questionnaire used to gather information from doctors: the factors that determine doctors' retention in Machakos Level 5 Hospital. The questionnaire will have two sections. Section A will gather bio-data on the doctors while section B will gather data on job satisfaction, career progression and leadership style.

3.5.1 Credibility of the Tools

Based on the findings of Borg and Gall (1989), credibility of instruments is enhanced via judgment of experts. As a result, assistance was sought from the research supervisors and other experts from the University, in order to assist to enhance content credibility of the instruments. Prior to gathering of data, a pilot research was carried out with 5 doctors. The pilot research

helped to enhance the credibility of the questionnaires as the results were used to review the research instruments.

3.5.2 Reliability of the Instruments

To enhance the reliability of the instrument, test-retest technique was used. The pilot questionnaire was used twice to the participants, within a week interval.

3.5.2.1 Reliability Test

Reliability test helps show the consistency of a given measure in a study, through the study can be replicated on other participants and location and be able to produce almost similar results. *Cronbach's Alpha* was used in this study to determine the reliability. As shown in the reliability statistics below the Cronbach's Alpha of the data was 0.87, this figure is higher than 0.7 which is the basis used in testing whether a given data is reliable. As shown in table 2 below.

| Case Processing Summary | | | |
|-------------------------|-----------------|----------|--------|
| | | <i>N</i> | % |
| <i>Cases</i> | <i>Valid</i> | 42 | 100.00 |
| | <i>Excluded</i> | 0 | .00 |
| | <i>Total</i> | 42 | 100.00 |
| | | | |

| Summary Reliability Statistics | |
|--------------------------------|-------------------|
| <i>Cronbach's Alpha</i> | <i>N of Items</i> |
| .87 | 34 |

3.6 Data Collection Procedures and Ethics

The researcher got an introductory letter from Strathmore University, after which a permit was obtained from the Machakos Level 5 Hospital administrators and this was presented to the doctors. A courtesy call was made to the hospital manager, after which a preparatory visit

was made to the hospital to make aware the doctors of the pending study and date to administer the tools was be agreed on. The researcher issued questionnaires to the participants during hospital days. Participants were issued with instructions and assured of confidentiality and which will be followed with them fill in the questionnaires. The filled-in questionnaire was collected on the same day of data collection.

3.7 Data Analysis Procedures

Once data was gathered, data analysis was done to establish inaccurate, unreasonable data and then enhance the quality through rectification of noted mistakes. Once we confirmed the data was ready analysis, the data was then be coded and keyed in computer for evaluation using the Statistical Package for Social Sciences (SPSS) version 17. Figures were used to describe demographics .Factor analysis, a data reduction technique was deployed to determine the important factors in the research. Quantitative was assessed using descriptive statistics like frequency, means, and percentages. The data analysis was then aligned the data collected with the research questions and objectives and results to make useful conclusions and recommendations for the research study.

CHAPTER FOUR

4 PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

This is the results section it is divided into 6 sections: Section one is on the response rate, the second section discusses analysis the demographics characteristics of the study participants, the third section is on fact analysis, the fourth section is discussing the findings on job satisfaction, the fifth section is addressing career progression, and lastly the sixth section is on leadership style and retention of employees.

4.2 Response Rate

The study targeted 54 doctors working within the health care sector in Machakos County at the level 5 hospital, out of these only 42 responded giving the study a response rate of 78%. This response rate is well above 70% which is considered to be very good by Mugenda and Mugenda (2003).

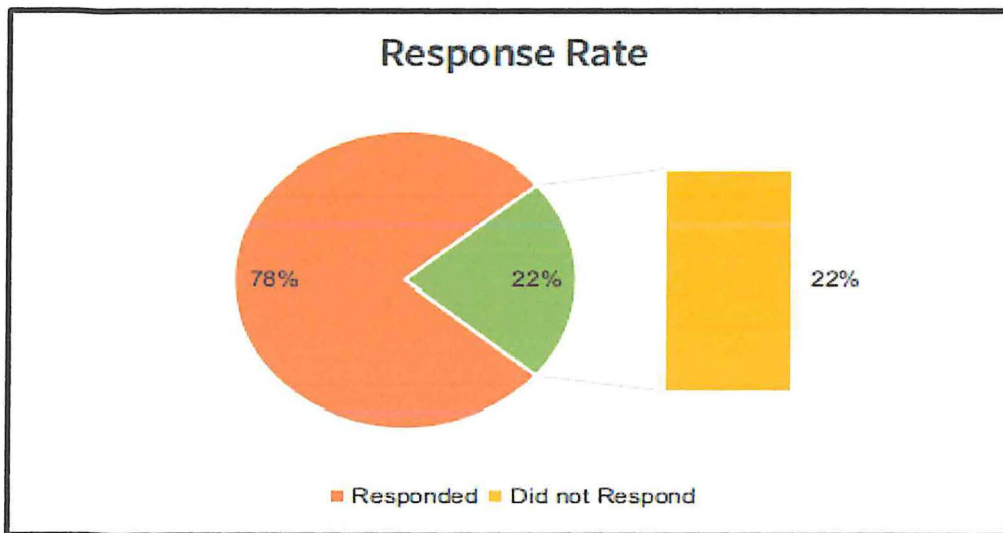


Figure 4.1 Response Rate

4.3 Demographic Characteristics of the Respondents

This section will present the study findings by focusing on the demographic characteristics of the respondents that took part in the study. These characteristics include gender, age, education level, their current designation and years of experience.

4.3.1 Gender of the Respondents

The findings of the analysis show that 42.9% of the respondents were male and 57.1% were female showing the gender is almost equally represented in the workforce. This can be seen in the figure 4.2 below.

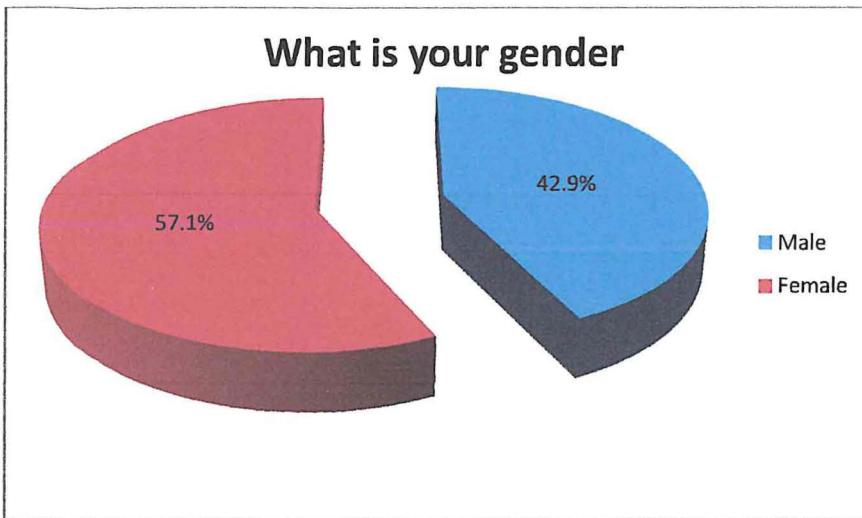


Figure 4.2: Gender of respondents

4.3.2 Age of the Respondents

From the findings, a majority of the respondents (59.5%) were aged between 20 and 30 years old, 38.1% were aged between 31 - 40 years with the remaining 2.4% being aged between 41 and 50 years and are mainly the consultants. This shows that it is young workforce. figure 4.3 below illustrates the above findings.

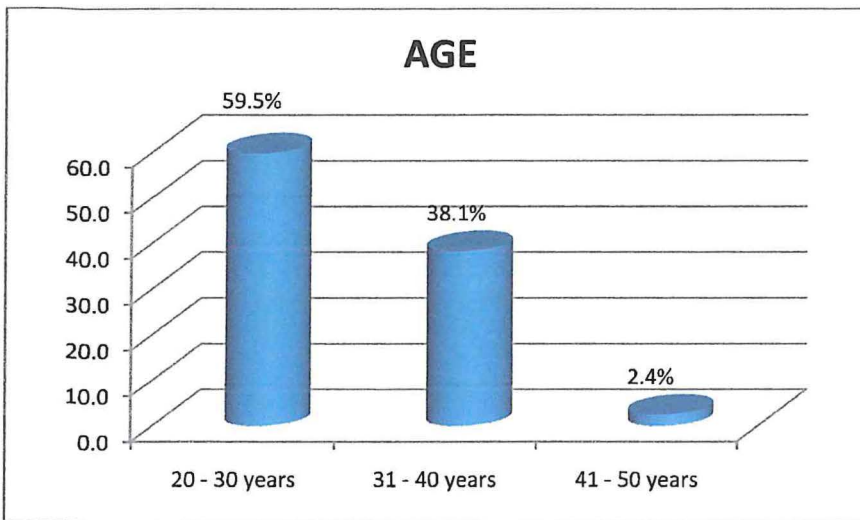


Figure 4.3: Age of the respondents

4.3.3 Highest Academic Qualification

According to the findings of this study the highest level of education achieved included degree and masters. 92.9% of the respondents had degree as their highest academic qualification this consisted of the medical officers and registrars; the remaining 7.1% had master's degree and these are the consultants as shown in figure 4.4 below.

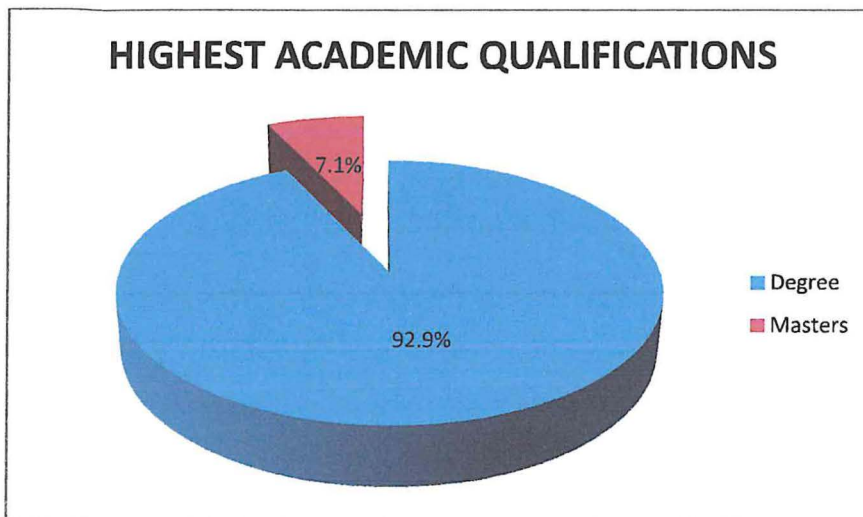


Figure 4.4: Highest Academic Qualification

4.3.4 Current Designation

From the study findings a majority of those interviewed in the study had as their current designation as registrar making up 50% of the respondents, medical officer comprised 43% of the respondents while consultants constituted 7% of the respondents. There were more doctors in training than those in the working on the ground as general practitioners in the hospital as in figure 4.5 below.

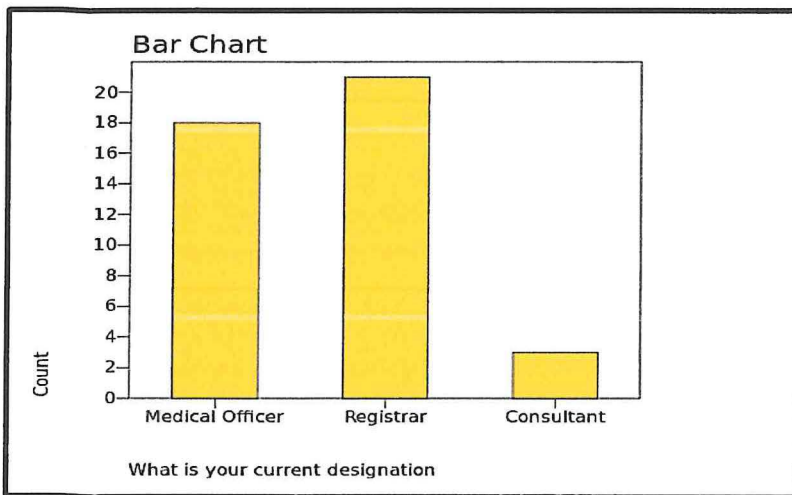


Figure 4.5: Current Designation

4.3.5 Professional Experience

From the analysis of the findings the respondents had different number of years of professional experience. Majority as shown by the mode had less than 5 years professional experience, they made up 85.7% of the respondents, those with the highest number of professional experience had between 11 and 15 years of professional experience and they made up 4.8% of those interviewed this were mainly the consultant doctor as shown in figure 4.6 below.

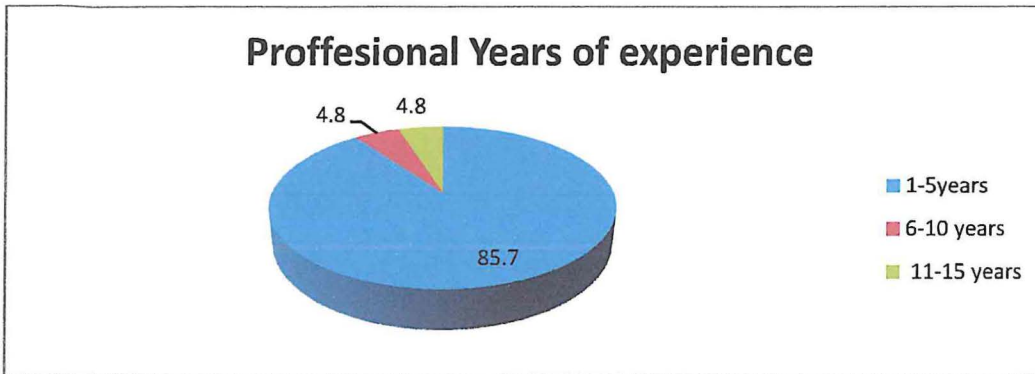


Figure 4.6: Professional Experience

4.4 Test of sampling adequacy

Factor analysis was used to determine the most important factors in job satisfaction, career progression and leadership style. Then those factors identified were used to determine the extent they affects doctors' retention at Machakos level 5 Hospital.

Factor analysis is a data reduction technique which is carried out using a correlation matrix of variables of interest. A set of variables are combined to a new smaller set of variables called factors. These factors represent a weighted mean of the original data which are latent variables that is variables that cannot be observed. Factor analysis which uses principal component analysis and varimax rotation was used to extract factors subject to KMO, Barlett tests and an Eigen value cut off of 1.0.

Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was used to determine whether factor analysis should be appropriate to yield distinct and reliable factors or determine important variables. A value closer to one indicates that there is a strong correlation between my variables hence they can be used to generate factors or constructs variable. The table 4.1 below presents coefficients of KMO.

Table 4.1: Kaiser-Meyer-Olkin Measure of Sampling Adequacy

| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | |
|--|-------|
| Job Satisfaction -Working conditions | 0.756 |
| Career Progression – Training | 0.803 |
| Career Progression – Promotion | 0.748 |
| Leadership style | 0.605 |
| Retention | 0.404 |

The table shows coefficient of KMO is greater than 0.5 hence the sample is adequate to proceed with factor analysis.

The Bartlett's Test of Sphericity is the test for null hypothesis that the correlation matrix has an identity matrix. Our interest is to determine some relationship between variables hence we should reject the null hypothesis for us to conclude that the correlation matrix is not identity matrix.

Table 4.2: Bartlett's Test of Sphericity

| Bartlett's Test of Sphericity | Approx. Chi-Square | df | Sig. |
|---------------------------------------|---------------------------|-----------|-------------|
| Job Satisfaction | 251.092 | 91 | 0.000 |
| Career Progression - Training | 51.028 | 10 | 0.000 |
| Career Progression - Promotion | 113.056 | 10 | 0.000 |
| Leadership style | 80.742 | 10 | 0.000 |
| Retention | 76.602 | 6 | 0.000 |

From the table 4.2 above, the p values ($0.000 < 0.05$) hence we reject null hypothesis and conclude that Bartlett's test of sphericity is highly significant therefore factor analysis will be appropriate to be carried out.

4.5 Job Satisfaction

This section will focus on determining the job satisfaction of the respondents.

Factors extraction

Principal component analysis will be used to identify variables that accounts for more variability and extract new factors based on the total variance explained as shown in the table 4.3 below.

Table 4.3: Total Variance Explained

| Total Variance Explained | | | | | | | | | |
|---------------------------------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 5.645 | 40.321 | 40.321 | 5.645 | 40.321 | 40.321 | 3.554 | 25.383 | 25.383 |
| 2 | 1.588 | 11.340 | 51.661 | 1.588 | 11.340 | 51.661 | 2.592 | 18.512 | 43.895 |
| 3 | 1.352 | 9.658 | 61.319 | 1.352 | 9.658 | 61.319 | 1.885 | 13.463 | 57.358 |
| 4 | 1.043 | 7.452 | 68.771 | 1.043 | 7.452 | 68.771 | 1.598 | 11.413 | 68.771 |
| 5 | 0.841 | 6.004 | 74.775 | | | | | | |
| 6 | 0.737 | 5.264 | 80.039 | | | | | | |
| 7 | 0.667 | 4.761 | 84.800 | | | | | | |
| 8 | 0.536 | 3.829 | 88.629 | | | | | | |
| 9 | 0.485 | 3.468 | 92.097 | | | | | | |
| 10 | 0.325 | 2.318 | 94.415 | | | | | | |
| 11 | 0.284 | 2.026 | 96.441 | | | | | | |
| 12 | 0.197 | 1.409 | 97.850 | | | | | | |
| 13 | 0.162 | 1.155 | 99.005 | | | | | | |
| 14 | 0.139 | 0.995 | 100.000 | | | | | | |

Extraction Method: Principal Component Analysis.

From the table 4.3 above the components in the first column are the numbers of the variables used in the Factor Analysis. The initial eigen values are the variances of the factors to be extracted. The total column contains the Eigenvalue. The first factor will always account for the most variance and hence have the highest Eigen values. The next factor will account for as much of the left over variance as it can and the same will continue till the last factor. The percentage of variance represents the percent of total variance accounted by each factor and the cumulative percentage gives the cumulative percentage of variance account by the present. This table shows you the actual factors that were extracted. If you look at the section labeled “Rotation Sums of Squared Loadings,” it shows you only those factors that met cut-off criterion (extraction method). In this case, there were four factors with eigenvalues greater than 1. Factor 1 accounts for 25.383 % of the variability in all 14 variables, Factor 2 accounts for 18.512 % of the variability, Factor 3 accounts for 13.463 % of the variability and Factor 4 accounts for 11.413 %. These four factors explain 68.711% of the total variability. Since factor 1 accounts for most variability it means that it constitutes the main variables contributing to job satisfaction. Using factor rotation, the variables in each factor are shown in the table below.

Table 4.4: Rotated Component Matrix

| Rotated Component Matrix^a | | | | |
|---|-----------|--------|--------|--------|
| | Component | | | |
| | 1 | 2 | 3 | 4 |
| My work load is manageable | 0.746 | -0.008 | 0.232 | 0.294 |
| My salary package is fair | 0.741 | -0.001 | 0.382 | 0.047 |
| Considering all other Factors, I am Satisfied with my Job | 0.725 | 0.166 | 0.004 | 0.225 |
| I am Satisfied with the Overall Staffing of the Facility | 0.718 | 0.422 | 0.083 | -0.166 |
| I receive recognition for doing good work | 0.704 | 0.364 | 0.221 | 0.070 |
| This Facility has good stock of Drugs and I can Prescribe for my Patients | 0.670 | 0.309 | 0.169 | 0.250 |
| I enjoy a good relationship with my colleagues | 0.027 | 0.839 | -0.041 | 0.090 |
| I consider myself a part of a team | 0.366 | 0.751 | 0.005 | 0.361 |
| I have a good friend/friends at work | 0.394 | 0.692 | 0.145 | 0.039 |
| I have access the civil servants car loans and mortgages | 0.115 | 0.522 | 0.359 | -0.207 |
| There are sufficient opportunities for promotion with the employer | 0.157 | 0.103 | 0.838 | 0.021 |
| I have the Equipment I need to do my Job Well (Theater Equipment, resuscitation equipment) | 0.265 | 0.037 | 0.808 | 0.134 |
| The Job is a Good Match for my Skills and Experiences | 0.176 | -0.045 | -0.040 | 0.857 |
| When I come to work, I know what is expected of me | 0.190 | 0.354 | 0.306 | 0.655 |
| Extraction Method: Principal Component Analysis. | | | | |
| Rotation Method: Varimax with Kaiser Normalization. | | | | |
| a. Rotation converged in 6 iterations. | | | | |

From the above table 4.5, we can conclude that workload, remuneration, staffing levels, working conditions and Relationships with colleagues are key affects factors in job satisfaction that contributes to doctors’ retention at Machakos Level 5 Hospital. Using the variables in factor 1, we used frequency tables and charts to further provide the perception of the doctors as shown in the table below.

4.5.1 Overall job satisfaction

In terms of overall satisfaction, about 38% of the respondents seemed satisfied with their job as shown in figure 6 below. However, 36% neither agreed nor disagreed, while the remaining 26% employees disagreed as summarized in in figure 4.7 below.

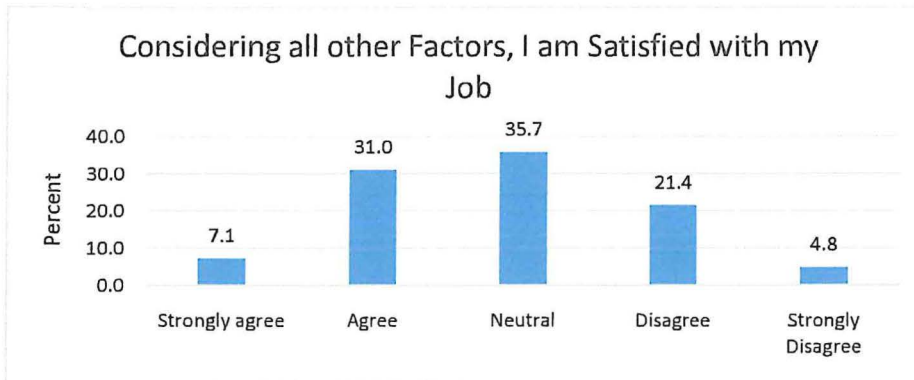


Figure 4.7: Job Satisfaction

4.5.2 Stock of drugs

Majority of the doctors(54.8%) strongly disagreed that the stock of drugs in the facility was good this is illustrated in figure 4.8 below.

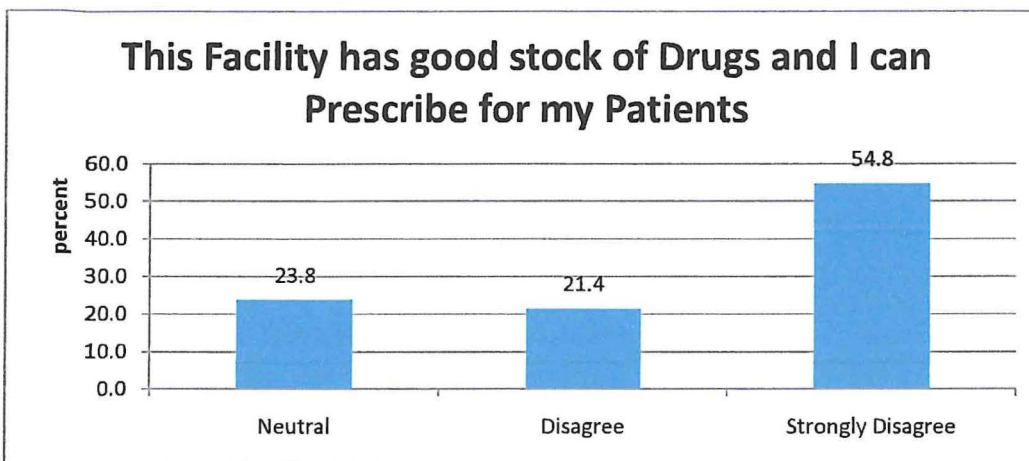


Figure 4.8: Stock of drugs

4.5.3 Employee recognition

Employee recognition works in helping employees know that they are treasured and appreciated. From the findings of the study only 12% agreed that they received recognition for good work, with about 76% stating that they did not receive recognition for any good work done as illustrated in figure 4.9 below.

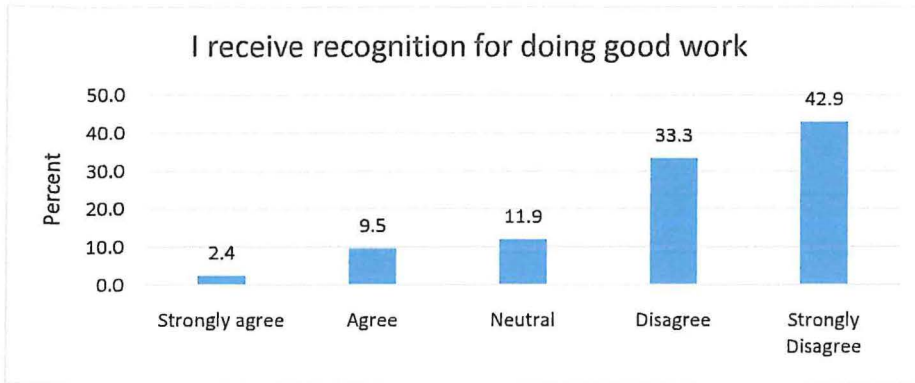


Figure 4.9: Employee recognition

4.5.4 Workload

Workload was another factor that contributed to employee satisfaction. The findings of this study has shown that a considerable number of employees that is about 24% felt that their workload was manageable, as shown in the frequency figure 4.10 below.

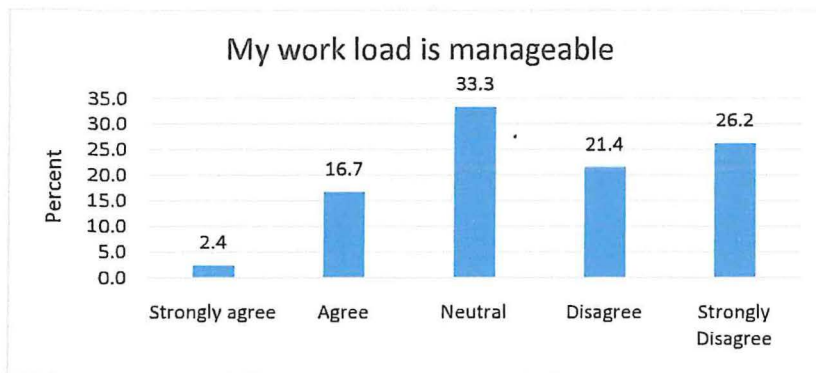


Figure 4.10: Workload

4.5.5 Remuneration

The last focus on job satisfaction was on remuneration, this aimed to determine how satisfied the respondents were with the existing remuneration package. Most of those interviewed 55% disagreed that there was a fair salary package in place, with those in agreement being 22% as illustrated in figure 4.11 below.

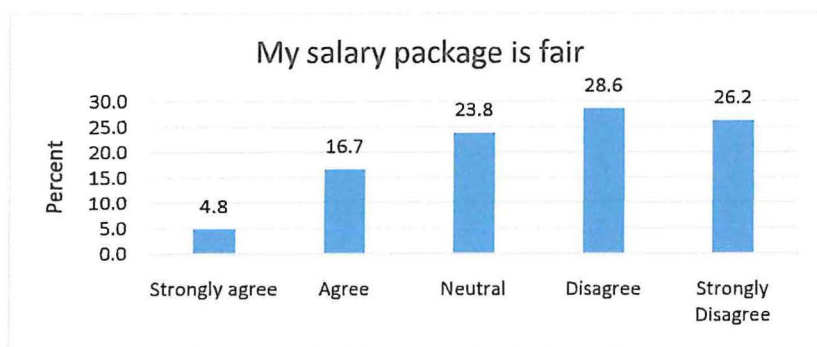


Figure 4.11: Remuneration

4.6 Career Progression

To determine the role of career progression on retention of the doctor in Machakos Level 5 hospital as relates to training opportunities and promotion.

Factors extraction

Principal component analysis will be used to identify variables that accounts for more variability and extract new factors based on the total variance explained as shown in the table 4.5 below.

Table 4.5: Total Variance Explained

| Career Progression - Training | Initial Eigen values | | | Extraction Sums of Squared Loadings | | |
|-------------------------------|----------------------|---------------|--------------|-------------------------------------|---------------|--------------|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 2.695 | 53.904 | 53.904 | 2.695 | 53.904 | 53.904 |
| 2 | 0.871 | 17.417 | 71.321 | | | |
| 3 | 0.538 | 10.761 | 82.082 | | | |
| 4 | 0.519 | 10.375 | 92.457 | | | |
| 5 | 0.377 | 7.543 | 100.000 | | | |

Extraction Method: Principal Component Analysis.

This table shows you the actual factors that were extracted. There was one factor with Eigenvalues greater than 1. Factor 1 accounts for 53.904 % of the variability in all 5 variables, this factors explains 53.904% of the total variability. Since factor 1 accounts for most variability it means that it constitutes the main variables contributing to career progression relating to

training opportunities. Using factor rotation, the variables in the factor are shown in the table 4.6 below.

Table 4.6: Component Matrixa

| <i>Component Matrix^a</i> | |
|---|----------------|
| | Component 1 |
| <i>What is stated in the training policy is what is practiced always.</i> | 0.842 |
| <i>The skills and knowledge learnt on the Job in this hospital would transfer easily to most other similar organizations.</i> | 0.794 |
| <i>I am satisfied with the training practices In this hospital.</i> | 0.763 |
| <i>Training opportunities are offered regularly in this hospital.</i> | 0.720 |
| <i>Financial support is regularly given by the hospital to attend conferences and workshops to enhance my professional growth</i> | 0.507 |

*Extraction Method: Principal Component Analysis.
a. 1 components extracted.*

From the above 4.6 table, we can conclude that all measures are key factor in career progression that contributes to doctors’ retention at Machakos Level 5 Hospital. Using the variables in factor 1, we used frequency tables and charts to further provide the perception of the doctors as shown in the figure below.

In the study career progression of the respondents was viewed based on two key metrics that is training and promotion. These will be covered in the section below.

4.6.1 Training

Training among health practitioners is important in helping with further development of their skills and capabilities. In terms of training, 67% of the respondents agreed that the skills they

learn at the hospital could be transferred to another similar organization. Those who disagreed comprised 17% of the respondents as shown in figure 4.12 below.

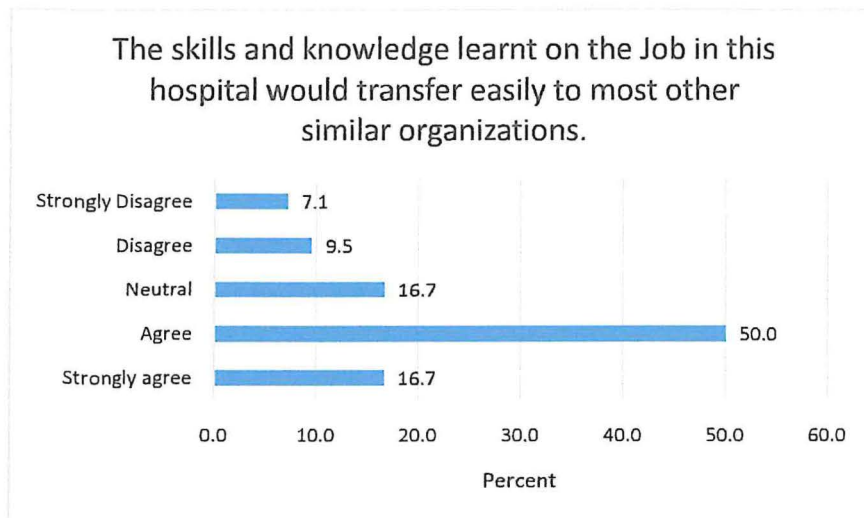


Figure 4.12: Skills and knowledge

From the findings 54% of the respondents disagreed that what was contained in the training policy was practiced always. This has been summarized in figure 4.13 below.

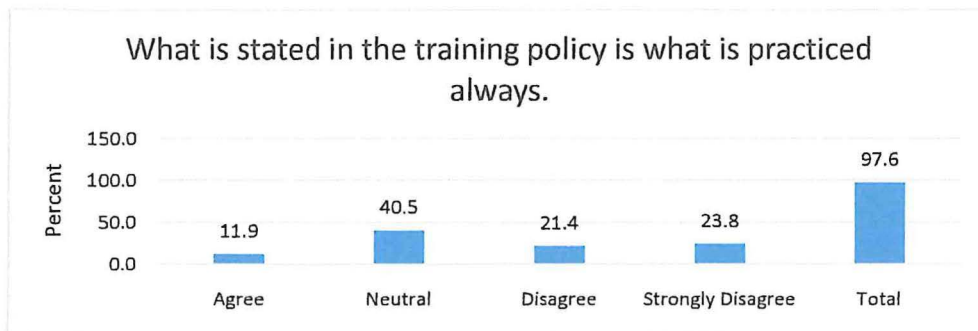


Figure 4.13: Training policy

On the issue of training, from the finding it can be concluded that there is irregular training opportunities being offered in the hospital, as about 74% of those who responded disagreed on that training opportunities were offered regularly in the hospital. The findings are shown in figure 4.14 below.

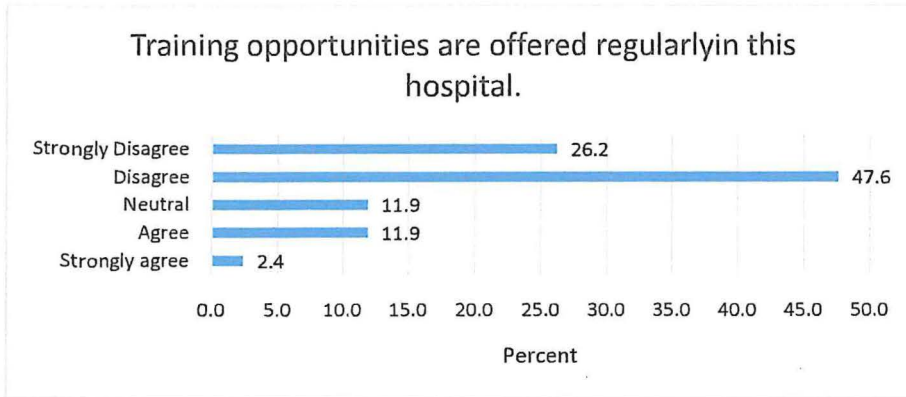


Figure 4.14: Training opportunities

From the study findings the hospital failed to provide the doctors with financial support regularly to allow the doctors to attend workshops and conferences that would help in enhancing and improving their professional growth and skills as illustrated in figure 4.15 below

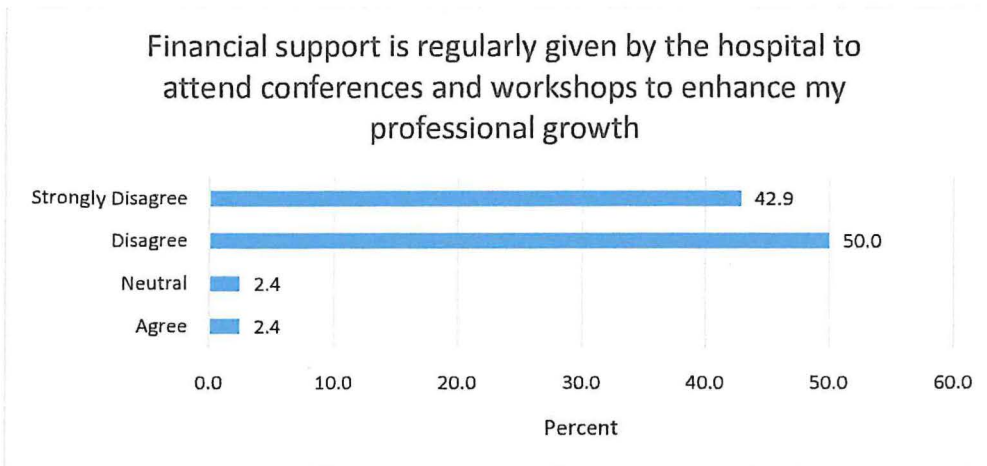


Figure 4.15: Financial support

From the findings, 28.6% of the respondents strongly disagreed and 40.5% disagreed that they were satisfied with the training practices of the hospital. The findings have been summarized in the figure 4.16 below.



Figure 4.16: Training practices

4.5.2 Career progression - Promotion

Factors extraction

Principal component analysis will be used to identify variables that accounts for more variability and extract new factors based on the total variance explained as shown in the table 4.7 below.

Table 4.7: Total Variance Explained

| Career Progression - Promotion | Total Variance Explained | | | | | |
|--------------------------------|--------------------------|---------------|--------------|-------------------------------------|---------------|--------------|
| | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | |
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 3.292 | 65.837 | 65.837 | 3.292 | 65.837 | 65.837 |
| 2 | 0.798 | 15.958 | 81.795 | | | |
| 3 | 0.509 | 10.184 | 91.978 | | | |
| 4 | 0.260 | 5.200 | 97.179 | | | |
| 5 | 0.141 | 2.821 | 100.000 | | | |

Extraction Method: Principal Component Analysis.

This table shows you the actual factors that were extracted. There was one factor with eigenvalues greater than 1. Factor 1 account for 65.837 % of the variability in all 5 variables, these factors explains 65.837% of the total variability. Since factor 1 accounts for most variability it means that it constitutes the main variables contributing to career progression

relating to promotion opportunities. Using factor rotation, the variables in the factor are shown in the table 4.8 below.

Table 4.8: Component Matrix

| <i>Component Matrix^a</i> | |
|---|-----------|
| | Component |
| | 1 |
| <i>I am satisfied with the promotion Practices of the county.</i> | 0.899 |
| <i>Doctor's promotions are regular with my employer.</i> | 0.886 |
| <i>Promotion is always based on merit in this county.</i> | 0.871 |
| <i>There is a clear promotion policy/criteria from promotion in the county</i> | 0.730 |
| <i>There are equal opportunities to advance my career (graduate studies, fellowships, etc.)</i> | 0.637 |
| Extraction Method: Principal Component Analysis. | |
| a. 1 components extracted. | |

From the above table, we can conclude that all measures are key factor in career progression that contributes to doctors' retention at Machakos Level 5 Hospital. Using the variables in factor 1, we used frequency tables and charts to further provide the perception of the doctors as shown in the table below.

A number of factors were investigated with regard to promotion within the organization. This section will give the summary of the findings.

From the findings of the study 48% of those interviewed felt that there was no clear promotion policy/ criteria for promotion within the organization as shown in figure 4.17 below

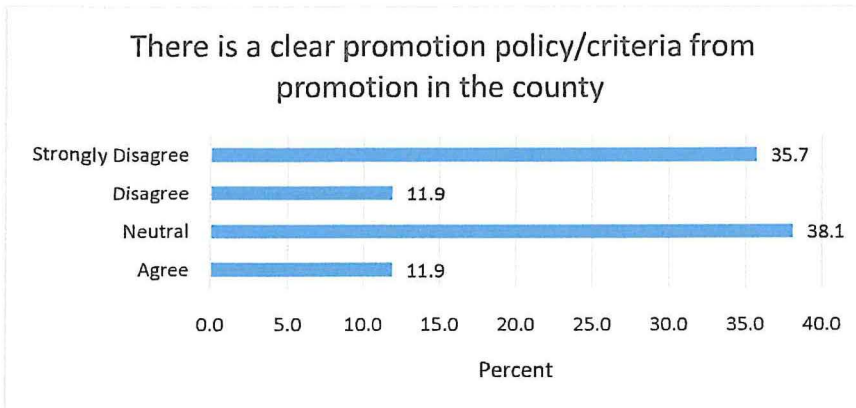


Figure 4.17: Promotion policy

On whether there were equal opportunities for one to advance their careers, i.e. through fellowships or graduate studies. From the study majority, which is 64.3% (35.7% disagreed and 28.6% strongly disagreed) of the respondents felt that such opportunities were neither equal nor available to most of the employees as illustrated in figure 4.18 below

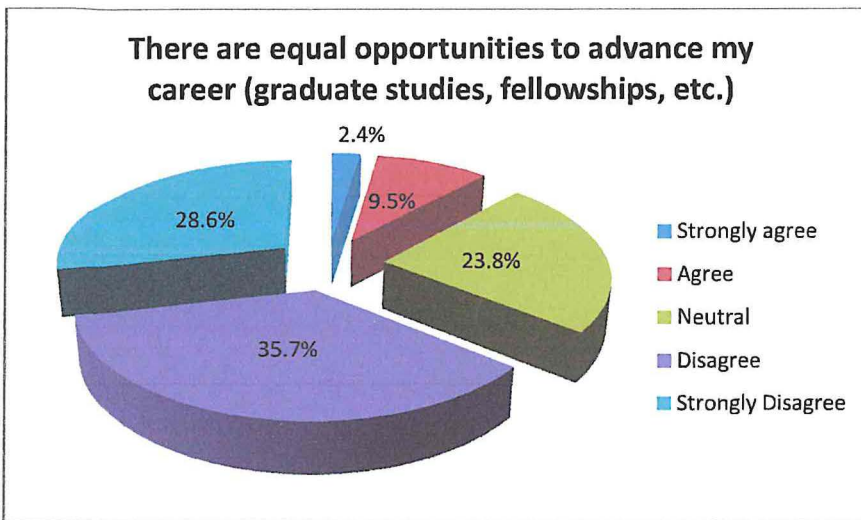


Figure 4.18: Equal opportunities to advance my career

From the study promotion of doctors within the hospital was not done on a regular basis, in the findings 49% of the respondents disagreed and another 49% of the respondents strongly disagreed that doctor’s promotion is regular with the employer, as shown in figure 4.19 below.

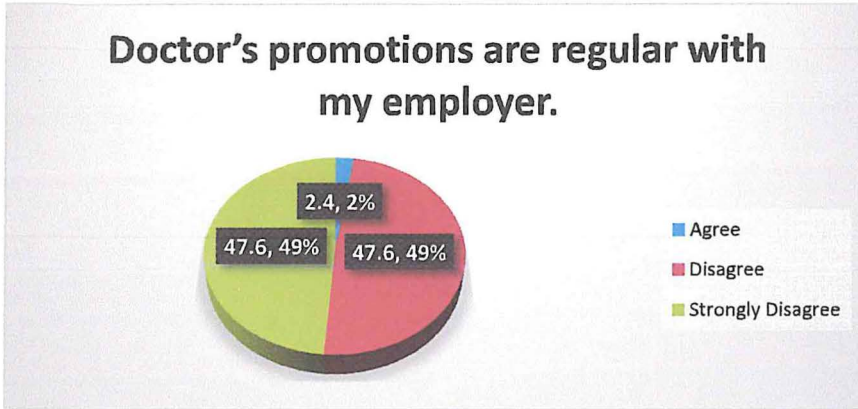


Figure 4.19: Promotion of doctors

Regarding whether promotion was done on merit, from the study findings 78% of the respondent felt that promotion was not done on merit within the workplace illustrated in figure 4.20 below.

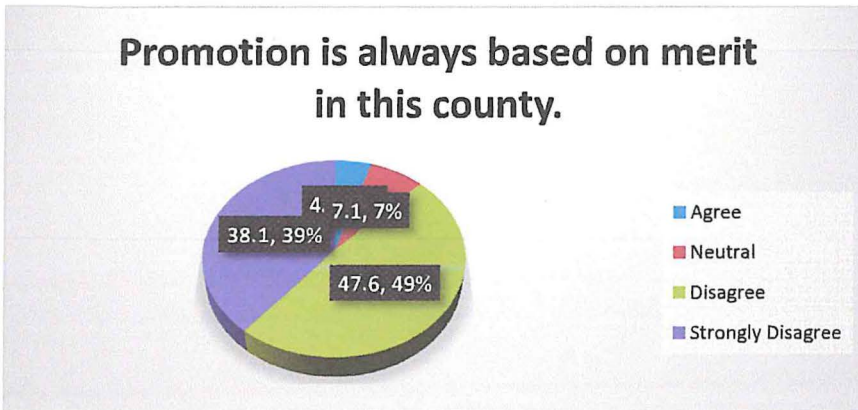


Figure 4.20: Promotion Practices

From the findings, 95% of the respondents were not satisfied with the promotion practices as summarized on the table 4.21 below.

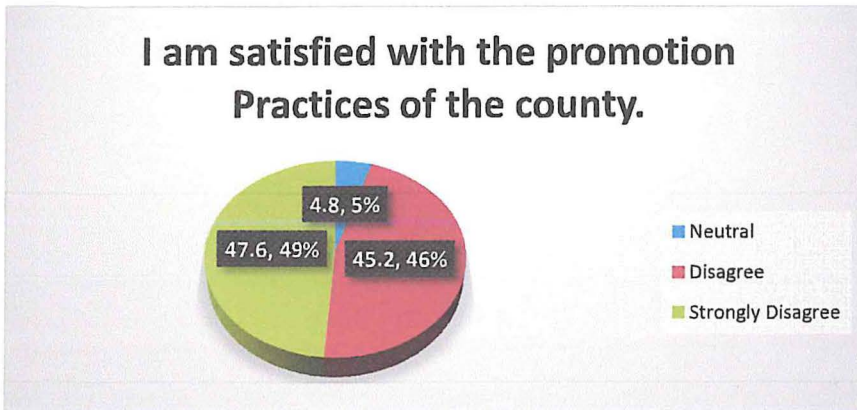


Figure 4.21: promotion Practices

4.7 Leadership Style

Factors extraction

Principal component analysis will be used to identify variables that accounts for more variability and extract new factors based on the total variance explained as shown in the table 4.9 below

Table 4.9: Total Variance Explained

| Total Variance Explained | | | | | | | | | |
|---------------------------------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
| Retention | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 2.327 | 58.167 | 58.167 | 2.327 | 58.167 | 58.167 | 2.130 | 53.249 | 53.249 |
| 2 | 1.076 | 26.910 | 85.077 | 1.076 | 26.910 | 85.077 | 1.273 | 31.828 | 85.077 |
| 3 | 0.482 | 12.040 | 97.117 | | | | | | |
| 4 | 0.115 | 2.883 | 100.000 | | | | | | |

Extraction Method: Principal Component Analysis.

From the table above there were two factors with eigenvalues greater than 1. Factor 1 which accounts for 53.249 % of the variability in all 4 variables and Factor 2 accounts for 31.828 %. These two factors explain 85.077% of the total variability. Since factor 1 accounts for most variability it means that it constitutes the main variables contributing to job satisfaction. Using factor rotation, the variables in each factor are shown in the table 4.10below.

Table 4.10: Rotated Component Matrix

Rotated Component Matrix

| | Component | |
|--|-----------|-------|
| | 1 | 2 |
| <i>I always get positive feedback when I do well</i> | 0.957 | 0.072 |
| <i>The management frequently acknowledges my good performance</i> | 0.949 | 0.074 |
| <i>I am involved in the decision-making process that affects my department</i> | -0.030 | 0.941 |
| <i>I receive support and guidance from management</i> | 0.560 | 0.614 |
| <i>Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.</i> | | |
| <i>a. Rotation converged in 3 iterations.</i> | | |

From the above table, we can conclude that two measures from factor one are the most important which are “I always get positive feedback when I do well”, and “The management frequently acknowledges my good performance”. These are the key measures in leadership style that contributes to doctors’ retention at Machakos Level 5 Hospital. Using the variables in factor 1, we used charts to further provide the perception of the doctors as shown in the figures below.

From the study 79% of the respondents disagreed that they got positive feedback when they did well within their organization; this has an impact a negative impact on the morale of the employees as show in figure 4.22 below.

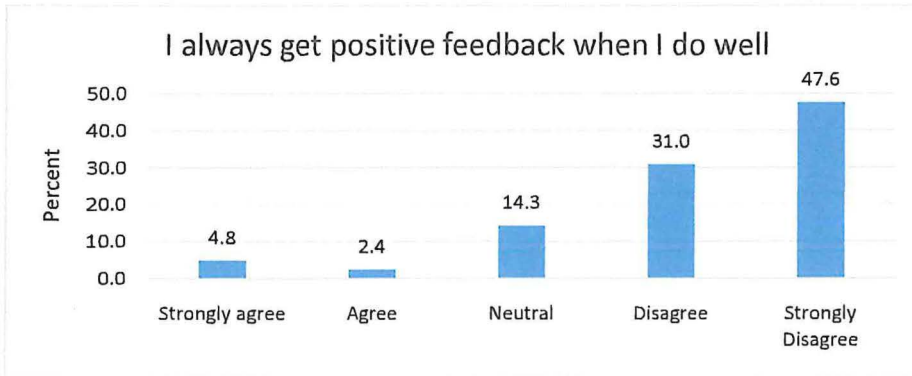


Figure 4.22: Positive feedback

From the findings of the study the leadership failed, to acknowledge employees that performed well within the workplace as 38.1 % disagreed and 47.6% strongly disagreed with this statement as illustrated in figure 4.23 below.

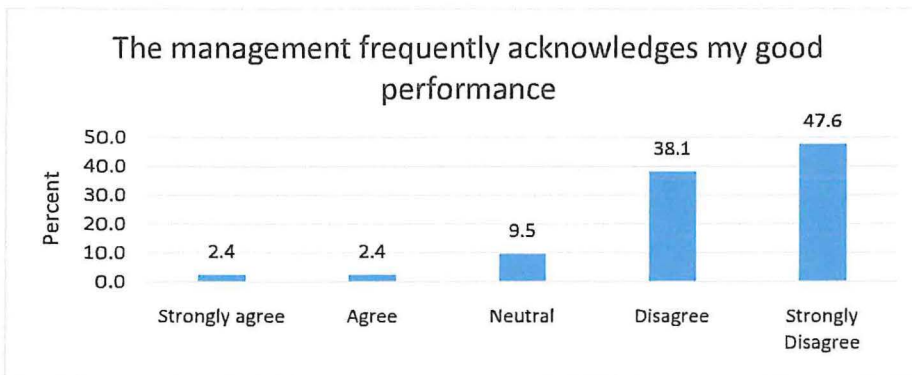


Figure 4.23: Acknowledgment from management

4.8 Retention

Doctors seeking new opportunities elsewhere, most were looking for jobs in the public sector (40%), in the private sector 36% of the respondents, and those who would like to work abroad 23% of those who responded.

Reasons for seeking new opportunities elsewhere included search for good salary, better working conditions, better opportunities, training opportunities, and job satisfaction were some of the main reasons for seeking new opportunities.

The reason given by those who still intended to work in the public sector

“Job security” 15th Respondent

“Better job satisfaction, opportunity to serve the common man, versatile time schedules”, **16th Respondent**

“To benefit majority of Kenyans” **19th respondent**

“Career growth and progression” **6th respondent**

The respondents who would like to go the private sector the reasons given are:

“Better working conditions, career progression, good pay and recognition or award of job well done” **26th Respondent**

“Career progression, supervision at work, awarding/acknowledgment of achievements, better pay and better working environment.” **27th Respondent**

Working in the public sector with the county system is beginning to be hostile to doctors” **29th Respondent**

“Tired of county” **42nd Respondent**

For the respondents who wanted to work abroad they had the following reasons

“The exposure and its application would grant my career progression.” **7th respondent**

“Better and equal opportunities. Also no politicians would be allowed to interfere in the day to day operations at the work place.” **17th Respondent**

“Public systems don’t work. Government does not support healthcare” **36th Respondent**

CHAPTER FIVE
DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter wraps up the findings of the entire study by giving a conclusion and recommendations as per the findings in literature review and primary study. The chapter includes discussion, conclusion, recommendations and areas of further research.

5.2 DISCUSSION

The aim of the study was to determine factors influencing retention of doctors in Machakos County. The study investigated specific objectives; to explore the extent to which job satisfaction affects doctors' retention at Machakos Level 5 Hospital, to determine the role of career progression on retention of the doctor in Machakos Level 5 hospital as relates to training opportunities and promotion and to determine how the type of leadership style used by management influences retention of doctors in Machakos Level 5 hospital. The response rate was at 78% which is above the recommended 70%

5.2.1 Demographic

From the respondents there were more female doctors (57.1%) than male doctors (42.9%) but the gender difference was not very wide. A majority of the respondents were below 30 years (59.9%) and only 2.4% above 40 years showing the general population of doctors in Machakos county are young and therefore have more years to offer their service for health delivery service at the county and it is important for the county to retain them. Majority of the respondents (92.9%) had degrees those who had master (7.1%) were mainly the consultants. The registrars accounted for 50% of the respondents while 43% of the respondents were medical officers indicating more doctors were in training than those working as general practitioners in the hospital this could indicate doctors are being released for training without the county hiring replacements for them. The consultants account for 2% of the respondents. From the results majorities (85.7%) of the respondents had worked below 5 years and were mainly the MOs and registrars and those who had worked the longest years had worked between 11-15 years and were mainly the consultants.

5.2.2 Job Satisfaction and retention

Findings from past studies show that most of the doctors working in public health care system in developing countries like Kenya have low job satisfaction. Indeed, the interviews revealed that most doctors who responded agreed that the working condition presents a challenge to them, leading to job dissatisfaction. These findings are in line with those of Prince & Otieno, (2014) who found that most health care staff in Nigeria are least satisfied with freedom of working environment and as owing to this, they seek better working conditions in Western countries. To some extent, this is the case of Kenyan doctors, as most were not satisfied with the working condition at their working place.

The findings from the survey questionnaire shows that Kenyan doctors' job satisfaction is affected by poor stock of drugs in the facility, lack of recognition from management and that the salary was not fair. Accordingly, to improve job satisfaction, these issues have to be addressed.

5.2.3 Career progression and retention

Past studies have shown that career progression creates positive attitudes among employees. Organization have to streamline their career planning to enable it workers to feel that they can grow within the organization. One important aspect of career progression is training. The survey revealed that most doctors agree that the skills they have gained in their current working place can be transferred to a similar organization (healthcare facilities). In the survey, doctors reported that hospital management did not offer regular training to develop their skills. Accordingly, this could limit the career development of the doctors because they would lack opportunities to develop their skills. Indeed, this observation is shared by Hoe kstra (2011) who noted that employees career development and advancement is influenced by the competencies and skills they have.

The second aspect on career progression is promotion. From the survey, doctors stated that equal opportunities were not given when it comes to promotion. More so, opportunities for promotion are scarce. As mentioned by Prince & Otieno (2014) there is absence of clear cut health policies related to doctors' professional development leading to shortage of doctors meaning that the current doctors are overburdened and this could be contributing to their job dissatisfaction. This kind of HR practices could result in the low job satisfaction that has been reported by many of these doctors.

5.2.4 Leadership style and retention

On leadership, part studies have established that it plays an important role in the general job satisfaction among employees. As mention by Aydin, Sarier, & Uysal (2013) applying behavioral theories and leadership styles managerial behavior plays an important in employee job satisfaction and commitment. Studies as well indicated that leadership that focuses Task-oriented leaders motivates employees by driving them to complete their tasks. However, leadership style practiced in Kenyan hospital used task-focused leadership since most doctors reported that they were not involved in decision making at their place of work. They are expected to complete the tasks they are given. The lack of engagement of doctors can contribute to low job satisfaction and low motivation. The best leadership that enhances employee motivation is the one that focuses on relationship. As mentioned by Wang, Weng, McElroy, Ashkanasy, & Lievens (2014) this form of leadership creates a strong interpersonal relationship, which is more effective in the healthcare organizations.

The finding from the survey established that the management of the hospital did not offer positive feedback to the doctors when they performed well. This lowers their morale and negatively impacts their motivation and job satisfaction. Indeed, this agrees with the finding of Russ (2011) that managerial behavior leaders play a critical role as far as personnel 'job satisfaction and commitment.

5.3 Conclusions

From the findings of the study, it can be concluded that, retention is very important among the medical professionals as they are the ones primarily delivering the services, it is therefore important that the hospital formulates strategies that promote job satisfaction leading to retention of these employees. Some of the key factors that have been established as influencing retention include job satisfaction, career development and the leadership style adopted by the management.

From the study findings it can be concluded that Kenyan hospitals and other African countries should create a work environment and conditions that motivate doctors to encourage them to retain in them in their current work place. Indeed, managers should always strive to create hygiene factors in the workplace for example recognition of employees for work that is done well to increase job commitment among the staff. The management has to find more

creative ways of dealing with the high workload stated by the doctors which is a source of job dissatisfaction.

Another conclusion that has been drawn from the study is that career progression plays an important role in retention. It is therefore important for, hospital management to organize regular and continuous trainings to equip doctors with latest knowledge and improve their skills and competencies to increase their opportunities for career progression. From the findings of this study trainings carried out by the county were not in line with the policy from the ministry of health (MOH), the training opportunities were irregular, not supported financially. The study findings concludes that promotion within Kenyan hospital do not follow the policy stated by the MOH, opportunities for promotion are irregular, unequal and also not done based on merit this therefore this could contribute to the push factors for doctors to leave the county and seek employment elsewhere.

The study also showed that the task focused leadership style that has been adopted by hospital management in Kenya does not motivate employees. Whereas this kind of leadership enables tasks to be completed well, it does not create involve and engage the staff in decision making. It as well does not promote two-way communication between the junior employees and the management as in task-oriented leadership.

5.4 Recommendations

The following recommendations have drawn from the study meant to help hospitals create strategies that can increase job satisfaction and retention.

- **Strategies used to improve job satisfaction:** The study recommends that better working conditions should be provided to prevent doctors from moving to work in other counties, the private sectors or in seeking employment in foreign countries. Management should introduce strategies to deal with the high workload experienced by the doctors; this can be done through introduction of locums where after a doctor completes the expected weekly hours they can take more working hours and get monetary compensation. Task shifting as a strategy can reduce workload by introduction to clinical officer to do some of the duties that can be shared between the two carders. The management can do a need analysis and request for additional doctors to fill in the gap.

The management should work closely with the county pharmacists to tailor and improve

the counties essential and non essential drug list given by the MOH and implement it to avoid drug stock outs. This will increase the job satisfaction levels of the doctors leading to their retention in their current workplace.

- **Career growth strategies:** career progression is very important strategy of retaining employees. People like to progress in their career at their workplace in terms of trainings that improve their skill and knowledge and promotions. There is a clear career path where promotion and training is concerned therefore managements should also avail the training and promotion policy from MOH to doctors during the induction process enabling them understand what criteria is used to carry out promotions allowing them to plan their path Accordingly, the hospital management should organize regular training sessions to develop doctor's skill this can be done through on the job training which would save on time lost going for external training at the same time provide the doctor with new skills and knowledge and it is a more cost effective approach. The management should also carry out a needs analysis to inform them on what trainings are needed by the doctors to improve healthcare service delivery the county. This will promote equal opportunity among the staff and increase their job satisfaction leading to retention of the current workforce
- **Strategies to improve leadership:** effective leadership inspires and motivates employees. The study has shown that the management uses task-focused leadership that seeks to ensure that tasks are completed. However, this kind of leadership that does not create engaged employees. Accordingly, the study recommends use of relationship-oriented leadership that focuses on people. The hospital management team (HMT) that constitutes all heads of departments should seek opinion from its department members on issues affecting them and together come up with the solutions to aid adoption and feeling of ownership. The HMT will then be well informed when implementing the solutions to the problems affecting the various hospital departments. Introduction of a reward system to recognize individual and departmental effort can be introduced this can include health worker of the year or month recognitions boards and departmental trophies. This kind of leadership motivates employees since they feel more involved and this will not only increase their job satisfaction, ownership but also their retention.

5.5 Further Research

In spite of the extensive research that has been carried out in the present study, there researcher suggests that further studies should be on job satisfaction and retention in other hospitals since the present study only focused on one hospital and the results could be biased. In addition, the current research looked at job satisfaction and retention, should examine factors that contribute to attraction of employees this will shed more light on what should be done to attract doctors to work in the local hospitals. A study can also be done on reward strategies in public hospitals and its impact on job satisfaction or retention.

A study that will compare the working conditions of doctors in private hospital and thoesin public hospital to aid in better understanding why most doctors seem to be more interested in working for private hospitals.

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Appendices

Appendix I: Participant Information and Consent Form

INVESTIGATE FACTORS INFLUENCING RETENTION OF DOCTORS IN MACHAKOS COUNTY A CASE OF MACHAKOS LEVEL 5

SECTION 1: INFORMATION SHEET–HEALTH PERSONNEL

Investigator: Dr, Sheila Kipkore

Institutional affiliation: Strathmore Business School (SBS)

SECTION 2: INFORMATION SHEET–THE STUDY

2.1: Why is this study being carried out?

To investigate factors influencing retention of doctors in Machakos county

2.2: Do I have to take part?

No. Taking part in this study is entirely optional and the decision rests only with you. If you decide to take part, you will be asked to give information on availability of healthcare services before and after the implementation of the free maternity services policy in the facility through the availed medical records. You are free to decline to take part in the study from this study at anytime without giving any reasons.

2.3: Who is eligible to take part in this study?

- Medical doctors

2.4: Who is not eligible to take part in this study?

- All other hospital staff.

2.5: What will taking part in this study involve for me?

You will be approached by investigator and requested to take part in the study. If you are satisfied that you fully understand the goals behind this study, you will be asked to sign the informed consent form (this form) and then taken through a checklist tool to complete.

2.6: Are there any risks or dangers in taking part in this study?

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way without your express permission.

2.7: Are there any benefits of taking part in this study?

The information will be used to improve knowledge that would inform policy on human resource for health both at national and county level.

2.8: What will happen to me if I refuse to take part in this study?

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

2.9: Who will have access to my information during this research?

All research records will be stored in securely locked cabinets. That information may be transcribed into our database but this will be sufficiently encrypted and password protected. Only the people who are closely concerned with this study will have access to your information. All your information will be kept confidential.

2.10: Who can I contact in case I have further questions?

You can contact me, Dr Sheila Kipkore, at SBS, or by e-mail (skipkore@gmail.com), or by phone (0722259495). You can also contact my supervisor, Dr Hazel Misieda, at the Strathmore Business School, Nairobi, or by e-mail (hmmisieda@strathmore.edu)

I, _____, have had the study explained to me. I have understood all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you;

Participation in the research study

I AGREE to take part in this research

I DO NOT AGREE to take part in this research

Storage of information on the completed questionnaire

I AGREE to have my completed questionnaire stored for future data analysis

I DO NOT AGREE to have my completed questionnaire stored for future data analysis

Participant's

Signature:

Date: ____/____/____

DD / MM / YEAR

Participant's

Name:

Time: ____/____

HR / MN

I, _____ (Name of person taking consent), certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that she has understood the nature and the purpose of the study and consents to the participation in the study. She has been given opportunity to ask questions which have been answered satisfactorily.

Investigator's

Signature:

Date: ____/____/____

Investigator's

DD / MM / YEAR

Name:

Time: _____ / _____

HR / MN

Appendix II: QUESTIONNAIRE

The purpose of this questionnaire is to investigate factors influencing doctor's retention in Machakos County a case of Machakos Level Five Hospitals.

You are asked to participate in this study by filling in the questionnaire.

Your identity will be treated confidentially.

Please answer all the questions provided as honestly as possible, to the best of your knowledge.

SECTION 1: BIODATA

1. What is your gender?

Male []

Female []

Other []

2. What is your age?

20 – 30 years []

31 – 40 years []

41 – 50 years []

51 – 60 years []

3. What is your highest academic qualification?

Degree []

Masters []

Subspecialty []

PhD []

Others (specify) _____

4. What is your current designation?

5. Indicate your professional experience in years

Less than 1 year []

1 – 5 years []

6 – 10 years []

11 – 15 years []

16 years and above []

SECTION 2

I. JOB SATISFACTION

The following questions refer to your job satisfaction where you are currently working. Please circle the number that best fits your level of agreement with each statement

| | Strongly agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Considering all other factors am satisfied with my job | 1 | 2 | 3 | 4 | 5 |
| Staffing levels | | | | | |
| I am satisfied with the overall staffing of the facility | 1 | 2 | 3 | 4 | 5 |
| Working conditions | | | | | |
| The job is a good match for my skills and experience | 1 | 2 | 3 | 4 | 5 |
| I have the equipment I need to do my job well (theatre equipment,) | 1 | 2 | 3 | 4 | 5 |
| This facility has good stock to drugs and i can prescribe for my patient | 1 | 2 | 3 | 4 | 5 |
| When I come to work, I know what is expected of me. | 1 | 2 | 3 | 4 | 5 |
| I receive recognition for doing good work. | 1 | 2 | 3 | 4 | 5 |
| Workload | | | | | |
| My work load is manageable | 1 | 2 | 3 | 4 | 5 |
| Relationships with colleagues | | | | | |
| I enjoy a good relationship with my colleagues | 1 | 2 | 3 | 4 | 5 |
| I consider myself as part of a team | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| I have a good friend at work | 1 | 2 | 3 | 4 | 5 |
| Remuneration | | | | | |
| My salary package is fair | 1 | 2 | 3 | 4 | 5 |
| There are sufficient opportunities for promotion with the employer | 1 | 2 | 3 | 4 | 5 |
| I have access the civil servants car loans and mortgages | 1 | 2 | 3 | 4 | 5 |

II. CAREER PROGRESSION

The following questions refer to your career progression. Please circle the number that best fits your level of agreement with each statement

| | Strongly agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Training | | | | | |
| The skills and knowledge learnt on the Job in this hospital would transfer easily to most other similar organizations. | 1 | 2 | 3 | 4 | 5 |
| What is stated in the training policy is what is practiced always. | 1 | 2 | 3 | 4 | 5 |
| Training opportunities are offered regularly in this hospital. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| Financial support is regularly given by the hospital to attend conferences and workshops to enhance my professional growth | 1 | 2 | 3 | 4 | 5 |
| I am satisfied with the training practices In this hospital. | 1 | 2 | 3 | 4 | 5 |
| Promotion | | | | | |
| There is a clear promotion policy/criteria from promotion in the county | 1 | 2 | 3 | 4 | 5 |
| There are equal opportunities to advance my career (graduate studies, fellowships, etc.) | 1 | 2 | 3 | 4 | 5 |
| Doctor's promotions are regular with my employer. | 1 | 2 | 3 | 4 | 5 |
| Promotion is always based on merit in this county. | 1 | 2 | 3 | 4 | 5 |
| I am satisfied with the promotion Practices of the county. | 1 | 2 | 3 | 4 | 5 |

III. LEADERSHIP STYLE

The following questions refer leadership style by management where you are currently working. Please circle the number that best fits your level of agreement with each statement

| | Strongly agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| I am involved in the decision-making process that affects my department. | 1 | 2 | 3 | 4 | 5 |
| I receive support and guidance from management | 1 | 2 | 3 | 4 | 5 |
| I always get positive feedback when I do well | 1 | 2 | 3 | 4 | 5 |
| The management frequently acknowledges my good performance | 1 | 2 | 3 | 4 | 5 |

RETENTION

Below are additional questions on factors influencing your decision to stay or leave your current employer circle the one that best fits your preference

| | Strongly agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| I plan to work at my present job for as long as possible | 1 | 2 | 3 | 4 | 5 |
| I would hate to quit this job | 1 | 2 | 3 | 4 | 5 |
| I am actively searching for an alternative to this hospital | 1 | 2 | 3 | 4 | 5 |
| As soon as is possible, I will leave this hospital | 1 | 2 | 3 | 4 | 5 |
| I am in this hospital for lack of an alternative | 1 | 2 | 3 | 4 | 5 |

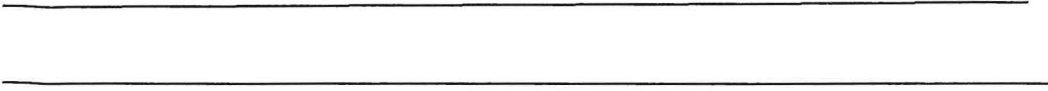
A. What factors would influence your decision, stay or leave the current employer

1. Leadership style
2. Lack of career progression
3. Working environment
4. All the above

B. If you were to look for another job elsewhere, where would you look?

1. Public sector
2. Private sector
3. Abroad

What would be your reason for this?



Appendix III: Approval Letter



Strathmore
UNIVERSITY

23rd April 2018

SU-IRB 0196/18

SHERA JEPKOECH KIPKORE
P.O. Box 50903-00202
Nairobi
Kenya

Email: skipkore@gmail.com

Dear Dr Kipkore,

REF Protocol ID: SU-IRB 0196/18
INVESTIGATE FACTORS INFLUENCING RETENTION OF DOCTORS IN MACHAKOS COUNTY A CASE OF MACHAKOS LEVEL 5

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

1. Study Proposal dated April 2018
2. Participant Information and Consent form dated April 2018
3. Study questionnaire dated April 2018
4. Study Budget
5. CV

The committee has reviewed your application, and your study "Investigate Factors Influencing Retention of Doctors in Machakos County a Case of Machakos Level 5" has been granted **approval**

This approval is valid for one year beginning **23rd April 2018** until **22nd April 2019**.

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-IRB for review and approval prior to implementation of any change.

SU-IRB should be notified when your study is complete. You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with SU-IRB, original signed consent forms, and study data.

Thank you

Sincerely,



Amna Salim
Regulatory Affairs Fellow

