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**The Influence of Human Resource Practices on Medical Officers' Retention in
Nairobi County in Kenya**



**Submitted in partial fulfillment of the requirements for the Degree of Master of
Business Administration at Strathmore University**

**Strathmore Business School
Strathmore University
Nairobi, Kenya**

June 2016

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Josephine Muthoni Wanguku

June 2016



Approval

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ABSTRACT

This research is about the influence of human resources practices on retention of medical officers in Nairobi County. The focus being level 5 and 6 hospitals. The human resources practices are on-boarding process, performance management process, talent motivation and human resources development. The research is to determine the extent to which the above variables affect staff retention and make recommendations on how to effectively retain their medical officers in the selected hospitals.

The study adopted a mixed research design to investigate the influence of HR practices on medical officers' retention, used exploratory and descriptive methods. The methods allow flexibility of unplanned analysis due to the fact that the data were both qualitative and quantitative.

The study examined five hospitals in Nairobi County which comprised of a population of 192 medical officers with a sample size of 61 respondents. By use of interview schedules, the questions were in the form of likert Scale which were used to collect data from the medical officers and hospital heads or supervisors. This was to get detailed information from both perspective that is the employee in this case the medical officer and the supervisor. There was 100% response rate (53 medical officers and 8 supervisors).

The findings used Pearson's correlation to determine the relationship between the independent variables (On-boarding process, performance management process, talent motivation and human resources development). Then Logit regression analysis was used to determine the significance of each independent variable with staff retention. The findings indicated all the four independent variables have a correlation between themselves. However, regression analysis shows that there is statistically significance in talent motivation and performance management process.

Based on the findings, the following recommendations were made which the Nairobi county and other hospitals in Kenya can implement to ensure staffs are retained and to achieve the vision 2030.

The on-boarding process should be streamlined such that the hospital management should ensure that the on-boarding process is carried out well. There should be an on-boarding schedule and a person who has the responsibility to ensure that the new staffs are introduced to the relevant people that they will be working with. There is a clear job description that

outlines what the staff is required to do on their job and the expectations or targets to be accomplished and also to ensure that the staff have the required resources to make their work more efficient.

The performance management process should be carried out frequently like quarterly or half yearly to ensure continuous improvement. The management needs to ensure that the medical officers are informed about the process and its value hence, are able to fully participate. Supervisors and the medical officers to set the targets to ensure that they are realistic and both parties are in agreement. Feedback from the process should be relayed back to ensure that the medical officers are aware of the areas that they need to improve on. Performance should also be used to determine who gets promotion and the promotions should be done without delay to ensure that the medical officers are continuously motivated and that would ensure that they do not leave.

Talent motivation was more helpful in terms of career growth and training opportunities, the medical officers did not see the value in most of the incentives like family medical cover, yearly salary increment, housing allowance and less working hours.

The hospital should focus more in providing good salaries, opportunities for career growth and training rather than other non-monetary rewards.

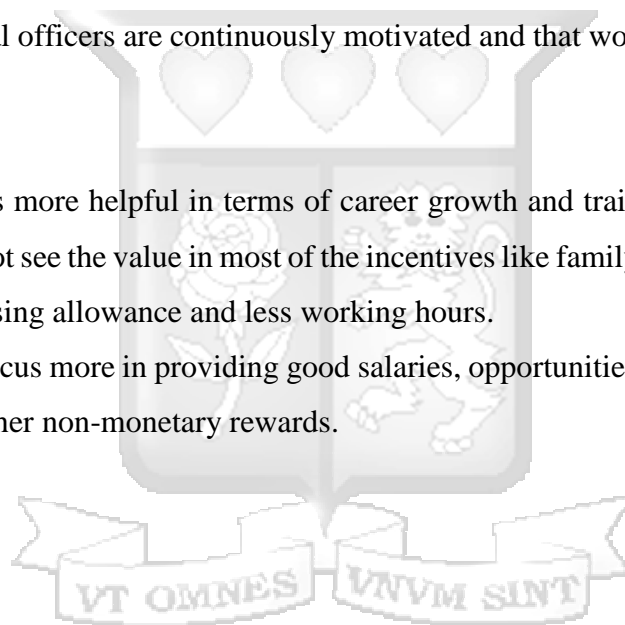
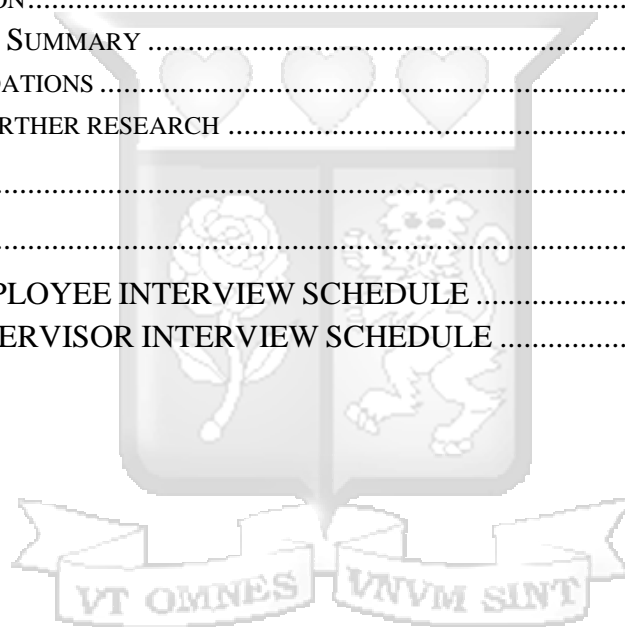


TABLE OF CONTENTS

DECLARATION	
ABSTRACT.....	I
TABLE OF CONTENTS.....	III
LIST OF TABLES	VI
LIST OF FIGURES	VII
DEFINITION OF TERMS	VIII
ABBREVIATIONS/ACRONYMS.....	X
CHAPTER ONE	1
INTRODUCTION	1
1.1 BACKGROUND OF THE STUDY	1
1.1.1 Human Resources Management in Healthcare in the Devolved System	2
1.2 HUMAN RESOURCES MANAGEMENT PRACTICES	2
1.3 STAFF RETENTION.....	3
1.4 RELATIONSHIP BETWEEN HUMAN RESOURCE PRACTICES AND STAFF RETENTION.....	3
1.5 PROBLEM STATEMENT	4
1.6 GENERAL OBJECTIVE	5
1.6.1 Specific Objectives	5
1.7 RESEARCH QUESTIONS.....	5
1.8 SCOPE OF THE STUDY	6
1.9 SIGNIFICANCE OF THE STUDY	6
1.10 LIMITATIONS OF THE STUDY	6
CHAPTER TWO	8
LITERATURE REVIEW	8
2.1 INTRODUCTION.....	8
2.2 THEORETICAL FRAMEWORK.....	8
2.2.1 Herzberg’s Two Factor Theory (1969).....	8
2.2.2 Victor Vroom’s Expectancy Theory.....	8
EMPIRICAL LITERATURE	9
2.3 HUMAN RESOURCES IN HEALTH CARE	9
2.4 ON-BOARDING PROCESS.....	10
2.3.1 Orientation Process	12
2.3.2 Job assignment and expectations	12
2.3.3 Working resources	13
2.3.4 Organizational policies	14
2.4 PERFORMANCE MANAGEMENT PROCESS.....	14
2.4.1 Performance Targets	16
2.4.2 Performance feedback	16
2.4.3 Performance Motivators	17
2.5 TALENT MOTIVATION	18

2.5.1	Basic Pay	18
2.5.2	Employee Incentives.....	19
2.5.3	Working conditions	20
2.5.4	Working hours	21
2.6	HUMAN RESOURCES DEVELOPMENT.....	21
2.6.1	Training and Development	22
2.6.2	Career development.....	23
2.6.3	Level of Innovation	23
2.7	RESEARCH GAP	24
2.8	CONCEPTUAL FRAMEWORK.....	24
2.8.1	Hypothesis of the variables;	25
2.9	CHAPTER SUMMARY	25
CHAPTER THREE		27
RESEARCH METHODOLOGY.....		27
3.1	INTRODUCTION.....	27
3.2	RESEARCH DESIGN.....	27
3.3	POPULATION OF THE STUDY	27
3.4	SAMPLING DESIGN	28
3.5	DATA COLLECTION METHOD	28
3.6	DATA ANALYSIS AND PRESENTATION.....	29
3.7	RESEARCH QUALITY	29
3.7.1	Validity	29
3.7.2	Reliability.....	30
3.7.3	Objectivity	30
3.8	ETHICAL ISSUES	30
CHAPTER FOUR.....		31
ANALYSIS, INTERPRETATION AND PRESENTATION OF RESEARCH FINDINGS..		31
4.1	INTRODUCTION.....	31
4.2	RESPONSE RATE.....	31
4.3	DESCRIPTIVE STATISTICS	32
4.3.1	Background Information.....	32
4.3.2	Objective 1: The extent to which the on-boarding process affects retention of medical officers in Nairobi County.	33
4.3.3	OBJECTIVE 2: THE EXTENT TO WHICH PERFORMANCE MANAGEMENT PROCESS AFFECTS RETENTION OF MEDICAL OFFICERS IN NAIROBI COUNTY	36
4.3.4	Objective 3: Extent to which the Talent Motivation affects the retention of medical officers in Nairobi County.	40
4.3.5	Objective 4: The extent to which Human Resources Development affects the retention of Medical officers in Nairobi County.	43
4.4	INFERENTIAL STATISTICS	54
4.5	REGRESSION MODEL: THE EXTENT TO WHICH HUMAN RESOURCES PRACTICES AFFECTS THE RETENTION OF MEDICAL OFFICERS IN NAIROBI COUNTY.	56

CHAPTER FIVE	61
SUMMARY OF FINDINGS AND DISCUSSION	61
5.1 INTRODUCTION.....	61
5.2 DEMOGRAPHICS	61
5.3 CORRELATION	61
5.2.1 On-boarding Process.....	61
5.2.2 Performance Management Process.....	62
5.2.3 Talent Motivation	63
5.2.4 Human Resources Development	64
5.4 REGRESSION MODEL.....	65
CHAPTER SIX.....	66
CONCLUSIONS AND RECOMMENDATIONS	66
6.1 INTRODUCTION.....	66
6.2 CONCLUSION SUMMARY	66
6.3 RECOMMENDATIONS	66
6.4 AREAS OF FURTHER RESEARCH	68
REFERENCES	69
APPENDICES	78
APPENDIX A:EMPLOYEE INTERVIEW SCHEDULE	78
APPENDIX B:SUPERVISOR INTERVIEW SCHEDULE	82

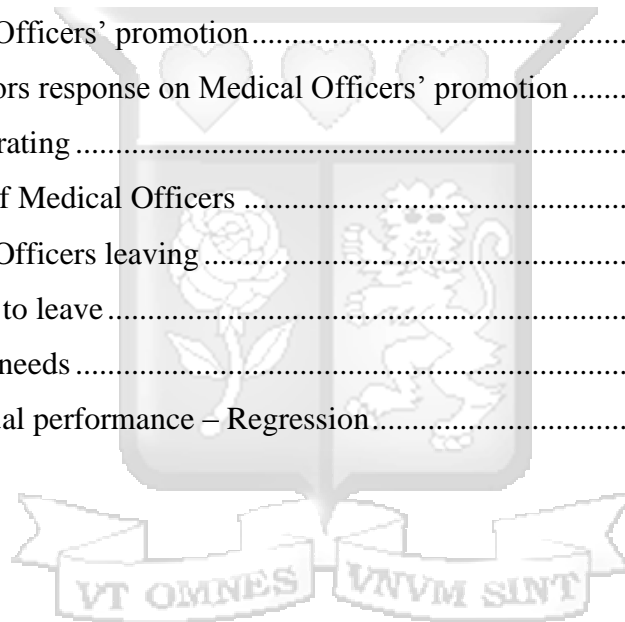


LIST OF TABLES

Table 3.1: Nairobi County Facilities.....	28
Table: 4.1 Response Rate.....	31
Table 4.2: Reliability	31
Table 4.3: On-Boarding Process	35
Table 4.4: On-Boarding Descriptive Analysis.....	36
Table 4.5: Challenges to meet the targets	38
Table: 4.6: Performance Management Challenges	39
Table 4.7: Effect of Rewards	41
Table 4.8: Benefits of Incentives	42
Table 4.9: Reasons to leave the Hospital.....	47
Table 4.10: Areas of further training	50
Table 4.11: Recommended areas for further training by the supervisors	50
Table 4.12: Other areas for improvement.....	51
Table 4.13: HRD Achievements Analysis.....	52
Table 4.14: Medical officers' achievements gained since joining.....	53
Table 4.15: Influence motivation has on commitment of medical officers	54
Table 4.16: Measure of association between the independent variables	55
Table 4.17: Case Summary	56
Table 4.18: Dependent variable encoding	57
Table 4.19: Variable in the Equation	57
Table 4.20: Omnibus Tests of Model Coefficients.....	57
Table 4.21: Classification	58
Table 4.22: Variables Analysis	58

LIST OF FIGURES

Figure 2.1: Conceptual Framework	25
Figure 4.1: Gender of respondents	32
Figure 4.2: Age of the respondents	33
Figure 4.3: On-boarding process.....	34
Figure 4.4: Performance appraisal process frequency	37
Figure 4.5: Performance Appraisal Process	37
Figure 4.6: Achievement of Targets	38
Figure 4.7: Rewards	40
Figure 4.8: Medical Officers' Work experience	43
Figure 4.9: Supervisors response on Medical officers' years of experience	44
Figure 4.10: Medical Officers' promotion.....	44
Figure 4.11: Supervisors response on Medical Officers' promotion.....	45
Figure 4.12: Hospital rating	45
Figure 4.13: Posting of Medical Officers	46
Figure 4.14: Medical Officers leaving	46
Figure 4.15: Intention to leave	47
Figure 4.16: Training needs	49
Figure 4.17: Conceptual performance – Regression.....	60



DEFINITION OF TERMS

- On-boarding process - On boarding process helps new employees learn the skills, knowledge and behaviours that they need to succeed in their new organizations, it mainly focuses on learning the norms of one's profession. The process influences organizational outcomes like job satisfaction, commitment, turnover and performance (Bauer & Erdogan 2011).
- Performance management process - Performance management is the process that includes goal setting, feedback, development, recognition, coaching and performance appraisal which are built on trust and empowerment with constant communication (Mone & London 2014).
- Talent motivation - employee rewards are the formulation and implementation of strategies and policies, the purpose is to reward people fairly, equitably and consistence according to their value to the organization thus they help the organization to achieve its strategic goals (Armstrong & Taylor 2014).
- Human Resources Development - Human resource development (HRD) is concerned with the provision of learning, development and training opportunities in order to improve individual, team and organizational performance (Armstrong & Taylor 2014).
- Laboratory modalities - Scientific activities in a laboratory for research purpose, recommends treatments and drugs (Dembek et al., 2007).
- Pathology - the science of the causes and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.

Orthopaedics

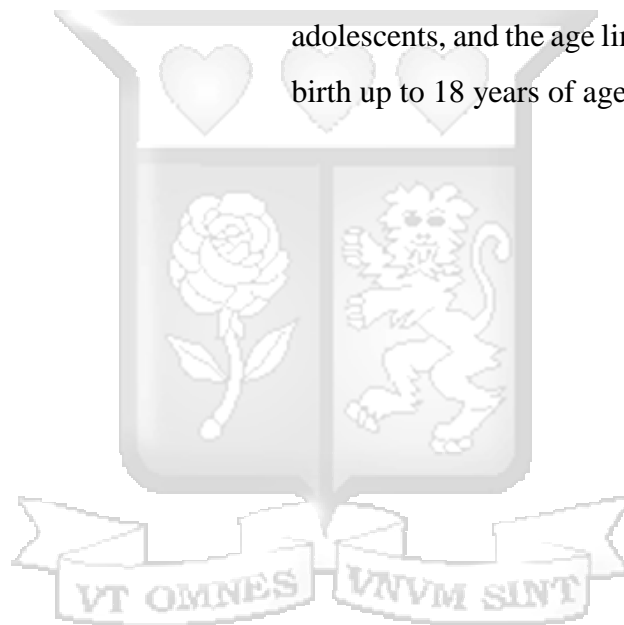
- The medical specialty that focuses on injuries and diseases of your body's musculoskeletal system. This complex system includes your bones, joints, ligaments, tendons, muscles, and nerves and allows you to move, work, and be active.

Therapy

- Remediation of a health problem, usually following a diagnosis. In the medical field, it is usually synonymous with treatment.

Paediatrics

- A branch of medicine that deals with the Medical care of infants, children, and adolescents, and the age limit usually ranges from birth up to 18 years of age



ABBREVIATIONS/ACRONYMS

HR	-	Human Resources
HRM	-	Human Resources Management
KHP	-	Kenya Health Policy
KHSSIP	-	Kenya Health Sector Strategic Plan and Investment Plan
KNH	-	Kenyatta National Hospital
MDGs	-	Millennium Development Goals
MFL	-	Master facility List
MOH	-	Ministry of Health
MOPHS	-	Ministry of Public Health and Sanitation
WHO	-	World Health Organization



CHAPTER ONE

INTRODUCTION

This chapter explains the back ground of the study, the problem reasons to carry out the study and how it relates to the human resources practices.

1.1 Background of the study

Following the promulgation of the Constitution on 27th August 2010, the Government has put efforts to ensure that the Constitution is implemented accordingly. Under Article 185 (2), 186 (1) and 187 (2) and as expounded at Schedule 4, the Constitution has laid down the distribution of functions between the National Government and the County Governments. The constitution introduced the National Government and 47 county governments which has established its structures, determined staff needs and defined roles and responsibilities. The county government is guided by the constitution on how to carry out their roles.

The Kenya Health Policy 2012 - 2030 (KHP) highlights its aim of the policy is to provide equitable, affordable and quality health and related services to all Kenyans at the highest attainable standards. It focuses on implementing human rights based on maximising health contributions to overall county development. In order to have a healthy workforce, Kenya plans on investing in human resources to address the availability of appropriate and equitably distributed health workers. Attracting and retaining the required health workers, improves institutional and health worker performance. Training and promoting on going capacity building and development of its health work force (Kenya Health Sector Strategic plan and Investment Plan 2013-2017 (KHSSIP)).

Low income countries suffer from severe staff shortage or unequal distribution of health personnel. This is attributed to the disintegration of the health system and the global policy environment. This disparity is illustrated on the difficulties faced in producing, recruiting and retaining healthcare professionals particularly in remote areas. This is due to low pay, poor working conditions, lack of equipment, lack of supervision and poor infrastructure. According to Ndeti et al., (2008) a study carried out on incentives for health worker retention in Kenya. Indicated that currently there is still movement of medical officers from rural to urban hospitals and from public to private hospitals which is due to poor working conditions, lack of training and supervision, poor living conditions, communication and healthcare for themselves and

their families. Due to the wide spread challenges, the search for ways to improve the attraction and retention of staff has expanded to a global context (Lehmann et al., 2008).

1.1.1 Human Resources Management in Healthcare in the Devolved System

Health care is a complex and vital area for the government. The sector is now handled by the devolved governments with the National government who are advised by International health bodies like the World Health Organization (WHO) who sets international health standards.

There is a framework of policies in place to guide the sector. These include the Human Resources for Health Norms and Standards guidelines for the Health Sector plan 2014 – 2018 and Health Sector, Human Resources Strategy 2014 -2018 among others. These regulations are streamlined to guide the Health care in the devolved governments. However, the government still faces several challenges, among them being shortage or unequal distribution of medical officers, attraction and retention of medical officers, poor working environment and workers performance and training and capacity development which affects the worker leads to migration of staff to either private or abroad hospitals leading to brain drain in the sector.

1.2 Human Resources Management Practices

Human resource management (HRM) is a strategic and coherent approach to the management of an organization. The most valued assets are the people working who individually and collectively contribute to the achievement of the organization's objectives. HRM practices help the organization in achieving its objectives by providing guidance and support in matters relating to employees. It ensures that the organization develops the HR strategies, policies and practices that are effective in all that concerns employment and development of people and relationships between the management and the workforce (Armstrong, 2006).

HR function plays a major role in creating an environment that enables people to make the best use of their capacities and their potential for the benefit of both the organization and themselves. HRM involves matching the employment requirements to the organizational strategy (Hendry, 2012). To understand the effect the HRM has on the employee's intention to stay in an organization is affected by the person's – organization fit, remuneration, recognition and career growth. Chew and Chan (2008) mentions that commitment was more related to a person's – organization fit, recognition, remuneration but less of training and career development.

Human resources management practices are necessary for the health care system as it helps to improve the quality of health care hence the need for proper implementation of the practices (Kabene et al., 2006). The main aim of the human resources management practices is to promote good relations between the organization and the employees. The organization has the responsibility to provide the best working environment, motivate its employees to ensure there is quality performance and high retention which is cheaper for the organization in the long run.

In this study the researcher will focus on some human resources practices that are more related to employee retention in the health sector in Kenya which are; on boarding process, performance management process, talent motivation and human resources development as there is a link between them and that they influence medical officer's retention.

1.3 Staff Retention

Employee retention is the process where employees are encouraged to remain within the organization for the maximum period possible or until the completion of the project (Sandhya and Kumar, 2011). Retention involves encouraging qualified and productive employees to continue working for the organization as long as possible. This reduces unwanted turnover of important employees that the organization would like to keep. The benefits of retention includes saving costs as the hiring is less and continuous high performance since there are less disruptions. Some known factors that lead employees to want to leave an organization include lack of a good reward system, recognition, training and development, un-conducive working environment among others.

1.4 Relationship between Human Resource Practices and Staff Retention

Organization's purpose for human resources practices is for high performance mainly economically, high staff retention, talent management among other benefits. For the employee, they view it differently as they expect training and development, career development and good reward system. Therefore, many organizations try to get the best out of their employees and to understand employees' needs to be able to maintain the best talents. All the HRM practices tie to each other as they act as a drive of each other to keep the employees longer in an organization. A study carried out to determine the impact of HRM practices on turnover, productivity and corporate financial performance, found out that these practices have a significant impact on economic performance, employee outcomes (that is productivity and turnover). Supporting these practices would lead to high firm performance and less turnover

(Huselid, 1995). A further study carried out in Canada Paré and Tremblay (2007), revealed that non- monetary rewards, information sharing practices are negatively related to turnover intentions. In some cases, turnover is caused by job stress, lack of social support leading to burnout. This is evidence by a study done on social workers who are closely related to medical officers (Kim & Stoner 2008).

1.5 Problem Statement

In the health sector in Kenya, there are health human resources systems that are guided by the International Health standards World Health Organization (WHO) to ensure that there is equal distribution of health workers. The recommended number of doctors is one doctor per one thousand patients. However, the public sector is still having a shortage of the medical officers and also difficult to retain them.

Based on previous studies, it is evident that the county governments are still struggling on how to retain their employees in the health sector. A study carried out by Mbindyo et al., (2009) in Nairobi, Machakos and Turkana County on the factors that influence motivation and retention of health workers using a cross-sectional survey. Out of a sample size of 404 health workers, 56% of the respondents in Nairobi responded and the findings indicated that one of the reasons the health workers would leave their employer was due to the unfair salaries. The study further confirmed that motivation and retention are related to each other; salary is a motivator which determines how satisfied an employee is to continue working at a particular organization.

This study is going to focus on other HR practices that are likely to have an influence on staff retention. The HR practices are on-boarding process, performance management process, talent motivation and human resources development focusing on different factors or drives that can influence the retention.

A study carried out on motivation and retention of health workers by Willis-Shattuck et al., (2008), indicated that, in Kenya US\$65,997 is spent educating one medical doctor from primary school to university and for every one doctor who migrates, US\$517,931 returns in investment is lost. Approximately 167 medical doctors move from Kenya to United Kingdom (44%) and United States of America (56%) in a year (Kirigia et al., 2006). Doctors migrate to countries due to weak health systems, poor living conditions, low remuneration, lack of

professional development in their home country (Kirigia et al., 2006). In search of better salaries and training opportunities leaving their country with brain drain, hence no gain as more experienced doctors migrate yet their skills are highly desired which then leads to shortage of staff, increase workloads and stress levels, demotivation of remaining staff hence providing low health care standard (Willis-Shattuck et al., 2008). Further study by Chankova et al., (2009) on the reasons of health workers attrition in public sector in Kenya, focusing on eight provinces in Kenya indicated that the attrition rate was at 4% for provincial hospitals and 3% on district hospital. Attrition of medical officers was much higher in provincial hospitals than in district hospitals and the main reasons were resignations, retirement and death. Therefore, there was need to conduct a study, at a generic level on the influence of Human Resources Practices in the health sector in Nairobi County and how these influences staff retention.

1.6 General Objective

To establish the influence of Human Resource practices in the health sector in Nairobi county Kenya and their effect on employee retention.

1.6.1 Specific Objectives

1. To find out the extent to which the on-boarding process influences retention of medical officers in Nairobi County.
2. To find out the extent to which performance management process influences retention of medical officers in Nairobi County.
3. To find out the extent to which talent motivation influences the retention of medical officers in Nairobi County.
4. To find out the extent to which the Human resources development influences the retention of medical officers in Nairobi County.

1.7 Research Questions

1. What influence does the on-boarding process have on medical officers' retention in hospitals in Nairobi County?
2. What influence does the performance management process have on medical officers' retention in hospitals in Nairobi County?
3. What are the talent motivation practices in place and how do they influence medical officers' retention in hospitals in Nairobi County?

4. What are the human resources development practices in place and how do they influence medical officers' retention in hospitals in Nairobi County?

1.8 Scope of the Study

This study targeted Medical Officers in Level 5 and 6 health facilities in Nairobi County which has the highest population of Medical Officers than any other county and the fact that they serve a larger population than all the counties in Kenya. Hence, the study will act as a representative of the other 46 counties who are facing the same human resources challenges. Medical officers are the main employees who determine the success of a health facility as the other health workers and staff members may not be able to operate fully without the doctor's technical skills. The researcher held interviews with the medical officers and their supervisors to be able to find out the reasons for dissatisfaction in the health sector which leads to migration to private sector or out of the country hospitals. There was need to carry out a research to identify the real cause at the ground level and how the retention problem can be handled by coming up with recommendations to address the issue which can be adopted by other counties in the country.

1.9 Significance of the Study

The purpose of the study was to assess the application of Human Resource practices in Nairobi County and identify their influence on medical officers' retention. The study will benefit the health care administrators or management by creating awareness of what affects staff retention and the recommendations generated from the study will address the HR challenges with the intention of improving medical officers' retention in the counties in Kenya. The policy makers and the government to identify what changes they can make in their human resources policies and implementation that will guide all the counties in Kenya to achieve the vision 2030.

1.10 Limitations of the Study

The study was limited to the medical officers in level 5 and 6 hospitals in Nairobi county and on only four human resources practices; on-boarding process, performance management process, talent motivation and human resources development. Medical personnel are busy people and the challenge was to get adequate time to go through the interview. In most cases the researcher had to be referred by one Medical officer to another to collect the data. Hence the data collection took more time than it was expected. However, the data collected was

accurate and the medical staff being researched appreciated the value of the research and took time to be interviewed.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on current situation in Kenya in terms of the relationship between the human resources practices and the staff retention in the health sector. It presents the existing empirical literature on human resources in health care and staff retention. It also provides the conceptual framework necessary in formation of research objectives.

According to Kiambati and Toweett (2013), African countries are still experiencing crises in human resources for health (HRH) and the major areas are inadequate and inequitable distribution of health workers, weak development, high staff turnover, deficient information systems, high migration and vacancy rates, inadequate education capacity to meet the health standards required in the market, inadequate wages and working conditions to attract and retain health work force.

2.2 Theoretical Framework

The concept of Human resources practices and staff retention is better explained by use of Herzberg's two factor theory and Victor Vrooms expectancy theory

2.2.1 Herzberg's Two Factor Theory (1969)

Herzberg has argued that employees are motivated by a combination of intrinsic and extrinsic variables. Intrinsic variables are recognition, achievement, work itself, advancement and growth while extrinsic variables are not related to but can cause dissatisfaction these are salary, organization policies, colleagues relationships and leadership styles (Armstrong, 2009). The theory has been used before by Samuel and Chipuuz, (2009) to find out the motivational factors influencing staff retention and by Munyiva Kinyili, (2015) to find out the role human resources management practices on staff retention in the public sector, Machakos County in Kenya. This theory is relevant to the current study as it will help explain those human resources related to the factors that influence staff retention.

2.2.2 Victor Vroom's Expectancy Theory

Victor Vroom's Expectancy Theory (1961) is based on how individuals adjust their behaviour in the organization in relation to the outcome they anticipate at the end. It applies in

performance management as goals are set and there is an expected outcome. When the anticipated outcome is positive, the employee will put in more effort to achieve the set goals but when the outcome is negative the employee may not see the need to work hard.

The theory is based on valence, instrumentality and expectancy where; valence is the perceived value that one has for a particular outcome, instrumentality is the perceived probability that good performance will lead to valued rewards and expectancy is the perceived probability that effort will result to good performance.

Hence the expectancy equation: $F = \sum(V \times I \times E)$

All the factors have to be positive and high to get a motivating force that is positive and high. The theory works on perceptions and the behaviour assumed is a result of conscious choices among alternatives aimed at maximizing pleasure and avoiding pain (Buchanan & Huczynski, 2010).

The theory has been used by Atambo et al., (2012) to establish the role of employee recognition to improve performance, a case study of Kenyatta National Hospital, Kenya. The theory is relevant in this study as it will help explain the human resources practices that influence staff retention.

The present theories in human resources practices by Collins and Clarke (2003) explains the relationship between human resources practices and organization performance; how the internal and external social networks of the top management affects organization performance in terms of growth. Laursen and Foss (2003), further affirms that human resources practices influences organization positively due to innovation and organizational internal and external training.

The human resources practices enhance motivation and performance of an organization hence they apply to the health sector as they are linked together to be able to retain the staff.

EMPIRICAL LITERATURE

2.3 Human Resources in Health care

Based on a study carried out in India by Rao et al., (2011), the findings indicated that the reason for shortage of healthcare qualified workers is that they are more concentrated in the urban areas. This is because during medical training little attention is given to public health needs of

the population and there is rapid privatisation which has implications on quality and governance in the sector. Hence, the government needs to address the national policy for human resources, to redesign the monetary and non-monetary package to reduce migration to the urban areas. Further study on how the incentives affects healthcare work force focusing on Kenya and Benin on how it affects motivation of the health workers. The findings revealed that non-financial incentives plays an important role in increasing motivation, other HRM tools such as career development, recognition, work environment enables the worker to meet their personal and organizational goals (Mathauer & Imhoff 2006).

McAuliffe et al., (2009) carried out a study in Africa to explore how the work environment promotes motivation and performance of health mid-level providers. This indicated that, to improve job satisfaction and work performance it is by improving the working environment and provision of working resources. Further study by Manafa et al., (2009) to explore how health workers are managed and motivated and the effect it has on work performance. The findings indicated that health workers value continuous education and career progression but that was lacking which led to shortage of human resources. Further to that, performance appraisal, job descriptions were not provided and the workers felt that supervision feedback on performance was in adequate which had an impact on motivation and performance.

2.4 On-boarding Process

On boarding process is the process by which new employees learn the skills, knowledge and behaviours that they need to succeed in their new organizations. It mainly focuses on learning the norms of one's profession. The process influences organizational outcomes like job satisfaction, commitment, turnover and performance (Bauer & Erdogan 2011). Snell, (2006) further describes on-boarding as a direct bridge between the promises of the new employees' talent and eventually the actual productivity which when varied can either be well managed and contribute to employee contribution or can be inefficient and costly. Employees are seen as "liabilities" before they learn the job and the quicker they learn and start making positive contribution the organization, the earlier the organization starts to benefit. The process is meant to make the employees feel part of the organization and is able to pick up quickly and start contributing positively.

Reese, (2005) defines on boarding as a way of bringing new executives on board, an effective on-boarding program seeks to align new employee's talents with the employer's business objectives. Therefore, it should influence the decision of both parties to want to have a relationship as employer and employee. Reese, (2005) further emphasizes the importance of an effective on-boarding process; that it should improve on retention of top talents, attraction for top talents for vacancies available. One way of avoiding failure in on-boarding process is to ensure it is handled well from the recruitment stage where communication between the employer and employee is very clear.

Early stages of on-boarding are important as it is the time to create a bond between the employee and the employer. Employees go through a learning curve where they perform below the level of a fully productive employee. This is determined by the length of time required on the new position for them to attain full productivity and the rate at which they are able to achieve the full productivity.

A study on the best practices of on-boarding process indicated that, 64% of newly hired employees will fail on their new jobs and an average CEO in the job will be in the job for less than four years due to how the on-boarding process was carried out (Snell, 2006). The purpose of a good on-boarding process is to assimilate new employees into the organization which should be to equip them with tools and resources needed for professional and personal success. The process begins when the job offer is made and ends after the probation period which can be three – six months. It includes clear, concise channel of communication, aligning new hires to organization strategies, setting goals, targets to determine their success and measure productivity (Hall-Ellis, 2014). Further study carried out to understand the best practices of employee on-boarding process in which the new employees are introduced to organizations, vision, mission and values indicated that the on-boarding program started at the recruitment level and included socialization, policies, communication, safety, mentoring, some unique activities identified by the different organizations and the significant length of the program (Graybill et al., 2013).

To attract and retain nurses is a challenge this is because the first months are stressful as it is a process trying to make an influence in careers. It is therefore necessary to understand the nurses' environment and have ways to attract and retain the experienced and newly graduated nurses (Romanowska et al., 2010).

2.3.1 Orientation Process

The purpose of an effective orientation process is it increases commitment and reduces turnover, saves the organizations costs, clarifies the expectations and provides reliable information. It shortens the learning curve hence, increases productivity and reduces on mistakes. It helps the new employees feel as a valued team member, increases their self-confidence and less anxiety which leads to positive relationship and good communication between themselves and supervisors (Wallace, 2009).

According to Knight (2013), the outcome of a successful orientation process is job performance, job satisfaction and low staff turnover. Recruitment to retention costs are quite high and the organizations should try to keep them as low as possible by engaging the new employees to stay long to justify the costs of hiring and gain the return on investments.

However, Morris, (2011) emphasizes further the need for orientation; he carried out a study on Information Technology hires in a communications company to examine how the company increases their knowledge and taught culture through the orientation process. The study indicated that on-boarding, culture; training and feedback were areas that needed improvement through training implying that the process is necessary to attain more benefits other than staff retention.

2.3.2 Job assignment and expectations

Job assignment is the task, job, piece of work, duty to be performed by an employee. Job expectation is based on the results which are often measured by objectives or standards set i.e actions, behaviours methods and means used to get the results and behaviour and values demonstrated during the process which is measured through performance dimensions.

However, a study carried out at Isfahan Hospital in Iran to find out the relationships between job satisfaction and commitment of employees and impact on turnover intention indicated that the expected was a correlation between employee's job satisfaction and organizational commitment. But the unexpected was the correlation with turnover intention. The unexpected was assumed to have been due to job market conditions which influenced other opportunities for career advancement elsewhere (Mosadeghrad and Rosenberg 2008). More research in the tourism industry in Malaysia on what motivates employees and the effect level of job

satisfaction and the influence of job satisfaction on their intention to stay. The findings indicated that the three important factors that motivate employees are job security, interesting work and opportunities for growth. Salary had a significant positive relationship with affective commitment and supervision had a positive relationship with normative commitment hence the need for organization to create a motivated and committed workforce (Yew, 2007).

However, further research indicates that employees, who may be depressed, are likely to be absent, loss employment in which organizational performance will be affected (Lerner and Henke 2008).

On a study, by Chang, (2015), to investigate whether job satisfaction supports commitment to organization, the findings indicated that the perception of nurses' organizational support on the relationship between their job satisfaction and organizational commitment. This emphasized that it was stronger for higher organizational support perception than for low organizational support perception. This leads to a sense of belonging that will improve the nurses' job satisfaction and their wish to want to stay.

2.3.3 Working resources

According to Leiter and Maslach, (2009) who carried out a study to understand the factors that affect commitment in the nursing career, found out that work life led to burnout which results to the nurses' intentions to want to leave. A study by Laschinger et al., (2012), on the impact of workplace intervention in terms of respect, civility and engagement of nurses' empowerment on nurses' retention. Findings indicated that the factors that contribute to retention of nurses were employee support, resources empowerment structures, total empowerment; trust in management and supervisor incivility. Further study by Spence L. et al., (2009) to examine the influence of empowering work conditions and workplace incivility on nurses' experience of burnout and nurse retention. Indicated that working environments empower nurses to work according to the expected professional standards and are free from uncivil behaviour from supervisors and colleagues, which protects them from burnout hence a high chance of retention.

Chen et al., (2015) notes that to retain nursing staff, it has little to do with increasing salaries but focus more on non-monetary factors. Organizational justice perception is likely to affect nurses' organizational trust and identification which may encourage the nurses to willingly remain in their jobs.

2.3.4 Organizational policies

According to Katou and Budhwar (2010), HRM policies are moderated by the business strategy which includes quality, cost, innovation and motivation. HRM policies are further moderated by the leadership style and organizational culture. Moreover, the impact of HRM policies on organizational performance is due to employee skills, behaviour and attitudes. The conclusion is that HRM policies influences organizational performance through employee attitudes, which positively demonstrate the effectiveness of the HRM policies. But it should be noted that different organizational policies determine the level of involvement in work and the employees' attitude. These include; selective hiring, employment security, compensation, teams and decentralization for decision making, communication channels, and style of leadership. The findings were that the employees' work attitudes were positive with affective commitment and job satisfaction and negative with continuance commitment attitude (Mendelson et al., 2011).

Further studies examining work-family policies indicate that there is a positive relationship on job satisfaction, commitment and the intention to stay. This is based on the availability of the policies which are more related to job satisfaction, commitment and intention to stay (Butts et al., 2013). However, according to Prowse and Prowse, (2015) on a study carried out on flexible working hours and work-life balance, indicated that both flexible working and work-life balance were important, though they can still have both positive and negative impacts on the midwives. Full time midwives were at a disadvantage with the flexible working and work-life balance policies. Reason being they had to see how to fit in when working with the part time midwives as they were expected to work extra hours. Hence they felt their work-life balance was being interfered with which led to discontent and resentment among the full-time and part-time midwives and eventually became a challenge to retain the midwives. However, Allen et al., (2013) argues that there is a very small magnitude of effect on work interference with family versus family interference with work and specifically the flexibility.

2.4 Performance Management Process

Performance management is the process that includes goal setting, feedback, development, recognition, coaching and performance appraisal which are built on trust and empowerment with constant communication (Mone and London, 2014).

Performance management process is the process by which managers ensure employees' output match with the organizational goals (Bloisi, 2007). Armstrong (2006), further defines performance management as the process which is concerned with measuring of outputs, being measured with the expectations expressed as objectives; it focuses on targets, standards and measures or the indicators. Generally, the focus is on the employee's output which should match with the already set objectives or goals. Performance management involves activities whose aim is to improve employee performance; it focuses on ways to motivate employees to improve their performance and it starts with individual employee then to the organizational level. It involves performance appraisal which provides information that enables the managers to improve employee performance (DeNisi & Pritchard 2006).

Key performance indicators focus on the aspects of organizational performance that are most critical for the current and future success of the organization. Performance measures needs to be consultative, as it promotes partnership and brings in behavioural alignment hence empowering all the employees in the organization (Parmenter, 2015). According to Armstrong and Taylor (2014), performance management is defined as individual performance and expected contributions, assessment of performance against those expectations, provision of regular constructive feedback and result in agreed plans for performance improvement, learning and personal development.

However, performance can be encouraged through three ways; the job itself the employee is doing, the outcome of the job, intrinsic and extrinsic rewards and punishment and lastly the organizational systems such as policies, practices, culture among others (Amar, 2004). There is need to manage talents so as to give the organization a competitive advantage over other organizations that lack those ideal talents. According to Mensah, (2015) talent management has a positive relationship with performance if the organization is able to cope with the ever changing environment. A study carried out by Atambo et al., (2012) at Kenyatta National Hospital to establish the role of employee recognition in improving performance at individual and organizational level. Indicated that there is need to recognize the KNH employees by; providing opportunities for career advancement which would lead to improved performance which has not been fully achieved at the ground level.

The government of Kenya has set guidelines that help in managing the human resources challenges, apart from unequal distribution of health workers, attraction and retention

challenges. There is also limited access to quality training which most of the workers hope for after gaining some years of experience. This leads to the officers opting to move either to the private sector or out of the country where they are able to access funds or sponsorship for the desired trainings. However, the government recognizes that increasing training opportunities will not ensure equality for all the groups hence the priority is given to the minority or disadvantaged like the women, disabled persons and other vulnerable groups. This is aimed at creating more financial access to training fees to bridge the gap in human resources for health (Lehmann et al., 2008).

2.4.1 Performance Targets

Targets are tailored to achieve goals. The purpose of measuring performance management is to be able identify where things may be going well and build on further success and where things may not be going well to take a corrective action (Armstrong, 2006). Targets act as guide to measure the work performance. A study carried out by Batt and Colvin (2011), to determine how turnover is related to HRM practices, quits, dismissals and performance. The findings indicated that high-involving work in an organization along with long-term investments and inducements had a low effect on employment quit and dismissal rate. While short-term performance expectations had high significant quit and dismissal rates. Further research indicates that an employee's decision to quit is influenced by the behaviour of co-workers job embeddedness and job search behaviours on an individual level and group level (Felps et al., 2009). In some cases, turnover and retention is mitigated by the management where the managers uses discipline to implement standardized policies and procedures at high performance while at low performance they tolerate deviations from the set standards which leads to low retention of employees (Ton & Huckman, 2008).

2.4.2 Performance feedback

Performance appraisal is a formal process that is carried out systematically to provide a comparison between the individual performance and the performance set based on the objectives of the organization (Giangreco et al., 2012). The purpose of performance appraisal is to manage the organization's talent. Therefore, there is a need to have an effective performance management system which is designed and executed in such a way that it is based on the organizational goals and business strategy. This leads to better organization's business effectiveness hence an increase in salaries and bonuses for the employees. Another way to have effective performance appraisals is to train managers and hold them accountable on how

they carry out employee performance appraisals, use of measures and how results are achieved (Lawler et al., 2012).

Feedback is important whether it is positive or negative, it has an impact in learning and achieving set goals. The manner in which feedback is given tends to have different outcomes hence it is important to know the content and how to inform an employee based on the suitable circumstances (Hattie & Timperley, 2007).

However, the relationship between performance and turnover retentions is based on individuals' exchange relationships with their supervisors and co-workers. The study indicated that self-rated performance and manager rated performance were both negatively related to turnover intentions meaning the relationship between manager-rated performance and intentions to leave were stronger on high leader-member exchange. While relationship between self-rated performance and intentions to leave were weaker with high task interdependence employees; this was an indication that high performers were sensitive to the relationships with their supervisors while low performers were more sensitive to relationships with their colleagues. Therefore, to retain high performers, organizations should promote quality relationships between the leaders and subordinates (Biron & Boon, 2013).

A recent study carried out in Mbagathi hospital to determine how performance appraisal affects health workers performance indicated that the appraisal process is not well implemented and the health service managers need training to understand and apply the human resource practices in order to motivate the staff. Hence the challenges of training and development, motivation, lack of recognition and maintaining quality work forces are still yet to be achieved (Musyoka et al., 2015).

2.4.3 Performance Motivators

According to Samuel and Chipunza (2009), motivation is in the form of intrinsic and extrinsic variables. A study in South Africa to identify the intrinsic and extrinsic motivational variables and what influence they have on employee retention and turnover in the public sector, indicated that the employees' decision to stay was influenced by both the intrinsic and extrinsic motivational variables. The most significant variables were challenging work, training and development, freedom to be more innovating and the assurance of job security. On the other hand, warehouse employees' turnover is affected by occupational variables (years of

experience, skills), individual variables (job security, pay scale) and organizational variables (firm size, industry).

These findings were based on a study in USA to examine the variables that affect employees' turnover in a warehouse. It indicated that job security was the most important aspect for recruiting and retaining employees. However, monetary incentives had nothing or little effect on employee retention in the warehouse. Furthermore, the larger the warehouse the higher the employee turnover which is due to lack of personal attention given to each employee. The more the work experience, the more likely the employee will stay unlike the less experienced employees as they are less accustomed to the warehouse working environment (Hokey, 2007).

2.5 Talent Motivation

The human resources department has the responsibility to know the needs of their employees to be able to provide what will benefit them to ensure that staff are retained which would lead to high productivity. According to Armstrong and Taylor (2014) employee rewards are the formulation and implementation of strategies and policies. The purpose is to reward people fairly, equitably and consistence according to their value to the organization thus they help the organization to achieve its strategic goals. Motivation is to make the employee report to work every day and work for the benefit of the organization. Rewards can be measured based on employee's work experience, level of education and the career field. Human resources practices are vital to the organization as they lead to retention of efficient and experienced workforce which has an impact on work performance. There is also a correlation of work performance and reward system has which has a great impact on motivation hence determines how long an employee can stay in one organization (Danish & Usman 2010).

Christensen and Rog (2008), argues that for talent management to be effective, there has to be commitment of the senior management, alignment of the talent management with the strategic goals of the organization. Establishment of talent assessment, data management and systems analysis, accountability by ensuring clear line of management and finally an audit of the HRM practices to understand the best practices.

2.5.1 Basic Pay

There are a number of factors that influence the attraction and retaining of employees for example the way the employees are paid, recognition and salary advancement. However, based on a study on private companies in Zimbabwe Chiboiwa et al., (2010), the findings indicated

that there are challenges in the implementation of effective employee retention strategy. Which were due to the hostile prevailing economic situation. Despite the economic situation, the study indicated that turnover rate was highest among the non-managerial employees and the same category would soon quit the organization mainly because of the poor reward system. However, understanding of the pay arrangement has an indirect impact on employees' decision to want to stay. This is based on a study carried out in the not-for-profit sector by Treuren and Frankish (2014), to examine the relationship between pay and quitting intentions, indicated that employees understanding about their pay arrangement has an indirect impact on their intention to leave. Therefore, organizations should improve employee pay satisfaction to reduce on turnover by improving on how they communicate their pay. Due to the technology changes, organizations need to secure and retain their skilled employees to maintain competition. It is necessary to understand the organizational factors that influence retention of employees. The findings indicated that individual differences influenced employee retention, leadership skills and seniority had a positive relationship with retention of employees. However, employee learning had a negative influence on employee retention (Kyndt et al., 2009).

2.5.2 Employee Incentives

Employee benefits are any form of compensation provided by the organization other than salaries and wages, for example; flexible working hours, retirement benefits, medical benefits, training benefits, child care benefit among others depending on what different organizations have to offer. To determine employee benefit preferences, personality traits are considered as employees needs vary. Beyond demographics, education support, benefits preferences are determined by status and independent work values, extroversion, conscientiousness, education, age and job category. Family- supportive benefit preferences are driven by demographics (marital status, employment status and number of dependants) (Lawton & Chernyshenko, 2008). For employee benefits to be effective in an organization, the management needs to understand the needs of its employees rather than assuming that the universal models can be adopted in any organization. There is need to consider the diversity of the work force to be able to meet their needs (Brown & Reilly 2013).

A research carried out on Health Systems by Luoma et al., (2010) to determine the effect of incentives on health workers indicates that as much as there are provisions for incentives like house allowance with the intention of improving productivity especially in the remote areas, there has been no previous analysis of incentives needed for retention. Aliogo and Eneh, (2013)

carried out a study in Nigeria to investigate the staff turnover and the factors that lead to turnover and its effects on the organizations. Findings indicated that these factors included job dissatisfaction, instability of the organization, a sense of powerlessness, personal control, economic reasons and role ambiguity. Management practices and policies also have a role in the turnover mainly demographic factors and unemployment situation which can affect the success of an organization. It is also clear that people with important skills rarely work just for the pay but look at organizations that have chances of career growth, conducive work environment, benefits, incentives and recognition. For companies to have an effective reward system, they may need to link its profits with employee performance to attract and retain the best talents for the organization's future growth (Chen and Hsieh 2006).

2.5.3 Working conditions

The working environment should be conducive for the employee. The organization should ensure ergonomic considerations are in place for long term healthy employees so that productivity is guaranteed as the employee is satisfied.

Based on a study carried out by Atambo et al., (2013) on the effect of perceived work conditions on job satisfaction in the Ministry of education in Kisii and Nyamira counties. The findings indicated that there is need to improve the working environment to enhance job satisfaction and increase performance among the officers in the field. A recent study on the influence of the work environment on organizational performance in the government ministries in Kenya indicated that work environment in the public sector has been affecting employees' performance. The psychosocial environment was the most significant factor that affected the performance and it is important for the government to come up with effective policies to enhance performance (Gitonga, 2015).

According to Harter et al., (2010), the success of any business or organization is tagged to customer's loyalty, employee retention, revenue, sales and profits which are related to working conditions and employee attitudes and perceptions of the work conditions. The impact of the perception of the employees' work conditions on retention indicates that managerial actions and practices should engage the employees by providing practical guidance to manage and retain the employees. However, performance is affected by new technology as it leads to poor retention. This is because the business environment is rapidly changing and employees are

opting for more advanced technology for efficient performance at work (Aberathne et al., 2014).

2.5.4 Working hours

Status of employment does have a role on the employees' intention to leave, according to Alexandrov et al., (2007), who carried out a study to understand the role of full-time versus part-time employment. The findings indicated that the status of employment has a relationship between the perceived managerial concern for employees and affective organizational commitment and turnover intentions. According to Richman et al., (2008), notes that work place flexibility and supportive work life policies in organizations have a role to play in relation to employee engagement and their willingness to stay in the organization. This revealed that both formal and occasional use of their flexibility was positively related to employee engagement and the expected retention which was enhanced by the engagement and led to longer job tenure.

However, Hausknecht et al., (2009), notes that as much as job satisfaction, extrinsic rewards, organizational commitment and prestige were the main reasons for employees' choice to stay in the hospitality industry. The organization's prestige was taken into contest by the high performers and non-hourly workers while the low performers and hourly employers were more influenced by the extrinsic rewards (Hausknecht et al., 2009).

2.6 Human Resources Development

According to Armstrong and Taylor, (2014) Human resource development (HRD) is concerned with the provision of learning, development and training opportunities in order to improve individual, team and organizational performance. HRD is essentially a business-led approach to developing people within a strategic framework. One of the benefits of HRD is that it leads to staff retention this is because an organization is able to provide development for its employees hence career growth by lack of it some employees will opt to leave so that they can grow somewhere else.

It is also defined as investing in employees with the purpose of increasing human capital in the organization (Armstrong & Taylor, 2014). Human resource development is a process of developing the human expertise by personal, organizational training and development with the aim of improving performance (Knowles et al., 2014).

2.6.1 Training and Development

Human capital is regarded as the greatest asset for an organization. It drives its productivity, economic growth and competitive advantage. Therefore, it is important to carry out training and development to build and strengthen the relationships among partners in the work place. It is important to know how to engage employers and how unions should respond to the challenges in the work place (Singh, 2012). Salas et al., (2012), explains how training and development activities allow organizations to adapt, compete, excel, innovate, produce, be safe, improve service and reach goals. Training helps organizations remain competitive by continuous education of their workforce. However, there is a science behind training that shows a right way and wrong way to design, deliver and implement a training program; training works but the way it is designed, delivered and implemented matters thus the need to carry out further research on the implications of training to the employers and employees.

A study in South Africa was carried out by Samuel and Chipunza, (2009) to look at the extent to which intrinsic and extrinsic motivational variables influence employee retention and reduce turnover in both public and private sector organizations. The findings indicated that training and development, freedom of innovation, challenging work and job security had an influence on employee retention. The current trend in the corporate world is the emphasis on systematic approach to training and development in order to achieve higher organizational effectiveness. This is done by linking the business strategy with the training to ensure that skilled employees are retained and ensuring there is continuous development by offering opportunities (Bhatia & Kaur, 2014).

Further studies which examined the impact of key human resources practices on permanent employees' organizational commitment and the intention to stay; indicated that the employees' intention to stay was related to person's remuneration, training and development and recognition while organizational commitment was positively affected by remuneration, recognition and challenging employment assignments. However, it was noted that training and development is not related to organizational commitment and challenging work assignments were not related to the intention to stay hence, not all HR practices have an effect on the intention of an employee to stay (Chew & Chan 2008). As much as the management is aware of the need to have their employees trained and continuously motivated to stay, there is a high rate of turnover among the highly skilled employees as other organizations are continuously

attracting them. The organizations continue to lose valuable employees to their competitors so they need to identify and apply appropriate retention strategies (Goud, 2013).

2.6.2 Career development

Career development focuses on the whole life by developing personal and family life as one defining their career. It acknowledges that employees are striving for opportunities in professional development as well as individual work which is life balance. This changes over time as career changes take place. Therefore, management need to know their employees work and family needs so that the employees benefit and at the same time there is potential competitive advantage for the organization (Litano & Major, 2015). A research carried out on South Korean organizations indicated that personal career is correlated with organizational commitment and job satisfaction. That means job satisfaction increases career orientation which leads to career development opportunities. When career orientation and career development opportunities are both high there is high job satisfaction, organizational commitment and intentions to stay.

According to Abele and Spurk (2011), notes that gender has an impact on career development as parenthood affects working hours and the objective of career success which is salary and the status for both men and women. The research indicated that parenthood has a negative direct impact on women due to working hours and their success in their career. On the other hand there was no effect on men which indicated that the transition to parenthood for women is crucial for their career development. However, according to Wang et al., (2014), who carried out a study in China to establish the connection between career growth and turnover, found out that the employees' intention to leave was based more on their lack of commitment to the organization and less due to their gender.

2.6.3 Level of Innovation

For an organization to be competitive it should strive to constantly acquire and retain its customers and likewise its employees. Therefore, the organization needs to have strategies that assist in the retention of employees. Technology is continuously changing therefore companies need to be able to keep up with the evolution through continuous development (Kyndt et al., 2009). Further studies confirm a link between learning strategy and work place climate which is also linked to leadership style. The findings indicated that there is need for more learning

which is associated with rewards. Career growth is attained when an employee gains more skills and given more responsibility which is regarded as a way of rewarding (Bernsen et al., 2009). Hormiga et al., (2013), points out that employees' contribution through innovation influences their propensity to innovate and have entrepreneurial aspirations whilst still working within an organization. It indicated that this is what employees within the public sector are likely to do especially when the opportunity cost is low.

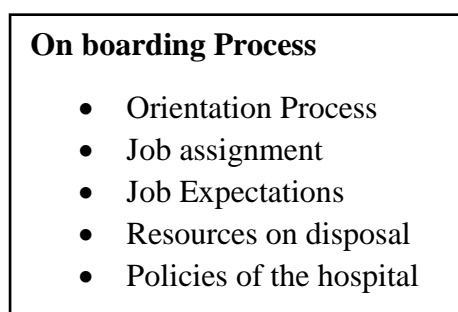
2.7 Research Gap

Retention of medical personnel in the public sector is a major challenge and the government of Kenya has been working on it to ensure less brain drain from the health sector due to a lot of medical staff migrating to private and other countries for various reasons. Several studies on ways to ensure that employees are retained in the public hospitals for the longest time possible have been done though the sector is still experiencing staff retention challenges (Kiambati et al., 2013).

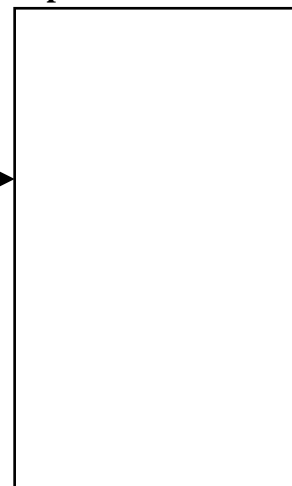
Literature reviewed indicates that organizations are having the challenge to retain their employees. Similarly some organizations have carried out research worldwide, in India on how training and development influences staff retention in a private company (Mathur et al., 2013). A study on United Arabs Emirates by Alnaqbi, (2011) on the influence of HRM practices have on employee retention. In Kenya, various sectors such as health (Kiambati et al., 2013), travel sector, Kenya airways (Mokaya and Kittony 2008) and Machokos County (Munyiva, 2015). There have been few studies that have been conducted which examine the influence of Human resources practices on staff retention at county level and this study will contribute its value of literature.

2.8 Conceptual Framework

Independent Variables



Dependent Variables



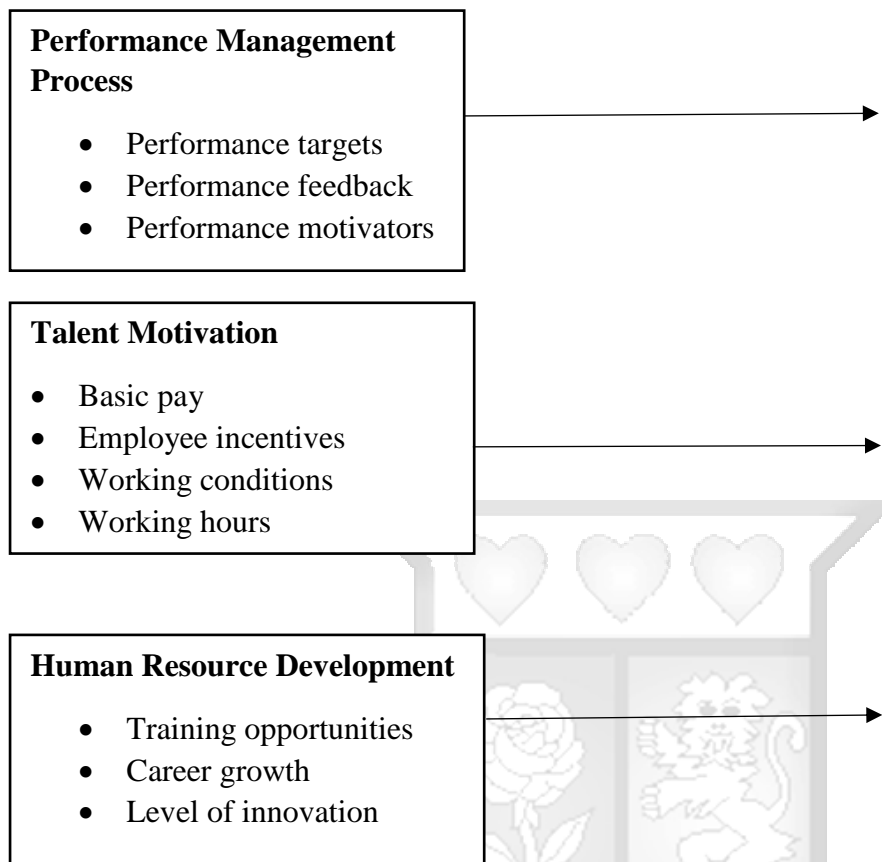


Figure 2.1: Conceptual Framework

Source; Author, (2016)

2.8.1 Hypothesis of the variables;

On-boarding process among the medical officers influence their retention in Nairobi County
 Performance management process among the medical officers influences their retention in Nairobi County.

Talent motivation among the medical officers influences their retention in Nairobi County.

Human resources development among the medical officers influences their retention in Nairobi County.

2.9 Chapter Summary

The literature has been reviewed, theories relating to retention with a focus on on-boarding process, performance management process, talent motivation and human resources development. The studies show the relationship of these practices in line with staff retention in various sectors.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research design, data collection methods, the tools and instruments that were used to analyse the data.

3.2 Research Design

Research design is the overall plan for the research, the tactics on how to collect and analyse data (Saunders et al., 2011) which specifies the methods and procedures for collecting and analysing the required information.

The researcher adopted a mixed method research design which was investigating the effect that HR practices have on medical officers' retention in level 5 and 6 hospitals in Nairobi County. Creswell, (2012) confirms that the mixed method research design uses both qualitative and quantitative research methods to collect and analyse data in one single study. It helps in understanding the problem better.

The researcher then used exploratory and descriptive methods; exploratory allows flexibility to introduce unplanned analyses that respond to any new findings (Saunders et al., 2011). Descriptive design was adopted to understand the research problem by converging both quantitative and qualitative data (Creswell, 2012). In this case, the researcher used a semi-structured questionnaire because the two methods build on each other to obtain more detailed information (Creswell, 2012).

3.3 Population of the study

Population is a group of individuals or items from which samples are drawn for measurement (Kombo & Tromp, 2006). The population of the study was the permanently employed medical officers in level 5 and 6 hospitals in Nairobi County. The County has the highest number of facilities and the purpose of the two levels is to compare the results and see what can be learnt from the institution of HR practices.

Table 3.1: Nairobi County Facilities

Level 5	Number of Medical Officers	Level 6	Number of Medical Officers
Mama Lucy Kibaki Hospital	26	Kenyatta National Hospital	120
Mbagathi District Hospital	20	The Spinal Injury Hospital	15
Mathari Hospital	11		
Total	57		135

Source: Specific hospitals

3.4 Sampling Design

Sample is a representative of a larger population. Sampling involves selecting a number of individuals from a population in which the individuals selected have characteristics that represent the entire group. In this study the researcher used random sampling designs by use of the medical officers as the selected sample.

Determination of sample size (n) is;

Margin error (confidence interval) of 5% (E)

Average value of the attribute obtained by the samples is equal to the true population within the

Confidence level of 95% (z).

Standard deviation will be assumed to be 20 (σ)

$$n = \frac{z^2 * \sigma^2}{E^2}$$

$$n = \frac{1.962^2 * 20^2}{5^2} = \frac{3.8 * 400}{25}$$

$$n = 61$$

Source: Creswell, (2012).

3.5 Data Collection Method

For this study the researcher used primary data which was obtained by use of two different questionnaires for the medical officers and supervisors to be able to get feedback from both perspectives. The data was collected through scheduled interviews with the respondents, the scheduled interviews were to ensure that the right information was collected as most of them are busy and were not likely to give the questionnaire adequate time to fill it in. The interviews also gave room for the respondent to be probed for better clarification. The process ensured anonymity of the respondents to encourage them to answer the questions objectively.

3.6 Data Analysis and Presentation

Data collected was both quantitative and qualitative and the researcher used the least square method (Kothari, 2006) by use of SPSS software tool to determine the coefficient of the logistic regression model. To study the extent of the effect of independent variables (On boarding process, performance management, Talent motivation and human resource development) and the dependent variable (effect of human resources practices on medical officers' retention in Nairobi County).

$$Y = \beta_0 + \beta_{X_1} + \beta_{X_2} + \beta_{X_3} + \beta_{X_4} + \varepsilon$$

Where,

Y = Effect of human resources practices on medical officers' retention in Nairobi County

β_0 = Coefficient

β_{X_1} = On-boarding process

β_{X_2} = Performance management

β_{X_3} = Talent Motivation

β_{X_4} = Human resources development

ε = error

Quantitative data was presented in the form of tables, charts and graphs.

Further analysis carried out included the analysis of variance (ANOVA) to get a detailed relationship between the dependent and independent variables.

3.7 Research Quality

3.7.1 Validity

The researcher carried out a pilot process of the instrument among ten medical officers from random hospitals to detect any anomalies and rectify any errors prior to the actual data collection process.

3.7.2 Reliability

Reliability aims to ensure consistency, dependability and stability of instruments. Reliability in this study was ensured by retesting, administering the questionnaires and interview questions to the medical officers and supervisors in level 5 and 6 hospitals in Nairobi County.

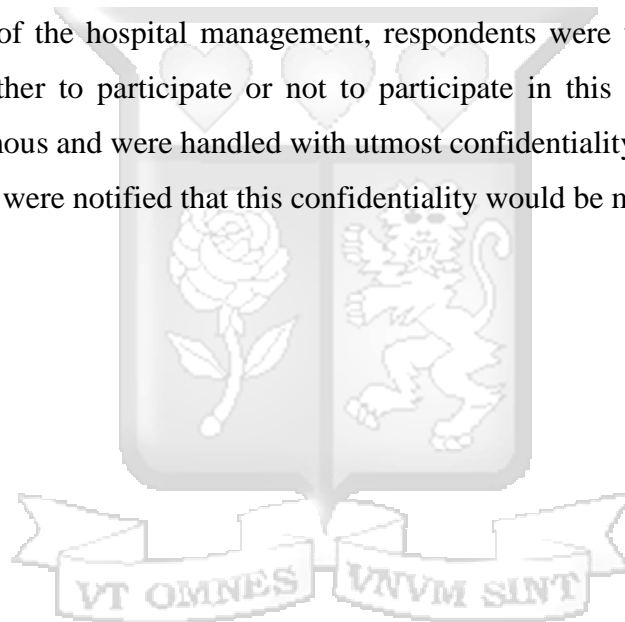
Reliability of data was tested by use of Cronbach's Alpha of above 0.7 threshold Gliem and Gliem (2003). Consistency was maintained in such a way that if another study was to be carried by a different researcher they should get the same outcome.

3.7.3 Objectivity

Objectivity was exercised by the researcher not using assumptions or prior knowledge to interpret the findings but relied wholly on the data collected and interpreted it as required.

3.8 Ethical Issues

With the permission of the hospital management, respondents were well informed of their rights to choose whether to participate or not to participate in this study. The responses received were anonymous and were handled with utmost confidentiality for academic purpose only. The participants were notified that this confidentiality would be maintained.



CHAPTER FOUR
ANALYSIS, INTERPRETATION AND PRESENTATION OF RESEARCH
FINDINGS

4.1 Introduction

This chapter details and presents the analysis and findings of this study. The main objective of the study was to establish the effect of Human Resource practices in the health sector in Nairobi county Kenya and their effect on employee retention. Questionnaires were printed and administered to level 5 and 6 hospital employees and supervisors within Nairobi County.

4.2 Response Rate

The data gathered is outlined in this chapter for quantitative and qualitative purposes. All responses received were coded, analysed by use of SPSS version 21 and represented in form of frequencies, percentages, means and charts. These findings were discussed in detail.

Table: 4.1 Response Rate

	Questionnaires Administered	Questionnaires Returned	Filled & Percentage
Respondents	61	61	100%

The study targeted a sample size of 61 respondents from the 3 level 5 and 2 level 6 hospitals within Nairobi County, all questionnaires were administered and returned by the interviewers making a response rate of 100% as shown in table 4.1 above.

Table 4.2: Reliability

	Items	Cronbach's Alpha
On Boarding	7	.833
Performance Management	5	.771
Talent Motivation	7	.834
Human Resource Development	9	.785
Overall (All Variables)	28	.806

Reliability and validity test was done using Cronbach's Alpha to measure the internal consistency of the data variables. Cronbach Alpha was established for the independent variables as indicated in table 4.2 above. All the four variables were reliable as they had an Alpha of above 0.7 thresh hold as indicated by Gliem and Gliem (2003). This infers that the instrument was valid and reliable for data collection and analysis.

4.3 Descriptive Statistics

4.3.1 Background Information

The study was carried out among the medical officers and their supervisors of level 5 and 6 hospitals in Nairobi County.

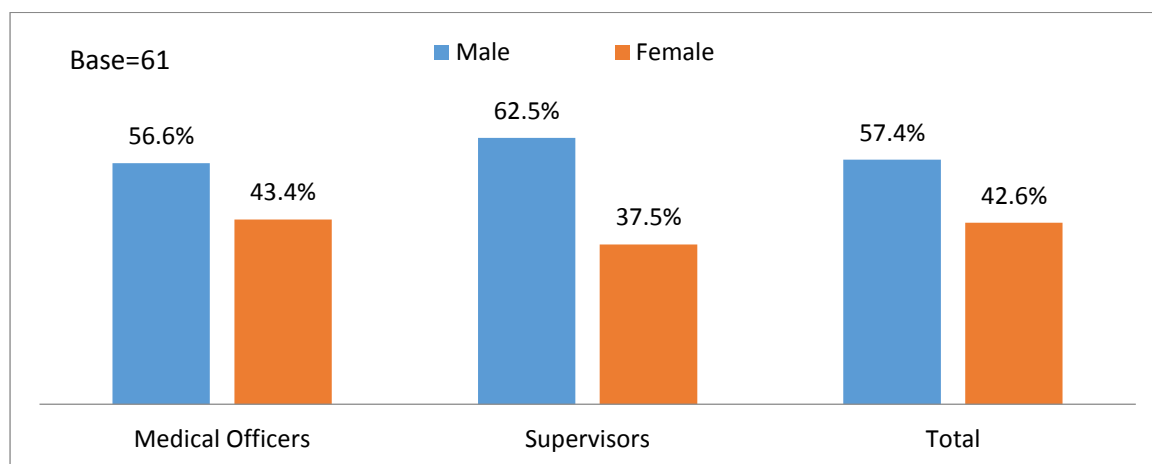


Figure 4.1: Gender of respondents

The findings in figure 4.1 shows that 56% of the medical officers were male and 43% female, while 62% of the supervisors were male and 37% female giving an overall 57% male 42% female ratio. That shows that the difference between the male and female employees is not huge in the health sector hence an indication of a good gender distribution being in line with the Kenya constitution (2010) that requires that no one gender should exceed two thirds of employment in the public institutions.

The purpose of the age of the respondents is to find out the staff mix and if there is any relation between age and their intention to stay or leave the hospitals.

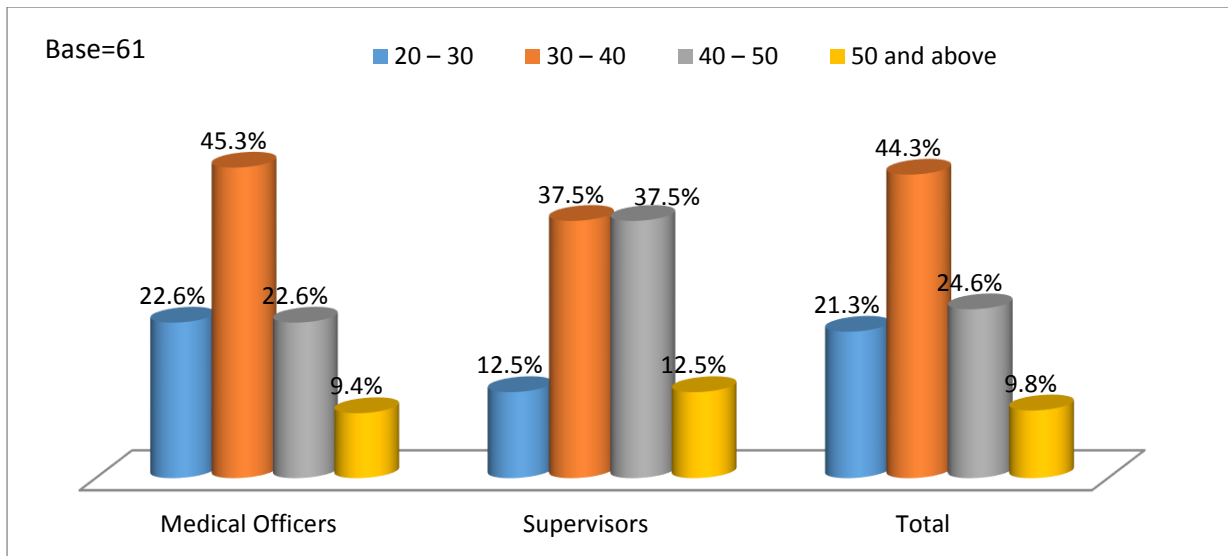


Figure 4.2: Age of the respondents

Age distribution among the respondents was skewed towards the ages of 30 – 40 years with 44%, followed by those aged between 40 – 50 years (25%) and 20 – 30 years (21%) while those aged above 50 years were least at 10%. The results show that the medical officers in the work force now are mainly young people below 40 years.

45% of the employees were between the age group 30 – 40 years resonating with the total findings, followed by those aged between 20 – 30 years and 40 – 50 years respectively with 23%. For supervisors the bulk of staff was between the ages of 30 – 50 years with 38% respectively. The reason that could account for the age trend is more young people are joining the work force and by the time they attain age 41 years and above they have either moved to private hospitals or outside the country or most of them are consultants after gaining adequate training and experience. In some cases could be as a result of retirement or death.

4.3.2 Objective 1: The extent to which the on-boarding process affects retention of medical officers in Nairobi County.

The survey sought to find out whether on-boarding process was carried out among the employees as well as understand the perception of the supervisors on having the process in place for new medical officers at the point of joining the hospital. Hence the influence it may have on staff retention.

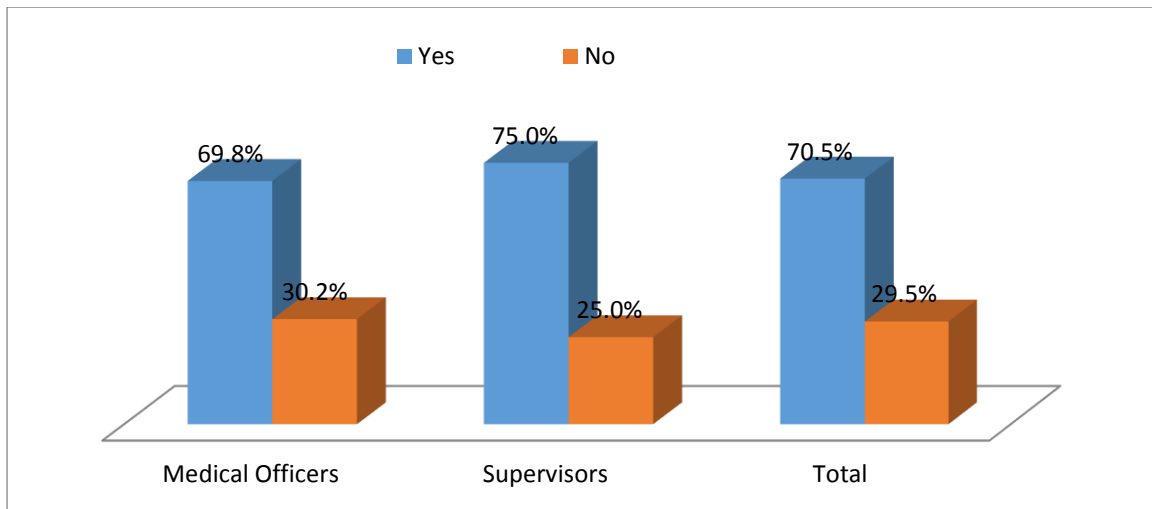


Figure 4.3: On-boarding process

70% of employees agreed that on-boarding process was carried out at the point of joining the hospital while 30% indicated it was not carried out resonating with the data provided by the supervisors. 75% of the supervisors indicated that the hospitals have an on-boarding process in place for new medical officers at the point of joining. While 30% indicated the processes is not in place, indicating that the on-boarding process was carried out for most of the medical officers.

Respondents who indicated that there was an on-boarding process in place were asked to rate the processes on a 5 point likert scale of 1 – 5 (where 1 was poorly conducted and 5 was excellent). Seven attributes were tested on boarding process. The results are presented in table 4.3.

Table 4.3: On-Boarding Process

	Poorly conducted	Average conducted	Acceptably conducted	Very well conducted	Excellent
Orientation process		21.6%	31.4%	37.3%	9.8%
Introduction to other staff members and management	3.8%	22.6%	34.0%	28.3%	11.3%
Scope of the job		6.0%	32.0%	52.0%	10.0%
Clear Job assignment	2.0%	2.0%	31.4%	47.1%	17.6%
Expectations were clear	3.8%	20.8%	28.3%	32.1%	15.1%
Resources at your disposal made clear	3.8%	15.1%	22.6%	35.8%	22.6%
Policies of the facility well explained		17.8%	17.8%	44.4%	20.0%

Orientation process was rated at 37% indicating it was very well conducted while 10% indicating it was excellent. 34% of the respondents indicated that introduction to other staff members and management under on-boarding process was acceptably conducted and 4% indicated it was poorly conducted. 52% of the respondents indicated that explanation of scope of the job assignment process was very well conducted and 6% indicated it was averagely conducted.

47% of the respondents indicated that clear job assignment was very well conducted, 31% indicated it was acceptably conducted and 2% indicated it was average and poorly conducted respectively. 32% of the respondents indicated that expectations were very well conducted and 4% indicated it was poorly conducted. 36% of the respondents indicated that resources at the doctors' disposal were made clear was very well conducted while 4% indicated it was poorly conducted.

44% of the respondents indicated that policies of the facility were well explained was very well conducted while 17% indicated it was acceptably and averagely conducted respectively and 20% indicated it was excellently conducted.

This observation means that the on-boarding process was done and that medical officers' intention to leave the hospital will not be influenced by the on-boarding process.

Table 4.4: On-Boarding Descriptive Analysis

Statistics	N Valid	Mean	Median	Mode	Std. Deviation
Q4I Orientation process	51	3.35	3	4	.934
Q4II Introduction to other staff members and management	53	3.21	3	3	1.044
Q4III Scope of the job	50	3.66	4	4	.745
Q4IV Clear Job assignment	51	3.76	4	4	.839
Q4V Expectations were clear	53	3.34	3	4	1.091
Q4VI Resources at your disposal made clear	53	3.58	4	4	1.117
Q4VII Policies of the facility well explained	45	3.67	4	4	1.000
Average	51	3.51	4	4	0.967

Table 4.4 indicates that the mean of the 7 attributes is well above our expected value of 2.5; some attributes (clear job assignment) are high with a mean of 3.76 and the lowest mean being 3.21 (introduction to other members and management). On average the overall mean for the category is 3.51 indicating that the respondents see on-boarding process as important attribute influencing staff retention.

The mode for all the data points is ranged at 4, above the expected mean and a median of 4 as well. The Standard deviation of the 7 attributes determining retention of staff within level 5 and 6 hospitals are sparsely spread away from the mean thus indicating a slight dispersion.

4.3.3 Objective 2: The extent to which Performance management process affects retention of medical officers in Nairobi County

The study is to find out whether performance management process was carried out among the employees and to understand the influence it has on the retention of the medical officers in Nairobi County. The results are presented in figure 4.4.

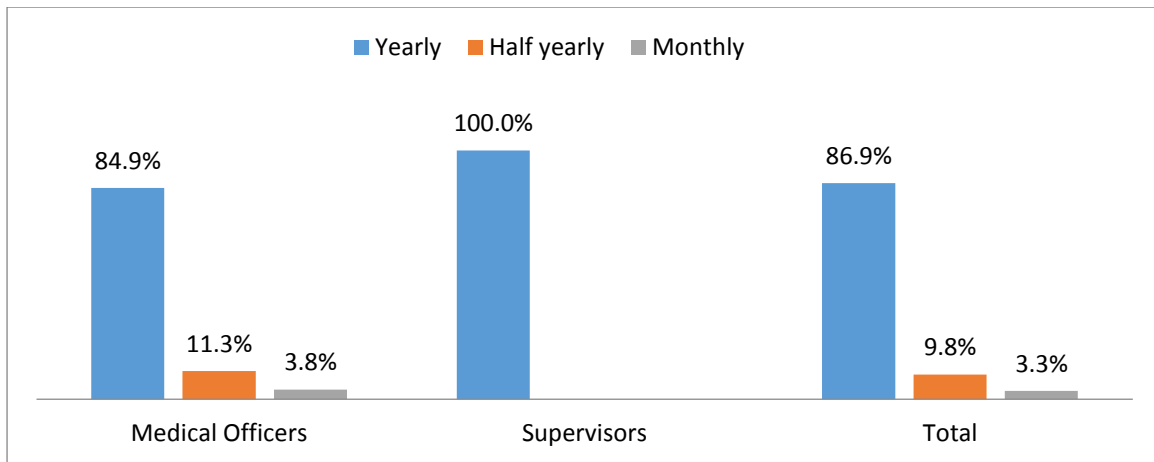


Figure 4.4: Performance appraisal process frequency

100% of supervisors indicated that performance appraisal process is carried out yearly; this was agreed by 85% of the employees, while 11% indicated it was carried out every half year and 4% monthly. This indicated that the performance process is not carried out frequently yet in an ideal situation the performance appraisals should be carried out twice a year or on a quarterly basis to ensure that staffs are on track with their output.

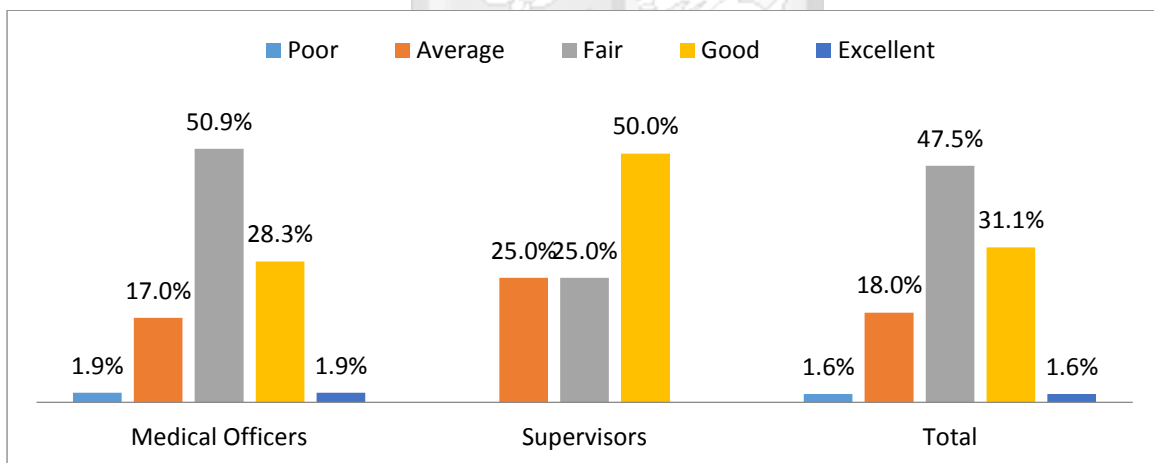


Figure 4.5: Performance Appraisal Process

Overall 47% of the respondents indicated that the performance appraisal process was fair, 1.6% indicated it was excellent and another 1.6% expressed dissatisfaction they felt the process was poor. 50% of the supervisors indicated that the process was good, while 25% felt it was fair and average respectively. The scenario was different among the employees who 50% felt the process was fair, 2% felt it was excellent and 2% felt the process was poor. The survey observes that the process was done though not as expected, that is half yearly or on quarterly basis.

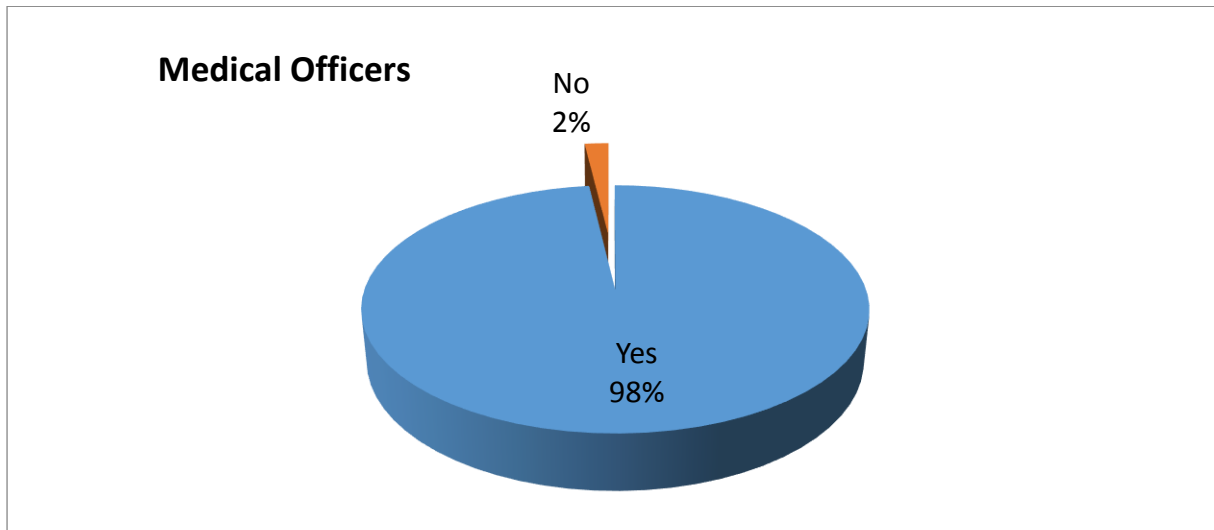


Figure 4.6: Achievement of Targets

98% of the medical officers indicated they had achieved their targets set between them and their supervisors while 2% had not achieved their targets. That is an indication that the medical officers were meeting their performance targets.

However, a number of attributes relating to performance appraisal were asked to the respondents. Using a 5 point likert scale on the possible challenges to performance management process where 1 was poor and 5 excellent.

The trend set among the attributes rating possible challenges are well scored towards being very well, acceptable and excellent, few respondents indicated average and poor.

Table 4.5: Challenges to meet the targets

	Poor	Average	Acceptable	Very well	Excellent
Q8I Realistic targets	1.7%	16.9%	33.9%	44.1%	3.4%
Q8II Adequate feedback	3.3%	15.0%	25.0%	46.7%	10.0%
Q8III Training and development opportunities	5.0%	13.3%	20.0%	38.3%	23.3%
Q8IV Motivation	6.8%	13.6%	32.2%	28.8%	18.6%
Q8V Adequate facilities (equipment)		25.0%	23.3%	45.0%	6.7%

Realistic targets for performance management was rated by the respondents (both supervisors and medical officers) as 44% indicating that the targets were very well set while 2% indicating that the targets were poorly set. Adequate feedback for performance management was rated by the respondents as 47% indicating that the feedback was given very well while 3% indicated that feedback was poorly given.

Training and development opportunities for performance management was rated by the respondents as 38% indicating the process was very well while 5% indicating it was poor. Motivation for performance management was rated by the respondents as 32% indicated the process was acceptable and 7% indicating it was poor. Adequate facilities for performance management was rated by the respondents as 45% indicating the process was very well and 7% indicating it was excellent. The findings indicate that medical officers' intention to leave is slightly influenced by the performance management process.

Table: 4.6: Performance Management Challenges

Statistics	N – Valid	Mean	Median	Mode	Std. Deviation
Q8I Realistic targets	59	3.31	3	4	.856
Q8II Adequate feedback	60	3.45	4	4	.982
Q8III Training and development opportunities	60	3.62	4	4	1.136
Q8IV Motivation	59	3.39	3	3	1.145
Q8V Adequate facilities (equipment)	60	3.33	4	4	.933
Average	60	3.42	4	4	1.010

The performance management mean of the 5 attributes is above our expected mean value of 2.5, some attributes are high with a mean of 3.62 and the lowest mean being 3.31. On average the overall mean for the category is 3.42 indicating that the respondents see performance management as an important factor influencing retention among the medical officers.

The mode for all the data points is ranging between 3 and 4 indicating most of the responses were skewed to the positive agreement of either very well or excellent with the attributes. Standard deviation measure to quantify the dispersion of performance management among the attributes showed variations with some attributes concentrating towards the mean with

other moving further away from the mean. The variance of the SD away from zero indicates that the responses between 1-5 tend to be spread out over a range of values (5 point scale- 1-5).

4.3.4 Objective 3: Extent to which the Talent Motivation affects the retention of medical officers in Nairobi County.

Besides the monthly basic pay, the respondents were asked if they would wish for other rewards, 75% of the supervisors indicated they would recommend the medical officers to get non-monetary rewards and 25% indicated would recommend monetary rewards. Medical officers wished for monetary rewards 63% contrary to the supervisor's recommendation and only 37% indicated they would wish for non-monetary rewards.

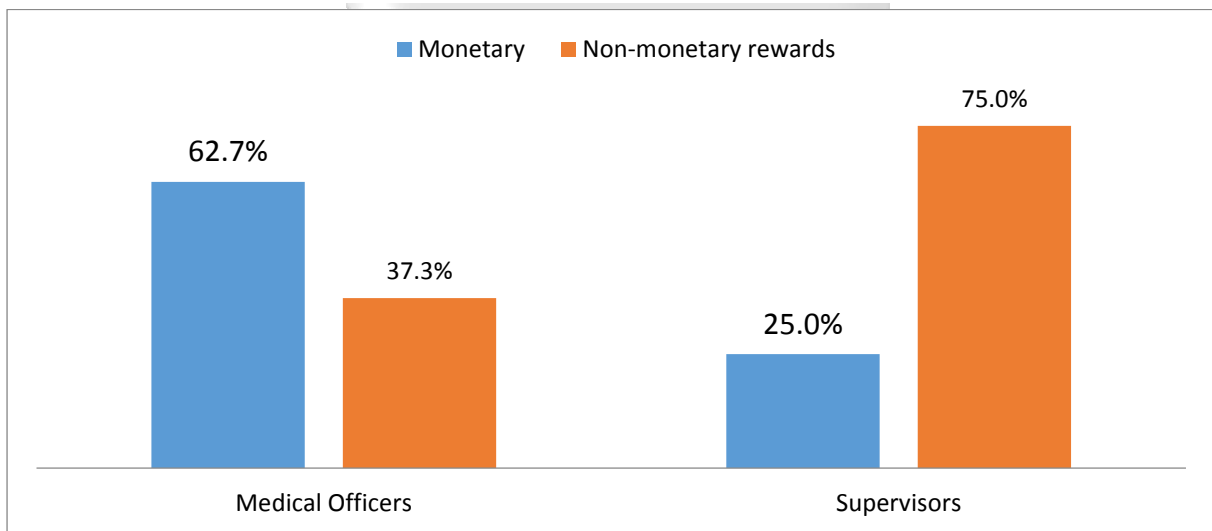


Figure 4.7: Rewards

Based on the recommendations and wish from supervisors and medical officers, the study sought to understand how a number of incentives would be helpful to the medical officers. This was rated on a 5 point likert scale where 1 was not helpful and 5 were excellent (more than helpful).

Table 4.7: Effect of Rewards

	Not helpful	Adequate	Acceptable	Good	Excellent
Q10I Family medical cover	3.3%	14.8%	29.5%	27.9%	24.6%
Q10II Yearly salary increment	3.4%	8.5%	40.7%	30.5%	16.9%
Q10III Yearly bonuses	5.0%	18.3%	38.3%	13.3%	25.0%
Q10IV Housing allowances	13.1%	23.0%	21.3%	26.2%	16.4%
Q10V Career growth		7.1%	39.3%	30.4%	23.2%
Q10VI Training Opportunities		18.3%	26.7%	33.3%	21.7%
Q10VII Less working hours	3.3%	23.0%	31.1%	32.8%	9.8%

Consensus was seen cutting across all the seven attributes rating the helpfulness of the incentives listed; only few respondents indicated it would not be helpful.

Family medical cover as an incentive would be helpful to the employees was rated by the respondents (both supervisors and the medical officers) as 29% indicating it would be acceptably helpful and 3% indicating it would not be helpful the other ratings were very close which means family medical cover is a necessity.

Yearly salary increment as an incentive would be helpful to the employees was rated by the respondents as 41% indicating it would be acceptably helpful and 3% indicating it would not be helpful which could mean that the medical officers were not getting salary increment yearly or they were, but the increment is not significant.

Yearly bonuses as an incentive would be helpful to the medical officers was rated by the respondents as 38% indicating it would be acceptably helpful while 5% indicating it would not be helpful. The ratings are very close which means the bonuses are a factor that is likely to influence the medical officers' intention to want to leave or stay the hospital.

Housing allowance as an incentive to the medical officers was rated by the respondents as 21% indicating it would be acceptably helpful and 13% indicating it would not be helpful. This could be attributed that the medical officers would prefer to stay at their place of choice and commute to work. This could be attributed to the assumption that the government houses are not in good condition or they are not enough so getting one may be impossible.

Career growth as an incentive would be helpful to the medical officers was rated by the respondents as 39% indicating it would be acceptably helpful and 13% indicating it would be adequate. Training opportunities as an incentive would be helpful to the medical officers was rated by the respondents as 33% indicated it is good and 18% indicating it would be adequate. Less working hours as an incentive would be helpful to the medical officers was rated by the respondents as 33% indicated it is good and 3% indicating it would not be helpful.

From the findings talent motivation has high influence on the medical officers on their intention to leave or stay at a hospital.

Table 4.8: Benefits of Incentives

Statistics	N - Valid	Mean	Median	Mode	Std. Deviation
Q10I Family medical cover	61	3.56	4	3	1.118
Q10II Yearly salary increment	59	3.49	3	3	.989
Q10III Yearly bonuses	60	3.35	3	3	1.191
Q10IV Housing allowances	61	3.10	3	4	1.300
Q10V Career growth	56	3.70	4	3	.913
Q10VI Training Opportunities	60	3.58	4	4	1.030
Q10VII Less working hours	61	3.23	3	4	1.023
Average	60	3.43	3	3	1.081

Talent motivation mean among the 7 attributes is above our expected mean value of 2.5, some attributes are high with a mean of 3.70 and the lowest mean being 3.10. On average the overall mean for the category is 3.43 indicating that the respondents see talent motivation as an important factor influencing retention among medical staff.

The mode for all the data points is ranging between 3 and 4 indicating most of the responses were skewed to the positive agreement of either very well or excellent with the attributes. Standard deviation denotes a dispersion away from the mean of talent management attributes with SD higher than 1.0. The variance of the SD away from zero indicates that the responses between 1-5 tend to be spread out over a range of values (5 point scale- 1- 5).

4.3.5 Objective 4: The extent to which Human Resources Development affects the retention of Medical officers in Nairobi County.

Employee's growth within an organisation is vital thus the aspect of human resource development was looked into by the study to determine whether employees have a sense of belonging, retention level of the institution among other factors.

42% of the employees indicated they have worked with the current hospital for between 0 – 5 years and 5 – 10 years respectively, those who have experience with more than 10 years were 16% of the respondents.

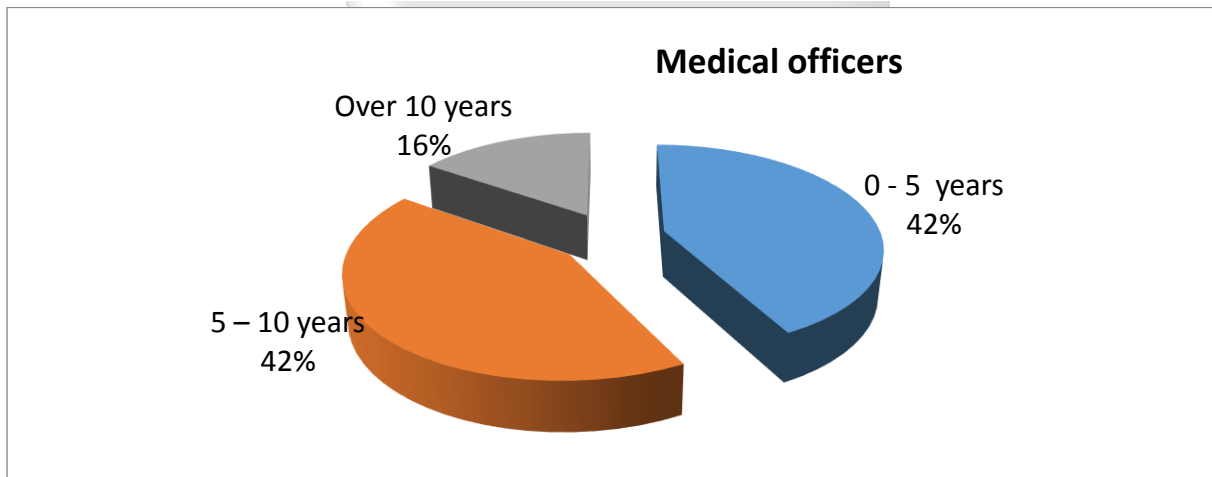


Figure 4.8: Medical Officers' Work experience

The supervisors were asked to indicate the period under which medical officers worked at their current hospital. 38% indicated that the medical officers had worked at the hospital for more than 10 years, 37% indicated a number medical officers' take between 5 – 10 years and only 25% stay for a short duration of between 1 – 5 years.

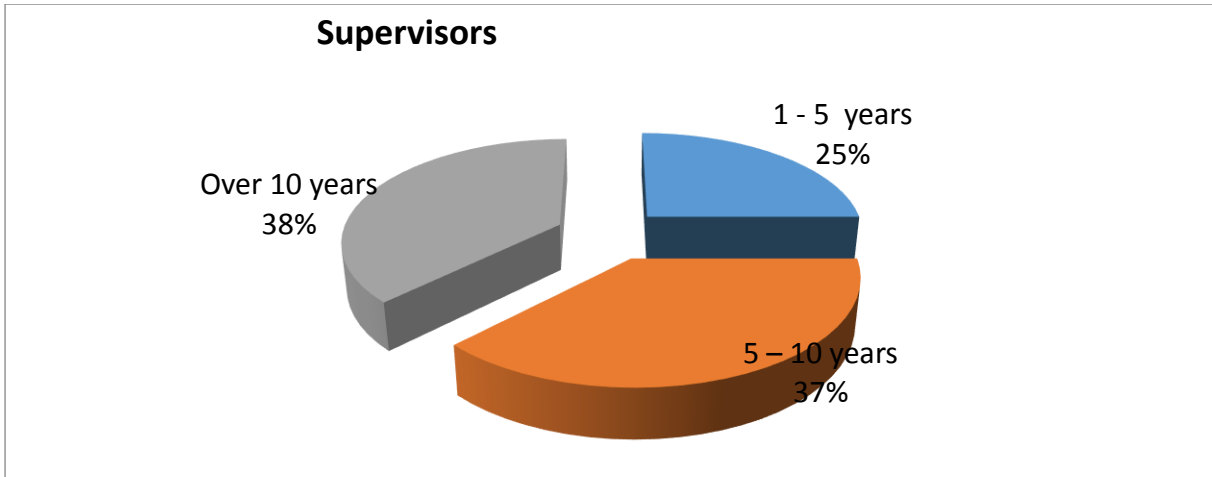


Figure 4.9: Supervisors response on Medical officers’ years of experience

The medical officers were asked if they have had any promotion since joining their respective hospitals, 54% indicated they have not had any promotion while 46% indicated they have had a promotion.

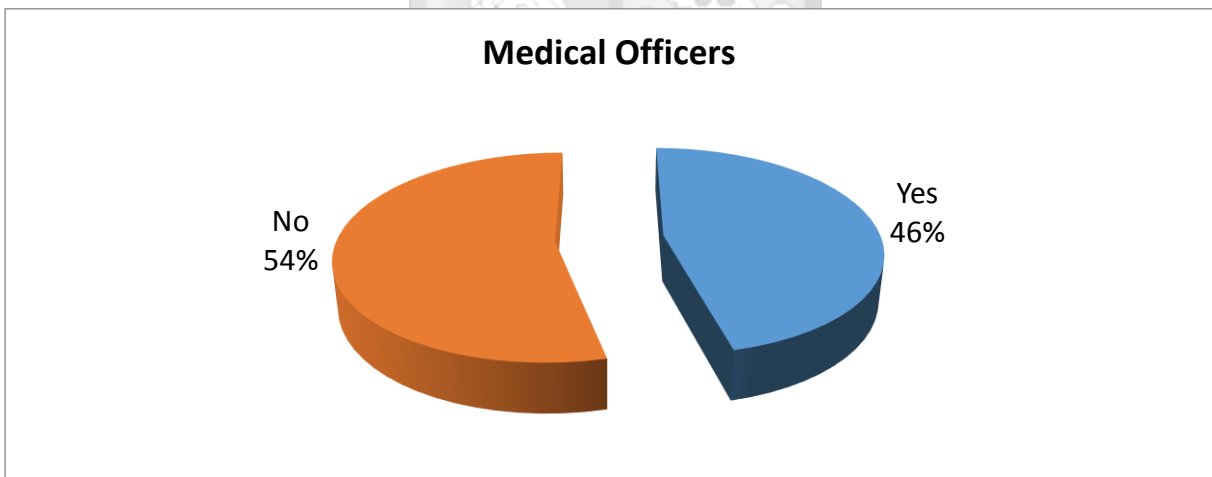


Figure 4.10: Medical Officers’ promotion

The supervisors were asked how long it takes for a medical officer to get a promotion in their respective hospitals, 50% indicated that the employees get promoted between 1 – 5 years, 25% indicated between 5 – 10 years and over 10 years respectively.

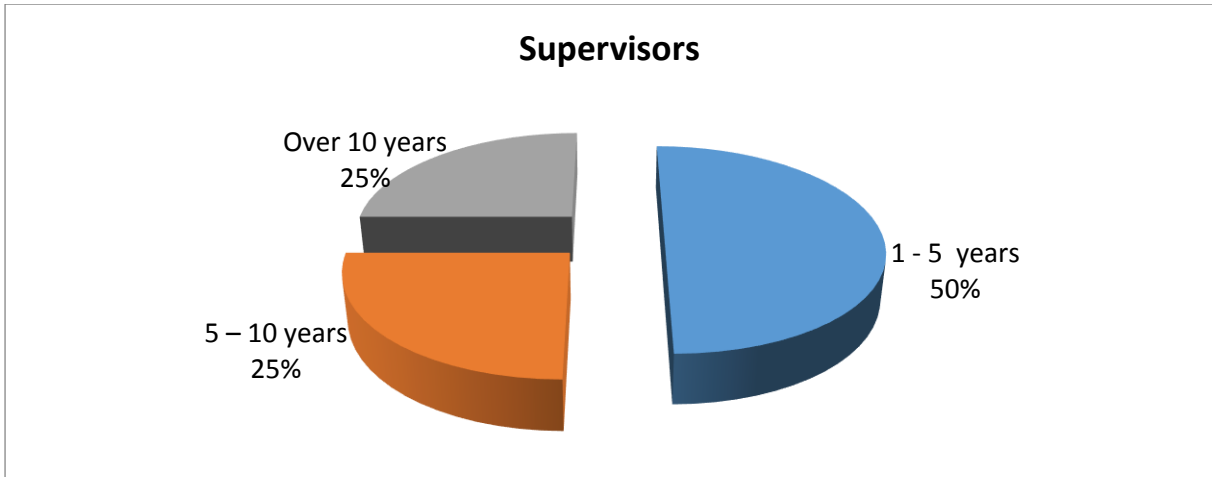


Figure 4.11: Supervisors response on Medical Officers' promotion

The medical officers were asked to rate their respective hospitals on a 5 point scale, 44% rated their institutions at 3, 40% rated 4, 8% rated 5, while on the lower side 6% rated 2 and 2% rated 1.

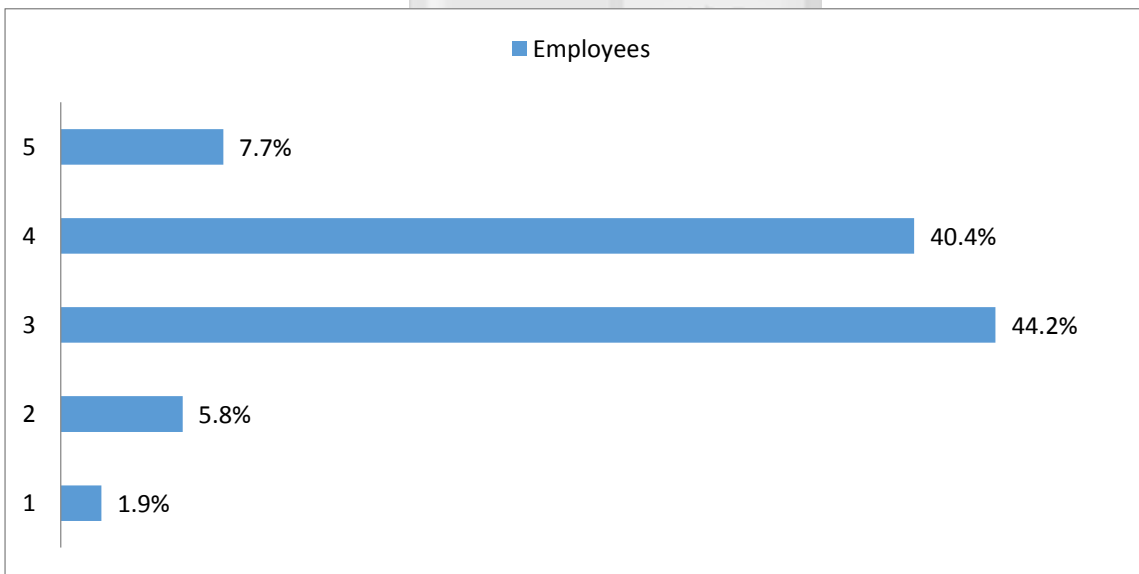


Figure 4.12: Hospital rating

The supervisors indicated averagely per year 50% of medical officers get posted to the respective institutions were between 1 – 5 and 10 – 15 respectively.

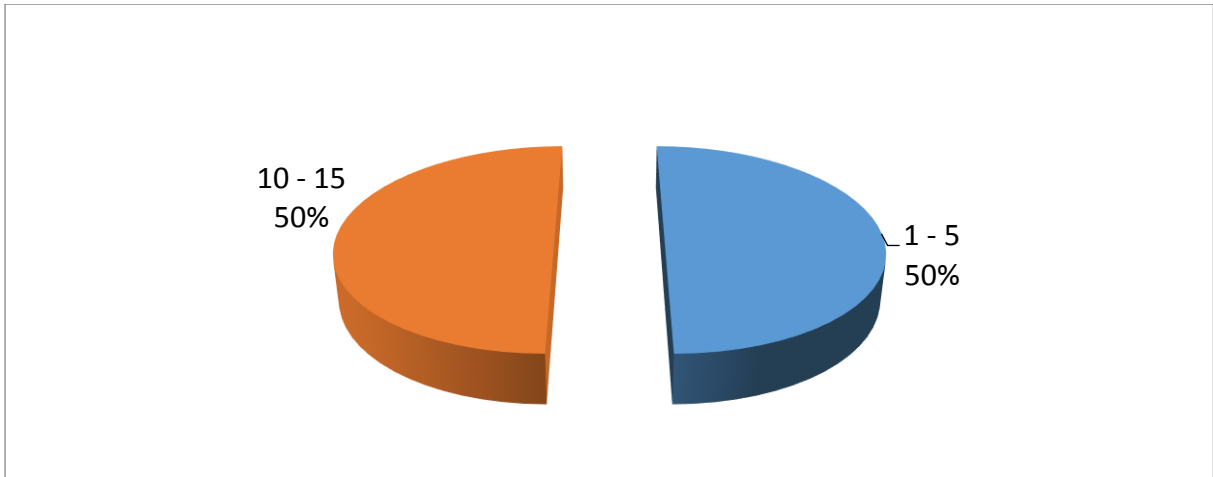


Figure 4.13: Posting of Medical Officers

Other than postings to the hospitals, the study also sought to find out the number of medical officers' leaving the institutions within a one year period. 75% of the supervisors indicated between 1 – 5 medical officers and 15% between 10 – 15 medical officers left the hospital within a period of one year.

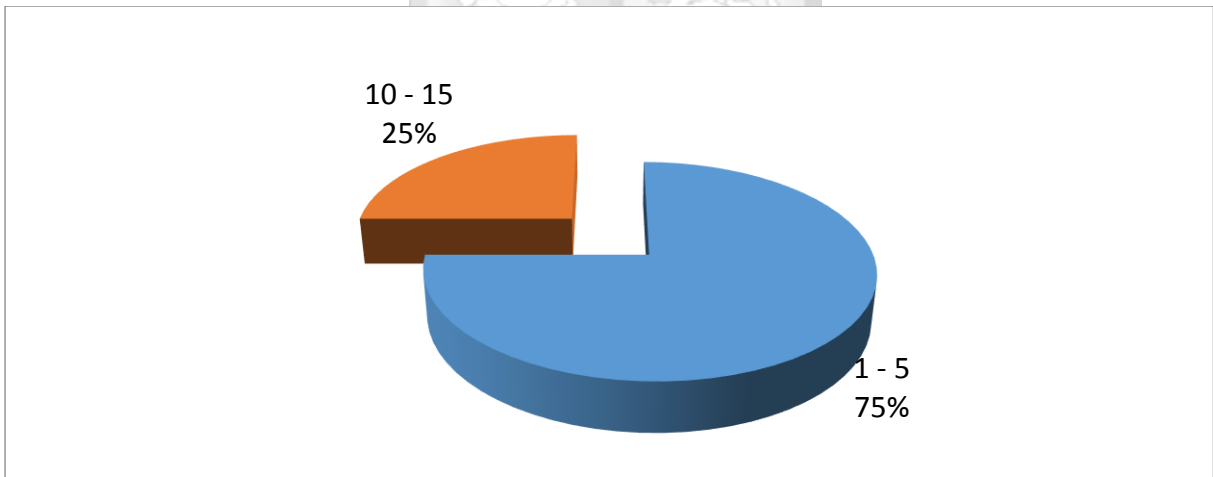


Figure 4.14: Medical Officers leaving

The medical officers were asked if they had an option, if they would leave their current hospital, 63% indicated they would not leave, while only 37% indicated they would leave the hospital if they had an option.

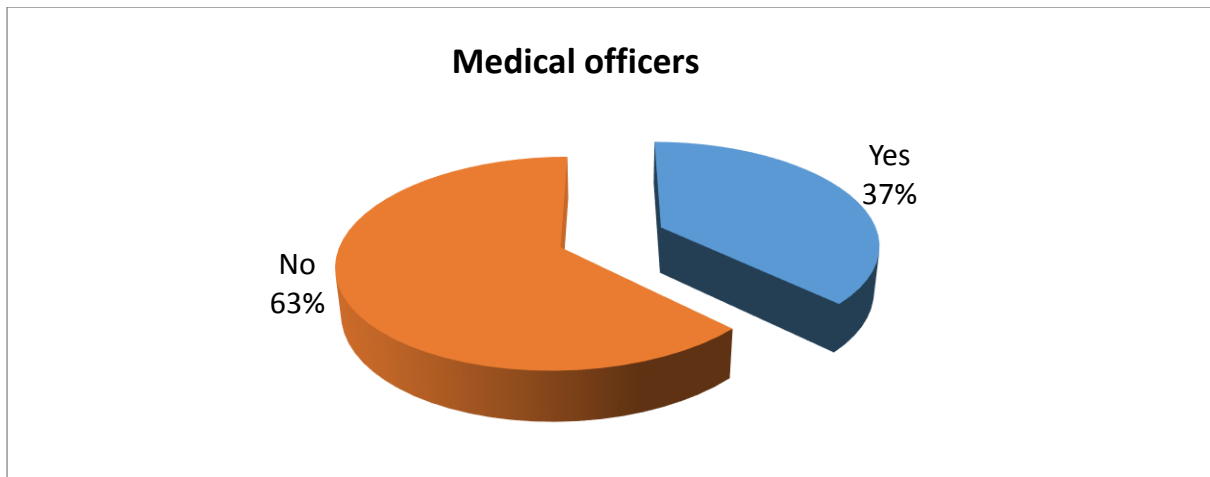


Figure 4.15: Intention to leave

For those who indicated they would leave the hospital given an option; they were asked to rate a number of possibilities on a 5 point scale where 1 was poor and 5 was excellent. A total of nine attributes were rated.

Table 4.9: Reasons to leave the Hospital

	Poor	Moderate	Good	Very Good	Excellent
Q15I Salary	5.3%	42.1%	34.2%	15.8%	2.6%
Q15II Incentives	7.9%	42.1%	36.8%	10.5%	2.6%
Q15III Location of the hospital		17.9%	43.6%	20.5%	17.9%
Q15IV Working facilities/equipment		21.1%	60.5%	10.5%	7.9%
Q15V Working conditions		10.3%	56.4%	30.8%	2.6%
Q15VI Training opportunities	10.8%	21.6%	29.7%	32.4%	5.4%
Q15VII Career growth		31.6%	34.2%	26.3%	7.9%
Q15VIII Level of Innovation	5.1%	23.1%	38.5%	25.6%	7.7%
Q15IX Sense of belonging	5.3%	34.2%	36.8%	18.4%	5.3%

Consensus seem to build among the respondents as only few indicated poor on some of the attributes (5), a concentration of responses was seen on a rating of good growing to very good and excellent, though some respondents felt the attributes were average.

Salary as a reason to leave the hospital by the medical officers was rated by both supervisors and the medical officers at 42.1% as moderate and 3% indicating it would be an excellent

option to decide to leave due to salary. Incentives as a reason to leave the hospital by the employees was rated by both supervisors and employees and 42% indicating it would be just a moderate option and 8% indicating it would be a poor option. Based on the two reasons we can conclude that they do not have much influence on the decision of medical officers to want to leave or stay. The reason can be attributed to the fact that medical officers are able to locum in the private hospitals while still working for the public hospitals.

Location of the hospital as a reason to leave the hospital by the medical officers was rated by both supervisors and the medical officers; 43% indicating it was a good reason, 18% indicating it would be an excellent and a moderate reason for both respectively. Working facilities/equipment's as a reason to leave the hospital by the medical officers was rated by both supervisors and medical officers at 60% indicating it was a good reason while 8% indicated it would be an excellent reason. Working conditions as a reason to leave the hospital by the employees was rated by both supervisors and employees; 56% indicated it was a good reason while 3% indicating it would be an excellent option. The reasons can be attributed to convenience and availability of social amenities for the location of the hospital and efficiency for the working equipment and conditions.

Training opportunities as a reason to leave the hospital by the employees was rated by both supervisors and the medical officers; 32% indicated it would be a very good reason while 5% indicating it would be an excellent. Career growth as a reason to leave the hospital by the medical officers was rated by both supervisors and the medical officers; 34% indicated it was a good reason and 8% indicating it would be an excellent reason. Level of innovation as another reason to leave the hospital by the medical officers was rated by both supervisors and the medical officers; 39% indicating it was a good reason while 5% indicated it was a poor reason.

Sense of belonging as a reason to leave the hospital/institution by the employees was rated by both supervisors and the medical officers and 37% indicating it was a good reason, 5% indicating it would be an excellent reason and at the same time a poor reason while 34% indicating it would be just a moderate reason to leave or stay at the hospital.

The medical officers were asked whether they needed further training and 80% indicated they needed while only 17% of the medical officers felt they did not need further training. The supervisors were asked if their medical officers needed further training and concurred with the

employees 88% that there was need for further training, only 12% indicated there was no need for further training.

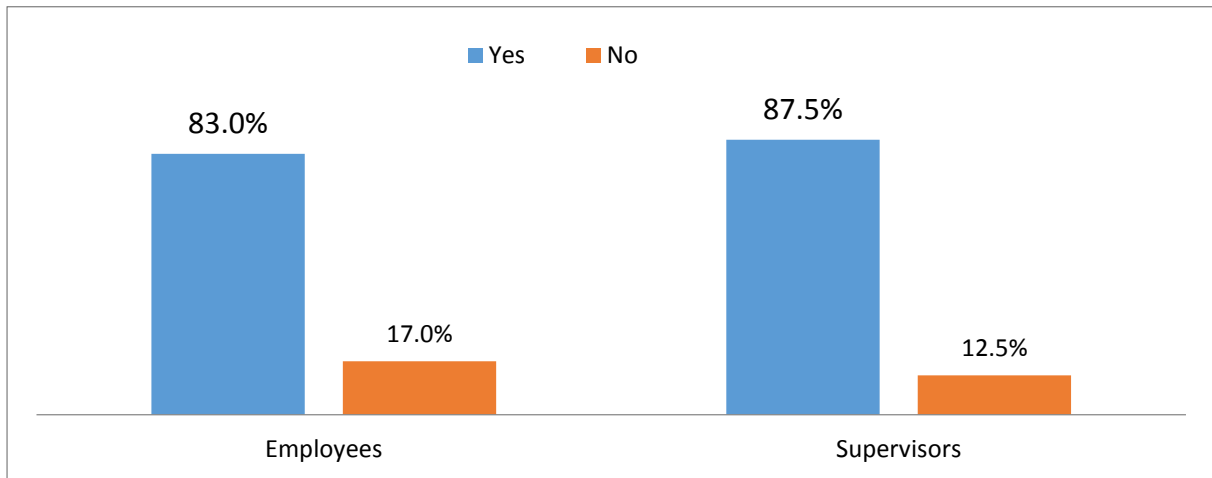


Figure 4.16: Training needs

For the medical officers who indicated they needed further training, suggested a number of areas where they felt they needed more training as listed in table 4.11.

The data was analysed by picking out the key areas stated for further training. Laboratory modality, mid-wifery and accidents & emergency featured the tree top areas for further training respectively. Other areas mention included therapy, infection control and pathology at 5% among others.

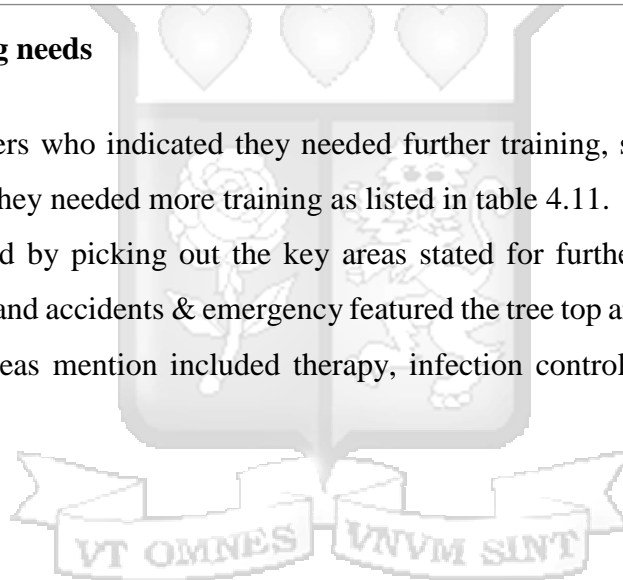


Table 4.10: Areas of further training

	N	Percent
Mid wife/Maternity	7	11.6%
Laboratory Modality	5	8.3%
Accidents and Emergency	5	8.3%
Therapy	3	5.0%
Infection control	3	5.0%
Pathology	3	5.0%
Medicine/Drugs	2	3.3%
Advanced management/Health care management	2	3.3%
Clinic services	2	3.3%
Mental health	2	3.3%
Nutrition & Dietetics	2	3.3%
Imaging	2	3.3%

The supervisors gave a number of suggestions where they felt the medical officers needed further training as indicated in table 4.12 below. 18% indicated drugs/medicine, and paediatrics respectively, laboratory modalities features in consensus with what the medical officers felt they needed 13% among other trainings.

Table 4.11: Recommended areas for further training by the supervisors

	N	Percent
Drugs/Medicine	3	18.8%
Paediatrics	3	18.8%
Laboratory modality	2	12.5%
Admin coordination	1	6.3%
Pathology	1	6.3%
Health records	1	6.3%
Orthopaedics	1	6.3%
Clinic services	1	6.3%
Maternity	1	6.3%
Therapy	1	6.3%
VCT Counselling	1	6.3%

Other than training to the medical officers, the supervisors suggested other areas they felt improvement can be done to retain the medical officers. They listed a number of areas as listed in table 4.13 below with working hours topping the list at 19%, followed by salary increment for the staff 14%, monetary rewards, better equipment and incentives 10% respectively among other areas of improvement.

Table 4.12: Other areas for improvement

	N	Percent
Working hours (less/reduced)	4	19.0%
Salary increment	3	14.3%
Monetary (poor pay)	2	9.5%
Better equipment's	2	9.5%
Incentives	2	9.5%
Training	2	9.5%
Working conditions	1	4.8%
Improved patient environment	1	4.8%
Education/training	1	4.8%
Professional support scheme	1	4.8%
Emergency Response & Oncology	1	4.8%
Family medical cover	1	4.8%

The medical officers were asked some of the achievements they have gained from their respective hospitals since they joined, where they listed a number of areas starting with experience at 21%, followed by improved services at 15% and financial/salary increment at 6% respectively among others achievements.

Table 4.13: HRD Achievements Analysis

Statistics	N - Valid	Mean	Median	Mode	Std. Deviation
Q15I Salary	38	2.68	3	2	.904
Q15II Incentives	38	2.58	2.5	2	.889
Q15III Location of the hospital	39	3.38	3	3	.990
Q15IV Working facilities/equipment	38	3.05	3	3	.804
Q15V Working conditions	39	3.26	3	3	.677
Q15VI Training opportunities	37	3.00	3	4	1.106
Q15VII Career growth	38	3.11	3	3	.953
Q15VIII Level of Innovation	39	3.08	3	3	1.010
Q15IX Sense of belonging	38	2.84	3	3	.973
Average	38	3.00	3	3	0.923

Human resource development mean among the 9 attributes is above our expected mean value of 2.5, some attributes are high with a mean of 3.38 and the lowest mean being 2.58. On average the overall mean for the category is 3.0 indicating that the respondents see human resource development as an important factor influencing retention among medical staff.

The mode for all the data points is ranging between 3 and 4 indicating most of the responses were skewed to the positive agreement of either very well or excellent with the attributes. Standard deviation denotes a dispersion away from the mean of talent management attributes with SD closer to 1.0 The variance of the SD away from zero indicates that the responses between 1-5 tend to be spread out over a range of values (5 point scale- 1- 5).

Table 4.14: Medical officers' achievements gained since joining

	N	Percent
Experience	17	20.5%
Improved services	12	14.5%
Communicate with others	8	9.6%
Career growth	7	8.4%
High quality clinic	5	6.0%
Financial/salary increment	5	6.0%
Courage/confidence	4	4.8%
Patients handling	4	4.8%
Skills	3	3.6%
Improved effectiveness	3	3.6%
Saving lives	2	2.4%
Good relations	2	2.4%
Training opportunities	2	2.4%
Client satisfaction	1	1.2%

The study sought to find out some of the achievements gained by the medical officers since joining the respective institutions, 20% indicated they have gained more experience, 14.5% indicated improved services, 10% indicated better communication and 8.4% indicated career growth among others as indicated in table 4.14.

The findings show that the medical officers had made some achievements despite their high rate of leaving a hospital. They had acquired skills, customer service, communication skills, more experience among others and they valued what they had already acquired but would wish to acquire more.

Table 4.15: Influence motivation has on commitment of medical officers

	N	Percent
Motivation	9	13.6%
Further career/Career development	6	9.1%
Incentive/financial	5	7.6%
Salary increment/better salary	5	7.6%
Training opportunities	5	7.6%
Better equipment's/facilities	4	6.1%
Improved facilities	4	6.1%
Furthering studies	4	6.1%
Commitment to help	4	6.1%
Assist many people	3	4.5%
Client relations	3	4.5%
Improved health care	2	3.0%
Better working hours	2	3.0%
Work during emergency times	1	1.5%

The study sought to find out from the medical officers what kind of influence motivation has on their intention to stay in their respective hospitals, 14% indicated it motivates them to stay with their respective hospitals, 9% indicated further career growth, 7% indicated financial benefits/salary increment and training opportunities respectively among other aspects as indicated in table 4.15.

The findings also came up with some of the areas they medical officers and the supervisors would like some improvement to ensure that they stay longer at a particular hospital.

4.4 Inferential Statistics

The conceptual framework sets out a number of variables that influence staff retention, as such the study sought to understand the relationship between the four main independent variables and their relationship to each other. Pearson correlation was run to determine the relationship between independent variables (On-boarding process, Performance management process, Talent motivation and Human resource development).

Table 4.16: Measure of association between the independent variables

		On-Boarding Process	Performance Management Process	Talent Management	Human Resource Development
On-Boarding Process	Pearson Correlation	1	.365**	.321*	.213
	Sig. (2-tailed)		.007	.019	.219
	N	53	53	53	35
Performance Management Process	Pearson Correlation	.365**	1	.287*	.337*
	Sig. (2-tailed)	.007		.025	.036
	N	53	61	61	39
Talent Motivation	Pearson Correlation	.321*	.287*	1	.125
	Sig. (2-tailed)	.019	.025		.447
	N	53	61	61	39
Human Resource Development	Pearson Correlation	.213	.337*	.125	1
	Sig. (2-tailed)	.219	.036	.447	
	N	35	39	39	39

The correlation is measured by Pearson's correlation value which ranges between -1 and +1. The independent attributes matrix exhibits a positive correlation between the independent variables measuring staff retention; however the association is a positive weak relationship across the four attributes.

The association between on-boarding process and performance management process variables displayed a weak positive association, which was statistically significant ($r = .365, n = 53 p < .05$). The association between Performance management and Human resource development variables displayed a weak positive association, which was statistically significant ($r = .337, n = 39 p < .05$).

The association between on-boarding and talent motivation variables displayed a weak positive association, which was statistically significant ($r = .321, n = 53 p < .05$). The association between performance management and talent motivation variables displayed a weak positive association, which was statistically significant ($r = .287, n = 61 p < .05$).

The association between on-boarding and human resource development variables displayed a weak positive association, which was not statistically significant ($r = .213, n = 35 p < .05$). The association between talent motivation and human resource development variables displayed a weak positive association, which was not statistically significant ($r = .125, n = 39 p < .05$). The association between on-boarding and talent motivation variables displayed a weak positive association, which was statistically significant ($r = .321, n = 53 p < .05$).

4.5 Regression Model: The extent to which Human Resources Practices affects the retention of Medical officers in Nairobi County.

The data collected from Medical officers and supervisors was subjected to logistic regression analysis to answer the objective of the study as outlined in the conceptual framework. The conceptual framework had outlined the independent variables (on-boarding process, performance management process, talent motivation & human resource development) presumed to be affecting the dependent variable staff retention. The variable intention to leave the institution given an option was a measure for staff retention thus a dichotomous variable coded as 1 yes and 0 no.

Logistic regression model measures the relationship between the categorical dependent variable and one or more independent variables by estimating probabilities using a logistic function which is the cumulative logistic distribution.

Logistic regression summary is depicted from the output in table 4.17 indicating the cases that were included and excluded from the analysis, the coding of the dependent variable which was a categorical variable.

Table 4.17: Case Summary

Unweighted Cases ^a		N	Percent
Selected Cases	Included in Analysis	43	70.5
	Missing Cases	18	29.5
	Total	61	100.0
Unselected Cases		0	0.0
Total		61	100.0

43 cases out of 61 were included in the analysis representing 71% of the category, 18 cases were missing from the analysis due to skip routine where certain respondents were required

not to answer the proceeding questions if they answered no, thus representing 29% non-response.

Table 4.18: Dependent variable encoding

Original Value	Internal Value
No	0
Yes	1

The dependent question measuring retention was a categorical question thus the coding of the variables was converted to a binary format of zero and one, where zero represented a “no” and one represented a “yes”.

Regression analysis was done using SPSS version 21 which allows for a two-step analysis by default, the first step, called step 0 (the beginning block), includes no predictors (independent variable) just the intercept (dependent variable).

Table 4.19: Variable in the Equation

	B	S.E.	Wald	Df	Sig.	Exp(B)
Step 0 Constant	-.624	.320	3.805	1	.051	.536

The above table indicates that the attributes have a negative correlation denoted by $B=-0.624$, however the exponentiation of the B coefficient $\text{Exp}(B)$ explains the odds ratio of 0.536.

The second section contains the results of the overall test model denoted as step one, displays the output of the test model (in the Omnibus test model coefficients), the classification and the variable analysis. (Block 1: Method = Enter)

Table 4.20: Omnibus Tests of Model Coefficients

	Chi-square	df	Sig.
Step 1 Step	15.994	3	.001
Block	15.994	3	.001
Model	15.994	3	.001

The Chi-square statistics and its significance level for the step, block and model are the same. The value $\text{sig}=0.001$ indicates the probability of obtaining the chi-square (15.994) statistic

given that there is no effect of the independent variables, taken together on the dependent value. The overall model is significant given the p-value (0.001) is less than the critical value (.05 or .01) with a df of 3.

Table 4.21: Classification

Observed		Predicted		
		If you had the option of leaving, would you leave?		Percentage Correct
		No	Yes	
Step 1	If you had the option of leaving, would you leave?	No	Yes	
		24	4	85.7
		7	8	53.3
	Overall Percentage			74.4

The table above indicates the number of “yes & No” observed in the dependent variable staff retention. The predicted values of the dependant variables based on the full logistic regression model indicate the correctly predicted cases.

24 cases are observed to be “No” and are correctly predicted to be “No”, however 4 cases were observed to be a “No” but predicted to be “Yes”, this accounts for 86% of “No” prediction to be correct. On the other hand 8 cases were observed to be “Yes” and correctly predicted so, while 7 cases were observed to be “Yes” but predicted to be “No” thus accounting for 53% correct prediction of “No”. Overall we indicate that the model predicts about 74% of the model.

Table 4.22: Variables Analysis

	B	S.E.	Wald	Df	Sig.	Exp(B)
Step 1 ^a						
On boarding	-.656	.600	1.195	1	.274	.519
Performance Management	-1.193	.583	4.185	1	.041	.303
Talent Motivation	-1.103	.511	4.654	1	.031	.332
Human Resource Development	-.001	.900	.000	1	.999	.999
Constant	8.610	3.053	7.954	1	.005	5487.032

5 Variables were tested as indicated in table 47, with the last variable being the constant (Y intercept). The logistic regression equation will be denoted as;

$$\log(p/1-p) = b_0 + b_1*x_1 + b_2*x_2 + b_3*x_3 + b_4*x_4$$

$$\log(p/1-p) = -(8.610 + (-0.656*\text{On boarding}) + (-1.193*\text{Performance}) + (-1.103*\text{Talent} + 0.001*\text{HRD}))$$

The estimates depict the relationship between the independent variables and the dependent variable (Staff retention) where the dependent variable is on the logit scale. The estimates predict the amount of increase (or decrease, if the sign of the coefficient is negative) in the predicted log odds of staff retention.

Performance Management: for every one-unit increase in performance management we expect a (-1.193) decrease in the log-odds staff retention holding all the other independent variables constant. The p-value is 0.041 thus lower than the critical value 0.05, so the null hypothesis that the coefficient equals 0 would be rejected.

Therefore, we note that talent motivation (Exp(B) 0.332) influences staff retention than performance management process (Exp(B) 0.303)

Talent Motivation: for every one-unit increase in talent motivation we expect a (-1.103) decrease in the log-odds staff retention holding all the other independent variables constant. The p-value is 0.031 thus lower than the critical value 0.05, so the null hypothesis that the coefficient equals 0 would be rejected.

The independent variables on boarding and human resource development have a p-value of 0.274 and 0.999 which are higher than the critical value of 0.05 thus not statistically significant to impact on staff retention.

Model Summary

A summary table showing the independent variable drivers of staff retention using the significance level of the independent attributes.

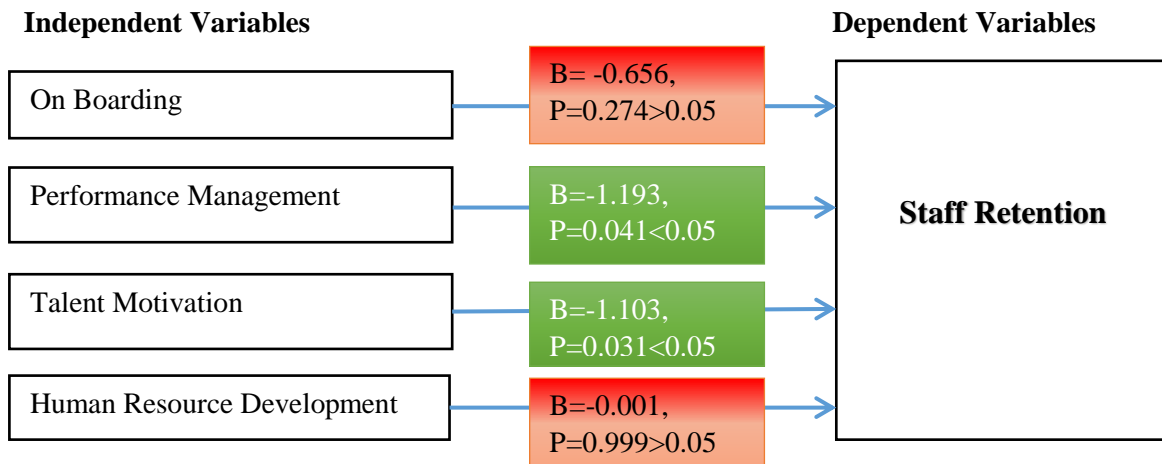


Figure 4.17: Conceptual performance – Regression

On boarding processes and human resource development variables do not impact on staff retention, however performance management and talent motivation influences/impact on staff retention.

The independent variables on boarding and human resource development do not impact of staff retention as they were not statistically significant to predict staff retention as they had p-value higher than the critical value of 0.05.

Performance management and Talent motivation impact on staff retention as they had p-values less than the critical value.

CHAPTER FIVE

SUMMARY OF FINDINGS AND DISCUSSION

5.1 Introduction

In this chapter are the summary of the major findings from the study conclusions and detailed discussions from the findings.

5.2 Demographics

56% of the employees were female and 43% male: 62% of the supervisors were male and 37% female: That shows that there are more female employees than the male employees in the health sector hence an indication of a good gender distribution. The results show that the medical officers in the work force now are mainly young people below 40 years. For supervisors the bulk of staffs are between the ages of 30 – 50 years with 38% respectively.

63% of the medical officers wished for monetary against 37% who opted for non-monetary rewards which was opposite to what their supervisors recommended for them; 75% of the supervisors recommended non-monetary rewards and 25% of the supervisors recommended monetary rewards for the medical officers.

5.3 Correlation

The independent variables matrix shows a positive correlation between the independent variables measuring staff retention; however the association is a positive weak relationship across the four variables. Meaning the independent variables influences on each other but not much influence whether they are significant or not.

5.2.1 On-boarding Process

70% of medical officers agreed that on-boarding process was carried out at the point of joining the hospital while 75% of the supervisors indicated that the hospitals has an on-boarding process in place for new medical officers at the point of joining.

On-boarding attributes (clear job assignment) had a high mean of 3.76 and the lowest mean being 3.21 (introduction to other members and management). On average the overall mean for

the category was 3.51 indicating that the respondents see on-boarding process as important attribute influencing staff retention.

This could have been attributed to the fact that new staff always feel welcomed when they know what their role is like clear job assignment unlike the employees who do not know what is required of them. This ensures that are able to fit and feel like part of the team. However, when the job assignment is not clear they take longer to settle down and they are likely to leave soon due to lack of having a sense of belonging.

Introduction to the staff and the management also influences staff retention, this is assumed that it is important for an employee to feel comfortable in a new job when they know the people they will be working with and the management. Based on whether the introductions were done determines the first impression they get which is likely to influence their stay mostly during the period of probation.

There is a significant association between on-boarding process and performance management process and talent management.

This is supported by Chang, (2015) who emphasizes how important organization support which starts from the on-boarding process influences job satisfaction hence the intention to stay. Additionally, the employees intention to want to stay is also influenced by the kind of leadership style is in place (Voon et al., 2011).

5.2.2 Performance Management Process

100% of supervisors indicated that performance appraisal process is carried out yearly; this was agreed by 85% of the employees. 47% of the respondents indicated that the performance appraisal process was fair, 50% of the supervisors indicated that the process was good.

98% of the medical officers indicated they had achieved their targets set between them and their supervisors. Performance management attributes are high with a mean of 3.62 and the lowest mean being 3.31. On average the overall mean for the category is 3.42 indicating that the respondents see performance management as an important factor influencing retention among the medical officers.

This assumed that the medical officers are likely to stay longer to acquire the training in their fields of interest. By having frequent feedback on their performance it is motivating as they are able to know when they are doing well and when they need to improve. Hence it makes

them want to learn more to be able to handle more complex cases as they progress in their career.

There is a significant relation between performance management process, on-boarding process, talent management and human resources development.

The findings are in line with Biron & Boon (2013) that the employees intention to leave is based on the relationship between him/herself and their supervisors such that high task and independent performers compared to low task dependent performers. In this case medical officers are high task independent performers. Further Batt & Colvin, (2011) confirms that quitting employment is influenced by how involving the work is and whether it is long-term or short term.

5.2.3 Talent Motivation

75% of the supervisors indicated they would recommend the medical officers to get non-monetary rewards, Medical officers wished for monetary rewards 63% contrary to the supervisor's recommendation

Talent motivation attributes are high with a mean of 3.70 and the lowest mean being 3.10. On average the overall mean for the category is 3.43 indicating that the respondents see talent motivation as an important factor influencing retention among medical staff.

With the findings the assumption is that any employee would like to be compensated well and the medical officers are not different their wish is to have career growth which is driven by the training and experience for some years. With the pay they are able to locum in other hospitals but for them to want to stay at a hospital is more influenced by career growth whose driving factors are training opportunities. The training opportunities are hard to come by as the medical officers have to acquire some years of experience before they are considered for further training. In most cases they leave the hospital before they have been considered for training. There is a significant relationship between talent motivation, on-boarding process and performance management process.

Talent motivation is a major factor that has an influence on staff retention; this is in line with Kyndt et al., (2009), Luoma et al., (2010). Further this confirms that employees do not always work for money but there are other factors that play a role in the decision to stay or leave (Chen and Hsieh, 2006).

5.2.4 Human Resources Development

42% of the employees indicated they have worked with the current hospital for between 0 – 5 years and 5 – 10 years respectively, 38% of the supervisors indicated that the medical officers had worked at the hospital for more than 10 years.

The medical officers were asked if they have had any promotion since joining their respective hospitals, 54% indicated they have not had any promotion. The supervisors were asked how long it takes for a medical officer to get a promotion in their respective hospitals, 50% indicated that the employees get promoted between 1 – 5 years

The supervisors indicated averagely per year 50% of medical officers get posted to the respective institutions were between 1 – 5 and 10 – 15 respectively.

The medical officers were asked if they had an option, if they would leave their current hospital, 63% indicated they would not leave

The medical officers were asked whether they needed further training and 80% indicated they needed

Human resource development attributes are high with a mean of 3.38 and the lowest mean being 2.58. On average the overall mean for the category is 3.0 indicating that the respondents see human resource development as an important factor influencing retention among medical staff.

We note that the main factors that influence medical officers under human resources development are the location of the hospital and the working conditions. This could be attributed to the needs of the social amenities such that the medical officers are likely to stay longer at a hospital that has the social amenities cross by. That is why you find some of the medical officers not reporting upon posting to the hospitals that are in remote areas due to lack of the social amenities and good infrastructure.

There is a significant relationship between human resources development and performance management process.

The fact that not all human resources have so much influence on staff retention is agreement with Chew and Chan, (2008). However, Goud, (2013) insists that for an organization to remain highly competitive, it will need to put in place HRD in place to make the employees more committed. Litano and Major, (2015) sees the need for the management to understand the

employees' needs first as gender has an impact on career development Abele and Spurk, (2011).

5.4 Regression model

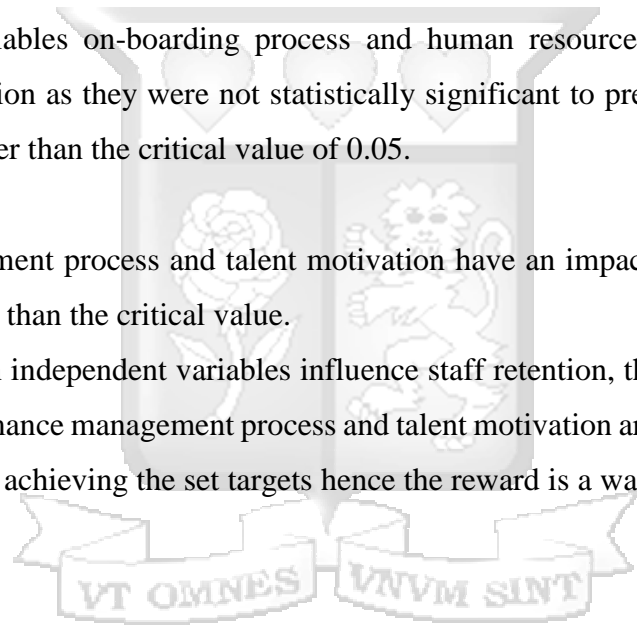
The regression model presents how the independent variables (on-boarding process, performance management process, talent motivation and human resources development) influence dependent variable (staff retention).

Regression model used predicted 74% of the responses given as “Yes” or “No” from the dependent variable were predicted correctly. Those who indicated their intention to leave or remain given the option were 74%.

The independent variables on-boarding process and human resource development do not impact on staff retention as they were not statistically significant to predict staff retention as they had p-value higher than the critical value of 0.05.

Performance management process and talent motivation have an impact on staff retention as they had p-values less than the critical value.

We note that the main independent variables influence staff retention, this could be attributed to the fact that performance management process and talent motivation are linked to each other. Talent is rewarded by achieving the set targets hence the reward is a way of encouraging hard work.



CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

In this chapter are the conclusions from the research findings, recommendations and the Gaps for further study that can be implemented by the Nairobi County hospitals and any other hospitals in Kenya.

6.2 Conclusion Summary

Human resources practice are important for the success of any organization hence they should be satisfactory at least to retain the staff who are a critical asset for the organization with the aim of attracting and retaining the employees.

In this study, it was to investigate influence of HRM practices which are on-boarding process, performance management process, talent motivation and human resources development on the retention of medical officers' at level 5 and 6 hospitals in Nairobi County. From the findings it concludes that some human resources practices play a significant role in the retention of medical officers. This is based on correlation between the independent variables and the dependent variable. Staff retention is influenced by all the variables but the level of relation is different.

However, we note that as much as all the independent variables have an association among themselves, there is no influence on staff retention when all the variables are put in together. But we note that when separated may be two by two there is a significant and have an influence of staff retention meaning they act as a drive of each other to influence staff retention.

Therefore it is important for the management to know the needs of the medical officers and provide them but the management cannot provide all the human resources practices and expect an influence on staff retention.

6.3 Recommendations

The study investigated the effect of Human resources practices on medical officers' retention in level 5 and 6 hospitals. Based on the findings, the following recommendations were made which the Nairobi county and other hospitals in Kenya can implement to ensure staff are retained and to achieve the vision 2030.

70% of medical staff and 75% of the supervisors indicated that the on-boarding process was carried out but some of the areas of the process were not adequately carried out. The introduction to other staff and management, clear job assignment, job expectations, and resources available were not well carried out. Hence, the on-boarding process should be streamlined such that the hospital management should ensure that the on-boarding process is carried out well.

There should be an on-boarding schedule and a person who has the responsibility to ensure that the new staffs are introduced to the relevant people that they will be working with. There is a clear job description that outlines what the staff is required to do on their job and the expectations or targets to be accomplished and also to ensure that the staff have the required resources to make their work more efficient. For example the hospitals should ensure that it is well equipped with necessary working tools like drugs, protective gear and other equipment to ensure that the doctors are not exposed to any health hazards. With all this in place it will help the staff to settle down fast and will be more productive on their job.

The performance management process was carried out but there were some aspects that were not carried out well; realistic targets, feedback, training and development opportunities and motivation which were poorly carried out. Therefore, performance management process should be carried out frequently like quarterly or half yearly to ensure continuous improvement. The management needs to ensure that the medical officers are informed about it and its value hence is able to fully participate. Targets to be set by the supervisor and the staff to ensure that they are realistic and both parties are in agreement. Feedback from the process should be relayed back to ensure that the medical officers are aware of the areas that they need to improve on. Performance should also be used to determine who gets promotion and the promotions should be done without delay to ensure that the medical officers are continuously motivated and that would ensure that they do not leave.

Talent motivation was more helpful in terms of career growth and training opportunities, the medical officers did not see the value in most of the incentives like family medical cover, yearly salary increment, housing allowance and less working hours. Therefore, the hospital should focus more in providing good salaries, opportunities for career growth and training rather than other non-monetary rewards.

Therefore, it is important for the management ensure there is continuous interaction with the staff to understand their needs and what would attract and retain them. This will guide the management on the areas that they need to focus to improve and retain their medical officers.

6.4 Areas of further research

The study was done in Nairobi County in the level 5 and 6 public hospitals. The main focus is how to retain medical officers in those hospitals. The study was focusing on Human resources practices (on-boarding process, performance management process, talent motivation and human resources development). Further study can be carried out in other hospitals in Nairobi County or other counties using the same variables to determine the influence that they have on staff retention. Medical officers are moving to private hospitals or abroad hospitals hence the need to carry out further research on the private and abroad hospitals to understand what attracts and the retention strategy that they are using.



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- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent

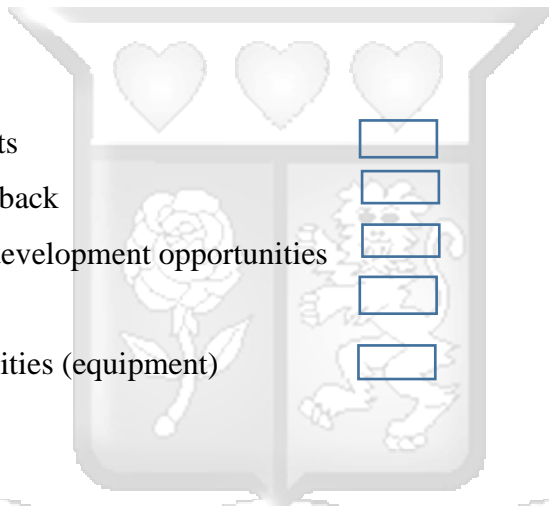
7. Have you achieved the targets set between you and your supervisor?

Yes No

8. On a scale of 1 – 5, what rating will you give to the below possible challenges?

- a. Poor
- b. Average
- c. Acceptable
- d. Very well
- e. Excellent

- Realistic targets
- Adequate feedback
- Training and development opportunities
- Motivation
- Adequate facilities (equipment)



Talent Motivation

9. Besides the monthly basic pay, what other rewards would you wish for?

Monetary Non-monetary rewards

10. On a scale of 1 – 5, how are the below incentives helpful?

- 1. Not helpful
- 2. Adequate
- 3. Acceptable
- 4. Good
- 5. Excellent

- Family medical cover
- Yearly salary increment
- Yearly bonuses
- Housing allowances
- Career growth
- Training Opportunities

Less working hours

Human Resources Development

11. If yes, kindly rate the below possibilities in a scale of 1 – 5.

- 1. Poor
- 2. Moderate
- 3. Good
- 4. Very Good
- 5. Excellent

Salary	<input type="checkbox"/>
Incentives	<input type="checkbox"/>
Location of the hospital	<input type="checkbox"/>
Working facilities/equipment	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>
Training opportunities	<input type="checkbox"/>
Career growth	<input type="checkbox"/>
Level of Innovation	<input type="checkbox"/>
Sense of belonging	<input type="checkbox"/>

12. Do you need further training?

Yes

No

13. If yes, which areas would you prefer?

14. What were some of the achievements that you have gained since you joined the hospital?

15. What kind of influence does motivation have on your commitment to the hospital?

Staff Retention

16. How many years of experience do you have in these hospital?

5 years 5 – 10 years over 10 years

17. Have you had any promotions since you joined the hospital?

Yes No

18. How would you rate your hospital in a scale of 1 -5?

19. If you had the option of leaving, would you leave?

Yes No



APPENDIX B: SUPERVISOR INTERVIEW SCHEDULE

Thank you for taking time for an interview, you will remain anonymous. The purpose of the interview is for a research project hence the need for audience and in this case medical officer at Level 5 and 6 hospitals.

- | | | | | |
|-----------|---------|--------------------------|--------------|--------------------------|
| 1. Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| 2. Age | 20 – 30 | <input type="checkbox"/> | 30 – 40 | <input type="checkbox"/> |
| | 40 – 50 | <input type="checkbox"/> | 50 and above | <input type="checkbox"/> |

On boarding

3. Does the hospital have an on-boarding process in place for new medical officers at the point of joining the hospital?

Yes No

4. If yes, on a scale of 1 – 5

- 1 Poorly conducted
- 2 Average conducted
- 3 Acceptably conducted
- 4 Very well conducted
- 5 Excellent

How would you rate the below;

Orientation process

Introduction to other staff members and management

Clear Job assignment explained

Expectations are clear

Resources at medical officer's disposal are clear

Policies of the facility are well explained

Performance Management Process

5. How frequently is the performance appraisal process carried out?

Yearly Half yearly Monthly Weekly

6. On a scale of 1-5, what rating would you give the performance appraisal process in your hospital?

- 1. Poor
- 2. Fair

- 3. Good
- 4. Very Good
- 5. Excellent

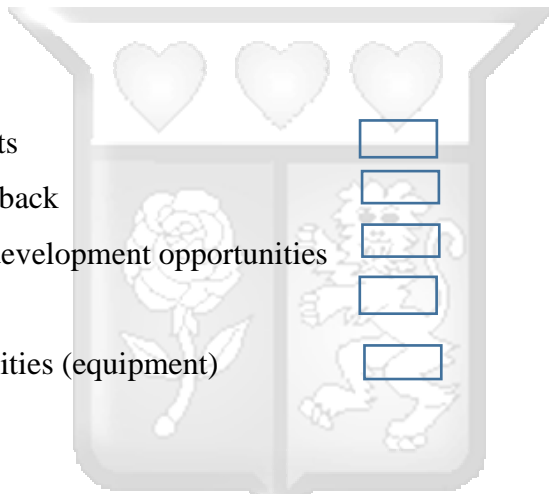
7. Are the targets set between you and the employee achieved?

Yes No

8. On a scale of 1 – 5, what rating will you give to the below possible challenges to performance?

- a. Poor
- b. Average
- c. Acceptable
- d. Very well
- e. Excellent

- Realistic targets
- Adequate feedback
- Training and development opportunities
- Motivation
- Adequate facilities (equipment)



Talent Motivation

9. Besides the monthly basic pay, what other rewards would you recommend for your employees?

Monetary Non-monetary rewards

10. On a scale of 1 – 5, are the below incentives helpful to the employees?

- 1 Not helpful
- 2 Adequate
- 3 Acceptable
- 4 Good
- 5 Excellent

- Family medical cover
- Yearly salary increment
- Yearly bonuses
- Housing allowances
- Career growth

Training Opportunities

Less working hours

Human Resources Development

11. On a scale of 1 -5, how would you rate the below possibilities for reasons for medical officers to want to leave?

- 1 Poor
- 2 Moderate
- 3 Good
- 4 Very Good
- 5 Excellent

Salary	<input type="checkbox"/>
Incentives	<input type="checkbox"/>
Location of the hospital	<input type="checkbox"/>
Working facilities/equipment	<input type="checkbox"/>
Working conditions	<input type="checkbox"/>
Training opportunities	<input type="checkbox"/>
Career growth	<input type="checkbox"/>
Level of Innovation	<input type="checkbox"/>
Sense of belonging	<input type="checkbox"/>

12. Do your medical officers need more training?

Yes

No

13. If yes, which areas would you recommend further training?

14. What are some of the other areas do you think they can be improved to retain the medical officers?

Staff Retention

15. On average how many years do the medical officers stay at your hospital?

1-5 years

5 – 10 years

over 10 years

16. How long does it take for a medical officer to get a promotion in the hospital?

1-5 years

5-10 years

over 10 years

17. On average per year how many medical officers get posted to your hospital?

1-5

10-15

15 and above

18. On average per year, how many medical officers leave your hospital?

1-5

5-10

10 and above

