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DOCTORS INTENTION TO QUIT OR STAY: A MULTIFACETED ANALYSIS IN EMBU COUNTY

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REG. NO. HCM/99212/17

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTERS IN BUSINESS ADMINISTRATION HEALTHCARE MANAGEMENT AT STRATHMORE
UNIVERSITY**

**STRATHMORE UNIVERSITY BUSINESS SCHOOL, INSTITUTE OF HEALTHCARE MANAGEMENT
STRATHMORE UNIVERSITY
NAIROBI, KENYA**

APRIL 2025

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APPROVAL

This dissertation has been submitted with my approval for examination as the supervisor.

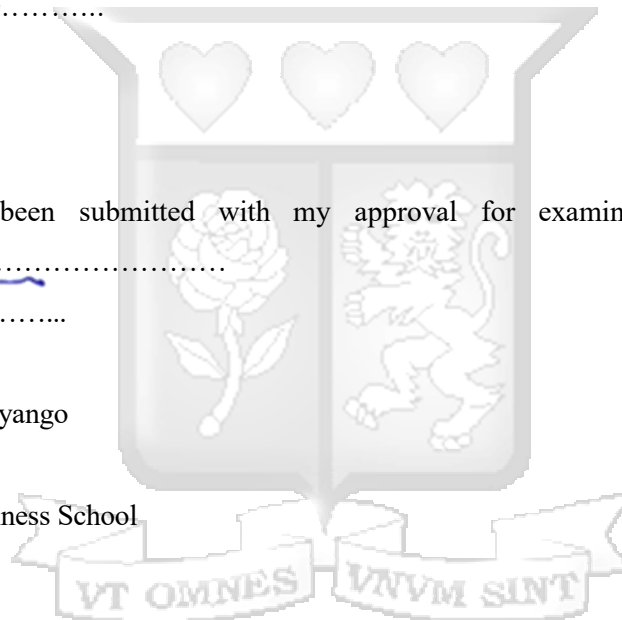
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ABSTRACT

Kenya's healthcare sector is grappling with a significant shortage of medical doctors, driven by high rates of resignation and emigration in pursuit of better opportunities. Burnout, exhaustion, the need for flexibility, and work-life balance concerns are major factors influencing these career decisions. This study aimed to examine the interplay of financial incentives, working conditions, career progression, and organisational culture on doctors' retention in Embu County, Kenya. Grounded in Herzberg's Two-Factor Theory, which distinguishes between motivators and hygiene factors, and Adams' Equity Theory, which highlights the importance of fairness in employment, the study employed a quantitative cross-sectional study approach, analysing data from all practicing doctors in the county. Findings revealed a 73.4% response rate, with a workforce predominantly female (67.2%) and aged between 34-44 years. The absence of doctors with over 15 years of service suggests long-term retention challenges, while the significant number of doctors on study leave highlights the value of professional development. Financial incentives emerged as a critical determinant of retention, with many doctors supplementing their income through private practice, underscoring the need for competitive salaries and benefits. Career progression opportunities, particularly paid study leave and internal promotions, were positively linked to job satisfaction, reinforcing the necessity for structured training and promotion systems. Working conditions significantly influenced retention, with manageable workloads and resource availability enhancing job satisfaction. Organizational culture played a pivotal role, with respondents citing supportive leadership and a conducive work environment as key retention factors. However, retention strategies must be multifaceted, incorporating financial incentives, career development, improved working conditions, and a positive work culture. Based on these findings, increasing salaries, expanding professional development opportunities, ensuring adequate staffing and resources, and fostering a supportive organizational culture is recommended as part of the targeted strategies to retain medical professionals and sustain healthcare services in Kenya.

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LIST OF ABBREVIATIONS/ACRONYMS

CHWs - Community Health Workers
HRH - Human Resources for Health
KNH - Kenyatta National Referral Hospital
NACOSTI - National Commission for Science, Technology and Innovation
SDGs - Sustainable Development Goals
SHRM - Society of Human Resources Management
SPSS - Statistical Package for the Social Sciences
SU-ISERC - Strathmore University Institutional Scientific Ethics Review Committee
UHC - Universal Health Coverage
UNECA - United Nations Economic Commission for Africa
WHO - World Health Organization



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1 CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter provides a background to the study describing the global, regional and local situation context within which the study is set.

1.2 Background to the Study

Universal Health Coverage (UHC) cannot be achieved without an adequate, motivated and equitably distributed health workforce. The World Health Organization (WHO) projects a shortfall of about 11 million health workers by 2030, concentrated in low- and lower-middle-income countries (WHO, 2023). Doctors represent a small but strategic slice of that workforce—sub-Saharan Africa carries 25 % of the global disease burden yet has only 3 % of the world’s doctors, nurses and midwives (WHO, 2023). Recent surveys link this quantitative gap to a qualitative crisis: in 2023 nearly 1 in 5 doctors in high-income settings expressed an intention to leave their current employer within two years, largely driven by burnout and feeling undervalued (DePierro et al., 2024) (Ligibel et al., 2023). Such outflows from better-resourced systems intensify international recruitment that further depletes fragile labour markets in low-resource settings, undermining global progress toward the Sustainable Development Goals.

Low- and middle-income countries now face a “triple challenge” in managing their health workforce. First, supply has accelerated: medical-school output has risen sharply in response to global calls for Universal Health Coverage. Second, absorption has lagged: public budgets and staffing ceilings have not kept pace, so thousands of newly qualified doctors remain unemployed or under-utilized at home. Third, international migration siphons off the most mobile clinicians: high-income systems confronting their own shortages recruit aggressively, offering salaries and working conditions that domestic employers cannot match. The result is a paradoxical landscape in which nations simultaneously train more doctors than ever, fail to integrate them into local services, and then lose them to external labour markets, undermining the very goal of strengthening primary care and resilient health systems.

Recognizing the scale of the challenge, African Ministers of Health endorsed the Africa Health Workforce Investment Charter (2024), which estimates that 5.3 – 6.1 million additional health workers will be required in the Region by 2030 and calls for at least US\$ 5 per capita per year—two-thirds of it on workforce capacity—to protect health security and advance UHC . Yet chronic under-investment persists over half of African countries still spend below the US\$

112 per-capita threshold for essential services, and fewer than 35 % of health-workforce strategies are fully implemented because wage bills are capped or unfunded .

At the same time, labour-market surveys reveal a paradox of high turnover intention (pooled 51.96 % in sub-Saharan Africa) alongside pockets of open unemployment, especially among young doctors (Adelugba, 2023). Qualitative work highlights excessive workloads, unsafe night shifts, weak managerial support and pervasive dual practice (“moonlighting”) as key push–pull factors. In southwest Nigeria, for example, moonlighting showed a statistically significant—but double-edged—association with job retention among hospital doctors(Adelugba, 2023)

Kenya epitomises this dual challenge of shortage and absorption. According to the Kenya Health Labour Market Analysis (KHLMA) 2023, the country more than doubled its health-worker stock in the past decade to ~190 000 across 13 occupations, yet 14 % of all health workers—and 23 % of medical officers—were unemployed or under-employed in 2021(Ministry of Health, 2023) . Doctor density remains low at 2.6 per 10 000 population and the analysis projects that to approach UHC targets Kenya will need > 270 000 health workers by 2031—an investment increase of 7-11 % over current spending(WHO, 2023)

Structural bottlenecks aggravate individual dissatisfaction. Fiscal ceilings at county level slow recruitment; career-progression pathways are opaque; and studies show that many Kenyan doctors resort to informal dual practice, driven more by organisational climate than by pay differentials (Muruga, 2022). Younger doctors, who make up half of the medical-officer cadre, report low morale when senior colleagues delegate tasks without mentorship, echoing patterns elsewhere in Africa.

Although national-level figures are now clearer, county health departments are responsible for hiring and retaining most Kenya’s doctors. Embu County—a primarily agrarian region with a growing private sector—faces the same fiscal and organisational pressures described above but lacks granular evidence on why its doctors stay, quit, or juggle multiple jobs. Understanding these motivations is essential for county-specific workforce planning and for testing whether national prescriptions translate into local reality.

1.2.1 Doctors' Intention to Quit or Stay

Globally, the healthcare sector has been grappling with persistent and unresolved labour shortages within its workforce. The escalating demands imposed by the COVID-19 pandemic

in recent years have resulted in healthcare workers quitting, exacerbating the situation. At the pandemic's peak, significant disruptions in healthcare systems worldwide precipitated urgent appeals for formulating and implementing strategies to mitigate the escalating attrition rates among healthcare professionals, including physicians. The World Health Organization (2021) noted that such turnover rates are likely to intensify, given the unprecedented pressures experienced by healthcare personnel during the pandemic, underscoring the imperative for proactive interventions to ensure the retention of healthcare workers. One of the main challenges pushing doctors to quit is financial incentives.

While remuneration constitutes a fundamental element in employee recruitment and retention, various other factors significantly influence workforce stability. Compensation and financial security remain powerful, but not sufficient, levers. In McKinsey's 2024 national physician survey, fully 69 percent of the 1 300 respondents said that a desire for higher pay influenced their intention to leave their current post, placing money at the very top of the exit list (Practice, 2024). A parallel 2025 cross-sectional study of 16 000 U.S. Veterans Affairs physicians echoed the theme: pay and benefits emerged as the single most-cited motive among those actively planning to quit the federal system (Oh et al., 2025). Nevertheless, multivariate models in both papers show that competitive, on-time remuneration explains less than one-third of the variance in turnover intent, signalling that other forces are at play.

Workload and incomplete staffing sharply amplify quit intentions. A May 2025 *JAMA Internal Medicine* research letter found that almost 48 percent of U.S. physicians work with an incompletely staffed team more than a quarter of the time; those doctors had 1.5-times higher odds of planning to leave their organisation within two years (Oh et al., 2025). The authors argue that chronic understaffing turns everyday pressure into outright burnout, accelerating thoughts of exit even among otherwise satisfied clinicians. Working conditions are how employees perceive their working environment based on the organization's cultural values and beliefs. Working conditions and work environments must have a set of positive company values and beliefs as the foundation that reflects their employees' values. High-retention companies tend to have a solid and engaging organizational culture based on integrity, respect, equality, teamwork, and worker involvement (Goldstein et al., 2017). These positive values can help create a work climate that employees perceive as rewarding, supportive, and equitable. The leaders of organizations are responsible for cultivating a positive culture by establishing positive work values for the organization and, in their daily actions and decisions, enacting the organization's beliefs (Goldstein et al., 2017).

Workplace culture is an even stronger predictor than pay. MIT Sloan's analysis of 34 million employee profiles during the "Great Resignation" showed that a toxic culture was ten times more predictive of attrition than compensation; the same algorithm flagged disrespect, inequity and unethical behaviour as the most corrosive elements. Conversely, a 2022 multi-centre study of physicians reported that "group culture"—cohesion, open communication and shared decision-making—correlated with significantly higher job satisfaction and intention to stay (Burney et al., 2023)

Schein has described organizational culture as "a deep phenomenon including a set of assumptions that organizations transmit to new team members as the organization's way of thinking and feeling." (Linzer et al., 2022) One culture type, termed group culture, is associated with worker satisfaction. Group culture includes cohesion, participation, and communication; thus, evidence suggests that leaders emphasizing building cohesive teams with solid communication and participation could be a powerful remedy for the rewiring from trauma and lead to greater satisfaction and retention. Because values are critically important to a supportive workplace, meeting with clinicians to encourage value definition and alignment can be a powerful means of promoting retention.

Career needs, as defined by Chen and colleagues' include but are not limited to personal needs for career goals (e.g., a career landmark achieved), increasingly complex tasks (opportunities to develop to achieve the career goal), and career challenges (future career needs arising from career progressional opportunities). (Donald Sull et al., 2022) Opportunities for further education and career advancement are critical for the retention of skilled professionals. The absence of well-structured career development programmes that align with employees' professional aspirations may result in diminished engagement, reduced job performance and motivation, and an increased likelihood of resignation. (Daryanto et al., 2015)

Leadership quality modulates both burnout and loyalty. In a 2025 Canadian cohort of 1 176 physicians, each single-point rise on the Mayo Clinic leadership scale was associated with a 3 percent drop in burnout odds and a 6 percent jump in organisational satisfaction (Haslam et al., 2024). Reviews now attribute three-quarters of preventable turnover to leadership behaviours such as poor recognition, opaque decision-making and limited staff engagement.

Flexibility and work–life balance have moved centre-stage. Schedule control ranks just behind pay: 51 percent of doctors in McKinsey's 2024 survey named flexible rostering as a decisive retention factor. Systematic reviews from Europe likewise link flexible or self-rostered shifts to consistently higher intention-to-stay scores among hospital physicians, suggesting that

lifestyle autonomy can offset moderate salary gaps.

Career development and structured mentoring anchor early-career doctors. A 2024 qualitative study of rural Japanese hospitals identified protected learning time and a formal supervising-physician system as critical to keeping trainees on staff long-term(Sogai et al., 2024) Similar results from pan-Canadian mentoring programmes introduced in 2023 show that visible growth pathways and coaching suppress quit intentions even in high-pressure tertiary centres. Dual practice (“moonlighting”) is a double-edged sword. Nigerian research in 2022 found that doctors who moonlighted under clear, non-punitive regulations were more likely to stay in their primary public posts, using extra income and professional autonomy to buffer dissatisfaction (Adelugba, 2023) Where dual practice is unregulated or stigmatised, however, it can intensify burnout and erode quality of care.

Pandemic-era studies converge on a multicausal model: financial stressors ignite dissatisfaction; toxic culture and workload fan it; weak leadership and poor career prospects decide the exit. An American Journal of Public Health survey (2024) found that inadequate organizational support doubled the odds of clinicians planning to leave, independent of pay (DePierro et al., 2024) Likewise, incomplete staffing not only fuels burnout but directly predicts quit intentions, even after adjusting for specialty and salary (Rotenstein et al., 2025) Recent intervention trials show that piecemeal solutions fail. *Hybrid scheduling* (on-site + virtual) plus team-based culture reforms cut turnover by 18 % in a three-hospital pilot in 2023 (Bhuyan, 2023). Systematic reviews of physician-burnout interventions conclude that bundled programmes that mix workload control, leadership development and mentoring halve quit intentions versus single-component fixes(Berg, 2025).

In sum, doctors rarely leave for a single reason. Competitive pay may open the conversation, but intentions harden when inadequate staffing, toxic culture, weak leadership, rigid schedules or stalled career prospects pile on. Effective retention therefore demands a bundle of interventions that marry fair compensation and staffing with respectful leadership, schedule flexibility and visible development pathways

1.3 Statement of the Problem

Progress toward Universal Health Coverage (UHC) hinges on all six WHO health-system building blocks working in concert, yet none is more immediately consequential than the health workforce, which translates inputs—drugs, equipment, financing—into the day-to-day

care that drives population health outcomes. The World Health Organization warns that the world will still face a shortfall of roughly 11 million health workers by 2030, a deficit concentrated in low- and lower-middle-income countries and large enough to stall UHC gains if left unaddressed. (WHO, 2023)

Within that workforce, medical doctors occupy a pivotal, multiplier role: they coordinate multidisciplinary teams, perform complex diagnostics and interventions, and mentor the next generation of providers. Doctors also represent a substantial share of salary costs, making their retention economically as well as clinically decisive. Recent meta-analytic evidence shows that nearly one in three physicians worldwide harboured an intention to leave their job during the COVID-19 period, underscoring how fragile this cadre has become. (DePierro et al., 2024)

Kenya mirrors the global paradox of simultaneous shortage and unemployment. Although doctor density has doubled since 2006, a national Health-Labour-Market Analysis (HLMA) found that 1 831 medical officers—23 % of the stock—were unemployed or under-employed in 2021, even as rural and primary-level facilities remained understaffed. (Ministry of Health, 2023) Devolution has further complicated the picture: 47 county governments now wield autonomous hiring authority, leading to wide variation in pay scales, career-progression rules, and working conditions—factors repeatedly linked to attrition in qualitative studies of Kenyan doctors. (Mbuthia et al., 2024) National guidance on retention exists only in broad strokes, leaving counties such as Embu to navigate workforce planning with limited evidence and constrained budgets.

What remains poorly understood is *why* doctors exit (or stay in) county public service once hired. Salary arrears and perceived low pay are often cited, yet international and African studies indicate that workload, leadership quality, toxic or supportive culture, and opportunities for regulated dual practice can be equally decisive. (Mbuthia et al., 2024) (Muruga, 2022) In Kenya's mixed health economy—where large private hospitals and locum opportunities coexist with public facilities—doctors may moonlight not only for income but also for professional autonomy, a dynamic rarely quantified at county level. Moreover, Embu County has its own micro-context of agricultural livelihoods, road-network constraints and fiscal limits that may shape motivational drivers differently from better-studied urban centres.

This study therefore seeks to fill these evidence gaps by conducting a multifaceted analysis of *doctors' intention to quit or stay* in Embu County's public health sector. By integrating

labour-market data, organisational-culture measures and individual motivational factors—including moonlighting behaviour—the research will generate actionable insights for county and national policymakers aiming to stabilise the physician workforce and, by extension, safeguard progress toward UHC.

1.4 Research Objectives

This study examined the factors that influence doctors' intention to quit or stay in Embu County.

1.5 Specific Objectives

- I. To investigate the extent to which financial incentives influence doctors' decision to continue or leave their roles in Embu County.
- II. To examine the extent of the impact of career advancement opportunities on doctors' intentions to remain in or depart from Embu County.
- III. To assess the extent to which working conditions influence doctors' intentions to stay or quit in Embu County
- IV. To explore the extent to which cultural factors affect doctors' intentions to remain or leave their positions in Embu County.

1.6 Research questions.

- I. How do financial incentives contribute to doctors' decisions regarding whether to stay or leave their positions in Embu County, Kenya?
- II. What is the influence of career progression opportunities on doctors' intentions to remain employed or seek alternative positions in Embu County, Kenya?
- III. How do working conditions within healthcare settings affect doctors' intentions to either continue practicing or pursue opportunities outside of Embu County, Kenya?
- IV. In what ways does culture impact doctors' intentions to either stay within or depart from their roles in Embu County, Kenya?

1.7 Significance of the Study

To the county government of Embu, Department of Health, this study will provide an in-depth understanding of how the financial incentives, career progression, training and development, and culture influence the doctors' decisions to quit or to stay. The findings and

recommendations from this study will inform human resource policies to ensure they retain the doctors and improve their productivity and, in turn, service delivery. The study will inform Human Resource practitioners and policymakers about the crucial role that financial incentives, career progression, training and development, and culture play in ensuring that all health systems have an adequate and experienced health workforce and preparing to mitigate the impact of the great quit or resignation within the healthcare sector by addressing the antecedents of quitting or resignation. It will also inform you about the reformation of HRH practices to enhance employee retention and explain why such policies are essential in the current competitive working environment.

To scholars and academicians, the study will provide additional literature on the great quit or resignation and the significant factors that influence it, specifically among healthcare workers in a resource-limited setting. Limited studies on the topic exist in the African region, and this study will also stimulate further research into the phenomenon. It may also draw criticism from other scholars on the current topic of the study.

1.8 Scope of the Study

This study examined the factors influencing doctors' intentions to remain in or leave their positions within Embu County's public healthcare system. The focus is on variables such as financial incentives, working conditions, career progression, and opportunities for training and development. The target population includes all doctors employed by the Embu County Government, encompassing those currently on study leave. Embu County has recently experienced significant challenges related to healthcare personnel retention. The need to examine doctors' retention and turnover intentions within Kenya's devolved healthcare system is crucial, as county governments now bear the primary responsibility for healthcare service delivery, including workforce management. Since the devolution of health services in 2013, counties have faced persistent challenges in retaining healthcare professionals, particularly doctors. Understanding the factors influencing doctors' decisions to stay or leave is essential in addressing workforce shortages and ensuring sustainable healthcare service delivery at the county level.

Embu County presents a compelling case for such an investigation due to its recent history of doctor resignations, strikes, and disputes over working conditions. In January 2024, doctors in Embu County went on strike, citing delayed promotions, non-remittance of statutory deductions, denial of study leave, and prolonged contractual employment without conversion to permanent terms. The industrial action led to a significant disruption of healthcare services,

highlighting deep-rooted systemic issues affecting healthcare professionals' intention to stay or quit and retention. While negotiations led to commitments from the county government to address these grievances, recurrent disputes indicate persistent challenges in workforce management.

Additionally, Embu County is representative of many medium-sized, semi-urban, and rural counties in Kenya, where healthcare staffing shortages, resource constraints, and inequitable workforce distribution are major concerns. The study findings can provide evidence-based insights not only for Embu County but also for other devolved units facing similar healthcare workforce challenges. By identifying the key determinants of doctors' intention to quit or stay, this research will inform county-level policy interventions, workforce planning, and retention strategies, contributing to a more stable and efficient devolved healthcare system.



2 CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter describes the existing scholarly works related to this study. It provides an overview of the areas studied in the past and identifies the existing knowledge gap. It covers the theoretical framework, empirical review, conceptual framework, operationalization of the variables, and knowledge gap.

2.2 Theoretical Framework

Understanding why physicians intend to quit or stay requires more than a single motivational lens. This study is grounded in Herzberg's Two-Factor Theory (1959) and Adams' Equity Theory (1963), both of which provide a comprehensive lens for understanding doctors' intentions to stay or quit within Embu County's devolved healthcare system. Both Herzberg's Two-Factor Theory and Adams' Equity Theory provide valuable insights into the push and pull factors influencing doctors' career decisions. Herzberg's Two-Factor Theory distinguishes the *content* of work (motivators) from its *context* (hygiene factors), while Adams's Equity Theory adds a social-comparison layer that explains how perceived fairness moderates those same factors. Taken together the two theories capture (1) *what* makes work satisfying or dissatisfying and (2) *when* the very same conditions feel equitable—or not—to the individual doctor. The complementarity is therefore ideal for a study that looks simultaneously at salary, workload, leadership, career progression, moon-lighting and organisational culture in a devolved Kenyan county health system.

2.2.1 Herzberg Two-Factor Theory

In 1959, Frederick Herzberg, a behavioural scientist, introduced the two-factor motivator-hygiene theory, which sheds light on factors influencing intention to stay or quit and dissatisfaction among employees (Herzberg et al.; B., 1959). According to Herzberg, certain job factors lead to satisfaction, termed motivators, while others prevent dissatisfaction, referred to as hygiene factors. Workplace conditions play a crucial role in this framework, with factors such as financial incentives, working conditions, career progression, and training and development affecting doctors' intentions to either stay or quit within Kenya's devolved healthcare system.

Herzberg's original insight—that motivators (recognition, growth, responsibility) create satisfaction whereas hygiene factors (pay, working conditions) merely prevent dissatisfaction—has enjoyed a revival in health-workforce research over the past decade. A 2020 mixed-methods study among medical laboratory professionals in Oman found that

achievement, professional growth and recognition were the strongest predictors of job satisfaction, while inadequate staffing and salary delays were the main dissatisfiers (de Vries et al., 2023). In Pakistan's Punjab Health-care Commission, a 2024 survey confirmed that opportunities for training and advancement outweighed salary in predicting retention intentions—adding empirical heft to Herzberg's view that motivators drive long-term loyalty(Jaffar et al., 2024). Kenyan work is emerging: an exploratory qualitative study that combined Herzberg and Equity Theory reported that delayed promotions and poor supervision—classic hygiene failures—were pivotal push factors for county doctors, but that clinical autonomy and postgraduate scholarships pulled them to stay(Zhao et al., 2024) A 2023 systematic review across 18 countries showed that interventions targeting motivators (leadership development, recognition programmes) halved quit intention, whereas hygiene-only fixes (salary top-ups) produced marginal gains(Alrawahi et al., 2020).

Financial incentives and working conditions are considered significant extrinsic hygiene factors in this study, while training and development represent an intrinsic hygiene factor (Sutherland & Jordaan, 2004; Netswera et al.; E. M., 2005). Herzberg emphasized that while extrinsic factors like salary and working conditions may not directly lead to intention to stay or quit, they can prevent dissatisfaction. Conversely, intrinsic factors like training and development contribute to intention to stay or quit by fostering growth and advancement opportunities.

Furthermore, Herzberg argued that mitigating dissatisfiers, such as unfavourable working conditions, can encourage employees to remain in their roles, although it may not necessarily enhance their performance (Almaaitah et al., 2017). However, research suggests that intrinsic factors play a more significant role in turnover intention among professionals compared to adverse working conditions (Danish, 2020).

Training and development are particularly crucial in enhancing employee satisfaction and reducing turnover intention by providing opportunities for growth and career advancement (Sanjeev et al., 2016). The theory advocates for job enrichment strategies that engage employees and utilize their skills effectively to improve performance. Herzberg's theory is highly relevant to this research as it explains how both intrinsic (career progression, training, and recognition) and extrinsic (salary, working conditions, job security) factors contribute to doctors' intention to stay or quit. In Embu County, recent doctor strikes have highlighted dissatisfaction with extrinsic factors such as delayed promotions, poor working conditions, and salary issues, making this theory a strong fit for understanding retention challenges.

2.2.2 Equity Theory

John Stacey Adams' Equity Theory, formulated in 1963, is a foundational model for deciphering workplace motivation and intention to stay or quit. It is particularly pertinent to exploring doctors' decisions regarding their continuation or departure from their roles. This theoretical framework suggests that employees endeavour to balance their contributions to their occupation and the rewards they receive in return relative to the input-outcome ratios observed among their counterparts (Adams et al., 1963). Within the medical profession, inputs include the doctors' exertion, level of expertise, commitment, and the sacrifices entailed. At the same time, outcomes encompass remuneration, acknowledgment, opportunities for professional advancement, and conditions of employment.

A perception of imbalance, especially if doctors feel their efforts are not equitably reciprocated compared to their peers, may drive them towards resignation. On the contrary, a sense of fairness or beneficial disparity can elevate job contentment and fidelity, diminishing the propensity to resign. Adams' Equity Theory emphasizes the necessity for management practices and policies to be transparent and equitable, adequately acknowledging and compensating doctors for their contributions. Additionally, Mylene (2008) posited that a lack of motivation elevates the likelihood of employees desiring to leave. This research is grounded in the principle that the contributions made by doctors to their workplace ought to be commensurate with the rewards dispensed by the organization, specifically in terms of financial remuneration.

Equity Theory posits that employees weigh their *inputs* (effort, expertise) against *outcomes* (pay, status) in comparison with peers. Perceived imbalance generates stress that can culminate in exit. A 2024 Chinese study of 5 312 primary-health-care workers found that distributive and procedural justice cut turnover intention by 18 % and 14 % respectively, with work motivation mediating the effect (Jaffar et al., 2024). Among young hospital doctors in Vietnam, inequitable salary structures explained more variance in job dissatisfaction than absolute pay level, reinforcing the centrality of fairness. Equity thinking also colours views of working conditions: a 2023 JAMA Network Open analysis linked higher intention-to-leave in academic physicians to perceived unfair workload distribution rather than total hours worked (Alrawahi et al., 2020).

Financial incentives, a key variable under investigation in this study, relate to the outcomes component of Adams' Equity Theory. Doctors evaluate the fairness of their remuneration packages, considering factors such as salary, bonuses, and benefits, in comparison to their colleagues and industry standards. Disparities in financial rewards may lead to perceptions of inequity, potentially influencing doctors' intentions to either continue practicing within the

healthcare system or seek opportunities elsewhere. A harmony between input and resultant rewards reduces staff turnover and augments retention.

According to the Equity Theory, remuneration (a financial incentive) is a reward after exerting effort or service. Regular salary payment is one of the foremost financial incentive schemes provided to recipients, such as doctors, on a routine basis. Shoab et al. (2009), as referenced by N'gethe et al. (2010), advocate that an appealing financial incentive package plays a critical role in retention and turnover as it satisfies both the monetary and additional material desires of employees. Aligning with this theoretical perspective, Mamah (2015) noted the significant role of financial incentives in motivating or demotivating employees, directly influencing their decision to remain or leave. Furthermore, several studies corroborate these findings; Curran (2012) highlighted a substantial correlation between financial incentives and employee turnover, suggesting high turnover rates when motivation is deficient.

Employees expect returns corresponding to their input, such as proportional remuneration, accolades for achievements, and supplementary non-monetary benefits, often termed fringe benefits, which include provisions like office refreshments, transportation, team bonding activities, and promotional opportunities.

Working conditions, another variable of interest, also align closely with Adams' Equity Theory, specifically in terms of outcomes. Doctors assess the quality of their work environment, including factors such as workload, staffing levels, equipment availability, and safety measures. Perceptions of inequity may arise if doctors feel that their contributions outweigh the rewards provided in terms of conducive working conditions, potentially impacting their intentions to stay or leave their roles.

Career progression opportunities represent a crucial aspect of the outcomes component within Adams' Equity Theory. Doctors evaluate the fairness of advancement prospects, including opportunities for promotions, professional development, and skill enhancement programs. Perceptions of inequity may arise if doctors perceive limited or unequal access to career progression opportunities relative to their peers, potentially influencing their intentions regarding their continued involvement in the healthcare system. (Al-Zawahreh & Al-Madi, 2012)

Lastly, the opportunity for training and development, a variable under examination, relates to both inputs and outcomes within Adams' Equity Theory. Doctors invest their time and effort in pursuing educational and professional development opportunities to enhance their skills and knowledge. They also assess the fairness of the opportunities provided for training and development relative to their colleagues. Perceptions of inequity in this regard may impact

doctors' intentions regarding their future within the healthcare system, particularly if they feel that their contributions are not adequately recognized or rewarded in terms of training and development opportunities

These theories shape our variable set: financial incentives and working conditions are treated as hygiene factors; career progression, training/CPD and recognition as motivators. Independent variables are grouped using Herzberg: *Hygiene*: salary regularity, facility resources, roster adequacy. *Motivators*: postgraduate training access, recognition, decision latitude. Perceived equity (fairness of pay, workload, promotion speed) is modelled as a *moderator* that can amplify or dampen the hygiene–motivation effects on the dependent variable—doctors' intention to quit or stay. Moonlighting is incorporated as a coping response that may restore perceived equity when hygiene deficits persist.

This architecture allows statistical testing of (a) direct effects of motivators/hygiene and (b) interaction effects with equity perceptions—precisely the complementarity the two theories predict. The study variables were derived from validated Herzberg and Equity scales (e.g., motivator–hygiene checklists; Colquitt's organisational-justice inventory). Multivariate logistic regression will estimate the odds of quit intention; interaction terms will assess equity moderation; thematic coding of interview data will use Herzberg categories and equity cues. Findings will be interpreted through both theories to recommend tailored hygiene fixes (e.g., payroll regularisation) and motivator boosts (e.g., mentorship), while flagging equity-sensitive reforms such as transparent promotion criteria.

2.3 Empirical Review

This section surveys the evidence base on why doctors quit or stay, moving from broad international trends to the specific realities of Kenya's devolved health system. Guided by a systematic search of PubMed, Scopus and regional indexes for studies published 2015-2024, it organises the literature around four recurrent explanatory domains: (i) financial incentives, (ii) career growth, (iii) working conditions, and (iv) organisational culture and leadership. For each domain, the review first synthesises multi-country and sub-Saharan African findings, then interrogates Kenyan studies, highlighting consistencies and divergences. Particular attention is given to empirical work that applies Herzberg's Two-Factor or Adams's Equity frameworks, as these theories underpin our conceptual model.

2.3.1 Doctors' Intention to Quit or Stay

Motivational theories, focusing on Herzberg's (1959) Dual-Factor Theory, endeavour to explain the mechanisms by which specific factors influence employee motivation, thereby either repelling them from their current roles or enticing them toward positions. These determinants

are classified into intrinsic and extrinsic categories. Intrinsic elements encompass recognition, accomplishment, advancement, personal growth, responsibility, and the essence of the work itself. In contrast, extrinsic elements comprise organizational policies, remuneration, management styles, and interpersonal dynamics among colleagues. Regarding the healthcare sector, refined analyses of Herzberg's (1959) theory have categorized motivational elements as follows: occupational environment, economic rewards, living standards, individual growth, and factors related to recruitment.

Extensive international research highlights the crucial role of economic rewards in the retention of healthcare personnel (Washeya, 2018; Seitovira et al., 2014; Ndeti et al., 2008; Mbugua et al., 2018). For example, in Namibia, the migration of physicians to the private sector was driven by financial incentives (Washeya, 2018), while in Finland, economic incentives played a significant role in shaping employees' decisions to remain in their positions (Seitovira et al., 2014). In Kenya, although a substantial body of research has explored financial incentives across various sectors, limited attention has been given to the healthcare sector. Ndeti et al. (2008) identified economic rewards as a key factor in the migration of healthcare workers from rural to urban facilities, while Mbugua et al. (2018) found that 80% of Community Health Workers experienced considerable demotivation due to insufficient financial incentives, which led to increased considerations of resignation.

Research has repeatedly highlighted the importance of career advancement in physicians' decisions to leave or remain in their positions (Booyens & Bezuidenhout, 2014; Ojaka et al., 2014). In South Africa, opportunities for career progression influence physicians' retention positively (Booyens et al., 2014), whereas, in Kenya, such opportunities contribute to rural-to-urban migration and increased staff turnover (Ojaka et al., 2014). Entities that provide precise trajectories and opportunities for career advancement confer a sense of worth upon their employees and invigorate them to undertake their duties with enhanced enthusiasm (Booyens et al., 2014). Despite the recognized importance of career opportunities as an attractive force, a notable scarcity of research affirms its significance among physicians. Several studies have identified working conditions as a critical factor in employee retention (Washeya, 2018; Bvumbwe et al., 2015; Ojaka et al., 2014). Factors such as access to information, research opportunities, study leave, group solidarity, and social interactions influence retention intention within the Kenyan context (Ojaka et al., 2014; Brown et al., 2013).

Moreover, preceding investigations have demonstrated that individuals with higher educational achievements are more inclined to depart for career advancement opportunities, exacerbated by limited career prospects within an organization (Arnoux-Nicolas et al., 2016). There was a pronounced tendency for physician turnover among those possessing elevated

educational qualifications, attributed to their heightened sense of professional fulfilment, which, in turn, impacts their motivational levels (Ndikumana et al., 2018). Physicians bearing superior professional designations and prolonged tenure may witness a reduction in their sense of professional gratification and exhibit an increased likelihood of exiting the profession. Moreover, extended working durations can lead to exhaustion, stress, and burnout, indirectly propelling intentions to depart (Brown et al., 2013)

2.3.2 Financial Incentives And Doctors' Intention To Quit Or To Stay.

Ndetei, Khasakhala, and Omolo (2008) explored the ramifications of economic rewards on the sustenance of healthcare personnel within Kenya, scrutinizing existing practices. The scholarly review illuminated a spectrum of economic rewards extended to health professionals: remuneration for overtime, compensated leave, entitlement to vehicles or domicile loans at competitive interest rates, hardship allowance, transportation, attire, leisure, and particular duties. Despite the deployment of such financial enticements, preceding investigations revealed an escalation in the transience of healthcare workers, towards private healthcare establishments and the non- governmental sector, where remunerative compensation and benefits surpassed those in public sectors. Nevertheless, the interval since this examination has witnessed significant adjustments in wages and allowances, necessitating further inquiry into this domain, especially concerning contemporary remuneration structures.

In their research, Ojaka, Olango, and Jarvis (2014) delved into the determinants affecting the motivation and retention of primary healthcare practitioners in Machakos, Kibera, and Turkana within Kenya. The researchers employed a cross-sectional survey methodology alongside a cluster sampling approach, engaging 404 healthcare professionals across diverse medical vocations, including physicians, although most were nurses. This inquiry centred on individuals operating under standardized work conditions, revealing that 84.6% of healthcare staff identified remuneration as a pivotal factor in their employment transition decisions, with personnel in rural locales perceiving their financial compensation as disproportionately low relative to urban counterparts and other sectors. Those perceiving their earnings and allowances as subpar relative to other industries exhibited a higher propensity towards seeking more lucrative engagements. The cohort examined emanated from a milieu wherein employees, theoretically, pursued superior financial remuneration considering challenging work environments.

Over and above that, Mbugua, Oyore, and Mwitari (2018) assessed the influence of fiscal incentives on the motivation and retention of Community Health Workers (CHWs) in Makueni County, Kenya. A comparative cross-sectional study juxtaposed CHWs benefiting from fiscal

incentives against those without such benefits. The data was collected using a standardized questionnaire and analyzed using descriptive statistics. Outcomes indicated an enhanced probability of motivation and retention among CHWs, which correlates with an uptick in compensation. Those bereft of fiscal incentives exhibited a heightened risk of attrition and inclination towards exiting the program, underscoring the pivotal role of monetary incentives across all echelons of healthcare personnel, albeit the study's focus on CHWs, a cadre markedly distinct from physicians in Kenya's premier referral hospital.

An investigation across six African nations discerned those financial incentives, though pivotal, constitute merely one of several factors impacting the motivation and retention of healthcare workers, notwithstanding the prevalent acknowledgment of fiscal incentives as a primary element driving medical staff retention (International Council of Nurses, 2008). In realms such as Zimbabwe and Uganda, insufficient pay emerged as the principal catalyst for physicians' migration. Conversely, in Cameroon, adverse living conditions, the absence of progression opportunities, and the pursuit of experiential acquisition dominated as chief motivators behind healthcare worker retention. Despite the significance of financial incentives in decision-making concerning employment discontinuation or performance enhancement in Vietnam, strategies fostering appreciation and respect, including performance evaluations, training, and supervisory measures, were deemed instrumental in health worker retention (Dieleman et al., 2003)

2.3.3 Career Progression And The Intention To Quit Or To Stay.

In Nigeria, a research study focusing on the allure and preservation of skilled health workers elucidated that employment conditions, avenues for career advancement, and suitable infrastructure significantly impact one's motivation for engaging in rural healthcare, irrespective of the medical professional's geographic origins. Reinhold (2016) posits that personnel regards training, enlightenment, and professional growth as pivotal to their overarching career development and objective fulfilment, fostering their commitment to an organization that offers such opportunities. Training augments the specificity of skills in the organization, thereby enhancing employee productivity and diminishing job dissatisfaction.

Comprehensive studies have identified a range of training and development programmes that employers can implement to enhance employee productivity and retention. Scholars such as Heathfield (2016), Wetland (2003), and Siddiqui, Nizar, and Verteji (2003), in conjunction with reports including the NHS Foundation Trust Training & Development Policy Report (2015) and the Kelly Global Workforce Index (2014), have categorized training and

educational opportunities for healthcare professionals into several distinct categories. These include coaching, mentorship programmes, sponsorships for further education or tuition reimbursement, on-the-job training, journal clubs, conferences, formal teaching or didactic lectures, and visits to other organizations for benchmarking purposes.

Research suggests that employees regard training and developmental initiatives within the workplace as essential for their career progression (Spector, 1998). The effectiveness of staff training and development is maximized when it is integrated as part of a broader motivational strategy aimed at career advancement, thereby improving retention rates (Arnetz, 1999). Appropriately timed training, development, and educational opportunities offer substantial benefits to employers, including increased productivity, enhanced knowledge, greater employee loyalty, and more significant contributions from staff (Heathfield, 2016). Ahmad (2013) sought to evaluate the impact of training practices on employees' inclination to remain with or leave an organization, finding a positive correlation between training and employee retention. This indicates that training practices play a pivotal role in influencing employees' decisions to extend their tenure with an organization.

Medical professionals employed in public health facilities, akin to other workers, are perturbed by the disparity in compensation compared to their counterparts in private establishments or abroad, despite equivalent qualifications (Khan et al., 2011). Such financial disincentives serve as push factors towards employment turnover. Duxburg (2015) elucidates that the primary purpose of remuneration is to attract and retain employees, advocating for competitive compensation to preclude employees from migrating to rival employers. Consequently, it is not merely the absolute level of remuneration that is crucial; it is competitiveness relative to similar roles within the external labour market or the same organization (Duxburg, 2015). Duxburg (2015) contends that elevating salaries would improve retention within healthcare departments. Thus, the remuneration for doctors in public facilities ought to be comparable or competitive with private establishments to deter attrition.

In addition, the Ministry of Health report (2010) advocated for the formulation of explicit and thorough policy guidelines on the attraction and retention of healthcare practitioners across all levels, recommending proposals to the Salaries and Remuneration Review Commission to ensure fair and adequate compensation to aid in attraction, retention, and productivity enhancement. Beyond competitive salaries, benefits constitute a crucial compensation segment integral to retaining medical professionals within public healthcare facilities, encompassing health and life insurance, pension plans, vacation, overtime allowances, and sick

leave (Duxburg, 2015).

The International Council of Nurses (2008) identified non-financial incentives such as professional autonomy, work recognition, a safe and hygienic working environment, career advancement support, sabbatical, unpaid and study leave, equal opportunity, access to training and education, parental leave, career discussions, and coaching and mentoring structures as highly prized for nurse retention. In Africa, the potential for career advancement, recognition, and appreciation significantly influenced nurses' decisions to leave, whereas in Vietnam, training and performance appraisal similarly impacted (Dieleman et al., 2003).

Koigi and Waiganjo (2014) explored human resource practices at Nyeri County Referral Hospital that affect healthcare employee retention, examining the role of staff training, career planning, and succession planning on medical professionals' intent to remain or depart. The investigation revealed most employees' dissatisfaction was due to the lack of a training and development policy, inadequate study leave, limited career advancement opportunities, and insufficient recognition of professional development by management. Employees expressed a preference for organizations with established training and career progression mechanisms. However, the study did not differentiate outcomes by cadre nor identify the most significant factors influencing staff retention or resignation intentions.

Muthumbi and Kamau (2021) assessed the impact of career progression on employee performance at Deloitte Limited Kenya, utilizing a descriptive research design and gathering primary data via questionnaires. The results underscored the statistically significant positive effect of career progression on employee performance, highlighting key development facets of training programs, career guidance, mentorship, and mobility programs.

2.3.4 Working Conditions and doctors' intention to quit or stay.

Ndeti, Khasakhala, and Omolo (2008) delved into the impact of financial incentives on retaining health workers within Kenya by scrutinizing existing practices. The study illuminated that inadequate medical provisions, notably drugs, and apparatus, emerged as non-monetary elements influencing the inclination of personnel towards resignation. This deficiency propelled health workers towards the private sector or non-governmental organizations. Moreover, the research highlighted that the absence of social welfare services, constrained career advancement opportunities, limited educational prospects, and deficient communication avenues contributed to the exodus of healthcare workers. Nonetheless, benefits such as medical insurance, pension contributions, opportunities for local training and scholarships, and

recognition for job performance influenced the attractiveness of various health positions. Since the conclusion of this investigation, there have been notable adjustments to non-financial benefits, thus necessitating further inquiry into this area, especially concerning contemporary remuneration packages.

Misfeldt et al. (2014) systematically reviewed literature published from 2000 to 2012 regarding "financial and non-financial incentives for Canadian healthcare personnel." This exploration included physicians, nurses, and other healthcare staff. Findings suggested that nurses' sense of professional autonomy, social backing, prospects for promotion, clinical oversight, educational and training opportunities, and collaboration with medical colleagues were pivotal in staff retention. Conversely, the impact of workload, remuneration, and indirect financial incentives on the absenteeism and retention of healthcare workers remained ambiguous.

Employing a cross-sectional survey approach, Ndikumana, Kwonyike, and Tubey (2018) examined "non-financial incentives and the propensity of professional health workers to remain within public district hospitals in Rwanda." A cohort of 252 medical personnel participated in this study. Through descriptive analysis and logistic regression, the research unveiled that career advancement opportunities significantly elevated the probability of retaining medical staff. However, no significant association was discerned between working conditions and healthcare workers' resolve to stay, suggesting the critical role of non-monetary incentives in retention.

Hanai (2021) analyzed the correlation between the working environment and employee retention within the Tanzanian banking sector. Through a descriptive study of 370 employees and employing descriptive statistics alongside binary logistics, findings indicated a significant link between the work environment and retention within the healthcare sector. The researchers recommended establishing a conducive supervisor relationship, defined responsibilities, and controlling mechanisms to mitigate adverse conditions in the working environment.

Torsabo and Rose (2021) assessed the influence of the working environment on the retention of employees at Adamawa State University Mubi, Nigeria, through a descriptive study design and questionnaire administration. The findings underscored that the working environment positively and significantly impacts retention. The study, however, identified methodological limitations due to the exclusive application of inferential statistics without diagnostic tests.

Alias et al. (2019) explored the ramifications of a supportive working environment on employee retention within Malaysia's information communication and technology industry. A

descriptive study design was utilized, and results from univariate and multivariate statistical analyses revealed that organizational support, supervisory support, and intention to stay or quit significantly influenced retention within the sector. The research underscored the necessity for locale-specific studies to bridge contextual disparities.

Researchers such as Patel and Patel (2014) have demonstrated a substantial correlation between working conditions and employee retention. Nasir and Mahmood (2016) identified work-life balance, intention to stay or quit, working conditions, recognition, and supervisory support as significantly correlated with Pakistan's employee retention. Roy (2018) highlighted a noteworthy relationship between work-life balance and retention within the Indian banking industry, while Malik et al. (2018) found that collegial and supervisory support directly influences retention.

The ambiance and physical comfort of the workplace are paramount for medical practitioners, encompassing aspects such as ambient smells, illumination, humidity, availability of essential tools, safety protocols, and the duration of work hours (Purpora & Blegen, 2015). Given the extended hours spent in healthcare settings, often exceeding the typical eight-hour workday due to emergencies, maintaining a conducive work environment is essential for task fulfilment (Djukic et al., 2014). Addressing housing, training opportunities, and career advancement prospects is recommended to mitigate brain drain (Liu et al., 2016).

Reserving skilled employees offers a competitive advantage, as their expertise and capabilities are crucial for economic competitiveness (Kyndt et al., 2009). Employee retention is increasingly vital as intermittent labour shortages may diminish the pool of high-performing employees (Jones & Skarlicki, 2003). Nonetheless, retaining talent presents challenges (Barney, 1991), with HR executives facing difficulties in attracting and maintaining skilled workers due to bounded rationality and cultural norms specific to the locale (Metcalf, 2002).

2.3.5 Culture And Doctors' Intention To Quit Or Stay.

A study on "Responding to the Great Quit or to Resignation: Detoxify and Rebuild the Culture" done in the USA post-pandemic postulates that Healthcare workers stay in their jobs and maintain work hours due to values alignment, perception of an equitable culture, intention to stay or quit, and support for professional development. Leiter and Maslach found that retention relates to manageable workloads, work-life balance, feeling valued, work flexibility, salary, and benefits. Many of these factors were adversely affected during distinct phases of the pandemic; for example, values were intricately linked earlier in the pandemic but then drifted

apart as healthcare organizations' focus on service shifted to fiscal sustainability.

In Bogaert's study of 7300 diverse public health workers, four satisfactions with their supervisors were among the strongest predictors. Of intent to stay (85% greater odds vs those not satisfied). Intent to stay also correlated strongly with overall intention to stay or quit (60% greater odds of staying) and organizational support (56% higher odds of remaining). "Organizational support was evidenced by addressing training needs, good communication, rewarding innovation, and reasonable workloads. (Linzer et al., 2022)

Another study also found that, due to general economic insecurity caused by the pandemic, high quit or resignation rate among employees in 2021 was marked as an unexpected behaviour, and the term —great quit or to resignationl was coined to name it. Poor organizational culture was shortly recognized as one of the most important reasons for voluntary employees quitting or resigning (Sull et al., 2022). However, research done and published by the Society of Human Resources Management (SHRM), even before the great quit or resignation trend, revealed that 1/5 of US workers had left their jobs in the past, and culture was the reason behind this (Mirza, 2019). "More specifically, some argued that it was toxic organizational culture causing such tectonic changes with employees.

2.4 Summary of Literature and Research Gaps

All studied hypotheses support the notion that observable motivators influence employee retention. In the empirical literature, several studies investigate the mix of financial and non-financial factors that influence the intention of doctors to leave or stay. According to the two primary motivational theories examined in this research (intrinsic or extrinsic), these motivators directly influence doctors' intentions to quit or stay. While Adam's (1963) equity theory gives intrinsic and extrinsic variables equal weight, Herzberg's (1959) two-factor theory gives intrinsic motivators greater weight. However, research evaluating the veracity of these hypotheses in various nations has yielded contradictory results, failing to represent healthcare workers adequately.

Research on the impact of financial incentives on healthcare personnel retention has yielded inconsistent results. Some studies suggest that financial incentives can enhance retention rates. For instance, organizations offering robust benefits and incentives have been found to reduce turnover likelihood by 26% and increase retention by 14% (Khan et al., 2021). Similarly, loan repayment programs have been associated with increased recruitment and prolonged service duration in underserved areas (County Health Rankings & Roadmaps, 2022). Conversely, other studies indicate that financial incentives alone may not be sufficient to retain healthcare

workers. A systematic review identified intention to stay or quit, career development, and work-life balance as primary determinants of retention, with financial incentives playing a less significant role (de Vries et al., 2023).

Additionally, research on workplace wellness programs suggests that financial incentives do not consistently lead to improved health outcomes or reduced healthcare costs, implying limited effectiveness in enhancing employee retention (Workplace Wellness, 2023). Despite introducing financial incentives, Ndeti et al. (2008) discovered that the movement of health personnel from the public to the private sector was still on the rise. This movement to the private sector was linked to pay and allowances by Ojaka et al. (2014) and Mbugua et al. (2018) despite the heterogeneous study population and among CHWs. In the global empirical literature, monetary incentives play a minor role in employee retention (Dieleman et al., 2006; Dieleman et al., 2003). However, numerous wage revisions and allowance provisions demonstrate the necessity for more recent research on this topic, particularly with current compensation packages. These discrepancies highlight the complexity of retention dynamics and suggest that while financial incentives can be beneficial, they should be part of a multifaceted approach addressing various factors influencing healthcare personnel retention.

Variables have been operationalized differently in studies on career progression, working environment, and employee retention. In academic research, variables such as career progression, working environment, and employee retention have been operationalized differently across various studies, leading to inconsistencies in measurement and interpretation. For instance, in a study examining the relationship between career development and employee retention in state corporations in Mombasa County, career development was operationalized through opportunities for training and advancement provided by the organization. The study found a significant association between career development and employee retention, suggesting that employees exposed to career development opportunities were less likely to leave the organization (Oluoch, 2020).

Conversely, another study focused on the impact of career advancement on employee retention operationalized career advancement by assessing employees' perceptions of their potential for upward mobility within the organization. This research highlighted that employees' belief in available advancement opportunities positively influenced their decision to remain with the organization (Kossivi et al., 2022).

Regarding the working environment, a study investigating its influence on employee retention in the banking sector operationalized this variable by examining factors such as job

responsibility and the organization's reputation. The findings indicated that these attributes significantly impacted employees' decisions to stay, emphasizing the role of a supportive work environment in retention strategies (Mwangi & Waithaka, 2018). While this operationalization is suitable for this sector, it may not necessarily reflect the realities of the healthcare sector and professionals. These variations in operationalization underscore the need for standardized definitions and measurements in research on career progression, working environment, and employee retention to ensure comparability and generalizability of findings.



Table 2.2.1: Summary of Literature Review

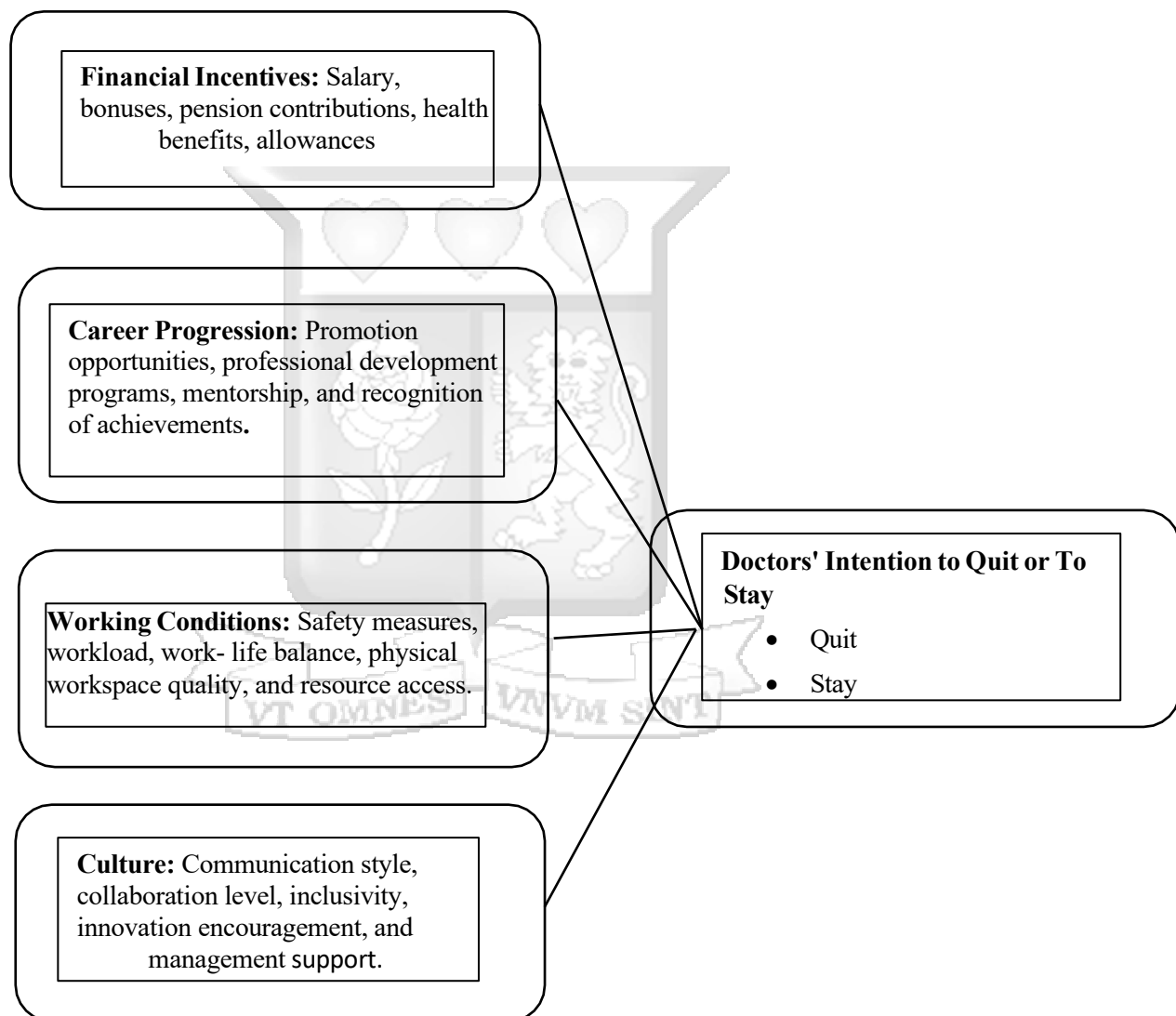
Author(s)	Objectives/Purpose	Key Findings	Research Gaps
Robai, 2023)	To explore factors affecting the retention of doctors at Kenyatta National Referral Hospital in Kenya, focusing on financial incentives, career development opportunities, and working conditions.	Financial incentives significantly influence doctors' motivation and retention, with permanent and pensionable terms offering better career opportunities than contractual terms. Good working conditions, including leadership, equipment, and culture, are critical for retention. However, the study identifies a gap in addressing the specific needs of medical officers on contractual terms and the need for comprehensive strategies encompassing financial, career, and working condition improvements for all doctors.	The recommendation is that further research be conducted on the distinct needs of doctors on different employment terms and how tailored retention strategies can address these diverse needs.

Karakolias et al., 2017)	To assess Greek primary care doctors' views on their remuneration and preferences for certain payment types in the public sector.	Most doctors feel their salary is lower than the work produced and that of private sector colleagues. Most prefer a per capita fee with fee- for service, indicating dissatisfaction with current remuneration schemes. Younger doctors are less inclined to leave the current system but desire improvements.	The study suggests exploring alternative remuneration models that could satisfy different groups of doctors and improve the quality of primary healthcare services.
(Sheila, 2018)	This study aimed to determine strategies for retaining healthcare workers in County Health Facilities in Nairobi, Kenya, focusing on motivation, employee relations management, and professional growth strategies.	The study found that all variables (motivation, employee relations management, and professional growth strategies) positively and significantly influenced employee retention. It highlighted the importance of a clear career development plan and the need for hospital supervisors to engage with and mentor employees actively.	The research suggests further exploration into the effectiveness of specific retention strategies and their applicability across different regions and healthcare facility types.
Tessema et al., 2022)	Explore doctors' career intentions and factors influencing their decision to leave Nigeria.	Most intend to leave due to poor working conditions, remuneration, and career development opportunities.	It needs to explore measures that could effectively retain doctors in Nigeria fully.

(Wen et al., 2018)	Examine factors influencing primary care doctors' turnover intentions in Chongqing, China.	Intention to stay or quit significantly affects turnover intentions, particularly with professional development and organizational management.	Limited to Chongqing, it may only represent some primary care doctors in China.
(Brugha et al., 2021)	Discuss migration, retention, and return of health professionals, focusing on Ireland's challenges.	It highlights the complexity of retaining doctors for multifaceted reasons, including work-life balance and career opportunities.	Needs specific strategies for improving retention and encouraging return migration.
(Dr. Sukhmani Mann, 2018)	Investigate the role of job satisfaction with the intention to quit among doctors in North India.	Intention to stay or quit significantly influences doctors' intention to quit, with administrative factors and the work environment being critical.	It focuses on North India, which may not capture the diverse conditions across different regions.
(Baddou & Saraih, 2022)	Assess the impact of career commitment on medical doctors' turnover intentions in Algeria.	Career commitment significantly reduces turnover intentions, suggesting the importance of enhancing doctors' commitment to their careers.	Specific to Algeria, findings may not be generalizable to other contexts.
(Oh & Kim, 2019)	Examine factors related to turnover intentions among employed doctors in Korea.	A significant relationship between employment turnover and workplace conditions was found.	It is specific to Korea and only explores one factor- working conditions.

2.5 Conceptual Framework

The study variables were identified from reviewing existing scholarly works on doctors' intention to quit or stay. Their relationship has been established using Herzberg's (1959) two-factor theory and Adams' (1963) equity theory. The theories suggest that monetary incentives, working conditions, organizational culture and career progression influence employee retention. The following figure illustrates the relationship between these variables.



Source: Researcher, 2025

Figure 2.1: Conceptual Framework

2.6 Operationalization of Variables

Table 2.2: Operationalization of Variables

Variable	Construct	Operational Definition	Indicators	Measurement	5-Point Likert Scale
Financial Incentives	Monetary Compensation	The extent to which financial rewards and benefits influence the intention to quit or stay.	Salary, bonuses, pension contributions, health benefits, allowances.	"Financial incentives meet my needs and expectations."	• Disagree • Somewhat Disagree • Neutral • Somewhat Agree • Absolutely Agree
Career Progression	Professional Development	The opportunities available for professional growth and advancement within the organization.	Promotion opportunities, professional development programs, mentorship, and recognition of achievements.	"I have sufficient opportunities for career progression in my current role."	• Disagree • Somewhat Disagree • Neutral • Somewhat Agree • Absolutely Agree

Working Conditions	Environmental Satisfaction	This refers to the psychological and physical aspects of the work environment that affect employees' well-being and job satisfaction.	Safety measures ,workload d, work- life balance, physical workspace quality, and resource access.	"My working conditions are satisfactory and contribute to my job satisfaction”	• Somewhat Disagree • Neutral • Somewhat Agree • Absolutely Agree
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Culture	Organizational Environment	The shared individual and group values, beliefs, and practices that shape interactions within the organization and influence employees' sense of belonging.	Communication style, collaboration level, inclusivity, innovation encouragement, and management support.	"The organizational culture positively influences my intention to stay with the company."	• Disagree • Somewhat Disagree • Neutral • Somewhat Agree • Absolutely Agree
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3 CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

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

3.2 Research Philosophy

This is the belief about how data about a phenomenon should be viewed, gathered, analyzed, and used in research studies. The foundation of knowledge assists the researcher in exposing, understanding, and minimizing research biases (Sekaran & Bougie, 2010). This study was based on positivism because the positivism paradigm's ontology states that reality is actual and apprehensible, where the collection and analysis of data enable the testing of theories and proving hypotheses. Moreover, the positivist philosophical foundation is based on facts, objectivity, neutrality, measurement, and validity of results. This was the approach for this research study. (Saunders et al., 2014).

3.3 Research Design

The study employed a descriptive cross-sectional survey design to exhaustively examine a specific phenomenon observed at a singular point in time. This research design was selected to facilitate the operationalization of objectives and explore the relationships among several vital variables: financial incentives, working conditions, career progression, and organizational culture. This investigation enabled the systematic collection, presentation, summary, and interpretation of data by leveraging a cross-sectional descriptive framework to derive clarity and draw informed conclusions.

3.4 Target Population

The target population comprised all the doctors—specialists, medical officers, pharmacists, and dentists—working in Embu County. The study also included lower-level, middle-level, and senior-level management employees. The total number of doctors in the study population was 91. However, at the time of data collection 12 doctors out of the targeted population had resigned from the county reducing the target population to 79 doctors.

Table 3.1: Population of Study

Doctors in Embu County	Number	Percentage
Medical Officers	33	36
Medical specialists	26	29
Pharmacists	27	30
Dentists	5	5
Total	91	100

3.5 Sampling Technique and Sample Size

This study adopted a census inquiry sampling method, as the field of inquiry involved a small study population of only 91 doctors in Embu County. A census inquiry was chosen to ensure that all the doctors had an equal opportunity to participate and to provide an adequate sample for analysis and inference. The targeted study population included 19 medical officers, 25 medical specialists, 13 pharmacists, 1 resident and no dentists. However, medical officer interns were excluded from the study. 12 doctors had resigned at the time of the study, leaving a new target population of 79 doctors.

3.6 Data Collection Methods

An online questionnaire with closed-ended questions was distributed via Google Forms to gather responses efficiently. The Google Form link was shared on WhatsApp and via Email to ensure a broad reach and inclusivity of the research. Additionally, phone calls were made as part of the follow-up process to encourage participants to complete the survey. This approach helped ensure a higher response rate and active participation. The use of an online questionnaire allowed for the efficient collection of data across geographical boundaries, enhancing the accessibility of the study. This method also offered a scalable and cost-effective solution, which was essential given the geographical dispersion of potential respondents.

The questionnaire used was adapted from previous research instruments to align with the specific objectives and context of this study. This adaptation process ensured the instrument's relevance and validity, thereby enhancing the quality and reliability of the data collected. By utilizing this online modality, data collection was expedited, facilitating real-time data entry and analysis. This method significantly reduced the time required for acquiring and analyzing the data, allowing for a more dynamic and responsive research process. The combination of online distribution, follow-up through phone calls, and the use of a well-adapted instrument contributed to the overall success of the data collection phase.

3.7 Data analysis method

This study employed quantitative methods, utilizing statistical analyses to address the research queries and fulfil the study's aims. Descriptive statistics were used to organize the data, enhancing the researcher's comprehension of the collected information. The data underwent verification and adjustment to ensure alignment with the data-gathering instruments and to rectify any inaccuracies or missing information. The initial analysis was conducted using the Google Forms analytics function, which provided a preliminary overview of the data.

For more in-depth analysis, the data was then imported into Python software. Beyond descriptive statistics, a correlation analysis was performed to explore the interrelations among independent variables and identify any variability concerns with the variables under examination. A regression analysis followed to further examine the relationships between the variables, allowing the researcher to draw conclusions based on the statistical findings. Additionally, an Analysis of Variance (ANOVA) was done to assess the suitability of the regression models. The study investigated Financial Incentives (FI), Working Conditions (WC), Career Progression (CP), and Culture (CL) as independent variables, with Doctors Retention (DR) as the dependent variable, gauged by the propensity to either leave or remain in Embu County

3.8 Validity and Reliability

Validity was defined as the accuracy and truthfulness of research outcomes, ensuring that the research measured what it was supposed to measure (Taylor, 2000). Mugenda et al. (2008) described validity as the degree to which collected data genuinely represented the specific concept or characteristic the study aimed to assess. To improve the validity of the study questionnaire, other experts in the field reviewed it to provide feedback on its comprehensiveness and ability to accurately measure the intended variables, thus addressing or minimizing content validity. Construct validity concerns were addressed by basing the study variables on established theoretical frameworks and thoroughly reviewing related literature.

To further ensure the accuracy of the data collection tools (questionnaires), the researcher performed a preliminary test or pilot study before the primary data collection commenced.

Reliability was the consistency of a research instrument's results over multiple administrations. This research's internal consistency and reliability were assessed using Cronbach's Alpha coefficient. This statistical measure evaluated the degree of correlation among the items within the questionnaire, indicating how closely related they were to one another. A Cronbach's Alpha value close to one suggested high internal consistency and reliability, with values between 0.7 and 0.9 considered satisfactory

The following mathematical formula for Cronbach's alpha is:

$$\alpha = \frac{K\bar{c}}{(\bar{v} + (K - 1)\bar{c})}$$

Source: Saunders *et al.*, 2012

Where:

K is the number of test items

V is the average variance,

C is the average of all covariance between the components across the current sample.

3.9 Ethical Consideration

Ethical approval was obtained from the Strathmore University Institutional Scientific Ethics Review Committee (SU-ISERC-). The application reference number is **SU-ISERC2111/24**. A research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) to enable the researcher to proceed with data collection (Permit Reference Number **925813**). This study upheld the recommended research ethics standards, including informed consent, confidentiality, privacy, and anonymity, which were maintained throughout the research process. These standards were implemented to encourage the provision of information that would be held in confidence. The researcher encouraged voluntary and informed consent. Research participants were also advised of their rights, which included the right to withdraw from or decline any aspect of the research that they were uncomfortable with, the option of not answering questions, the right not to provide the requested data, and the flexibility and right to withdraw data they had previously provided. The study's findings and conclusions were disclosed factually and objectively, ensuring that the accuracy of the research was not compromised or manipulated. All information gathered was used solely for the purposes of the research.

3.10 Constraints and Limitations

A significant challenge encountered during the research process was obtaining responses to the questionnaires. Securing participation from doctors proved difficult due to their demanding schedules and clinical responsibilities, necessitating multiple follow-ups to

ensure an adequate response rate. Additionally, the scope of the study was confined to examining the determinants of doctor retention within devolved healthcare units and its impact on access to healthcare services in the specific context of a devolved healthcare system.



4 CHAPTER FOUR: PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

The aim of this study was to examine the factors influencing doctors' intentions to either remain in or leave their positions within Embu County. This chapter presents the research findings and provides an analysis of the data in relation to the study's objectives and research questions. The data collected was quantitative in nature and was analyzed using appropriate statistical methods.

4.2 Cronbach's Alpha (α) and Measure of Reliability

To validate the findings and ensure the reliability of the questionnaire, a statistical reliability test was conducted using Cronbach's Alpha, as outlined in Chapter Three, on a sample of 63 respondents. The Cronbach's Alpha test was employed to assess the internal consistency of the questionnaire responses. The computed Cronbach's Alpha coefficient was 0.8439, surpassing the recommended threshold of 0.7, thereby indicating a high level of reliability. This suggests that the questionnaire items exhibit strong internal consistency and effectively measure the same underlying construct, as illustrated in Table 4.1 below.

Table 4.1: Test of Reliability

Statistic	Value
Number of Items	63
Cronbach's Alpha	0.8439

4.3 Response Rate

A total of 79 doctors employed in Embu County were contacted and provided with a Google Forms survey link via WhatsApp and email. Over a period of three months, 58 out of the 79 targeted respondents completed the survey, resulting in a response rate of approximately 73.4%. According to Orodho (2009), a response rate exceeding 50% facilitates the collection of sufficient data, which can be generalized to reflect respondents' perspectives on the research problem.

Calculation of Response Rate:

$$\text{Response Rate} = \frac{\text{Number of Respondents}}{\text{Number of Targeted Population}} \times 100 = \frac{58}{79} \times 100 = 73.42\%$$

4.4 Demographic Information

The predominance of the 34-44 age group, which constitutes approximately 65.5% of the sample, suggests that most doctors are in their mid-career stage. The gender distribution, with a mean value of 0.67, indicates a higher representation of female doctors, reflecting potential gender disparities within the profession. Furthermore, the most common designation, "Medical Specialist," corresponds with the high proportion of doctors holding a Master's degree. The average position experience of six years, coupled with a standard deviation of 4.5 years, highlights notable variability in professional tenure, implying that while some doctors have substantial experience, others are new to their roles.

Table 4.2: Summary of Demographic Characteristics

Demographic Characteristic	Count	Unique Values	Most Frequent (Top)	Frequency (Freq)	Mean	Std Dev	Min	25th Percentile	Median (50th Percentile)	75th Percentile	Max
Age	58	4	34-44	38	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gender	58	N/A	N/A	N/A	0.672 414	0.473 432	0	0	1	1	1
Designation	58	4	Medical Specialist	25	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Education Level	58	3	Master's	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Position Experience	58	N/A	N/A	N/A	6.073 276	4.500 977	0.25	3	5	7.75	23

4.4.1 Distribution by Length of employment in Current Position

The employment tenure of the respondents in Embu County exhibited notable variation, reflecting differing levels of professional experience within the workforce. A significant proportion, 43.9% (25), had been employed for a period of 11-15 years, indicating that most respondents had accumulated substantial work experience in their respective roles. This high percentage may suggest a workforce that has gained considerable expertise and may possess a

deeper understanding of the organizational and contextual dynamics within Embu County. In comparison, 35.1% (20) of respondents had been employed for 6-10 years, representing a moderately experienced cohort who might still be in the process of advancing their professional careers or might have established strong professional foundations in their roles. A smaller group of 21.1% (12) had been employed for 1-5 years, suggesting that these individuals were new to their positions and may still be in the early stages of their career trajectories, potentially still adapting to the nuances of their work environment. Notably, there were no respondents with tenure in the 16-20 years or more than 20 years range, which may imply a lack of long-term retention or an organizational practice that does not retain employees beyond certain periods.

Table 4.3: Distribution by Length of Employment in Current Position

Employment Tenure (Years)	Count	Percentage (%)
1 - 5	12	21.1
6 - 10	20	35.1
11 - 15	25	43.9
16 - 20	0	0.0
More than 20	0	0.0
Total	57	100.0

4.4.2 Distribution by Years of Experience

A small proportion of the respondents, 5.2% (3), had one year of experience, while an equal percentage, 5.2% (3), had two years of experience. A slightly larger group, 10.3% (6), had accumulated six years of experience, while 12.1% (7) had seven years of experience. Notably, 8.6% (5) had five years of experience. The remaining respondents reported a more diverse distribution of experience, with several individuals indicating a range of 4 to 23 years in their current roles. This variation in experience may suggest differing levels of familiarity with the challenges and opportunities within their work environment, potentially influencing their perceptions of intention to stay or quit, retention factors, and their overall career trajectory. Such a broad span of experience may also reflect diverse attitudes toward key determinants such as intention to stay or quit, work environment, career development opportunities, and organizational loyalty, which are critical in understanding factors influencing retention in the context of this study. The variations in experience also allow for the exploration of generational or tenure-based differences in how respondents perceive and respond to various

retention factors

Table 4.4: Distribution by Years of Experience

Years of Experience	Count	Percentage (%)
1	3	5.2
2	3	5.2
5	5	8.6
6	6	10.3
7	7	12.1
4 - 23 (Varied)	Multiple	N/A
Total	57	100.0

4.4.3 Distribution by Gender

The gender distribution of the study sample revealed a notable disparity between male and female respondents. Specifically, 32.8% (19) of the participants were male, while a larger proportion, 67.2% (39), identified as female. This gender imbalance suggests that women were more represented in the study sample compared to men, which could reflect broader demographic trends within the population under study.

Table 4.5: Distribution by Gender

Gender	Count	Percentage (%)
Male	19	32.8
Female	39	67.2
Prefer not to say	0	0.0
Total	57	100.0

4.4.4. Distribution by Age

The age distribution of the respondents revealed a predominance of individuals within the 34-44 age range, comprising 65.5% (38) of the total sample. This suggests that most of the participants were established in their careers, having accumulated significant professional experience. A smaller proportion, 25.9% (15), were aged between 25-34 years, indicating that a notable subset of younger professionals participated in the study, potentially reflecting the early stages of their careers. Additionally, 5.2% (3) of the respondents were between the ages

of 45-54 years, and only 3.4% (2) were between the ages of 54-65 years, suggesting a lower representation of older professionals in the sample. The age distribution highlights the prominence of middle-aged professionals, which could be indicative of a workforce that is in its peak career phase, potentially with greater stability and commitment to their positions.

Table 4.6: Distribution by Age

Age Group (Years)	Count	Percentage (%)
25 - 34	15	25.9
34 - 44	38	65.5
45 - 54	3	5.2
54 - 65	2	3.4
Total	57	100.0

4.4.5 Distribution by Highest level of Education

The educational background of the doctors was diverse, with the highest level of education attained undergraduate and postgraduate qualifications. Specifically, 41.4% (24) of the participants held a bachelor's degree, while an equal proportion, 41.4% (24), had completed a Postgraduate Diploma. A smaller proportion of respondents had advanced academic qualifications, with 6.9% (4) holding a master's degree and another 6.9% (4) possessing a PhD. This educational composition provides valuable context for understanding the Embu doctors' professional perspectives, as higher levels of education may influence their attitudes, decision-making, and experiences. Additionally, this distribution can help inform future research on the relationship between educational attainment and the factors influencing professional retention or turnover.

Table 4.7: Distribution by Highest Level of Education

Education Level	Count	Percentage (%)
Bachelor's Degree	24	41.4
Postgraduate Diploma	24	41.4
Master's Degree	4	6.9
PhD	4	6.9
Total	57	100.0

4.4.6 Distribution by Study Leave

Of the total respondents, 10.5% (n = 6) reported being on study leave, while the majority, 89.5% (n = 51), indicated that they were not on study leave. An analysis of the respondents' current employment status with respect to study leave revealed that a minority of participants were on study leave, while the majority were not. Specifically, 10.5% (6) of the respondents indicated that they were on study leave, suggesting that a small proportion of the doctors in the sample were engaged in further academic or professional development. In contrast, 89.5% (51) of the respondents were not on study leave, indicating that most of the doctors were fully engaged in their professional roles without taking time off for further education. This disparity may reflect broader trends in the workforce, such as limited opportunities for academic advancement or personal constraints, as well as the importance of professional responsibilities in the decision-making process of doctors. Furthermore, the low percentage of doctors on study leave could also suggest that opportunities for further education may be less accessible or not prioritized in the context of Embu County's healthcare system. This finding could have implications for policies aimed at professional development and retention, highlighting the potential benefits of supporting study leave initiatives as part of broader strategies to retain medical professionals in the region.

Table 4.8: Distribution by Study Leave Status

Study Leave Status	Count	Percentage (%)
On Study Leave	6	10.5
Not on Study Leave	51	89.5
Total	57	100.0

4.4.7 Distribution by Designation

The distribution of professional designations among doctors in Embu revealed a varied representation of healthcare professionals. A significant proportion of the respondents, 43.1% (25), were Medical Specialists, indicating that a substantial segment of the sample consisted of highly specialized professionals within the medical field. Medical Officers represented 22.4% (19) of the respondents, suggesting that a notable portion of the sample comprised general practitioners, who typically manage a wide range of patient care duties. Additionally, Pharmacists accounted for 22.4% (13) of the respondents, highlighting the important role of pharmaceutical expertise in the healthcare setting, particularly in the context of patient care and medication management.

The remaining 1.7% (1) of respondents were Residents, individuals who are in advanced stages

of medical training. This distribution suggests a predominance of experienced and specialized healthcare professionals, with a smaller proportion representing those in the process of completing advanced clinical training. The mix of specialists and general practitioners, alongside the inclusion of pharmacists and residents, provides a well-rounded view of the different challenges and motivations affecting healthcare professionals within this setting. Further analysis of these groups' responses may offer valuable insights into how specific professional roles and experiences shape their decisions regarding retention and career satisfaction

Table 4.9: Distribution by Designation

Designation	Count	Percentage (%)
Medical Specialist	25	43.1
Medical Officer	19	22.4
Pharmacist	13	22.4
Resident	1	1.7
Total	57	100.0

4.5 Financial Incentives

4.5.1 Proportion of Income from Salary

An analysis of the proportion of income that the salary contributed to the respondents' total household income reveals notable variations in the financial dependency on salary. A significant proportion, 51.7% (19 respondents), indicated that their salary partially contributed to their household income, suggesting that they rely on additional sources of income beyond their salary. This group may have diversified income streams, such as investments, spousal earnings, or other forms of secondary employment. In contrast, 15.5% (9 respondents) reported that their salary was the only source of income, highlighting a full reliance on their earnings for financial sustenance. This subgroup might experience heightened financial vulnerability, as their financial well-being is solely dependent on their salary.

A further 32.8% (30 respondents) indicated that their salary constituted the largest portion of their household income, signifying that while they may have additional income sources, their salary remains the dominant financial resource. The distribution of these responses' underscores varying degrees of financial dependence on salary, with implications for financial security and well-being across different respondent groups. These findings suggest that, while salary is a key source of income for many, a substantial portion of respondents supplements

their earnings, thereby highlighting the complex financial landscape in which these individuals operate. The variation also points to potential risks associated with over-reliance on a single income stream, particularly for those whose salary is their only or largest income source

4.5.2 Other Sources of Income

In exploring the supplementary income sources of doctors beyond their primary employment, the data revealed notable variations in income diversification. Specifically, 8.6% (5) of the respondents reported earning additional income from farming. A larger proportion, 20.7% (16), indicated that they generated income from businesses unrelated to healthcare, suggesting that entrepreneurial ventures outside the medical field are a more common form of supplementary income. The most prevalent secondary income source, reported by 37.9% (22) of the respondents, was private practice, highlighting the significance of parallel professional medical work as an important income-generating avenue for healthcare providers in Embu County. However, a substantial 27.6% (12) of the respondents indicated having no other sources of income, reflecting a reliance solely on their healthcare roles.

Table 4.10: Other Sources of Income

Income Source	Count	Percentage (%)
Farming	5	8.6
Business (Non-Healthcare)	16	20.7
Private Practice	22	37.9
No Other Income	12	27.6
Total	57	100.0

4.5.3 Salary Satisfaction

The results for salary satisfaction and adequacy suggest that doctors do not significantly differ in their satisfaction with financial incentives provided by their benefits. It is evident that none of the individual benefits (salary, terminal, housing, transport, healthcare, extraneous, non-practice) show statistically significant impacts on salary satisfaction or adequacy. This indicates that when doctors are choosing a job, these specific benefits might not be the most important factors influencing their decisions. The lack of significant results implies that financial incentives as provided by these specific benefits are not significantly impacting overall intention to stay or quit levels among doctors. Other factors such as work-life balance, professional development opportunities, and job stability may play more critical roles. The results for salary satisfaction by gender indicate no significant differences in salary satisfaction

between gender groups.

This suggests that perceptions of financial incentives do not significantly differ among the demographic subgroups (in this case, gender). None of the benefits (salary, terminal, housing, transport, healthcare, extraneous, non-practice) show statistically significant differences in salary satisfaction (all p-values are > 0.05). This implies that these benefits do not have a significant impact on employees' salary satisfaction. A comparison of the mean differences in salary satisfaction between two gender groups shows no statistically significant difference (p-value > 0.05) in salary satisfaction between male and female doctors. Overall, the analyses suggest that the benefits examined do not significantly influence doctors' perceptions of salary satisfaction and adequacy, and there is no significant difference in salary satisfaction between male and female doctors.

Table 4.11 ANOVA Results for Salary Satisfaction

	Sum_Sq	Df	F	PR(>F)
C(benefit_salary)	1.603354	1	1.728342	0.195757
C(benefit_terminal)	4.387146	2	2.364570	0.106388
C(benefit_housing)	5.290597	3	1.901006	0.144121
C(benefit_transport)	6.063728	3	2.178806	0.104727
C(benefit_healthcare)	3.806105	2	2.051403	0.141241
C(benefit_extraneous)	1.972760	2	1.063272	0.354435
C(benefit_non_practice)	1.259465	2	0.678822	0.512691
Residual	38.962710	42		

4.5.4 ANOVA Results for Salary Adequacy:

Similarly, none of the benefits show statistically significant differences in salary adequacy (all p-values are > 0.05). This indicates that these benefits do not significantly affect doctors' perceptions of salary adequacy.

Table 4.12: ANOVA Results for Salary Adequacy

	Sum_Sq	Df	F	PR(>F)
C(benefit_salary)	0.013635	1	0.012676	0.910893
C(benefit_terminal)	2.123977	2	0.987296	0.381063
C(benefit_housing)	1.200314	3	0.371964	0.773628
C(benefit_transport)	3.514202	3	1.089013	0.364254
C(benefit_healthcare)	1.026923	2	0.477348	0.623751
C(benefit_extraneous)	3.115093	2	1.448000	0.246533
C(benefit_non_practice)	1.050242	2	0.488188	0.617177
Residual	45.177457	42		

4.5.5 Overall Importance of Financial Incentives

The analysis revealed that salary was considered the most important financial incentive, with 50 respondents marking it as "Very Important." This finding underscores the central role of a competitive salary in attracting and retaining doctors, which aligns with existing literature emphasizing financial compensation as a key motivator in healthcare settings. The second highly ranked incentive was comprehensive healthcare coverage for the participant and their family, with 52 respondents marking it as "Very Important." This demonstrates some of the health benefits, particularly in a medical profession, where healthcare coverage is often perceived as essential for both personal well-being and family support.

Additionally, both extraneous allowances and top-up salaries were considered incredibly important, as 41 respondents marked each as "Very Important." This finding suggests that supplementary financial incentives, beyond the base salary, are also crucial in enhancing intention to stay or quit and retention. Similarly, the non-practice allowance, which also received the "Very Important" designation from 41 respondents, further reflects the importance of providing financial rewards that address the specific needs and circumstances of healthcare professionals.

Table 4.13: Overall Importance of Financial Incentives

Financial Incentive	Very Important (Count)
Salary	50
Healthcare Coverage	52
Extraneous Allowances	41
Top-up Salaries	41
Non-Practice Allowance	41

4.6 Career Progression

4.6.1 Overall Satisfaction with Career Progression

The data collected on career progression opportunities revealed insightful trends regarding the professional development of doctors in Embu County. Most of the doctors expressed positive perceptions of the career advancement practices within the county. Specifically, 32 respondents (55.2%) reported having access to paid study leave, a benefit that could enhance their professional growth and retention. This indicates that the county provides support for continuous education, which may contribute to intention to stay or quit and motivation to remain in the region. Furthermore, 41 respondents (70.7%) indicated that internal promotions perceived to be more frequent than external recruitment. This preference for internal promotions reflects a sense of career stability and opportunities for advancement within the county, which is likely to influence retention positively. Moreover, 50 respondents (86.2%) expressed satisfaction with the promotion practices in the county, suggesting that the existing promotion systems are perceived as fair and effective.

A correlation analysis indicates that gender, education level, and position experience do not have a statistically significant impact on career progression. The p-values for gender ($p = 0.773685$) and position experience ($p = 0.319438$) indicate a lack of meaningful association, suggesting that career growth is independent of these demographic and experiential factors. Education level, with a p-value of 0.064998, exhibits a marginal effect on career progression. Although this suggests some level of influence, it does not meet the conventional threshold for statistical significance ($p < 0.05$), implying that advanced education may not be a decisive factor in determining career advancement.

Conversely, study leave access emerges as a critical determinant of career progression, with a

highly significant p-value of 0.000195. This finding highlights the essential role of professional development opportunities, such as opportunity to get study leave for advanced training. Additionally, the Tukey HSD test for career progression by education level confirms that perceptions of career advancement do not significantly differ across various educational qualifications (all p-values > 0.05). This indicates that, regardless of their educational attainment, doctors in Embu County view career progression, similarly, reinforcing the notion that other factors—such as institutional policies or work experience—may play more substantial roles in career development.

Table 4.14 Anova Results for Career Progression

	Sum_Sq	Df	F	PR(>F)
C(gender)	0.075215	1	0.084018	0.773685
C(education_level)	5.309402	2	2.965410	0.064998
C(position_experience)	17.132783	16	1.196126	0.319438
C(study_leave_access)	26.792271	4	7.482016	0.000195
Residual	30.437561	34		

4.6.2 Career Progression Satisfaction

In the context of promotion satisfaction, the results reveal that gender, education level, and position experience do not significantly influence satisfaction levels. The p-values for gender ($p = 0.850351$), education level ($p = 0.953411$), and position experience ($p = 0.649905$) indicate a lack of statistical association, suggesting that satisfaction with promotions is not shaped by these demographic or experiential attributes.

However, internal regular promotions demonstrate a significant effect on promotion satisfaction ($p = 0.040042$), indicating that consistent and structured promotion processes positively impact how employees perceive their career growth. Regular internal promotions enhance job security, recognition, and motivation, contributing to overall intention to stay or quit.

Additionally, clarity on the promotion policy presents a marginal effect on promotion satisfaction ($p = 0.081169$). While not statistically strong, this suggests that clearer communication of promotion policies may influence doctors' perceptions of fairness and satisfaction. However, other policy-related variables, such as promotion policy practice alignment ($p = 0.290111$) and promotion merit rarity ($p = 0.282272$), do not exhibit significant

effects, implying that discrepancies between policy intent and execution, as well as the rarity of merit-based promotions, may not be primary concerns for employees.

Table 4.15 ANOVA Results for Promotion Satisfaction

	Sum_Sq	Df	F	PR(>F)
C(gender)	0.011448	1	0.036373	0.850351
C(education_level)	0.030092	2	0.047804	0.953411
C(position_experience)	4.149661	16	0.824031	0.649905
C(promotion_internal_regular)	3.053021	3	3.233399	0.040042
C(promotion_policy_clarity)	2.981203	4	2.368004	0.081169
C(promotion_policy_practice_alignment)	1.249099	3	1.322898	0.290111
C(promotion_merit_rare)	1.693396	4	1.345084	0.282272
Residual	7.553713	24		

4.7 Working Conditions

4.7.1 Overall satisfaction with Working Conditions

In analyzing the data regarding working conditions, most doctors expressed satisfaction with their work environment, indicating a significant correlation between favorable working conditions and overall intention to stay or quit. Specifically, 37 respondents (63.8%) reported being satisfied with their working conditions, suggesting that these conditions played a key role in enhancing their intention to stay or quit. This is further supported by the finding that 30 respondents (51.7%) perceived their workload as manageable, contributing to a healthy work-life balance.

Moreover, 37 respondents (63.8%) indicated that they were consistently provided with the necessary supplies and equipment, which underscores the crucial role of resource availability in enabling effective job performance. The availability of adequate tools and resources is often linked to higher productivity and intention to stay or quit, as employees are better able to perform their tasks without unnecessary delays or frustrations. Collectively, these findings suggest that favorable working conditions—encompassing a manageable workload and the provision of necessary resources—significantly contribute to employees' perceptions of intention to stay or quit and work-life balance.

The R-squared value of 0.1933 suggests that approximately 19.33% of the variance in intention

to stay or quit can be explained by working conditions. While this indicates a moderate association, it also implies that other factors contribute to intention to stay or quit beyond working conditions. This finding underscores the complexity of intention to stay or quit, suggesting that aspects such as leadership, career growth opportunities, compensation, and organizational culture may also play important roles.

4.7.2 Workload Manageability

The analysis reveals that most factors, including gender, education level, position experience, supplies provision, equipment provision, and workplace safety, do not significantly impact workload manageability (all p-values > 0.05). This suggests that workload perceptions are not influenced by demographic characteristics or structural provisions such as equipment and safety measures. However, breaks and relaxation emerge as a highly significant factor ($p = 0.000025$), indicating that opportunities for rest are crucial in managing workload effectively. This suggests that doctors who receive adequate breaks and opportunities for relaxation are better able to cope with workload demands, reducing stress and improving overall productivity.

Table 4.16: ANOVA Results for Workload Manageability

Variable	Sum_Sq	Df	F	PR(>F)
C(gender)	0.314590	1	0.406823	0.529625
C(education_level)	0.019669	2	0.012718	0.987369
C(position_experience)	16.051286	16	1.297333	0.274961
C(supplies_provision)	0.113997	3	0.049140	0.985229
C(equipment_provision)	1.514756	3	0.652955	0.588894
C(workplace_safety)	6.504187	4	2.102784	0.111811
C(breaks_relaxation)	35.221593	4	11.387034	0.000025
Residual	18.558788	24		

4.7.3 Supplies Provision and its Impact on Intention to stay or quit

The analysis of supplies provision indicates that most factors, including gender, education level, position experience, equipment provision, workplace safety, and breaks/relaxation, do not significantly influence the availability of supplies (all p-values > 0.05). This suggests that supply allocation may be determined by institutional policies and resource availability rather

than individual demographic factors. However, supplies provision itself shows an exceptionally strong effect on intention to stay or quit and working conditions ($p = 0.000000$). This findings highlights that having adequate supplies is a crucial determinant of intention to stay or quit, as shortages can directly impact doctors' ability to perform their tasks efficiently.

Table 4.17: ANOVA Results for Supplies Provision

Variable	Sum_Sq	Df	F	PR(>F)
C(gender)	5.590575e-30	1	1.095779	0.305623
C(education_level)	9.125343e-30	2	0.894305	0.422085
C(position_experience)	5.899877e-29	16	0.722753	0.746286
C(supplies_provision)	3.807717e+00	3	2.487769e+29	0.000000
C(equipment_provision)	4.036667e-30	3	0.263735	0.850820
C(workplace_safety)	1.187654e-29	4	0.581965	0.678625
C(breaks_relaxation)	1.905125e-30	4	0.093353	0.983635
Residual	1.224460e-28	24		

4.7.4 Variations Among Demographics

Breaks and relaxation significantly impact workload manageability, reinforcing the idea that workload perception is linked to the ability to rest and recover. Similarly, supplies provision is identified as a key determinant of intention to stay or quit, emphasizing the role of resource availability in maintaining employee morale. Importantly, no significant variations in satisfaction with working conditions were found based on gender, education level, or position experience. This suggests that perceptions of intention to stay or quit and workload manageability are uniform across demographic groups, implying that working conditions impact all the doctors similarly, regardless of their background or experience.

4.7.5 Association Between Working Conditions and Intention to stay or quit

The moderate R-squared value (19.33%) in the linear regression analysis suggests that while working conditions contribute to intention to stay or quit, they are not the sole determinant. Other factors such as leadership quality, recognition, career development opportunities, and work-life balance may also play significant roles. This finding implies that improving working conditions alone may not be sufficient to enhance intention to stay or quit comprehensively,

and a more holistic approach to employee well-being and engagement is necessary. The findings emphasize that breaks and relaxation play a crucial role in managing workload, while supplies provision significantly influences intention to stay or quit. Other structural and demographic factors, including gender, education level, and experience, do not show significant effects on workload perception or satisfaction levels. The moderate association between working conditions and intention to stay or quit suggests that while improvements in workplace conditions are beneficial, organizations should adopt a comprehensive approach that also considers leadership, recognition, career progression, and work-life balance to maximize doctors' job satisfaction and retention.

4.8 Culture

4.8.1 Overall Satisfaction with Culture

The analysis of organizational culture revealed that a significant proportion of respondents perceived the county's organizational culture as positively influencing their intention to remain employed within the county. Specifically, 62.1% of respondents (36 individuals) indicated that the prevailing organizational culture had a favorable impact on their decision to stay, suggesting a supportive and conducive work environment. Furthermore, 58.6% of respondents (34 individuals) expressed agreement that the county's organizational culture strongly encouraged innovation and problem-solving, reflecting a culture that fosters creativity, adaptability, and proactive solutions to challenges. This emphasis on innovation and problem-solving is essential in promoting continuous improvement and responsiveness to the evolving needs of the healthcare sector. Additionally, 65.5% of respondents (38 individuals) reported satisfaction with the leadership style of the managers in the county, indicating that the leadership approach is perceived as effective in guiding and motivating staff. The results suggest that while individual demographic and cultural factors do not significantly influence employees' sense of belonging, organizational culture plays a substantial role in shaping employees' job stay intentions.

4.8.2 Sense of Belonging in the Workplace

The results indicate that none of the tested factors—gender, education level, position experience, cultural influence, inclusion value, leadership practices, communication and collaboration support, staff involvement, personal problem assistance, management interaction, supervisor competence satisfaction, leadership listening, and communication frequency—show a statistically significant effect on sense of belonging (all p -values > 0.05). This suggests that employees' sense of belonging is not strongly influenced by any specific demographic, leadership, or communication-related factors evaluated in this study.

Additionally, no individual factor significantly impacts the sense of belonging, reinforcing the notion that belongingness perceptions are not driven by singular organizational or demographic attributes. Similarly, for gender differences ($p = 0.986$) shows no significant differences in sense of belonging across gender groups, suggesting uniform perceptions of belonging across employees, regardless of gender. This finding is important because it indicates that belongingness is shaped by broader, more complex organizational and psychological factors rather than specific workplace interactions, leadership styles, or demographic variables.

Table 4.18: ANOVA Results for Sense of Belonging

Variable	Sum_Sq	Df	F	PR(>F)
C(gender)	0.000700	1	0.002678	0.963433
C(education_level)	0.335194	2	0.641124	0.609338
C(position_experience)	3.987691	16	0.953404	0.626781
C(culture_influence)	1.744304	3	2.224214	0.325131
C(inclusion_value)	2.883018	4	2.757167	0.283451
C(leadership_practices)	1.562741	4	1.494523	0.438529
C(communication_collaboration_support)	1.572442	4	1.503800	0.436789
C(staff_involvement)	0.273396	3	0.348615	0.798795
C(personal_problem_assistance)	0.348296	4	0.333092	0.840139
C(management_interaction)	1.599419	4	1.529600	0.432018
C(supervisor_competence_satisfaction)	0.686388	3	0.875234	0.572337
C(leadership_listening)	0.634649	3	0.809260	0.593992
C(communication_frequency)	0.256825	4	0.245614	0.891488
Residual	0.522823	2		

4.8.3 Culture and Intent to Stay or Quit

While individual factors do not significantly influence sense of belonging, the linear regression analysis for job stay intent yields an R-squared value of 0.4721, indicating that approximately 47.21% of the variance in employees' intention to stay or leave is explained by cultural factors. This implies that organizational culture is a dominant factor in doctors' decision to stay or quit. The implication is that employees' intent to remain in the organization is closely tied to their overall cultural experience rather than specific demographic or leadership factors. This finding supports the argument that creating a strong, inclusive, and positive workplace culture is more impactful for retention than focusing on isolated demographic or managerial aspects. Employees may stay in an organization not necessarily because of their supervisors, personal experiences, or communication styles but because of a broader cultural alignment with the organization's values, environment, and shared experiences.

4.9 Intention to Quit or Stay

The findings regarding doctors' intentions to stay or resign from their current positions reveal significant insights into their career outlooks and the factors influencing their decisions. A substantial proportion of the respondents, 30 (51.7%), expressed a commitment to remaining in their current roles for as long as possible, suggesting a degree of intention to stay or quit or stability in their positions. However, a noteworthy portion, 20 respondents (34.5%), indicated that they were actively seeking alternative employment opportunities, signalling potential dissatisfaction or the desire for better opportunities elsewhere.

In addition, 23 respondents (39.7%) reported staying in Embu County primarily due to the lack of alternative employers, indicating that external factors such as limited job opportunities may be keeping them in their current roles rather than a strong commitment to their positions. Furthermore, 21 respondents (36.2%) believed that they would not be working in the county within the next five years, pointing to a potential turnover risk and a lack of long-term career prospects in the area. These findings highlight a complex interplay of personal, professional, and environmental factors that influence doctors' intentions to remain or leave their positions, underscoring the need for policies that address both retention strategies and the improvement of employment conditions to mitigate turnover and ensure workforce stability.

Table 4.19: ANOVA Results for Job Stay Intent

Variable	sum_sq	df	F	PR(>F)
C(gender)	0.858871	1	0.877002	0.357642
C(education_level)	0.442270	2	0.225803	0.799423
C(position_experience)	18.185695	16	1.160599	0.357509
C(job_search_active)	3.431269	4	0.875925	0.491749
C(lack_of_alternative_employer)	4.551308	4	1.161846	0.350340
C(leave_county_5yrs)	9.740697	4	2.486580	0.068176
Residual	25.462495	26		

Similarly, salary satisfaction ($p = 0.533637$) and workload manageability ($p = 0.972862$) do not significantly impact job stay intent. This suggests that while these factors are traditionally considered important in job retention, doctors may prioritize other workplace aspects over salary and workload when deciding whether to remain in their roles. The intent to leave the county within the next five years is moderately statistically significant ($p = 0.068176$). Although this result is not statistically strong, it suggests that geographical considerations and long-term migration plans may have some influence on job retention. Employees who anticipate leaving the area may be less committed to their current roles, but the impact is not strong enough to be conclusive.

The most statistically significant predictor of job stay intent is leadership style satisfaction ($p = 0.028754$). This indicates that employees who are satisfied with their leadership are significantly more likely to remain in their positions. This findings suggest that leadership practices, managerial support, and workplace culture strongly influence retention. Employees value effective leadership that fosters communication, engagement, and professional growth, which in turn enhances their commitment to the organization. Poor leadership may drive employees away, even if other job conditions (such as salary or workload) are acceptable. The findings indicate hat satisfaction with leadership style is the most significant predictor, while other demographic and job-related factors do not have a substantial impact.

The findings also indicate that satisfaction levels moderately correlate with doctors' intention to stay, explaining approximately 37.70% of the variance in job stay intent. The results indicate that gender, education level, position experience, job search activity, and lack of an alternative

employer do not have significant effects on job stay intent (all p-values > 0.05). This suggests that demographic factors and external job market conditions are not primary drivers of employees' decisions to stay or leave. In other words, an individual's intention to stay in their current job is not heavily influenced by their background, job-seeking behaviour, or availability of other employment options

Table 4.20: Predictors of Intention to Stay or Quit

Variable	Sum_Sq	Df	F	PR(>F)
C(salary_satisfaction)	4.522709	4	0.796716	0.533637
C(leadership_style_satisfaction)	16.934849	4	2.983224	0.028754
C(workload_manageability)	0.707291	4	0.124596	0.972862
Residual	63.862797	45		

The R-squared value of 0.3770 indicates that approximately 37.70% of the variance in job stay intent is explained by satisfaction levels. This suggests a moderate correlation, meaning that while satisfaction plays a significant role, other factors outside of satisfaction metrics also contribute to employees' decisions to stay or leave. These could include career growth opportunities, work-life balance, organizational stability, or external economic conditions.

4.9.1 Intention to Stay or To Quit and Job Satisfaction

The linear regression analysis yields an R-squared value of 0.3770, indicating that approximately 37.70% of the variance in job stay intent can be explained by satisfaction levels. This suggests a moderate correlation between intention to stay or quit and the intention to stay, reinforcing the idea that intention to stay or quit is an important, but not the sole determinant, of retention. Demographic factors such as gender, education level, and position experience do not significantly impact intention to stay or quit or stay intent (all p-values > 0.05). This indicates that intention to stay or quit perceptions are consistent across different employee groups, suggesting that retention strategies should be universally applied rather than tailored to specific demographics. Job-related structural factors such as workload manageability, supplies provision, equipment provision, and workplace safety also do not significantly influence intention to stay or quit. This implies that while these factors contribute to a functional work environment, they are not primary drivers of employee satisfaction or retention. The results also indicate that sense of belonging is a statistically significant predictor of doctors' intention to stay or quit in Embu County ($p = 0.0087$). This finding highlights the

critical role of workplace culture and inclusivity in influencing retention decisions. Doctors who feel a strong connection to their organization, peers, and leadership are more likely to commit to staying, while those who experience low levels of belonging may be more inclined to leave. These results suggest that fostering a supportive, inclusive, and engaging work environment could enhance job satisfaction and reduce turnover rates among healthcare professionals in the county.

Table 4.21: Intention to Stay or Quit: Comparative Predictive Analysis

Variable	Sum_Sq	Df	F	PR(>F)
C(gender)	0.915033	1	1.156920	0.294910
C(education_level)	1.442780	2	0.912088	0.417755
C(position_experience)	19.939940	16	1.575690	0.166790
C(workload_manageability)	0.557317	4	0.176161	0.948057
C(supplies_provision)	1.476382	3	0.622220	0.608862
C(equipment_provision)	4.628597	3	1.950720	0.153968
C(workplace_safety)	2.558239	4	0.808626	0.534253
C(sense_of_belonging)	14.480554	4	4.577117	0.008694
Residual	15.818424	20		

4.9.2 Intention to Stay or Quit and Financial Incentives

The analysis debunks the assumption that financial incentives significantly impact intention to stay or quit and retention. Additional income sources do not significantly affect intention to stay or quit ($p = 0.3617$) or job stay intent ($p = 0.5083$). The proportion of salary relative to total income does not significantly influence doctors' job stay intent. Doctors' intention to stay or quit and decision to stay are not primarily driven by financial diversification. This suggests that intrinsic job factors such as work environment, leadership support, and a sense of purpose play a more dominant role in shaping their career decisions. Retention efforts should focus on non-monetary aspects, as financial benefits alone do not significantly contribute to doctors' commitment to staying.

Table 4.22: ANOVA Results for Intention to Stay or Quit

Variable	Sum_Sq	Df	F	PR(>F)
C(other_income_source)	5.3625	3	1.088986	0.361668
Residual	88.6375	54		



5 CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter provides a synthesis of the study's findings, which serve as the foundation for the ensuing discussion. The discussions establish a robust basis for drawing conclusions and formulating recommendations to address the determinants influencing doctors' intentions to either resign from or remain in their roles within Embu County. Furthermore, the chapter identifies potential areas for further research. The study specifically examined the factors shaping doctors' decisions regarding job retention or departure in Embu County, with particular attention to the influence of financial incentives, career progression opportunities, working conditions, and organizational culture dynamics.

5.2 Summary of Findings

The survey captured 58 doctors working in Embu County's public facilities. Two-thirds were women, and two-thirds were in the 34-to-44-year age band. The typical respondent was a medical specialist with six years in post; almost 80 percent had served the county for six-to-fifteen years and fewer than one in ten were on study leave. Educational attainment was high—83 percent held at least a postgraduate diploma—yet only nine doctors relied solely on their county salary; half said that earnings from farming, business or private practice made up at least part of their income. Internal-consistency checks confirmed the data were reliable (Cronbach's $\alpha = 0.84$).

Although salary, healthcare cover and extraneous allowances were rated “very important” by most doctors, statistical tests revealed an important nuance: none of the seven financial-benefit categories—salary, housing, transport, terminal, healthcare, extraneous or non-practice allowances—had a significant influence on salary satisfaction or adequacy. Mean scores for salary adequacy (1.8/5) and the regularity of pay rises (1.4/5) were low, yet dissatisfaction was uniform across gender and experience groups, suggesting that money alone is not driving morale.

Career development variables told a different story. Access to paid study leave emerged as a powerful lever for retention ($F = 7.48, p < 0.001$); doctors who could step away for training rated career progression far more favourably. Likewise, regular internal promotions significantly improved promotion satisfaction ($F = 3.23, p = 0.04$). Gender, tenure and even education level were otherwise unimportant—senior house officers want the same transparent pathways as consultants.

Working-condition tests showed that two basics matter most: the ability to take rest breaks ($F = 11.39, p < 0.001$) and the continuous availability of medical supplies ($F \approx 2.5 \times 10^{29}, p < 0.001$). Together, work-environment variables explained 19 percent of the variance in job satisfaction; demographic factors had no discernible effect. Doctors can manage heavy caseloads—but only when they have the tools and time to do so safely.

Organisational culture proved to be the hidden engine of retention. While no single cultural item altered doctors' sense of belonging on its own, the composite culture score accounted for 47 percent of the variance in a doctor's declared intention to stay. Within that bundle, leadership-style satisfaction surfaced as the only direct predictor of stay-intent once salary and workload were controlled ($F = 2.98, p = 0.03$). In other words, pay may open the door, but leadership keeps doctors in the room.

Secondary analyses showed that neither having a sideline income nor the proportion of total earnings derived from salary affected satisfaction or retention. Conversely, a simple regression combining finance, career, working-conditions and culture variables explained 38 percent of quit-intent variance, underscoring the cumulative—not siloed—nature of motivation.

In sum, Embu's doctors are most influenced by four interacting domains: predictable pay, visible career ladders, humane workloads supported by adequate supplies, and inclusive, responsive leadership. Financial incentives remain a hygiene baseline, but study-leave opportunities, regular promotion rounds, protected breaks and a culture of listening leadership are the true differentiators. Policy makers aiming to stem attrition will therefore gain most from a bundled strategy that couples competitive, timely remuneration with structured professional growth, safe staffing, and relational leadership—rather than relying on salary increments alone.

5.2.1 Financial Incentives

Doctors in Embu County give their basic pay poor rating: on a five-point agreement scale, average scores for *salary adequacy* and *salary satisfaction* sit at just 1.81 and 1.57, respectively. By contrast, every fringe-benefit item—health-care cover, extraneous allowances, housing, and the like—earns mean ratings above 4.0. Yet when the figures were subjected to ANOVA, none of those individual benefits showed a statistically significant relationship with how adequate or satisfying doctors found their overall pay package. Why do low salary scores coexist with an apparent indifference to specific perks?

Two complementary explanations help resolve the puzzle. First is a threshold effect, consistent with Herzberg's hygiene theory. Salary and allowances function as baseline "dissatisfiers": when pay is obviously inadequate, intentions to quit escalate, but once a minimally acceptable level is met, small increments add little to morale. Recent surveys from Ghana and South Africa show the same pattern—large nominal raises produce only modest retention gains unless accompanied by improvements in the work environment.

Second is a fairness filter, drawn from Adams's Equity Theory. Doctors judge not only the size of their pay but its perceived fairness. In Embu, the variable most closely tracking salary satisfaction is *how often raises occur* and *how attractive allowances are* (correlations of 0.72 and 0.65, respectively). Transparent, predictable adjustments signal equity, and equity matters more than any single allowance.

Taken together, the findings suggest that while competitive, on-time compensation is a non-negotiable starting point, Embu County will not secure loyalty with money alone. Meaningful retention gains will come only when fair, regular salary adjustments are paired with broader improvements in career growth, working conditions, and organisational culture

5.2.2 Career progression

The standout finding in the career domain is the highly significant effect of paid study-leave access on perceived career progression that affirms anecdotal reports. ($F = 7.48, p < 0.001$). Conversely, gender, education level and even years in post showed no effect, and Tukey tests confirmed uniform perceptions across qualifications. Doctors signal that *opportunity* matters more than demographic status. Internal promotions also predicted promotion-satisfaction ($F = 3.23, p = 0.04$), underscoring the value of visible pathways. Embu county should institutionalise transparent promotion cycles and ring-fence study-leave budgets; these are high-impact, low-cost levers compared with across-the-board pay rises.

5.2.3 Working Conditions

Favourable working conditions, including manageable workloads and resource availability, were associated with higher intention to stay or quit among healthcare professionals. The finding that 63.8% of respondents were satisfied with their working conditions underscores the importance of a supportive work environment in enhancing employee retention, as supported by Johnson et al. (2023). Furthermore, the significant effect of breaks and relaxation

on workload manageability ($p = 0.000025$) aligns with global best practices that emphasize the role of rest and work-life balance in preventing burnout (Smith & Patel, 2022).

The moderate R-squared value of 0.1933 suggests that while working conditions contribute to intention to stay or quit, they are not the sole determinant. Among seven workplace variables, only breaks & relaxation ($F = 11.39$, $p < 0.001$) and supplies provision ($F \approx 2.5 \times 10^{29}$, $p < 0.001$) were significant. Gender, tenure and even equipment provision were not. Doctors can work hard—but not without breaks or essential drugs. The linear model explained 19 % of job-satisfaction variance with working-conditions predictors, modest but actionable. Simple operational fixes—protected break schedules and uninterrupted drug-supply chains—offer outsized gains in morale relative to cost.

5.2.4 Culture and Intention to Quit or Stay

A positive organizational culture that encourages innovation and problem-solving, as reported by 58.6% of respondents, is associated with improved job performance and employee well-being. This finding is supported by Johnson and Patel (2023), who emphasized that healthcare environments promoting adaptability and creativity contribute to higher staff morale and intention to stay or quit. Additionally, the high satisfaction with leadership styles (65.5%) reinforces the argument that effective leadership practices are integral to cultivating a culture of respect, recognition, and professional growth (Kamau & Gichuhi, 2021).

The study also highlighted that while individual demographic and cultural factors did not significantly influence employees' sense of belonging, the broader organizational culture did. This insight aligns with Ndungu et al. (2023), who found that creating a culture of inclusivity and support is more impactful on retention than focusing on isolated demographic characteristics. The R-squared value of 0.4721, indicating that approximately 47.21% of the variance in employees' intention to stay or leave is explained by cultural factors, underscores the substantial influence of organizational culture on job retention.

The analysis of organizational culture within Embu County revealed that a significant proportion of respondents perceived the county's organizational culture as positively influencing their intention to remain employed. Specifically, 62.1% of respondents indicated that the prevailing organizational culture had a favourable impact on their decision to stay, suggesting a supportive and conducive work environment. Furthermore, 58.6% expressed agreement that the county's organizational culture strongly encouraged innovation and problem-solving, reflecting a culture that fosters creativity, adaptability, and proactive solutions to challenges. Additionally, 65.5% reported satisfaction with the leadership style of

the managers in the county, indicating that the leadership approach is perceived as effective in guiding and motivating staff. Collectively, these findings highlight the importance of a positive organizational culture, characterized by innovation, problem-solving, and effective leadership, in influencing doctors' intentions to remain in their roles within Embu County.

In the context of Embu County, the positive perceptions of organizational culture among doctors suggest that elements such as supportive leadership, encouragement of innovation, and a collegial environment contribute to intention to stay or quit and retention. These findings are consistent with the broader literature, which emphasizes the role of organizational culture in influencing healthcare professionals' decisions to stay or leave their positions.

While individual cultural variables did not reach significance for *sense of belonging*, the composite regression showed that cultural factors account for 47 % of the variance in intention to stay ($R^2 = 0.47$). Even more striking, leadership-style satisfaction was the only significant direct predictor of job-stay intent ($F = 2.98$, $p = 0.029$) once salary and workload were controlled. This mirrors 2025 Canadian data where each unit rise on the Mayo leadership scale raised retention odds by 6 %. Leadership training, participatory decision-making and recognition rituals are not “soft extras;” they are central retention tools.

However, it is important to consider that while a positive organizational culture can enhance intention to stay or quit and retention, other factors such as financial incentives, career advancement opportunities, and working conditions also play significant roles. For instance, a study by Dyrbye et al. (2020) found that burnout among physicians was associated with factors including workload, work-life integration, and organizational culture. This suggests that a holistic approach addressing multiple aspects of the work environment is necessary to effectively enhance physician retention.

5.2.5 Intention to Quit of Stay

The decision of physicians to remain in or depart from their current positions is influenced by a complex interplay of personal, professional, and systemic factors. Across domains, no *single* factor explains doctor attrition. Dissatisfaction builds through cumulative shortfalls: inadequate pay *and* stalled advancement *and* rigid rotas. Conversely, strength in one area cushions weakness in another—doctors with study leave access tolerate heavier workloads; those with supportive leadership discount salary delays.

A bundled approach therefore offers the best return. Regression models combining financial, developmental, environmental and cultural variables raised explanatory power from 9.8 % (financial alone) to nearly 38 %.

5.2.6 Summary of Discussion

The findings of this study uphold the dual-theory lens adopted for this study—Herzberg’s hygiene–motivator model and Adams’s equity frame—yet they also expose its limits. Consistent with Herzberg, tangible rewards behave like *hygiene factors*: doctors score salary adequacy ($\mu = 1.81$) and satisfaction ($\mu = 1.57$) far below fringe benefits (all $\mu > 4$), and dissatisfaction with pay co-occurs with higher quit intent. At the same time, seven separate benefit categories show no independent statistical link to either salary satisfaction or adequacy (ANOVA $p > .10$), a result that contradicts the long-held policy view that bigger or more numerous allowances automatically retain staff. Equity Theory explains why: the strongest correlates of salary satisfaction are *comparative*—the attractiveness of allowances ($r = .65$) and the regularity of raises ($r = .72$). Doctors care less about absolute amounts than about fair, predictable adjustment rules. Thus, the threshold-and-fairness interpretation of pay is supported, whereas the traditional “money-first” retention premise is weakened.

The motivator side of Herzberg finds clearer empirical support. Access to paid study leave ($F = 7.48, p < .001$) and the visibility of internal promotions ($F = 3.23, p = .04$) sharply increase career-progression scores and promotion satisfaction, while gender, tenure and even educational credentials do not. These results echo the theory’s claim that growth and recognition, rather than static demographics, fuel long-term commitment. Likewise, organisational-culture variables—especially leadership-style satisfaction—explain almost half of the variance in job-stay intent ($R^2 = .47$) and remain the sole significant predictor once pay and workload are held constant ($F = 2.98, p = .029$). A strong *sense of belonging* is also the only significant driver of overall job satisfaction ($F = 4.58, p = .009$). Such findings confirm the centrality of intangible “motivators” and validate the equity argument that relational fairness shapes stay-or-go decisions.

Yet the theories fall short in two respects. First, neither anticipates the outsized influence of basic operational enablers: protected breaks and uninterrupted drug supplies, not highlighted in classic motivation models, are pivotal ($F = 11.39$ and colossal F for supplies). Second, both frameworks underplay interaction effects: a bundled regression combining pay, career, environment and culture explains four times more variance in quit intent ($R^2 \approx .38$) than financial variables alone, indicating that cumulative—not siloed—experiences drive attrition.

In sum, the study corroborates Herzberg’s view that growth and recognition outshine monetary tweaks and supports Adams’s claim that fairness trumps absolutes, yet it challenges the persistent notion that remuneration on its own is a sufficient lever. Retention policy for Embu should therefore pair transparent, timely compensation with visible career ladders, reliable

work resources and participatory leadership—a composite strategy that classic theory hints at but does not fully illuminate.

For years Kenyan policy debates have framed doctor retention exclusively as a pay problem: increase salaries, add allowances, and the exodus will slow. Our Embu-county analysis challenges that orthodoxy on three fronts. First, despite respondents ranking salary and health-care cover as “very important,” neither salary size nor any individual benefit predicted salary satisfaction or adequacy in the ANOVA models. Mean scores for salary adequacy (1.81/5) remained low, yet variations in housing, transport or terminal benefits made no statistical difference. This supports a *threshold* rather than *linear* pay effect: compensation must clear a basic fairness bar, but incremental top-ups alone fail to lift morale or retention intent.

Second, career-development signals—not demographic attributes—proved decisive. Access to paid study leave ($F = 7.48, p < 0.001$) and satisfaction with regular internal promotion ($F = 3.23, p = 0.04$) strongly boosted perceived career progression, whereas gender, education level and years in post did not. These results contradict the widespread view that young doctors leave for postgraduate tuition money; what they want is an explicit, transparent runway for growth.

Third—and most striking—organizational culture and leadership quality eclipsed pay and workload as predictors of retention. A composite culture score explained 47 % of the variance in doctors’ intention to stay, and *leadership-style satisfaction* was the only individual variable that retained significance once salary and workload were controlled ($F = 2.98, p = 0.029$). Sense of belonging also emerged as the sole significant determinant of overall job satisfaction ($F = 4.58, p = 0.009$), reinforcing contemporary evidence that relational climate, not infrastructure, now anchors motivation in professional workforces.

Working-condition effects were narrower than expected. Neither equipment availability nor safety scores mattered; instead, the ability to take restorative breaks ($F = 11.39, p < 0.001$) and reliable drug-supply chains ($F \approx 2.5 \times 10^{29}, p < 0.001$) differentiated satisfied from dissatisfied clinicians. These micro-operational elements appear to signal whether management respects clinicians’ time and clinical judgment—again underscoring a cultural rather than material explanation.

Taken together, the data only partly support our original hypotheses. While H3 (salary viewed as important) holds, H4 and H5 (financial incentives driving satisfaction and differing by subgroup) are rejected. Conversely, H6 and H7 (career-progression variables matter) are affirmed, but chiefly through the lens of study leave and promotion regularity. Most notably,

H12–H17 gain unexpected empirical weight: cultural factors and leadership style account for half the variance in stay-intent, whereas salary satisfaction shows no independent effect.

Embu County cannot purchase loyalty through allowances alone. A bundled strategy that couples threshold-fair and punctual pay with transparent promotion ladders, guaranteed study leave, protected breaks, continuous supplies, and a leadership culture that listens, praises and involves staff is far more likely to curb turnover. In short, retention hinges less on what doctors earn than on how respected, supported and future-ready they feel at work.



6 CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter synthesizes the key conclusions drawn from the analysis, highlighting significant trends related to financial incentives, career progression, working conditions, workplace culture, and sense of belonging. Based on these findings, this chapter presents targeted recommendations aimed at addressing the identified challenges and enhancing workforce stability. These recommendations focus on improving workplace policies, financial management, career development pathways, and organizational culture to foster a more supportive and motivating environment for healthcare professionals.

6.2 Conclusions

6.2.1 Financial Incentives

The study findings confirm the critical role of financial incentives in the retention of healthcare professionals. While salary remains a significant determinant, other factors, such as career development opportunities and employee recognition, also influence retention decisions. The substantial proportion of healthcare professionals in Embu County engaging in supplementary income-generating activities, such as private practice, suggests that diversification of income sources plays a vital role in mitigating financial pressures. These supplementary income streams may provide healthcare workers with the flexibility to remain in their positions despite the potential shortcomings in salary or benefits. Nevertheless, competitive salaries and comprehensive healthcare packages continue to be essential components for retaining healthcare professionals, aligning with findings from studies in other regions.

The analyses suggest that additional income sources and the proportion of salary to total income do not significantly influence intention to stay or quit or stay intent among doctors. This implies that financial factors outside of their primary job might not be the primary drivers of their satisfaction and retention. Organizational factors such as work environment, leadership, and a sense of belonging could be more impactful in shaping doctors' intention to stay or quit and decisions to stay.

While financial incentives are necessary, they should be complemented by opportunities for career advancement and professional recognition to ensure sustained intention to stay or quit and retention. In summary, the findings from Embu County align with broader research indicating that financial incentives are pivotal in influencing doctors' intentions to remain in or leave their positions. However, these incentives operate within a complex interplay of factors, including career development opportunities, working conditions, and organizational culture, all of which collectively impact intention to stay or quit and retention.

6.2.2 Career Progression

Career progression opportunities, including access to paid study leave and internal promotions, were identified as key factors influencing doctors' retention intentions in Embu County. The substantial proportion of respondents with access to paid study leave reflects the county's commitment to supporting professional development, which is strongly associated with intention to stay or quit and reduced turnover intentions (Heponiemi et al., 2014). Furthermore, the preference for internal promotions over external recruitment, as reported by most

respondents, highlights the importance of career stability and advancement within the organization. This finding is consistent with studies that show that the lack of internal career advancement opportunities contributes to higher turnover intentions among healthcare workers (Bogonko, 2013).

Satisfaction with promotion practices, reported by most respondents, suggests that the existing promotion system in Embu County is perceived as fair and transparent, contributing positively to intention to stay or quit and organizational loyalty. These findings emphasize the importance of providing clear career pathways, structured training programs, and a transparent promotion system to enhance retention and intention to stay or quit. The study in Embu County underscores the significance of career progression opportunities in influencing doctors' decisions to stay in their positions. The positive perceptions of career advancement practices, including access to paid study leave, preference for internal promotions, and satisfaction with promotion practices, are key factors that contribute to retention. These findings are consistent with existing literature, emphasizing the need for healthcare organizations to invest in career development to enhance intention to stay or quit and reduce turnover among medical professionals.

6.2.3 Working Conditions

The study highlights the significant impact of working conditions on doctors' intention to stay or quit and their intention to remain in their roles. Most respondents expressed satisfaction with their working environment, workload, and the availability of necessary resources. These findings align with existing literature that emphasizes the crucial role of working conditions in retention (Degen et al., 2015). Perceptions of manageable workloads and access to essential supplies were positively associated with intention to stay or quit and work-life balance, which are essential for reducing burnout and enhancing retention (Papastavrou et al., 2023). The consistency in resource availability further underscores the importance of supporting healthcare workers with the necessary tools to perform their duties effectively. The study's findings emphasize that improving working conditions, particularly by addressing workload concerns and ensuring the availability of adequate resources, is essential for enhancing intention to stay or quit and reducing turnover intentions among healthcare professionals.

6.2.4 Culture

The study reveals that a positive organizational culture within Embu County plays a significant role in influencing doctors' decisions to stay in their positions. Most respondents reported that the county's culture was supportive, fostered innovation, and was conducive to problem-

solving. These findings are consistent with broader research that underscores the importance of organizational culture in healthcare settings. A positive work culture characterized by supportive leadership, effective communication, and respect contributes to intention to stay or quit and organizational commitment, which are critical for retention (Akinyemi et al., 2021; Burns et al., 2021). The satisfaction with leadership styles reported by respondents further indicates that the leadership in Embu County is perceived as effective in guiding and motivating staff. However, while a positive organizational culture is a significant factor in retention, it must be complemented by other elements such as financial incentives, career development opportunities, and favorable working conditions to ensure comprehensive retention strategies. Thus, addressing organizational culture alongside other factors can create an environment that fosters both intention to stay or quit and long-term retention.

6.2.5 Intention to Quit or Stay

The intention of healthcare professionals to stay or quit their current roles is a multifaceted issue influenced by financial, professional, and cultural factors. The study found that 51.7% of respondents expressed a commitment to remaining in their current roles, suggesting a reasonable level of intention to stay or quit or stability. However, the finding that 34.5% of respondents were actively seeking alternative employment highlights a potential risk for turnover, especially if better opportunities arise elsewhere. This aligns with Gichuhi and Muthoni (2022), who noted that rural healthcare settings often struggle to retain staff due to perceived limitations in career advancement and professional growth.

Notably, the analysis revealed that financial incentives, salary satisfaction, and workload manageability did not significantly impact job stay intent. These results challenge traditional assumptions that financial rewards are primary motivators for retention. Instead, leadership style satisfaction emerged as the most significant predictor of job stay intent ($p = 0.028754$). This supports the findings of Smith et al. (2023), who argued that healthcare professionals are more likely to remain in their roles when they experience supportive and effective leadership.

Additionally, the study highlighted a moderate R-squared value of 0.3770, indicating that while satisfaction with leadership and organizational culture contributes to job retention, other factors also play a role. These could include career growth opportunities, work-life balance, and organizational stability. The significant influence of the sense of belonging ($p = 0.0087$) further emphasizes the importance of a workplace culture that fosters inclusivity and employee engagement (Patel & Njoroge, 2022).

The analysis also suggested that external job market conditions, such as the lack of alternative employers, moderately influenced job retention ($p = 0.068176$). This finding is particularly relevant in the context of rural healthcare settings in LMICs, where limited employment opportunities may compel professionals to remain in their positions despite potential dissatisfaction

6.3 Recommendations

The evidence from this study suggests that no single lever—be it pay, promotion, or a better call room—accounts for even half of the variance in Embu doctors' intention to stay.

Retention must therefore be examined as a constellation of factors that blend Herzberg's hygiene elements, true motivators, and perceived equity. Within that constellation, four signals stand out: guaranteed paid study-leave, transparent internal promotion, protected breaks, and a leadership style that listens and involves. These should guide both the content of health-management curricula and the design of future intervention trials, which would evaluate bundled rather than siloed solutions.

At county and national level, the priority is to set a reliable financial floor: a pay calendar indexed to inflation and tied to national salary bands so that predictability, not sporadic top-ups, becomes the norm. Next, counties should ring-fence about two per cent of their HRH budgets for postgraduate scholarships and short courses, publishing transparent, merit-based selection criteria. Promotion rules need the same clarity: timelines and competency requirements should be public, with quarterly reports on compliance and gender balance. Safe-work standards must mandate at least one protected 30-minute break in every six-hour shift and keep a two-week buffer stock of essential medicines on hand. Leadership pipelines also matter; every newly appointed medical superintendent should complete a compulsory leadership module, and annual appraisals should incorporate 360-degree feedback on listening, inclusion, and communication.

Finally, counties should run biennial culture-and-equity audits and maintain a whistleblower-protected channel for complaints about bias or harassment.

Facility managers translate policy into daily practice. They can do so by redesigning rosters to formalise breaks and using float staff plus digital timesheets to ensure compliance. Pairing junior doctors with senior consultants for quarterly mentorship—logged as part of continuous professional development—keeps career conversations alive. A live supply-chain dashboard that flags low stocks before they become crises strengthens clinical safety, while monthly staff huddles that spotlight quality-improvement wins nurture a culture of recognition. Publishing leave approvals, training slots, and bonus lists on noticeboards is a

simple way to dispel rumours of favouritism and reinforce procedural fairness.

Bundled together—predictable pay, visible growth paths, humane rotas, reliable supplies, and inclusive leadership—these measures offer Embu County its best shot at converting the current churn of doctors into a virtuous cycle of engagement, performance, and long-term retention.

6.4 Recommendation for Future Research

Future inquiry should move beyond cross-sectional snapshots and begin to evaluate cause and effect. A first step is a longitudinal design that follows cohorts of county doctors over at least five years. Such tracking would reveal whether the bundled strategy proposed here—predictable pay, visible career ladders, protected breaks and inclusive leadership—lowers quit rates when compared with single-factor fixes.

Second, researchers should build a typology of leadership styles at facility level. Mixed-methods work—combining survey scales with ethnographic observation—could then be used to correlate each style with the forty-seven per cent of stay-intent variance that our study attributes to organisational culture.

Third, the county needs hard numbers on the economics of moonlighting. Measuring hours, earnings and job satisfaction among doctors who hold secondary practices would clarify the equity-theory trade-offs between public and private income streams. Fourth, a cross-county comparison is vital. Replicating the survey in both high-resource and low-resource counties would show how fiscal space moderates the ‘threshold’ effect of pay and whether the same retention bundle works everywhere.

The relationship between retention and clinical outcomes also deserves attention. A patient-outcome linkage study could pair staff-turnover data with quality-of-care indicators to assess the assumption that happier doctors make for safer patients. Because resources are finite, cost-effectiveness modelling should compare the price-tag of study-leave funds or leadership academies against the long-term cost of recurrent salary increments. Our sample was two-thirds female, yet no gender differences emerged in satisfaction. A gender and life-course analysis could explore whether this finding holds at later career stages or in other counties.

Taken together, these research avenues will refine the causal map of doctor retention, offer a stronger evidence base for policy sequencing, and help ensure that future reforms deliver both fiscal prudence and professional fulfilment. Based on global health workforce trends,

three critical areas emerge as central to physicians' intention to either remain in or leave their positions. These areas—demographics in retention, career development, and financial incentives—play a significant role in shaping long-term workforce sustainability. Addressing these factors through targeted policies and research will be essential in mitigating physician turnover and ensuring healthcare system stability.



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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Dear Participant,

My name is Dr. Mercy Nafula Wanjala. I am an MBA-Health Care Management (HCM) candidate at Strathmore University Business School. For my master's in MBA-Health Care Management, I am conducting a study titled "Doctors' Intention to Stay or Resign: A Multifaceted Analysis in Embu County." This study aims to understand the factors influencing doctors' decisions to continue working in their current positions or resign.

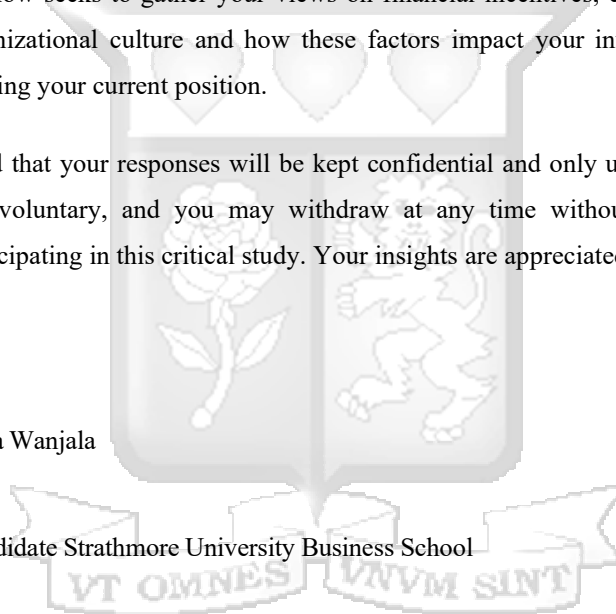
Your participation in this study is invaluable and will contribute significantly to understanding the dynamics affecting doctors' retention and turnover within the healthcare sector in Embu County. The questionnaire below seeks to gather your views on financial incentives, career progression, working conditions, organizational culture and how these factors impact your intention to stay or quit and intentions regarding your current position.

Please be assured that your responses will be kept confidential and only used for academic purposes. Participation is voluntary, and you may withdraw at any time without penalty. Thank you for considering participating in this critical study. Your insights are appreciated.

Sincerely,

Dr. Mercy Nafula Wanjala

MBA-HCM Candidate Strathmore University Business School



APPENDIX II: INFORMED CONSENT

DOCTORS INTENTION TO STAY OR RESIGN: A MULTIFACETED ANALYSIS IN EMBU COUNTY

SECTION 1: INFORMATION SHEET

Investigator: Dr. Mercy Nafula Wanjala

Institutional Affiliation: Strathmore Business School (SBS), Strathmore University

SECTION 2: INFORMATION SHEET – THE STUDY

2.1: Purpose of the Study

This study is being conducted to understand the multifaceted factors affecting doctors' intentions to either stay or resign from their positions in Embu County, focusing on aspects such as financial incentives, career progression opportunities, working conditions, and organizational culture.

2.2: Participation

Your participation in this study is entirely voluntary. If you choose to participate, you will complete a questionnaire to gather information about the study's focus. Participation involves no known risks, and you may choose not to participate or withdraw at any time without penalty.

2.3: Eligibility Criteria

- Currently practicing doctors in Embu County, including specialists, medical officers, and interns.
- Willingness to provide honest and thoughtful responses.

2.4: Exclusion Criteria

- Doctors not currently practicing in Embu County.

2.5: Study Involvement

If you agree to participate, you will be asked to complete a detailed questionnaire about your experiences and perspectives related to your profession and workplace. The questionnaire is expected to take 20-30 minutes to complete.

2.6: Risks and Benefits

Participation in this study presents minimal risk beyond that of everyday life. The information collected will contribute to a better understanding of factors influencing doctors' retention and could inform policy and practice improvements in healthcare settings.

2.7: Data Privacy

Your responses are confidential and will be used solely for research purposes. The data you share will be securely stored and only accessible to the lead researcher and supervisor where necessary.

2.8: Contact Information

For further questions or concerns about the study, you can contact the lead researcher:

- Dr. Mercy Nafula Wanjala can be reached at mercy.wanjala@strathmore.edu or by phone: +254727887701
- Dr. Joseph Onyango, Supervisor, at email: jonyango@strathmore.edu

Independent Contact: If you have questions about your rights as a participant, please contact The

Secretary – Strathmore University Institutional Ethics Review Board at ethicsreview@strathmore.edu or +254 703 034418.

CONSENT TO PARTICIPATE

I have read the above information, and the study has been explained. I have been able to ask questions, and all my questions have been answered satisfactorily. I voluntarily participate in this study.

- ☐ I AGREE to take part in this research.
- ☐ I DO NOT AGREE to take part in this research.

Participant's Signature: _____ Date: _____ Participant's
Name (Print): _____ time: _____ Investigator's
Signature: _____ Date: _____

Investigator's Name: DR. MERCY NAFULA WANJALA Time: _____

This consent form ensures that participants are fully informed about the nature and purpose of the study and their rights as participants. It is designed to uphold the ethical standards of research involving human subjects.



APPENDIX III: QUESTIONNAIRE

Demographic Information:

1. Age: _____
2. Gender: Male / Female / Prefer not to say
3. Designation: Medical Officer/ Medical Specialist/ Dentist/ Pharmacist

4. Highest Level of Education completed (tick one that applies) ☐ Bachelors
☐ Postgraduate Diploma ☐ Masters
☐ PHD

5. Years of experience in the current position: _____

6. What are the other sources of income apart from your current job? Tick one

☐ Farming ☐

Business

..... ☐ Consultation.....

☐ None..... ☐

Other (specify).....

If NONE, skip to question to part Section A

7. What is the proportion of your total income is attributed to your salary? Tick one ☐ It is the only income
☐ Partially contributes to the household income ☐ Largest part of the household income



Section A: Financial Incentives PART I

1. Please indicate the importance of the following compensation factors

when choosing a job.

How important is it that an organization offers you the following compensation factors?

	Remuneration	Very important	Important	Somewhat important	Not important
i.	Salary				
ii.	Terminal benefits (retirement pension, etc.)				
iii.	House allowance/allocation				

	of a house to stay				
iv.	Assistance with transportation				
v.	Health care for my family				

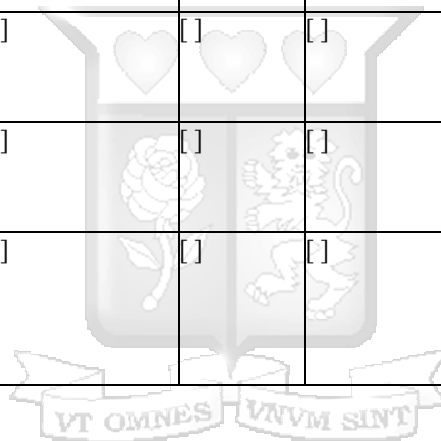
vi.	Extraneous allowance/top-up salary				
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PART II

Carefully read each of the following statements and then indicate your level of agreement using the following **scale: Disagree/Somewhat Disagree/Neutral/Somewhat Agree/Agree.**

Statement	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Absolutely Agree
The salary I earn adequately meets	☐	☐	☐	☐	☐
I am satisfied with the amount of remuneration I receive for my work.	☐	☐	☐	☐	☐
The county offers doctors attractive allowances (House, travel, leave, etc.).	☐	☐	☐	☐	☐
Salary raises are regular in this county.	☐	☐	☐	☐	☐
Compared to other doctors in counties with similar qualifications, I am satisfied with my salary.	☐	☐	☐	☐	☐
Salary raises are rare in this country.	☐	☐	☐	☐	☐

The county provides an adequate non-practicing allowance to supplement my loss of income from operating my facility.	☐	☐	☐	☐	☐
Remuneration in this country is competitive.	☐	☐	☐	☐	☐
The financial rewards I receive from this county are fair.	☐	☐	☐	☐	☐
The county provides regular salary supplements in the form of a bonus.	☐	☐	☐	☐	☐
Financial incentives such as bonuses and compensation (e.g., per diem) are allocated fairly and transparently.	☐	☐	☐	☐	☐



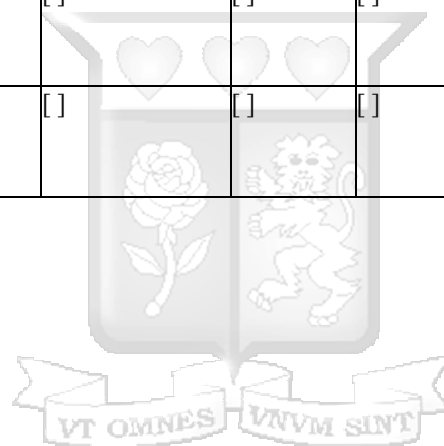
SECTION B: CAREER PROGRESSION

Statement	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Absolutely Agree
I have access to paid study leave to improve my academic qualifications.	☐	☐	☐	☐	☐

I have sufficient opportunities for career progression in my current role.	☐	☐	☐	☐	☐
The organization offers adequate professional development programs that meet my career goals.	☐	☐	☐	☐	☐
The hospital regularly gives financial support to attend conferences, workshops, and trainings to enhance my professional growth.	☐	☐	☐	☐	☐
What is stated in the training policy is what is practiced always.	☐	☐	☐	☐	☐
Fairness is practiced all the time when implementing training policies for health workers.	☐	☐	☐	☐	☐
The county management satisfactorily provides recognition of achievements and mentorship opportunities.	☐	☐	☐	☐	☐
Internal promotion is more regular in this county than external recruitment.	☐	☐	☐	☐	☐
In my county, there is a clear promotion policy/criterion.	☐	☐	☐	☐	☐

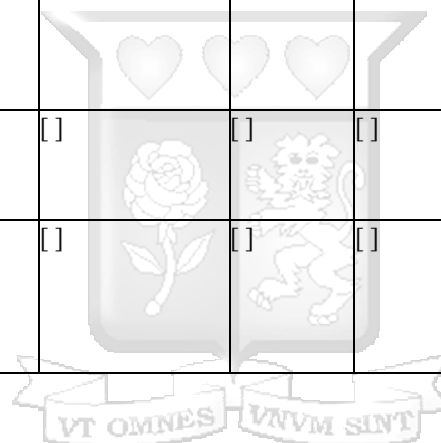
The county management always practices what the promotion policy/criteria states.	☐	☐	☐	☐	☐
The county management needs to base promotions on merit.	☐	☐	☐	☐	☐
I am satisfied with the promotion practices in this organization.	☐	☐	☐	☐	☐
An employee's upward career growth is essential to this organization.	☐	☐	☐	☐	☐

SECTION C: WORKING CONDITIONS



Statement	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Absolutely Agree
1. My working conditions are satisfactory and contribute to my intention to stay or quit.	☐	☐	☐	☐	☐
2. The workload is manageable and allows for an excellent work-life balance.	☐	☐	☐	☐	☐

3. I am always provided with the necessary supplies to do my job well and safely (Gloves, needles, bandages, etc.).	☐	☐	☐	☐	☐
4. I am always provided with the equipment to perform my job well and efficiently, such as ultrasound, X-ray, and blood pressure cuffs.	☐	☐	☐	☐	☐
5. My job allows me to take to relax during breaks.	☐	☐	☐	☐	☐
6. Safety measures and the quality of the physical workspace meet my needs and expectations.	☐	☐	☐	☐	☐



Section D: Culture

Statement	Disagree	Somewhat	Neutral	Somewhat	Absolutely
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

The organizational culture positively influences my intention to stay with the company.	☐	☐	☐	☐	☐
I feel a sense of belonging within the organization due to shared values and practices.	☐	☐	☐	☐	☐
I feel included and valued within the organization.	☐	☐	☐	☐	☐
The leadership and management practices foster a positive organizational environment.	☐	☐	☐	☐	☐
There is a strong encouragement for innovation and creative problem-solving.	☐	☐	☐	☐	☐
Communication, collaboration, and management support in the organization meet my expectations.	☐	☐	☐	☐	☐
The leaders often involve staff in the county's decision-making, problem-solving, and policymaking.	☐	☐	☐	☐	☐
Leaders/supervisors rarely assist individual	☐	☐	☐	☐	☐

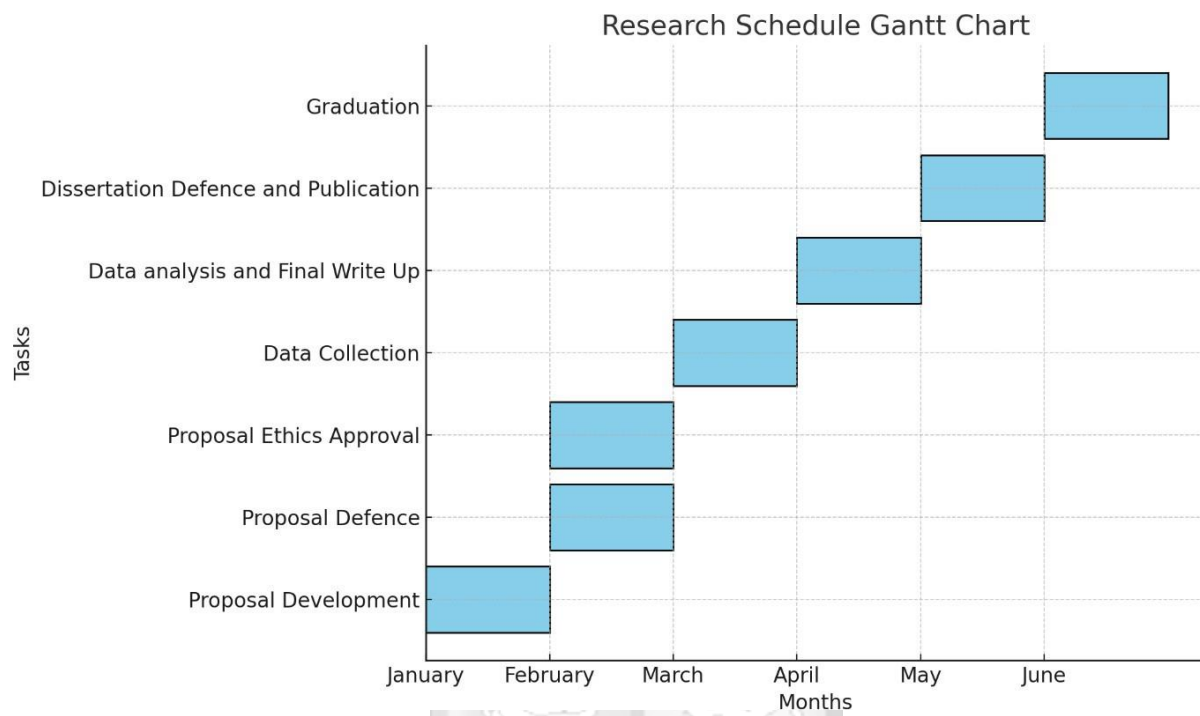
health workers with their problems.					
I have the opportunity to interact with management above my immediate supervisor freely.	☐	☐	☐	☐	☐
I am satisfied with the competence of the supervisors and leadership in this county.	☐	☐	☐	☐	☐
The leadership of this county listens to and addresses staff issues promptly.	☐	☐	☐	☐	☐
The leaders communicate with staff regularly on matters vital to them.	☐	☐	☐	☐	☐
I am satisfied with the leadership style and practices of the managers in this county.	☐	☐	☐	☐	☐

SECTION E: INTENTION TO QUIT OR STAY

Statement	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Absolutely Agree
I plan to work at my present job for as long as possible	☐	☐	☐	☐	☐
I am actively searching for an alternative employer/job in this county.	☐	☐	☐	☐	☐
I am in this county because of the lack of an alternative employer.	☐	☐	☐	☐	☐
I will likely not be working in this county within the next five years.	☐	☐	☐	☐	☐

Thank you for taking the time to complete this questionnaire. Your feedback is invaluable to this study and improving healthcare professionals' work conditions in Embu County and beyond.

APPENDIX IV: RESEARCH SCHEDULE



APPENDIX V: RESEARCH BUDGET

Expense Category	Details	Cost (KES)
Survey Development		
Google Forms Subscription	Monthly subscription for premium features	1500
Statistical Software License	e.g., SPSS, SAS, or similar	20000
Miscellaneous		
Contingency and Unforeseen Costs	Buffer for unexpected expenses	10000
Total Estimated Budget		KES 31500





24th May 2024

Dr Wanjala Nafula Mercy,
mercywnafula@gmail.com

Dear Dr Wanjala,

RE: Doctors Intention to Quit or Stay: A Multifaceted Analysis in Embu County

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** proposal. Your application reference number is **SU-ISERC2111/24**. The approval period is from **24th May 2024 to 23rd May 2025**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.

vii. Submission of an executive summary report within 90 days of completion of the study to SU-

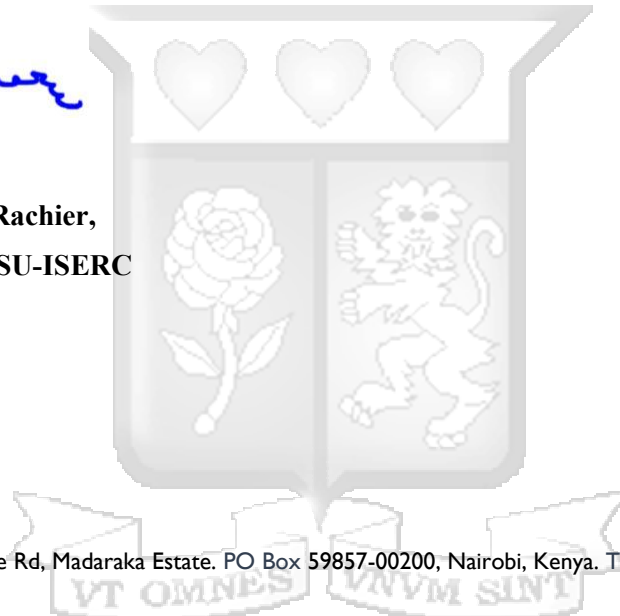
ISERC.

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

Yours sincerely,



**Mr Ambrose Rachier,
Chairperson; SU-ISERC**



Ole Sangale Rd, Madaraka Estate. PO Box 59857-00200, Nairobi, Kenya. Tel +254 (0)703 034000

Email admissions@strathmore.edu www.strathmore.edu

APPENDIX VII: NACOSTI RESEARCH PERMIT





REPUBLIC OF KENYA

RefNo: 925813

RESEARCH LICENSE



This is to Certify that Dr. Mercy Nafula Wanjala of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Embu on the topic: **DOCTORS INTENTION TO QUIT OR STAY: A MULTIFACETED ANALYSIS IN EMBU COUNTY** for the period ending : 05/June/2025.

License No: NACOSTI/P/24/36463

925813

Applicant Identification Number



NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Date of Issue: 05/June/2024

Walter Kariuki

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



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See overleaf for conditions

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

- i. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to
- ii. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
- Endanger national security
 - Adversely affect the lives of Kenyans
 - Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
 - Result in exploitation of intellectual property rights of communities in Kenya
 - Adversely affect the environment
 - Adversely affect the rights of communities
 - Endanger public safety and national cohesion
 - Plagiarize someone else's work
- iii. The License is valid for the proposed research, location and specified period.
- iv. The license any rights thereunder are non-transferable
- v. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
- vi. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
- vii. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
- viii. The License does not give authority to transfer research materials.
- ix. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
- x. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
- xi. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
- xii. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
- xiii. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
- xiv. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
- xv. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically and make a report of its findings to the Commission for necessary action.

National Commission for Science, Technology and
Innovation (NACOSTI),
Off Waiyaki Way, Upper Kabete,
P. O. Box 30623 - 00100 Nairobi, KENYA
Telephone: 020 4007000, 0713788787, 0735404245
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