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**An investigation of the influence of Talent Management practices on
Retention of Healthcare professionals at Kijabe Mission Hospital, Kiambu**

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MBA HCM 82954/14

**A research dissertation submitted in partial fulfilment of the requirements for
the award of**

**Degree of Masters in Business Administration in Healthcare Management at
Strathmore University**



Strathmore Business School,

Strathmore University

Nairobi, Kenya

JUNE 2016

Declaration

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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

Name of Supervisor: Hazel Gachunga

Signature.....

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Date.....

ABSTRACT

Retention involves all the processes that are geared towards making an employee want to stay within an organization. This process is dependent on how that organization attracts, selects, develops and retains its best employees (Talent Management). At the core of talent management is the assumption that the 'talent' must be found, segmented, nurtured and placed in pivotal positions that are crucial for the competitive advantage of the Firm. Building on the Human Capital theory, this research investigated talent management practices and their influence on retention in one of the largest mission hospitals in Kenya, Kijabe hospital.

The study applied both Qualitative (interviews with key informants and use of documented reviews) and Quantitative data collection methods (Questionnaires). Descriptive and causal research designs were used in the analysis of data. Convenience sampling technique was used to select the sample size for quantitative data and purposive sampling was used for qualitative data.

The results showed that talent development had a positive impact on retention with 49.6 % of staff showing that there is a genuine interest by the organization to foster and develop employees. Talent acquisition had a fair rating in that though only 11% of respondents in the general staff category had good knowledge on the HR recruitment and selection process 32% of staff agreed that the organization appoints high calibre employees. The reward systems had the most negative impact on retention with more than 86% of staff stating that the salary offered was not competitive to market rates and was the number one cause of turnover among staff.

Key words: Talent Management, Employee retention Talent acquisition, Talent development, Reward management.

DEFINITIONS OF KEY TERMS

Talent management can be defined as the strategic integrated approach to managing a career from attracting, retaining and developing to transitioning the organisations' human resources (Disk & Gerritdina, 2010)

Employee retention: The effort by a business to maintain a working environment which supports current staff in remaining with the company. It refers to all those practices which let the employees stick to an organization for a longer time (Armstrong, 2009)

Talent acquisition is a strategic approach to identifying; attracting and on boarding top talent to efficiently and effectively meet dynamic business needs (Capelli, 2008)

Talent development is all about nurturing and guiding those star employees who are able to contribute to the company's success and growth (Armstrong, 2009)

Clinical staff: In the context of this study refers to only Nurses and Clinical officers

Allied health staff: Refers to pharmacists, radiographers, laboratory technologists, physiotherapist and record officers

Health care staff: Clinical staff and allied health staff.

LIST OF CONTENTS

ABSTRACT.....	iii
DEFINITIONS OF KEY TERMS	iv
LIST OF FIGURES	ix
LIST OF ABBREVIATIONS.....	x
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background to the study	1
1.1.1 Hospital workforce in Africa	2
1.1.2 The role of mission hospitals in healthcare.....	3
1.2 Problem Statement	4
1.3. Objectives of the study.....	6
1.3.1 Broad Objective	6
1.3.2 Specific Objectives	6
1.4. Research Questions.....	6
1.5. Scope of the Study	7
1.6. Significance of study.....	7
CHAPTER TWO	8
LITERATURE REVIEW	8
2.1 Introduction.....	8
2.2: The Concept of Talent Management.....	8
2.2.1 Talent acquisition.....	8
2.2.2 Talent Development.....	10
2.2.3 Reward Management	11
2.2.4 Psychosocial factors and talent Management	12
2.3 The concept of employee retention.....	14
2.3.1 Why is it necessary to retain critical employees?	14
2.4. Theories in Talent Management	14
2.4.2 Human Capital Theory.....	15
2.4.3 Herzberg Two factor Theory.....	16
2.4.4 Equity Theory	16
2.5 Bersin & Associates Talent Management Framework.....	17

2.6	Empirical studies of health worker retention in Africa.....	18
2.7	Research gap.....	20
2.8	The Conceptual Framework.....	21
2.8.1	Conceptual Model.....	21
2.9	Chapter Summary.....	23
CHAPTER THREE.....		24
RESEARCH METHODOLOGY.....		24
3.1	Introduction.....	24
3.2	Research setting.....	24
3.3	Target Population.....	24
3.4	Research Design.....	25
3.5	The Sample size.....	25
Table 3.1 Sampling plan for the quantitative survey.....		26
3.8	Data Validity and reliability.....	27
3.8.1	Inclusion criteria.....	28
3.8.2	Exclusion criteria.....	28
3.9	Ethical Considerations.....	28
5.3	Study Limitations.....	29
CHAPTER FOUR:.....		30
PRESENTATION OF RESULTS.....		30
4.1	Introduction.....	30
4.3.3	Training and development.....	34
4.3.5	Psychosocial factors as a moderator between talent management and retention.....	37
4.3	Psychosocial factors as a moderator between talent management and retention.....	41
CHAPTER FIVE.....		52
DISCUSSIONS OF FINDINGS.....		52
5.1	Introduction.....	52
5.2	Discussion of findings.....	52
5.2.1	Talent acquisition and retention.....	52
5.2.2	Reward Management and retention.....	53
5.2.3	Talent Development and retention.....	55
5.2.4	Psychosocial factors as moderating factors between Talent management and retention.....	55
CHAPTER SIX.....		57

CONCLUSION AND RECOMMENDATIONS.....	57
6.1 Introduction.....	57
6.2 Conclusions and recommendations.....	57
References.....	60
Appendix 1: Semi structured Questionnaire (For Middle Level Managers).....	65
Appendix 2: Questionnaire for General Staff (Clinical, and Allied)	68
Appendix 4: DOCUMENTED REVIEW CHECKLIST	73
Appendix 5: PARTICIPANT INFORMATION AND CONSENT FORM	74
Appendix 6: PROJECT TIMELINES.....	77
Appendix 7: PROJECT BUDGET.....	78



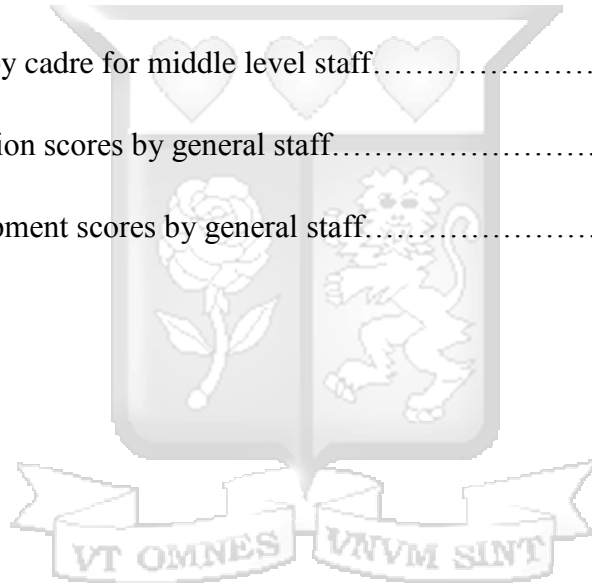
LIST OF TABLES

Table 3.1: Sampling plan for quantitative survey.....	26
Table 4.1: Demographic details of respondents.....	31
Table 4.2 Reward Management scores.....	36
Table 4.3 Thematic areas for talent acquisition and development.....	47
Table 4.4 Thematic areas for reward management and succession planning.....	50



LIST OF FIGURES

Figure 2.1 Dr. Adrienne’s People Grid.....	10
Figure 2.2 Herzberg’s two factor theory.....	16
Figure 2.3 Bersin & Associates Framework.....	18
Figure 2.3: The conceptual framework.....	22
Figure 4.1: distribution by Cadre.....	32
Figure 4.2: Distribution by cadre for middle level staff.....	32
Figure 4.3 Talent acquisition scores by general staff.....	34
Figure 4.4 Talent development scores by general staff.....	35



LIST OF ABBREVIATIONS

FBO's Faith Based Organizations

GDP: Gross Domestic Product

HIV: Human Immuno-deficiency Virus

AIDS: Acquired Immunodeficiency Syndrome

ICU: Intensive Care Unit

USA: United States of America.

HR: Human Resource

ANOVA: Analysis of variance

MDG'S – Millennium Development Goals



CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Globalization, pressure for speed/ innovation and the growing competition for talented workers have given organizations added incentives to review their employee relations' strategies in order to attract, motivate and retain the workforce that will help them be successful (Hongoro, & Normand, 2006).

Failures in talent management are an ongoing source of pain for executives in modern organizations. Over the past generation, talent management practices, especially in the United States, have by and large been dysfunctional, leading corporations to lurch from surpluses of talent to shortfalls (Capelli, 2008). Both developed and under developed countries continue to face retention challenges in most of their organizations.

There is a growing need to strengthen health systems especially in developing countries to help meet the Millennium Development Goals (MDGs) and a key constraint to achieving these goals is the absence of a properly trained and motivated workforce (WHO, 2006). African countries need at least 1 million additional workers in order to offer basic services consistent with the MDGs. Instead, these countries are affected by health worker loss crippling already fragile health care systems; hence the need to improve the retention of health workers is critical for health system performance (Chen, & Boufford, 2005).

Talent management is the use of an integrated set of activities to ensure that the organization Attracts, motivates, develops and retains the talented people it needs now and in the future (Armstrong, 2009). It's aimed at improving the calibre, availability and flexible utilization of exceptionally capable (high potential) employees who can have a disproportionate impact on business Performance (Capelli, 2008)

Employee retention on the other hand is an effort by a business to maintain a working environment which supports current staff in remaining with the company. It refers to all those

practices which let the employees loyal to an organization for a longer time (Chaminade, 2011, and Batt, 2010),

Cheese, Thomas & Craig, (2007) explains that the task of finding and managing talent in a new economic world has become more complex, turbulent and contradictory than ever before. Today talent is harder to find and nurture, and easier to waste and lose. When talent management capabilities are highly integrated, aligned with the organization's business strategy and embedded in operations, they constitute a distinctive organizational capability and a source of lasting competitive advantage (Batt, 2010)

In order for an organization to remain competitive and continue building revenue, they must learn to leverage their top talent, (Chaminade, 2011).The performance of talented employees directly affects company operations in several ways from innovation and new product development, to a marketing and branding strategy, as well as client service. Today's business economy is very competitive with human capital being a driving force behind revenue growth. For this reason, top talent should be consistently sourced, developed and rewarded (Armstrong 2009)

Talent management requires that managers shift their focus from recruitment as a static process to one that becomes embedded in the entire culture of the organization and performed by all employees rather than delegated solely to the human resource department (Dovlo 2005). As an employee, being recognized and nurtured to match your aspirations in your company is far more likely to encourage loyalty and consequently higher chances of the power to stay which improves employee retention (Kingma, 2009)

1.1.1 Hospital workforce in Africa

Dovlo, (2005) explains that Africa, unlike the other continents, faces a severe human resource crisis in the health sector. The continent's economic performance has been poor in comparison to developed countries over the last two decades. This has affected the ability of countries in sub-Saharan Africa (with few exceptions) to sustain credible health services and to train, employ and use health workers most efficiently (WHO report, 2007). Economic growth has been low or negative in many of its countries, with investment in health that has generally been inadequate, both as proportions of GDP and in gross terms (Kirigia, et al2006).

Among the Sub-Saharan Africa countries, Malawi consistently had one of the worst health workers to population ratios due to low pay in the government, and an increasing demand of skilled workers in neighbouring countries and Europe (Liase, & Dussault,2004).

International migration is widely blamed for the current crises and it is certainly the case that significant numbers are moving to developed countries (Hongoro, & Normand, 2006). Nurse migration has been shown to be motivated by the need for professional development, better quality of life and personal safety (Kingma, 2009). An estimated \$500 million is spent annually on medical education of workers from Africa who will eventually emigrate. In Kenya alone, US\$65,997 is spent educating a single medical doctor from primary school to university and for every doctor who emigrates, US\$517,931 returns in investment are lost (Kirigia, et al, 2006)

1.1.2 The role of mission hospitals in healthcare

In some countries, mission hospitals currently make up a large percentage of functioning facilities and their role in providing health services is greater than is generally known. For example, in Haiti almost half of all hospitals are operated by FBOs. Mission hospitals provide a third or more of all clinical care in Cameroon, Ghana, Malawi, Zambia, and Uganda according to Gill & Carlough, (2008). In Bolivia, FBOs own a quarter of health facilities in the 3 largest cities and they supply more than 10% of clinical services in Indonesia and India (Gill & Carlough, 2008)

Some African governments have already integrated church-run hospitals into the national health system. These countries include Democratic Republic of Congo, Malawi, and Tanzania which have all partnered with mission hospitals and delegated responsibility to them for underserved regions to provide healthcare on behalf of the government (Capacity Kenya, 2014). In the Mwanza region, 4 out of 10 (40%) district hospitals are mission hospitals while in the Kigoma region, 2 of 5 (40%) district hospitals are mission hospitals. In Lesotho, 9 (50%) of the country's 18 health districts are headed by mission hospitals, which carry out comprehensive health planning and management for their districts. In Zimbabwe, government funds for rural health improvements are used to expand mission facilities designated as district hospitals and to buy ambulances for these hospitals (Magiri, 2008). In Kenya faith based organizations constitute about 40% of healthcare provision.

1.2 Problem Statement

According to Reinnikka, (2003), most mission hospitals have a “corporate culture” which values and encourages compassionate services, even at the expense of personal comfort and career enhancement. This culture emphasizes to employees that they are to ‘give themselves to the work of the mission’ without demanding better pay than their public service counterparts.

From his research in Uganda, Reinnikka found out that, those religious not-for-profit health care facilities had qualified medical staffs who earn less than market wage as they ‘worked for God’. He also found out that this staffs were more likely to provide services with an element of the public good (Reinnikka, 2003). The result is that most mission hospitals become a great training ground for workers who then become ready market for the public health facilities and the private sector in the long run.

In Kenya, Kijabe hospital is the largest mission hospital functioning as a level 4 secondary referral centre. The hospital’s outpatient department attends to more than 450 patients daily and has a 280 in patient ward capacity. The bed occupancy is an average of 80% making it a busy hospital that needs qualified talented staff to provide quality care.

The HR records of the hospital of this hospital show that in 2013 for example, out of the 700 total staff in the hospital, 116 (16.6%) staff resigned that year. Of these 68 (58.6%) were Health care professionals: 48 (70.6%) clinical staff (nurses and clinical officers) and 20 (29.4%) from allied health (physiotherapy, laboratory, pharmacy, records, radiography and nutritionists). In 2014, out of the 137 staff that resigned that year, 89 (64.9%) were health care professionals: 74 (83.1%) clinical staff and 15 (16.9%) from allied health. Between 2013 and 2014, there had been a 30.9% rise in the number of health care professionals who resigned at the hospital (Database, Kijabe hospital, 2015). This trend could continue growing if measures are not put in place to manage and retain the existing talent.

A further evaluation of those who left revealed that the average number of years the staff who left had spent in the hospital was 3 years. This is about the recommended time for a professional to gain the necessary skills required to perform optimally (Benner, 2004). According to Benner, a professional grows from being a novice to an expert with experience; therefore by year three a

newly qualified nurse for example will begin to use intuition other than purely relying on theory and doctor's instructions to make quality decisions.

The researcher also found out that at least 25% of those who left could be classified as top talent that any employer would like to keep. These top talent included staff that had undergone specialized training at the institution for high level courses like basic life support (BLS), advanced cardiac life support (ACLS), trauma and emergency and paediatric life support. Others had special communication skills that help attract customers through their interactions, while others had special abilities to perform above an average staff in terms of output.

An assessment of the exit interview questionnaires filled by some of these staff showed that most of them were going to private organizations or the government owned institutions and the reasons for leaving varied: from higher salary expectations, lack of promotion mechanisms, failure to recognize further skills acquisition to working environment issues.

In a forum for Christian Hospital Association of Kenya (CHAK) in Limuru, on 23rd and 24th April 2014, where all the non-Catholic owned mission hospitals and facilities meet every year in a 3 day yearly conference, the greatest challenge repeatedly mentioned as facing the hospitals by most HR managers was the massive loss of Healthcare talent to the Government and Private institutions (CHAK Times, 2014). The situation had worsened over the last 3 years with the advent of County governments and hence competition for skilled workers.

There are a number of empirical inquiries on the concept and practice of talent management (Dambisya, 2006; Rakesh, 2009, Oladipo, 2014 and Chankova et al, 2006). One of the most informative studies in Kenya was carried by Ojaka, Olango, & Janice, (2014) to explore factors influencing retention in 3 public health facilities in Kenya. However the findings of the study developed general arguments on retention strategies which may not be applied in the management of mission hospitals. This therefore formed the basis of the researcher's quest to investigate the influence of talent management on retention of health care workers in one of the largest level 4 mission hospitals in Kenya which is also one of the referral centres for orthopaedic conditions, Kijabe hospital.

1.3. Objectives of the study

1.3.1 Broad Objective

To investigate the influence that talent management has on retention of health care professionals at Kijabe Mission hospital.

1.3.2 Specific Objectives

1. To explore how talent acquisition (recruitment and selection, employer branding and workforce segmentation) influences retention at Kijabe Hospital.
2. To determine how talent development (role development, relationship management and training/ development) influences retention at Kijabe hospital
3. To explore how Talent maintenance/reward management (performance management, reward systems and succession planning) influences retention
4. To establish what influence psychosocial factors (work demands, work life balance, social support and role clarity) as moderating factors have on talent retention at Kijabe hospital

1.4. Research Questions

1. Does talent acquisition talent acquisition (recruitment and selection, employer branding and workforce segmentation) influence retention at Kijabe Hospital?
2. How does talent development influence (role development, relationship management and training/ development) influence retention at Kijabe hospital?
3. In what ways do talent maintenance/ reward management (performance management, reward systems and succession planning) influence retention at Kijabe Hospital?
4. How does psychosocial factors such as, work life balance, job content factors and social support influence talent retention in Kijabe hospital?

1.5. Scope of the Study

The research study focused on answering the question ‘What influence does talent management have on employee retention in the healthcare sector and particularly Kijabe hospitals?’

Kijabe Hospital is the largest among the mission hospitals in the country and serves as one of the main referrals for orthopaedic conditions. The researcher explored particular aspects in talent management (talent acquisition, development and reward management), and how they influence employee retention. The research also determined the relationship between certain moderating variables such as work life balance and job satisfaction affect talent and consequently retention. The study covered 3 categories of staff: top level managers (HR director and HR Senior manager) who are also decision makers in talent acquisition, development and retention, middle level managers who are charged with the responsibility of managing human capital and the clinical staff who are healthcare workers working for the hospital in question

1.6. Significance of study

Understanding that mission hospitals contribute over 40% of healthcare delivery in Kenya, this study will reveal the challenges/ gaps that mission hospitals are having in managing and retaining employees. This information is important for the ministry of health and the government in identifying ways to strengthen talent management strategies and consequently healthcare delivery in such hospitals.

The study will help the management of Kijabe hospital, the wider mission hospitals to gain an in depth understanding of how talent management as an independent variable influences retention of key staff within their organizations. This will help hospital administrators and particularly HR managers to explore strategies to improve employee retention.

The findings are important for other researchers who would like to pursue the subject further given the limited local data regarding talent management in church based facilities.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction.

This chapter presents a review of related literature on the subject under study as presented by various researchers, scholars, analysts and authors. Models by writers are used as illustrations on some of the sub topics mentioned in the objectives of the study.

2.2: The Concept of Talent Management

As the 21st century unfolds, major changes in the current workforce continue to occur creating great urgency for the human resource function of many organizations to give greater attention and more focus on retaining talented employees and keeping them actively engaged in their work (Frank, Finnegan and Taylor 2004). On one hand many skilled workers regard themselves as free agents who can choose who and where they invest their time, skills and energy. On the other hand clients choose organizations that have their interests at heart and certainly human capital are a big part of how these interests are fulfilled (Phillips & Edwards, 2008)

2.2.1 Talent acquisition

Armstrong (2009) defines Talent acquisition as a strategic approach to identifying; attracting and on boarding top talent to efficiently and effectively meet dynamic business needs. It means a view of not only filling positions, but also utilization of the candidates and their skills that come out of a rigorous recruiting process as a means to fill similar positions in the future (Liese, & Dussaut, 2014).

The process of talent acquisition includes talent acquisition planning & strategy which ensures business alignment, examines workforce plans, requires an understanding of the labour markets, and looks at global considerations. In the health care system it is important for the organization to evaluate its strategy to ensure that it attracts on board staff that meet its strategic needs. When employees are employed in alignment with an organizational mission, then the process of employee engagement and commitment becomes easier (Phillips & Edwards, 2008)

It also includes recruiting which entails the activities of sourcing, screening, interviewing, assessing, selecting and hiring staff (Capelli, 2008). It emphasizes that the recruitment plan should include plans for attracting good candidates by ensuring that the organization will become an 'employer of choice'. It is at this stage that an employer has the option of hiring the desired staff with an aim of retaining the staff long enough to serve the organization's mission.

Braham, (2005) states that effective retention practices start with good hiring practices. Poor hiring practices increases turnover in two ways: one, new staff members who are mismatched and disoriented will leave quickly, experienced staff on the other hand can become highly frustrated at the revolving door of newcomers that places continual burden on their time and performance and therefore leave to organization perceived as 'stable' in terms of staff staying. A study by Oladapo, (2014) on the impact of talent management on retention of healthcare workers in Uganda showed that, 69% of those studied recognized the value of talent acquisition on retention: the process of actively selecting desired qualities in the positions being filled.

Workforce Segmentation requires an understanding of the different workforce segments and positions within these segments, as well as the skills, competencies, and experiences necessary for success. A study by Rakesh (2009) classified/ Segmented talent into four categories as follows: Top talent, valued talent, talent under watch and incompatible talent. Staff classified under top talent had high potential and high or solid performance. These were staff that an organization must keep through maximum compensation and opportunities for growth. Staff classified as valued talent needed coaching, mentorship and action learning through projects and stretch assignments. Staff classified as 'talent under watch' need an assessment of their job fitness and also needed general training and development with clearly defined job expectations and frequent evaluation. Staff classified as Incompatible talent must be put under probation for 3-6 months and a redundancy plan designed for such staff as they may not be the right fit for the organization.

This study compares well with Dr Odriene's, (2012) people grid, which classified people as dead wood to mean those that are both low in potential and performance, Problem child: high in potential but low in performance, work horse: Low in potential and high in performance and finally as stars to mean those who are high in potential and high in performance.

Fig: 2.1: Dr Odriene's Grid:(2012)

PERFORMANCE	WORK HORSE	STAR
	DEAD WOOD	PROBLEM CHILD
POTENTIAL		

Understanding such classification is important for any organization that desires to retain its top talent, and develop their potential talent as well.

Employment Branding which includes activities that helps to uncover, articulate and define a company's image, organizational culture, key differentiators, reputation, and products and services. Employment branding can help advance the market position of organizations, attract quality candidates and depict what it is truly like to work for that organization

2.2.2 Talent Development

Talent development is all about nurturing and guiding those star employees who are able to contribute to the company's success and growth. Thus, the key to continued success lies not only in the ability to retain these employees in the organization, but also in understanding, managing and developing their talents in the best possible way (Armstrong 2009, & Adi, 2012). Talent development includes talent audit which identifies those employees with potential and provides the basis for career planning and development. An audit ensures that talented people have the sequence of experience supplemented by coaching and learning programs that will fit them to carry out more demanding roles in future. It can also be used as a risk analysis tool that indicates the possible danger of talented people leaving and what action may need to be taken to retain them (Adi, 2012)

It also involves role development: Talent management is concerned with the roles people carry out. Role development ensures that roles given provide the responsibility, challenge and autonomy required to create role engagement and motivation. It also involves taking steps to ensure that people have the opportunity and are given the encouragement to learn and develop in their roles. It also focuses on role flexibility; giving people, the chance to develop their roles by making better and extended use of their talents (Hongoro and Normand, 2009)

Talent relationship management: This is the process of building effective relationships with people's roles It is concerned generally with creating a great place to work, particularly treating individual employees fairly, recognizing their value, giving them a voice and providing opportunities for growth (Ojaka, et al, 2009)

The aim is to achieve 'talent engagement', ensuring that people are committed to their work and the organization. As Barney (2009) points out, that it is better to build an existing relationship rather than try to create a new one when someone leaves.

Learning and development: Learning and development policies and programs are essential components in the process of developing talent. It's a process of ensuring that people acquire and enhance the skills and the competencies they need (Capelli, 2008). Policies should be formulated by reference to 'employee success profiles', which are described in terms of competencies and define the qualities that need to be developed. Learning and development activities are also important means of developing managers and gaining the engagement and commitment of talented staff by giving them opportunities to grow in their present roles and to progress to higher level roles (Adi, 2012)

2.2.3 Reward Management

Talent maintenance/ reward management is a critical component of organizational management because turnover is expensive and top performers drive business performance (Taleo, Research with Human Capital Institute 2008). Retention/ Maintenance strategies include:

Performance management: These processes provide a means of increasing the engagement and motivation of people by providing positive feedback and recognition. It is a deliberate process that appraises staff continuously in regard to their performance. This is an important evaluation tool for grading talent and creating mechanisms for rewards (Gill & Carlough, 2012)

Reward Systems: These are strategies that provide for both financial and nonfinancial

Rewards; this is a demonstration that employees are valued for their contribution to a company's success. The reward systems can be in form of promotions, wall of fame displays, bonuses or variable pays or letters of appreciation. (Armstrong, 2009)

Career management/ Succession planning: This shapes the progression of individuals within an organization in accordance with assessments of organizational needs (Liese, & Dussaut, 2009). Management succession planning takes place to ensure that, as far as possible, the organization has the managers it requires to meet future business needs. Succession planning includes mentorship programs and clear career progression paths that become a motivational tool for an employee to stay, knowing that they will move along that path as part of growth (Adi, 2012)

In a study by Shattuck et al, (2008) in which he was reviewing published articles from 20 studies covering several countries: Benin, Cameroon, Ghana, Kenya, Malawi, Mali, Senegal, South Africa, Tanzania, Uganda, and Zimbabwe, Bangladesh, Jordan, Georgia, Kazakhstan, Malaysia and Vietnam; almost all (90%) of the studies discussed the importance of financial incentives on health worker motivation. However, it was noted that financial incentives should be integrated with other incentives, particularly with regard to migration where it was concluded that financial incentives alone would not keep health workers from migrating. Nevertheless, low salaries were found to be particularly de-motivating as health workers felt that their skills were not valued. Furthermore, they became overworked when taking a second job to supplement their income

2.2.4 Psychosocial factors and talent Management

Brough, et al (2014) explains that the accurate evaluation of individual health and performance includes estimates of multiple role demands from work and non-work domains. Organizational researchers assessing the impact of the psychosocial work environment, outcomes such as occupational stress, employee well-being and commitment, increasingly include measures of non-work demands within their investigations such as:

Work-Life Balance: a common definition of work-life balance as described by Kruegger & Killman, (2005), (2003), Farley, (2005) and Brough et al (2014) is a relationship between work/family conflict and work/family facilitation. This definition suggests that balance comprises two individual pathways of conflict (negative pathway) and facilitation (positive

pathway), which interact in specific ways to produce balance. The negative pathway will always result in turnover. This phenomena is supported by another research carried out by Barney, (2009), which demonstrated that the relationship between work-life balance and turnover behaviours is generally stronger compared to the association between job satisfaction and balance. Employees experiencing chronic imbalance tend to seek alternative employment with a more 'family friendly' employer.

Job content factors: activities required for the successful performance of an individual's particular job can have a significant impact on his decision to remain with and participate in the employing organization. Such job requirements are presumed to present for the individual either a vehicle for personal fulfilment and satisfaction or a continual source of frustration, internal conflict, and dissatisfaction. Such factors include the overall reaction to job content (the disparity between job expectations and the realities of the job), task repetitiveness, job autonomy and responsibility. There is a direct relationship between the amount of autonomy and responsibility allowed on a job and commitment. Role clarity that is, the prior knowledge and understanding of the role requirements of a job is another job content factor that will either create a positive or negative pathway to the decision to stay (Krueger & Killman, 2005). Dual reporting and a lack of clarity on which your immediate supervisor is can be one such example of lack of role clarity.

Social Support: This is the perceived helpfulness of managers and co-workers; the emphasis (Or lack of emphasis) on mutual support. It includes identity where one feels that you are a valuable member of a working team and a knowledge that one's opinion counts. For an employee it is the feeling that managers and other workers want to hear different opinions; the emphasis on getting problems out into the open rather than smoothing them over or ignoring them and the perception of the degree to which superiors tolerate members' behaviour, including willingness to let members learn from their mistakes without fear of reprisal (Armstrong, 2009)

2.3 The concept of employee retention

2.3.1 Why is it necessary to retain critical employees?

Phillips & Edwards, (2008), stated that once an organization has captured talented people, closing the backdoor to prevent them from walking out is a must. There is a positive correlation between the calibre of staff and the share price of an organization. Furthermore, Bennet, & Lynn, 2010 inputs that employee retention increases the likelihood that employees will think long term and avoid short sighted decisions: It also means happier, more productive employees, satisfied customers, enhanced company profitability and employees with greater skills/ knowledge of products/ services and internal processes.

Retention reduces recruitment exercises and costs, reduces the learning and training curve and time taken to orientate new employees hence increased productivity. Only few studies have addressed the issue of retaining and developing younger employees, but these studies agree that young employees today have lesser obligation to their employers than similarly aged employees did a few decades ago. However, the fact that people of all ages feel less loyalty to their employers today than a few decades ago poses the question whether belonging to a particular generation is a critical factor for organizational commitment at all.

2.4. Theories in Talent Management

2.4.1 Introduction

Today's economy has become knowledge based, the focus has shifted towards possessing the right talents and pools, thus the human aspect of the company is now a priority (Caplan, 2010). The McKinsey study, (1997) revealed that within the coming twenty years, talent would become the most important corporate resource but also a resource of short supply. Talent Management however can be evaluated within certain theories and frameworks as discussed below:

2.4.2 Human Capital Theory

Fitz-enj, (2010) defines human capital as the traits one brings to the job: intelligence, fulfilling work energy, a generally positive attitude, reliability and commitment. Thus, Human Capital theory concentrates on the direct economic effects of human capital investments to the growth of any organization.

Companies can never say they own people just the same way they own machines, and they must work on strategies that increase the value they obtain from people.

The theory identifies those people management aspects that demonstrably have the greatest bearing on business performance.

Ramlall, (2004) further explains that the human capital theory includes the length of service in the organization. It defines an employee's job knowledge in a particular area of operation. The intellectual capital is the knowledge, skills and attributes of each individual in an organization multiplied by his willingness to work hard. The intention to stay stems from this willingness to work hard in a job. Farley (2005) agreed with this theory when he stated that in years ahead, organizations will need to create an intellectual capital environment where transmission of knowledge continues to take place throughout the structure, otherwise organizations will continually lose important individual knowledge that has been developed through length of service. The human capital theory emphasizes the need to invest in people as a means to generate worthwhile returns. Barney (2009) also proposed that sustainable competitive advantage is attained when a firm has a human resource pool that cannot be imitated or substituted by its rivals.

An average company loses about \$ 1million with every 10 managerial and professional employees who leave the organization (Ramlall, 2004). This is significant economic impact especially also considering the knowledge lost with the employee departure. The concept of human capital and knowledge is such that people possess skills, experience and knowledge that make them have an economic value for any organization (O'Malley 2000, Dessler 2000). Though there is a positive correlation in the literature between talent management and retention in most organizations, this may not be the case in the health sector.

The human capital theory is an approach to employee staffing that perceives people as assets whose current value can be measured and whose future value can be enhanced through investment (Dessler, 2000).

2.4.3 Herzberg Two factor Theory

Herzberg, (1968) theorized that there are a set of factors which if absent cause dissatisfaction. These factors can be summarized below:

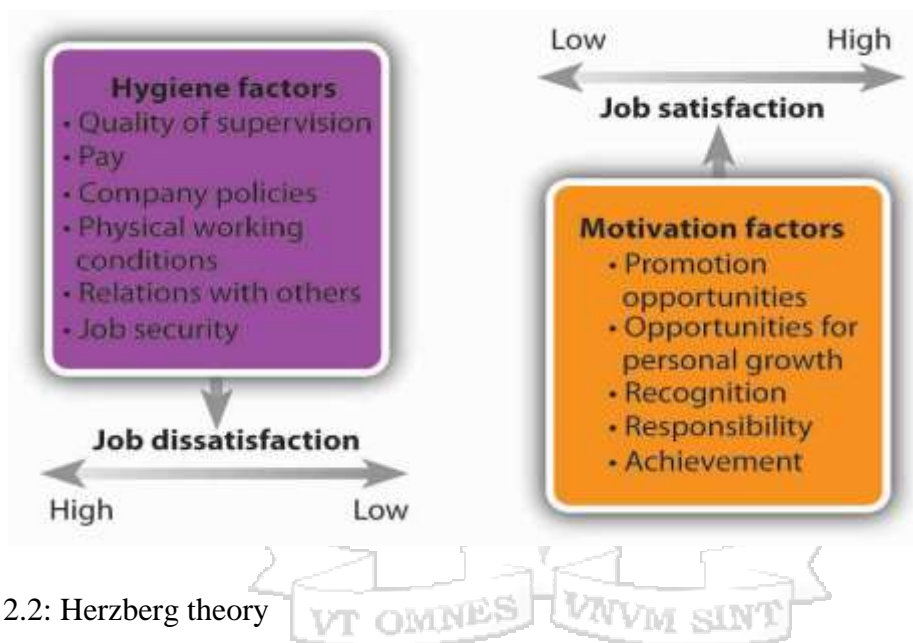


Figure 2.2: Herzberg theory

When employees are dissatisfied, they become less motivated and soon leave for an environment perceived as friendlier to their psychosocial states. Herzberg proposed the following ways that would enhance motivation: Quality training (Improving the skills in performing a variety of tasks) Job rotation (Improving the variety of tasks and responsibilities), job enlargement (making a person capable of handling more) and focusing on quality and not quantity of communication.

2.4.4 Equity Theory

Equity theory recognizes that individuals are concerned not only with the absolute amount of rewards that they receive for their efforts but also with the relationship of this amount to what

others receive. Adams, (1965) relates this theory to potential rewards that are promised to an individual. Adams gave the name 'Equity theory' to the simple assertion that members of any workforce wish to be treated fairly or equally. He emphasizes that employees are in constant process of 'comparing' their pay packages, their working conditions to those of colleagues within and outside the organization: should they feel to have been treated unfairly, their effort and contribution is affected negatively, they become dissatisfied and want to leave.

Equity theory rests upon three assumptions: First that people develop beliefs about what constitutes a fair and equitable return for their contribution to their jobs. Second that people tend to compare what they perceive to be the exchange they have with their employers and thirdly that when people believe that their own treatment is not equitable, relative to the exchange they perceive others to be making, they will be motivated to take actions they deem appropriate including the intention to leave or stay. This theory challenges organizations to develop reward systems that are fair and equitable if they care about employee retention.

2.5 Bersin & Associates Talent Management Framework

Bersin & Associates, (2010) has shown the most important elements and practices to consider for high impact talent management today. They begin by defining a talent strategy in the context of the business strategy as crucial in achieving business goals. The next area of emphasis is workforce planning where talent segmentation is done. An organization then evaluates the capability and competency management.

The largest section of this framework, in the centre is the processes that directly touch the employees at different stages of the employment cycle; recruiting, assessing, developing and rewarding. The four integral areas to talent management in this framework are leadership management, succession management, career management and performance management.

This study is based on this framework in investigating talent management practices and their influence on retention. It adapts this framework because of the integral stages that identifies the talent acquisition, talent development and reward management as core practices to talent management;

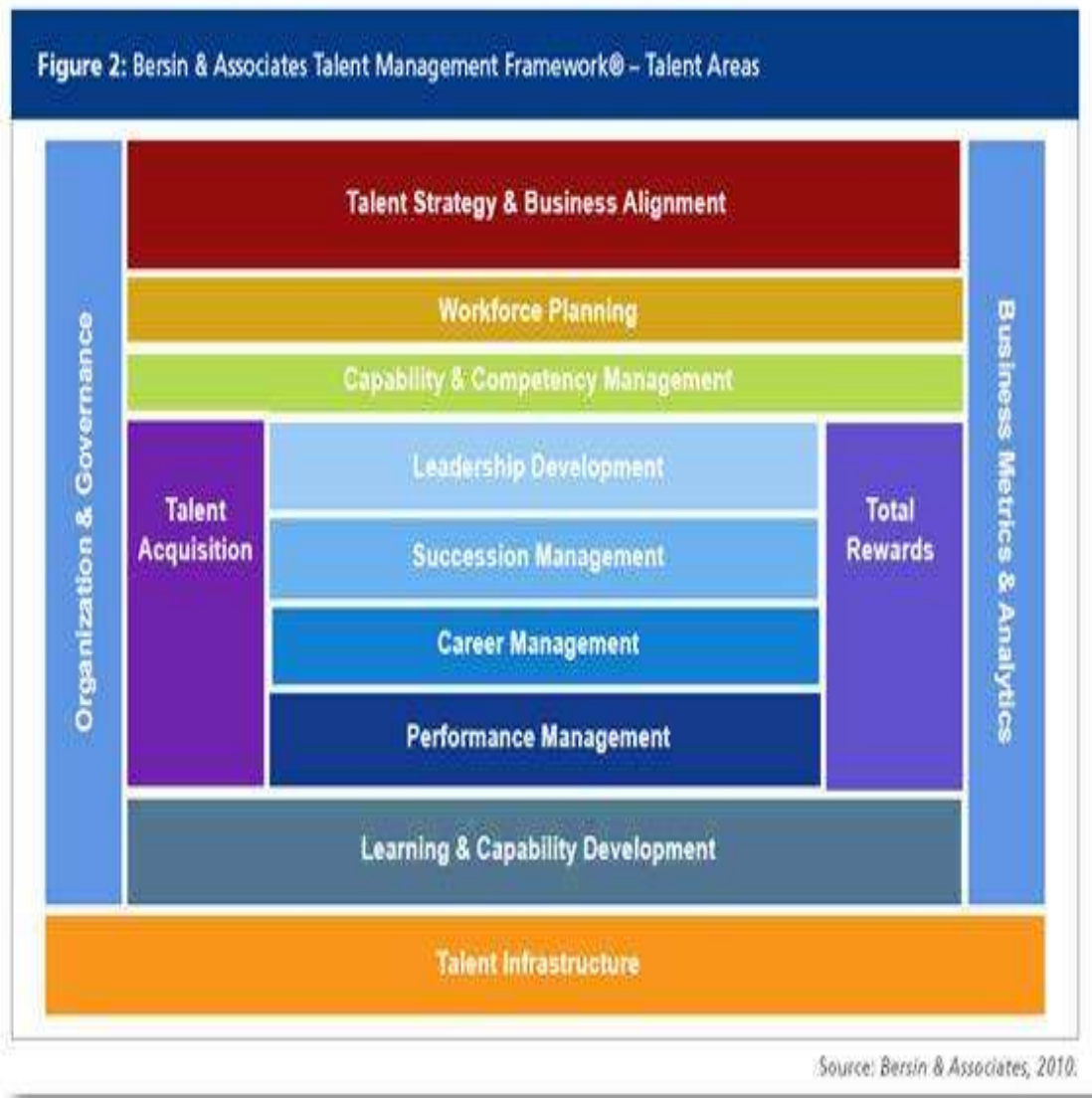


Figure 2.3: Bersin & Associates Framework

2.6 Empirical studies of health worker retention in Africa

The health worker crisis in the sub-Saharan region has numerous dimensions: Inadequate numbers, brain drain, low salaries, poor unsafe environments, lack of defined paths, poor quality education and lack training facilities (Dambisya, 2006).

Countries like South Africa have a number of legislative and policy instruments to address healthcare issues. Most notable is the White paper for the transformation of Health system (1997), the National Health act, (2003) and the National Resources plan for Health (2006).

Included in the White paper of (1997) are generic policies on training and development, skills mix and equitable distribution, evaluation and monitoring of healthcare workforce. This has helped in strengthening the HR planning function with a view of retention and capacity building, improving the quality of work experience and the physical work environment.

In a study by WHO, (2006) on Democratic Republic of Congo, health workers endure poor working conditions and poor unpredictable remuneration leading to reports of shortfalls in numbers and motivation, employment instability, health worker mal distribution and poor retention practices. This study compares well with one by Ojaka, Olang'o, & Jarvis (2014) in which factors influencing retention of healthcare workers at primary facilities in 3 different setting in Kenya (Turkana, Machakos and Kibera) showed that adequate training, job security, salary, supervisor support and manageable workload were identified as critical satisfaction factors to the intention to stay. This means that any identified talent in all the three settings would be willing to stay in a facility if those satisfaction factors were in place.

In another Study by Chankova et al, (2006), Kenya was noted to be losing skilled staff to other countries and from the public sector to the private sector with a bias towards the urban areas because of issues of remuneration. However, this study does not show the situation in mission hospitals which continually continue to loose talented staff to the private sector.

A study by Manafa, et al (2009) on retention of Health workers in Malawi, showed that they were particularly dissatisfied with what they perceived as unfair access to continuous education and career development opportunities as well as inadequate supervision. Most of these workers did not want to stay in environments that did not support their career progression. Talent development is a major component in managing talent as revealed in this study and when organizations do not set aside budgets, or even set aside time that allows for employee career progression, this influences retention.

Another study by Aukerman, (2008), showed that Malawi's population largely depends on public facilities, with a 37% contribution from church based health facilities under the Christian Health Association of Malawi. The country faces poor retention of staff, out migration to the United Kingdom, poor working conditions and poor conditions of service. However in a different study on why midwives were attracted to stay in Malawi, generous retirement packages, access to post basic training, flexible leave policy, job security and country wide job opportunities were cited as factors that influenced retention (Auker, 2006;Mackintosh, 2003). This shows that the intention to stay is highly linked to how you manage valued talent in this case, the midwives who were quite instrumental in healthcare delivery in any country.

On recruitment, Adano, (2006) in his study revealed that, when following correct ministry procedures in Kenya, it typically takes six to 18 months to fill a post in a government facility. This has a direct effect on talent acquisition, when vacancies take longer than normal to fill, an organization is likely to miss the right staff for a designated post.

The financial component of reward management tends to have a dramatic, immediate results either slowing the exit from or attracting health workers to a system. In Kenya for example, raising doctor's allowances in 2009, resulted in hundreds of doctors applying for government jobs (Matheau and Imhoff 2009). In Swaziland, a 60% pay rise resulted in many workers opting for public service (Kober & Damme, 2006) and in Malawi, the 52% pay raise reduced haemorrhage from public sector in a few months (Palmer, 2006).

2.7 Research gap

Many of the studies on retention and talent management as discussed in this chapter were mostly on the situation in the public sector. The study done in Kenya on retention of healthcare workers was in the 3 regions (Turkana, Machakos and Kibera) and accessed the situation in public health facilities. The studies in Malawi and South Africa also show little reference to the situation in mission hospitals.

The other gap related to the fact that most of the studies were of factors that promote retention which is broader than looking at Talent management as a key variable in retention practices. The study by (Dambisya, 2006) on non-financial incentives to retention of healthcare workers,

training and development is mentioned but crucial talent management aspects such as how talent is acquired to promote engagement practices.

There was also an obvious gap in studies relating to retention of employees with talent management: this means that several researches on Talent management have been done, with several others on retention strategies documented but there were very few that explored the influence of talent management on retention. This gap is what the study intends to fill by carrying out a research within the Kenyan context and specifically in mission hospital context with an aim of identifying the relationship between talent management and retention.

2.8 The Conceptual Framework

Bowling, (2014) argued that the major aims of research should be to relate data to theory or generate theories from data. In order to hold existing and new knowledge, theory should provide a conceptual framework so that knowledge can be interpreted for empirical application in a comprehensive manner. This section discusses the conceptual framework for analysing factors affecting talent management and their influence on retention at Kijabe mission hospital in order to form the basis of operationalizing variables in this study. To do this the Bersin & associates, (2006) Talent management framework was used. This framework gives the concept that talent management is can be compared to supply chain management for people; so that just as the purchasing function creates an integrated process for acquisition and management of capital, talent management creates an end to end set of processes and systems for all the management issues with people.

2.8.1 Conceptual Model

The model demonstrates how the independent variables (talent acquisition, talent development and talent maintenance) influence the dependent variable (Retention) and the moderating effect of psychosocial factors.

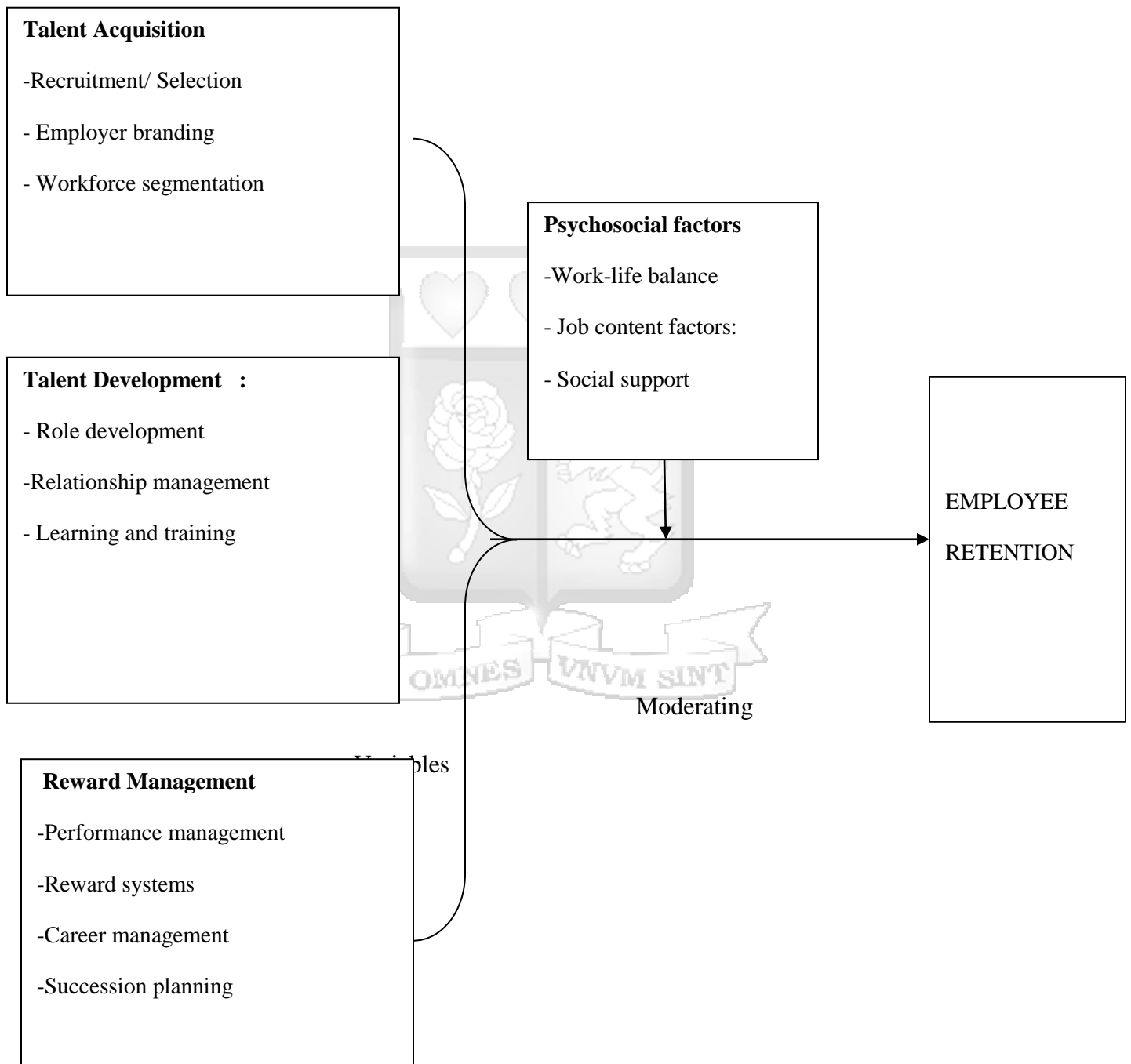


Figure: 2.4 The Conceptual Framework (Researcher, 2015)

Hypothesis 1: There is no relationship between talent acquisition and employee retention at Kijabe hospital

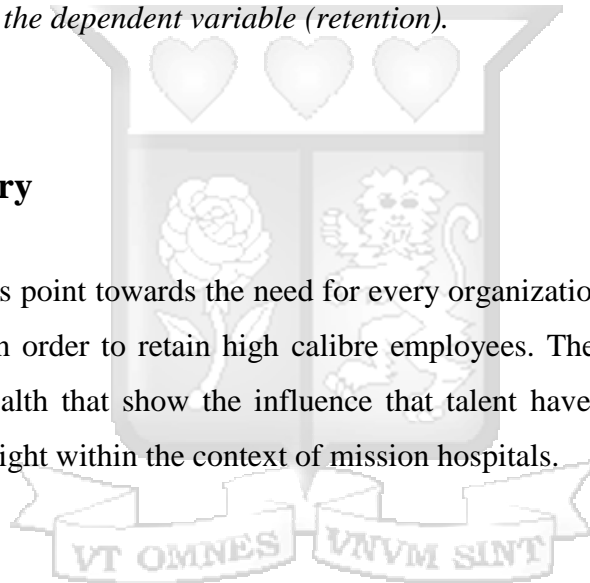
Hypothesis 2: There is no relationship between talent development and employee retention at Kijabe hospital

Hypothesis 3; There is no relationship between reward management and employee retention at Kijabe hospital.

There is no moderation relationship between psychosocial factors and the Independent variable (talent management) and the dependent variable (retention).

2.9 Chapter Summary

Many theories and studies point towards the need for every organization to critically manage the talent of its employees in order to retain high calibre employees. There are however very few studies in the area of health that show the influence that talent have on retention. This study therefore will provide insight within the context of mission hospitals.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter is a blue print of how the researcher intends to collect and measure data. It is a plan for selecting the sources and types of information that will be used to answer the research question and meet the study objectives. It also gives a framework that specifies the relationship between variables. It covers the research setting, target population, study design, sample size, data collection methods among others.

3.2 Research setting

AIC Kijabe hospital is a level 4 hospital located 5 km off the Nairobi- Nakuru highway and 5 Km off the Nairobi-Narok highway. It is in Kiambu County but its strategic position makes it to border 4 different counties at very close proximity: Nairobi, Narok, Nakuru and Nyahururu. It has a bed capacity of 285 beds and serves both out and in patients. It offers primary, secondary and tertiary level services and it is the major referral centre for orthopaedic cases among mission hospital in Kenya. It has a 5 bed ICU unit with 9 operational theatres. It has 740 staff employed either permanently or on contracts. The hospital has a functional senior management team with 9 divisional heads all working under a Chief Executive Officer. It runs 2 other satellite clinics in Naivasha and Uplands along the highway. It also operates a college of health sciences that admits nurses, nurse anaesthetists and soon will admit clinical officers in 2015.

3.3 Target Population

The Target population for this study was all healthcare professionals and middle level managers that were working at Kijabe hospital at the time of study (August- October 2015). The inclusion criteria for the semi structured interviews were staffs that had worked in the hospital for more than 6 months and were either clinical staff (nurses and clinical officers) or allied health

professionals (physiotherapists, laboratory technicians, medical records officers, pharmacists, radiologists and lab technicians).

The documented review targeted healthcare staff that worked at the hospital in the last 3 years, left and are no longer part of the current staff.

The qualitative data targeted the HR office (HR Director and HR officer) which directly deals with Human resource issues in the organization.

3.4 Research Design

The study utilized a mixed method design; a research methodology used to explore the phenomenon within its life context using multiple data sources. The sequential design comprises two phases with two main data sources: a quantitative survey followed by a qualitative semi structured individual interviews. The proposed research design enabled the researcher to investigate talent management practices within the given setting: an initial phase of quantitative survey followed by a second phase of understanding talent management and its influence on retention by interviewing key informants (HR Director, HR officer)

3.5 The Sample size

Bowling, (2014) explains that in calculating the sample size, you need to consider the variance or heterogeneity of the population, the degree of confidence in the study results and the degree of acceptable error. The formula that will be used to obtain a sample size for quantitative data that represents 95% confidence level and a 5% error tolerance is as follows:

The Cochran 1977 formula will be used to calculate the sample size:

$$n = \frac{Z^2 \times P(1-P)}{E^2} \left\{ 1 + \frac{Z^2 \times P(1-P)}{E^2 N} \right\}$$

Where n is Sample size with finite population correction

Z is the confidence interval at 95% = 1.96 (from the Z tables) or Z score

E is the margin error which is 5%

N is the population size

In Kijabe hospital N is the total number of staff= 700 and P is the health care professionals (in this case 300)

The Sample size is = 169

The total sample size for the quantitative data will therefore be 167 healthcare staff (20 middle level managers and 149 general staff)

Structured questionnaire	
Middle level managers	20
General healthcare staff	149
Total	169

Table 3.1 Sampling plan for the quantitative survey

3.6 Phase one: Quantitative research methodology

3.6.1 Quantitative Study through Survey questionnaires

Survey questionnaires were utilized to ensure a proficient technique that examines talent management practices among staff in general. Multi source feedback was done in which the same set of questions were given to general clinical staff and their supervisors to obtain information of regarding the understanding of talent management practices and how these affect their own perception on retention.

3.6.2 Data Analysis

Data was analysed using the Statistical software package, SPSS, version 2015 and Microsoft excel version 2013. Questionnaires were distributed daily for a period of 2 weeks, completed and returned at the end of each day to the researcher. Descriptive statistical analyses by the use of frequency distributions were provided and presented using frequency tables, graphs and pie charts. The researcher was also interested in establishing if there were any relationships between the moderating variables and the independent and dependent variable. The analysis of these findings is presented in chapter four.

3.7 Phase two: Qualitative Research Methodology

This phase was intended to be illustrative and descriptive in nature in order to deliver in depth understanding of talent management and its influence on retention. Content analysis where inferences are made by objectively and systematically identifying specified characteristics of messages and texts without any reference to quantification (Holtsti, 1969)

Semi structured, one to one interviews of the HR director and his assistant as the key informants regarding talent management and retention strategies at Kijabe hospital. The interviews were originally transcribed word for word into MS word 2013, and later the different themes, replies and responses to the questions analysed. There was no qualitative software used to organize code and analyse the data. This was done manually and the findings of these analyses presented in chapter four.

3.8 Data Validity and reliability

Reliability refers to the extent to which measurements scale or test is dependable, consistent, predictable and stable (Sekeran, 2003). To enhance reliability of the instruments used in the current study, a pilot test was conducted by distributing 15 questionnaires to healthcare staff of the neighbouring CURE Kijabe hospital. This was 9% of the sample size, and feedback was provided on the way questions were formulated as well as wording and the length of the questionnaire. The pilot study helped in the revision of the questionnaire.

Validity is about the extent to which the empirical measure adequately reflects the real meaning of the concept under consideration (Sekeran, 2003). In this study, face validity and construct validity tests were conducted. The face validity was established with the help of a team of 5

members of the hospital staff who formed the peer review group to assess the extent to which the questionnaire was appropriate in measuring the expected outcomes. This process helped the researcher to reword some statements.

Construct validity was established by means of factor analysis as presented in chapter four.

For qualitative data triangulation from multiple sources was done: the researcher conducted interviews for the HR Director and the HR officer separately to provide an opportunity to cross check the evidence which was gathered from each interviewee.

3.8.1 Inclusion criteria

Health care professionals (Nurses, physiotherapists, Radiologists, Pharmacist technologists, Laboratory technologists Records officers and clinical officers) who have been in the hospital for more than 6 months: This was deliberate in order to interview that had been confirmed after their probation period and who had better knowledge of the hospital.

3.8.2 Exclusion criteria

1. Doctors who though are healthcare professionals have a different arrangement in the way they are hired and retained.
2. Healthcare professionals who had been employed by the hospital but were less than 6 months

3.9 Ethical Considerations

Written informed consent was obtained from the study participants. The purpose of the research, potential benefits and risks of the study were explained with the participants being allowed to withdraw from the study at any time without any repercussions.

Confidentiality was maintained during data collection, storage and analysis. Only the principal investigator had access to questionnaires and the participants' names were not written on the questionnaire, instead numbers were used. Data was backed up to protect against loss and damage

Study approval to carry out the research was obtained from the institutional research board of Strathmore University was obtained (See appendix 8) Clearance to conduct the study was also obtained from the research committee at Kijabe hospital.

5.3 Study Limitations

Just like any study the investigation on talent management practices in the mission hospitals faced various limitations and challenges. Firstly, the limited ability to access appropriate sources of information to provide data for the research problem was a limitation. However the researcher was able to address this limitation by critically searching various sources on the internet and in the library collection to access variety of materials.

Secondly, Some medical records had incomplete clinical information, while others did were not returned for analysis. The researcher was able to overcome this challenge by calculating the overall response rate and using the complete records for analysis.

The study population of general staff selected had little knowledge regarding HR processes and therefore finding out their knowledge on how talent management influenced retention was a challenge.

The Mixed methods in which both qualitative and quantitative data collection was time consuming

CHAPTER FOUR:

PRESENTATION OF RESULTS

4.1 Introduction

The chapter presents the analysis and findings on the topic. Data analysis was conducted using the Statistical Package for the Social Sciences (IBM SPSS 2015 version). The primary unit of analysis in this study was thematic analysis of the qualitative data collected from the HR and his officer followed by quantitative findings from the questionnaires for healthcare professionals (nurses, clinical officers, physiotherapists, laboratory technicians, records officers, pharmacists and radiographers). A correlation coefficient (r) analysis was conducted to examine if the variables correlated with each other for the qualitative data and a multivariate analysis was done using the regression models, where significant interaction effects were observed.

4.2 Response rate

For the quantitative data, out of the 149 questionnaires distributed to the general health care staff, 115 were completed and returned. This was a 77% response rate which is considered adequate. According to Awino (2011), a response rate of 65 % is acceptable for such studies. For the middle level managers 20 questionnaires were distributed and 16 were completed and returned representing an 80% response rate.

From the questionnaires with likert scales, the values of each score were summed to represent a specific trait. The scores were cross tabulated and means derived for analysis purposes.

4.3 Phase One Results: Quantitative data

4.3.1 General information

General staff				Middle Level		
Details	N=115	%	Managers	N = 16	%	
Gender	Male	40	35%	Male	9	56.3%
	Female	73	63%	Female	7	43.7 %
	Not Indicated	2	2%			
Age	20-25 years	42	37%	20-25 years	2	12.5%
	26-30 years	40	35%	26-30 years	5	31.3%
	31-35 years	17	15%	31-35 years	2	12,5%
	36-40 years	7	6%	36-40 years	3	18.7%
	>41 years	9	8%	>41 years	4	25%
	Not Indicated	1	1%			
Job Title	Nurse	71	62%	Nurse managers:	10	62.2%
	Clinical Officer	10	9%	Clinical Officer I/C	1	6.3%
	Physiotherapy	5	4%	Physiotherapist I/C	1	6.3%
	Lab Tech	10	9%	Lab Tech I/C	1	6.3%
	Records Officer	5	4%	Records Officer I/C	1	6.3%
	Pharmacist	7	6%	Pharmacist I/C	1	6.3%
	Radiographer	4	3%	Radiographer I/C	1	6.3%
	Not Indicated	3	3%			
Length of service at kijabe	<3 years	78	68%	<3 years	6	37.5%
	4-6 years	21	18%	4-6 years	3	18.75%
	7-10 years	7	6%	7-10 years	3	18.75%
	>11 years	8	7%	>11 years	4	25%
	Not Indicated	1	1%			

Table 4.1: Demographic details of the respondents; (Both General healthcare staff and middle level managers, Kijabe (2015))

From table 4.1, majority of the respondents were female, 63% for the general staff and males, 56.3% for the middle level managers. Majority of respondents were nurses for both the general staff and middle level managers as shown in figure 4.1 and 4.2 below:

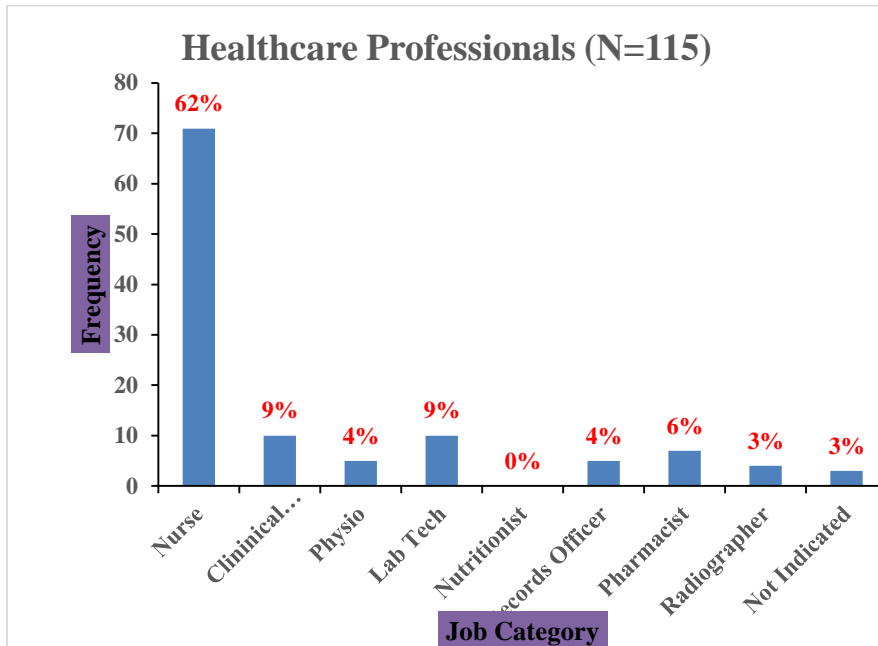


Figure 4.1. General health care staff

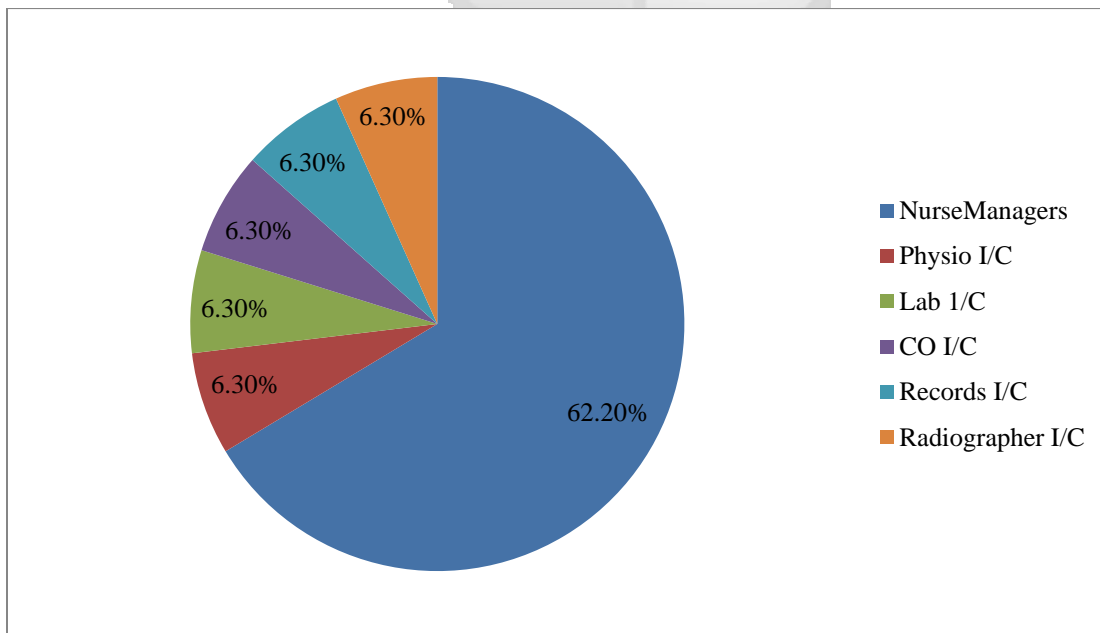


Figure 4.2 Middle level managers

The median age of the respondents was 25 years,(range of 20-45 years) with the majority of the respondents being in the age category of 20-25 years (37%) followed closely by those of 26-30 years (35%). This meant that 72% of staffs were below 30 years of age.

4.3.2 Talent acquisition and its influence on retention at Kijabe hospital

To answer this question, respondents were asked to rate whether their supervisors prioritized time to interview potential candidates when a vacancy arose, whether there was an overall good knowledge of the HR recruitment process and policies among staff, whether they felt that the organization consistently appointed high calibre employees, devoted time and energy to attend the filling of a vacancy and whether it ensured that vacancies do not remain open for long periods of time. The organization consistently appointed high calibre employees in 37 (32%) of the general healthcare staff and 7 (43.8%) of the middle level managers. However when asked about time set aside for interviews, only 16 (14%) of the general staff felt that their supervisors devoted time for interviews and energy to fill vacancies. The middle managers on their part rated themselves highly with 8 (50%) saying they prioritized time to interview candidates.

Regarding the HR recruitment process and policies regarding recruitment and selection 6 (37.5%) of the middle level managers said they had good knowledge compared to the general healthcare staff in which only 14 (12%) had good knowledge. Overall all the staff did not have good knowledge of the recruitment process.

While 6 (37.5%) of the middle managers said they ensured vacancies do not remain open for long periods of time only 36, (31 %) felt the same. In fact though 7 (43.8%) of managers said they devoted time to attend the filling of a vacancy only 13 (11%) of the general staff said the organization through its managers devoted energy to attend the filling of vacancies.

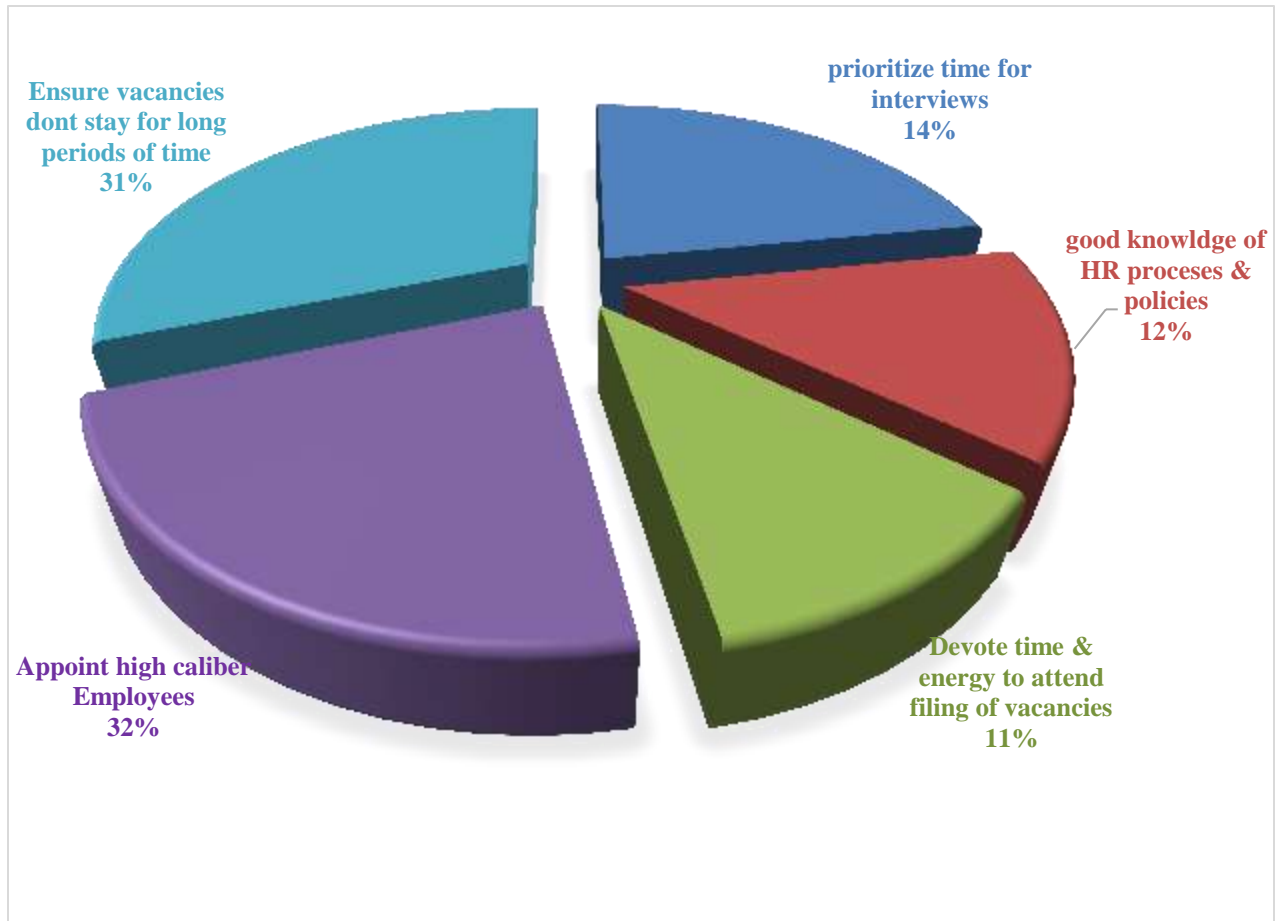


Figure 4.3: Talent acquisition responses for general staff

4.3.3 Training and development

The respondents were asked to rate whether the organization has a genuine interest to foster learning and development of employees, whether managers make objective assessment of individuals for development needs, coach staff, and one on one and give honest feedback for developmental purposes. They were also asked to rate whether the organization through its managers actively created developmental opportunities for subordinates and if they met with team members for formal career planning sessions. Both middle level managers at 10 (62.5%) and general staffs at 57, (49,6%) were in agreement that there is a genuine interest by the organization to foster and develop employees. It was a positive feedback when most middle

managers 10, (62.5%) and 51 (44.3%) of general staffs said, there was objective assessment of individuals for development and that it actively created developmental opportunities for all staff.

The role of supervisors in developing staff was also evaluated and there was a difference in the way middle level managers and the general staffs gave their scores. While 12 (75%) of middle level managers said they gave honest feedback about subordinates for development purposes, coached staff one on one, and met their staff for formal professional development planning sessions, 44 (36.5%) felt managers made objective assessment of individuals for development needs, 29 (25%) felt that supervisors coached staff, giving honest feedback and only 19 (16.5%) felt that supervisors meet their team members for formal professional development planning sessions

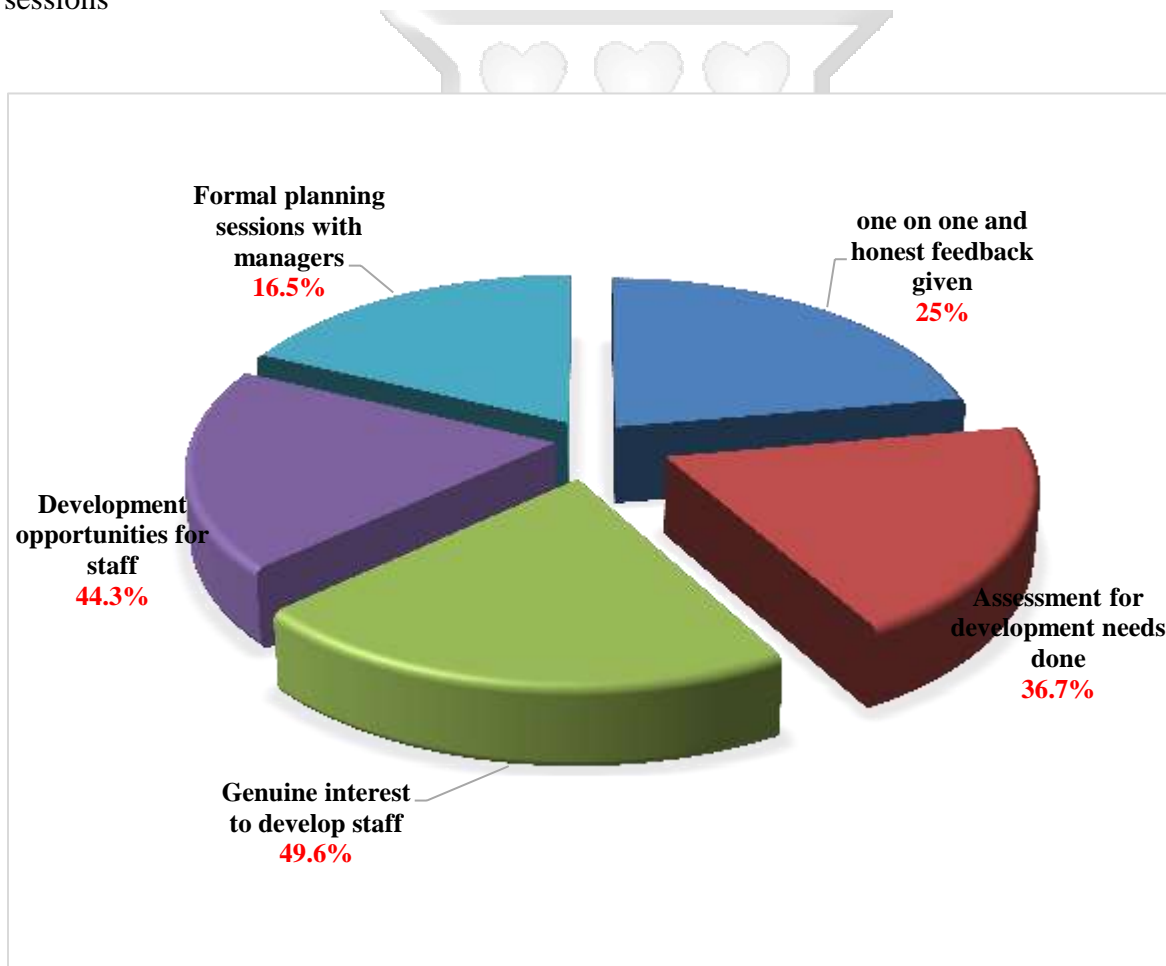


Figure 4.4: Talent development scores

4.3.4 Reward management and its influence on retention

To get feedback for this question, respondents were asked whether they knew if any mechanism to nominate employees for various organization awards existed, if exemplary staff were rewarded in a variety of ways, whether there was verbal and written recognition for individual contribution, whether they felt that salaries were competitive to market rates, whether there was fair salary increases according to performance and if exceptional performance was celebrated.

The highest rating by respondents was for verbal and written recognition for individual contribution at 56, 48.7% for general staff and 6 (37.5%) for middle level managers. Staff (Both Middle level and general healthcare) did not think the organization has mechanisms to maintain good talent or even reward staff as only 18 (15.7%) of general staffs and 3 (18.75%) of middle level managers, thought that there were mechanisms to nominate employees for organizational awards. 28(24.3%) of general staff and 3 (18.75%) of middle level staff said exemplary staff were rewarded in a variety of ways and that exceptional performance was celebrated.

The question on salaries had the lowest rating with only 2 (12.5%) of middle level managers and 8 (7%) of the general staff saying that salary increases is allocated fairly according to performance. Only 5 (4.3%) of general staff and 2 (12.5%) felt that salaries were competitive to market rates.



Response question	Frequency		Percentage	
	General staff	Middle level	General staff	Middle level
There is a mechanism to nominate employees for various organization awards.	28	3	24.3%	18.75%
Exemplary staff are rewarded a variety of ways and exceptional performance in our teams is celebrated	18	3	15.7%	18.75%
There is verbal/Written recognition for individual contribution where appropriate	56	6	48.7%	37.5%
Salary increases are allocated fairly, according to individual performance	8	2	7%	12.5%
Salaries are competitive to the market rates	5	2	4.3%	12.55
TOTAL	115	16	100%	100%

Table 4.2 Reward management scores

4.3.5 Psychosocial factors as a moderator between talent management and retention.

This was done to see if the model was significant in Model 1 (Normal Regression) and the degree of variation in Model 2 (Moderated Regression). Linear regression is an approach for modelling the relationship between a scalar dependent variable y and one or more explanatory variables (or independent variables) denoted X (Bowling 2014). The dependent variable y in this study is retention.

According to Kromrey, & Foster, (1998) moderation regression occurs when the relationship between two variables depends on a third variable (moderator): in this case psychosocial factors. Correlations were derived from the cross product of two standard scores (Z scores) or statistical moments (Pearson Product- moment correlation).

In Model 1 the regression equation was as follows:

$$y_i = x_1 + x_2 + \dots + x_{n-1}$$

Where y_i –is the Dependent variable (Employee retention)

$x_1 + x_2 + \dots + x_{n-1}$ are the independent variables (talent acquisition, talent development and talent maintenance)

ANOVA was done and the results from the Analysis were as follows:

ANOVA^a

Model	Sum Squares	of	Mean Square	F	Sig.
1 Regression	164.346	13	12.642	6.634	.000 ^b
Residual	160.062	84	1.906		
Total	324.408	97			
2 Regression	174.556	14	12.468	6.906	.000 ^c
Residual	149.852	83	1.805		
Total	324.408	97			

Was model 1 (without the interaction term) significant? Yes, $F(13, 84) = 6.63, p < .001$

In Model 2 the regression equation was:

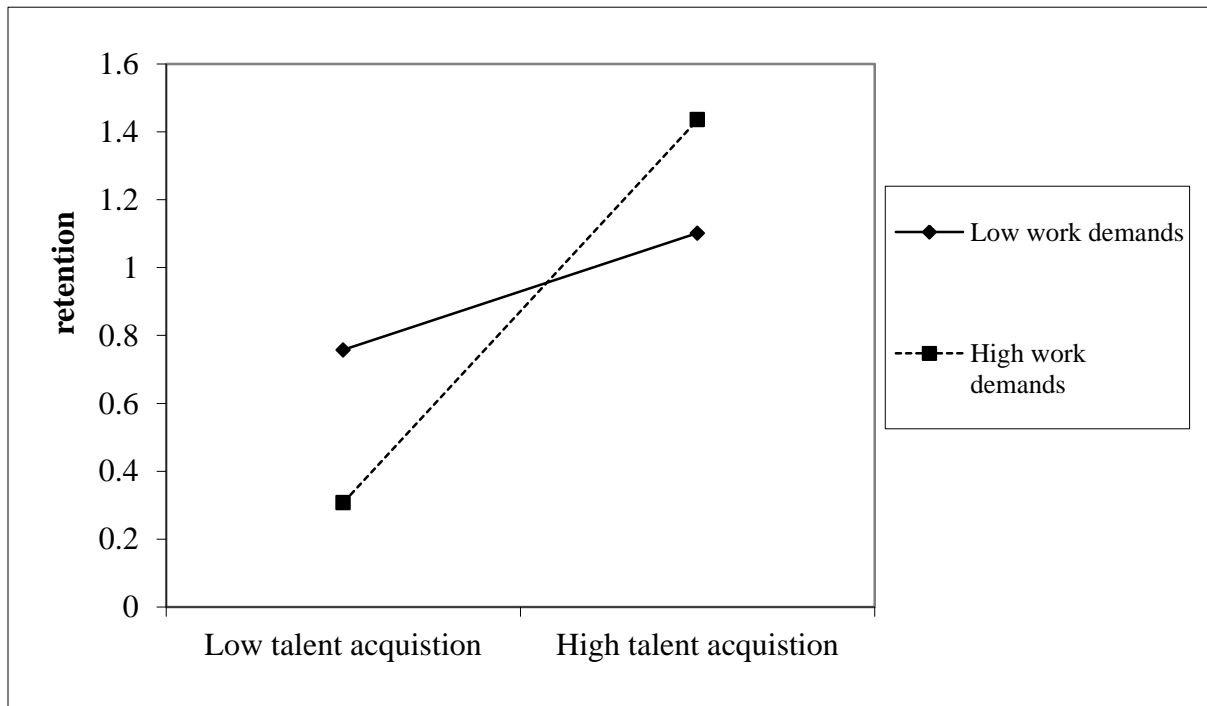
$$y = x_1 + x_2 + \dots + x_{n-1} + x_1m_1 + x_2m_2 + \dots + x_{n-1}m_{n-1}$$

Where y is the dependent variable, x the independent variable and m the moderating variables

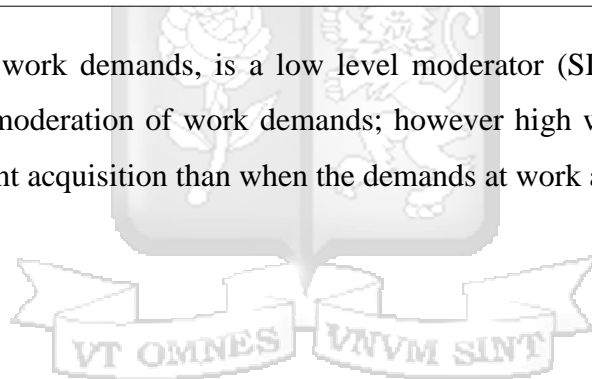
In moderated regression, the relationship between the independent variables and the dependent variables changes depending on the level of the moderator.

$x_1m_1 + x_2m_2 + \dots + x_{n-1}m_{n-1}$ are the interaction variables i.e. interaction between independent variables (x_i) which are (talent acquisition, talent development and talent maintenance) and moderating variables (m_i) which are (psychosocial factors).

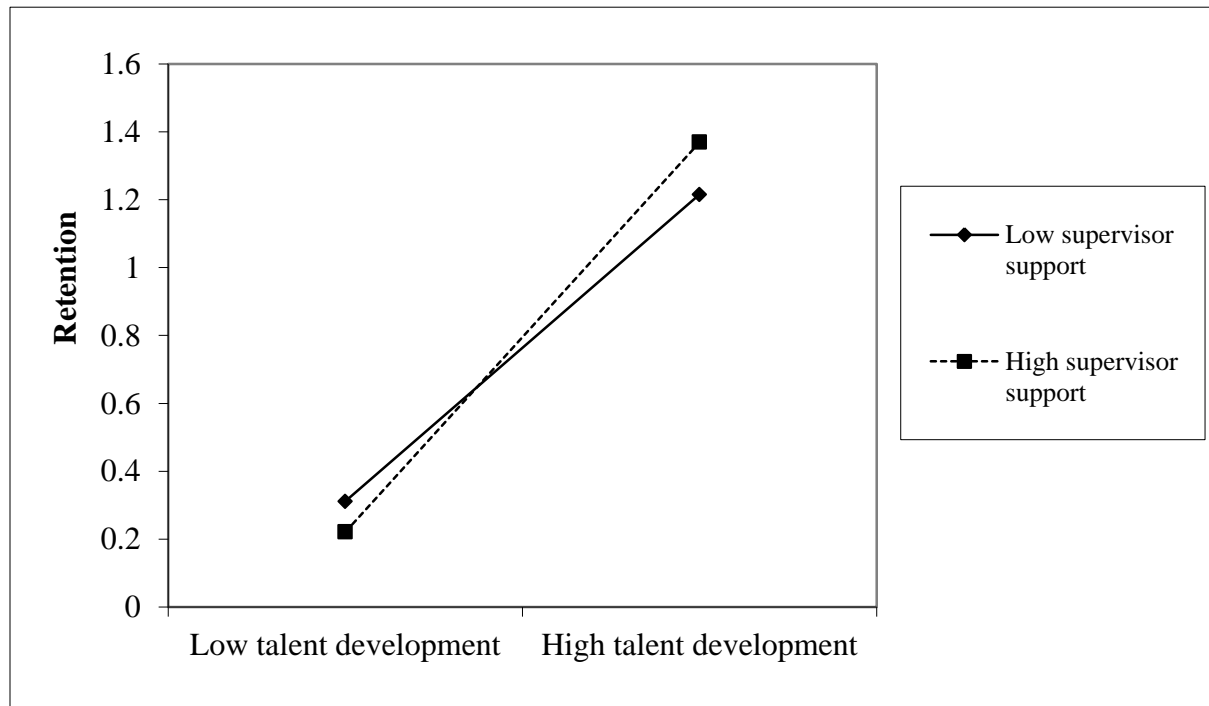
4.3.1 The moderating effect of work demands on talent acquisition and retention



From the results above, work demands, is a low level moderator ($SD < 1$). Talent acquisition affects retention at low moderation of work demands; however high work demands has a high moderating effect on talent acquisition than when the demands at work are less.

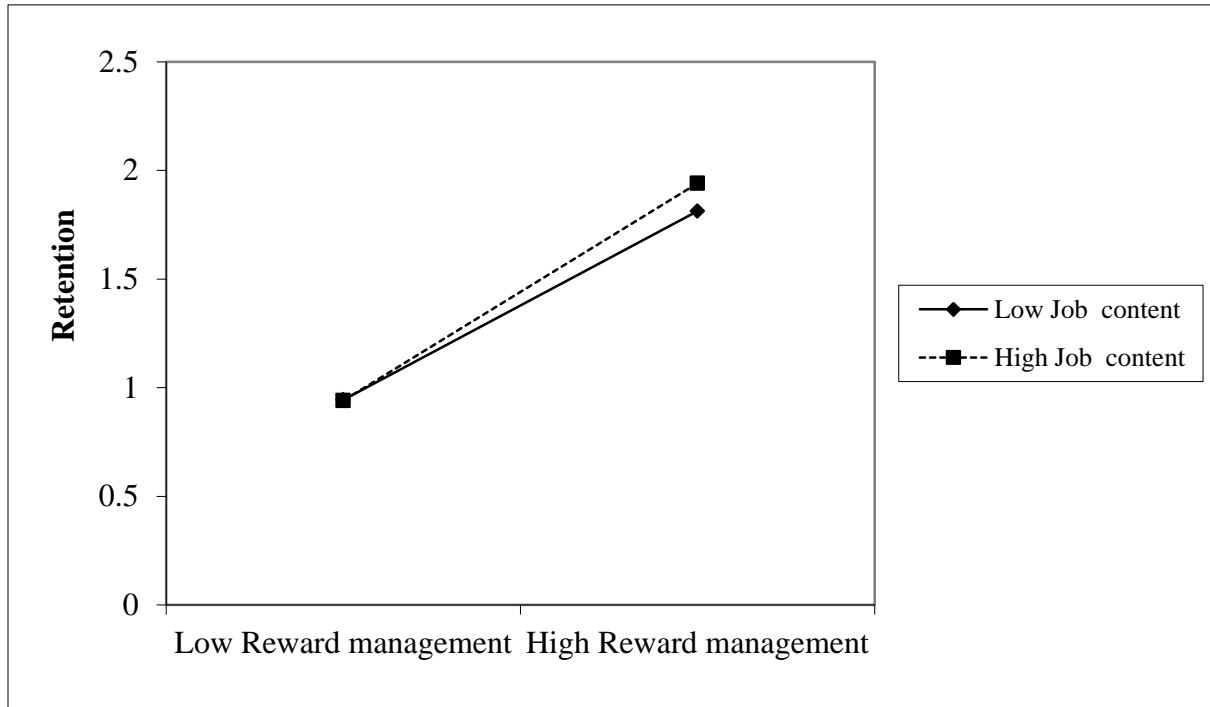


4.3.1 The moderating effect of supervisor support on talent development and retention



From the results above, Supervisor support is a low moderator (<1 SD) on the influence of talent development on retention. This implies therefore that even though developing and training employees influenced their intention to stay, supervisor support does not moderate highly this effect; however there is a difference when there is more support (High) from the supervisor than when it is low.

4.3.3 The moderating effect of Job content factors on reward management and retention.



From the results above, Job content factors is a high level moderator (>1 SD) on the influence of reward management on retention. This means that reward management impacts retention but its moderated by job content factors such as overall reaction to job content (the disparity between job expectations and the realities of the job), task repetitiveness, job autonomy and responsibility. The effect is further implied when there is a high job content factor than when it is low.

4.3 Psychosocial factors as a moderator between talent management and retention.

This was done to see if the model was significant in Model 1 (Normal Regression) and the degree of variation in Model 2 (Moderated Regression). Linear regression is an approach for modelling the relationship between a scalar dependent variable y and one or more explanatory variables (or independent variables) denoted X (Bowling 2014). The dependent variable y in this study is retention.

According to Kromrey, & Foster, (1998) moderation regression occurs when the relationship between two variables depends on a third variable (moderator): in this case psychosocial factors. Correlations were derived from the cross product of two standard scores (Z scores) or statistical moments (Pearson Product- moment correlation).

In Model 1 the regression equation was as follows:

$$y_i = x_1 + x_2 + \dots + x_{n-1}$$

Where y_i –is the Dependent variable (Employee retention)

$x_1 + x_2 + \dots + x_{n-1}$ are the independent variables (talent acquisition, talent development and talent maintenance)

ANOVA was done and the results from the Analysis were as follows:

ANOVA^a

Model	Sum Squares	of	Mean Square	F	Sig.
1 Regression	164.346	13	12.642	6.634	.000 ^b
Residual	160.062	84	1.906		
Total	324.408	97			
2 Regression	174.556	14	12.468	6.906	.000 ^c
Residual	149.852	83	1.805		
Total	324.408	97			

Was model 1 (without the interaction term) significant? Yes, $F(13, 84) = 6.63, p < .001$

In Model 2 the regression equation was:

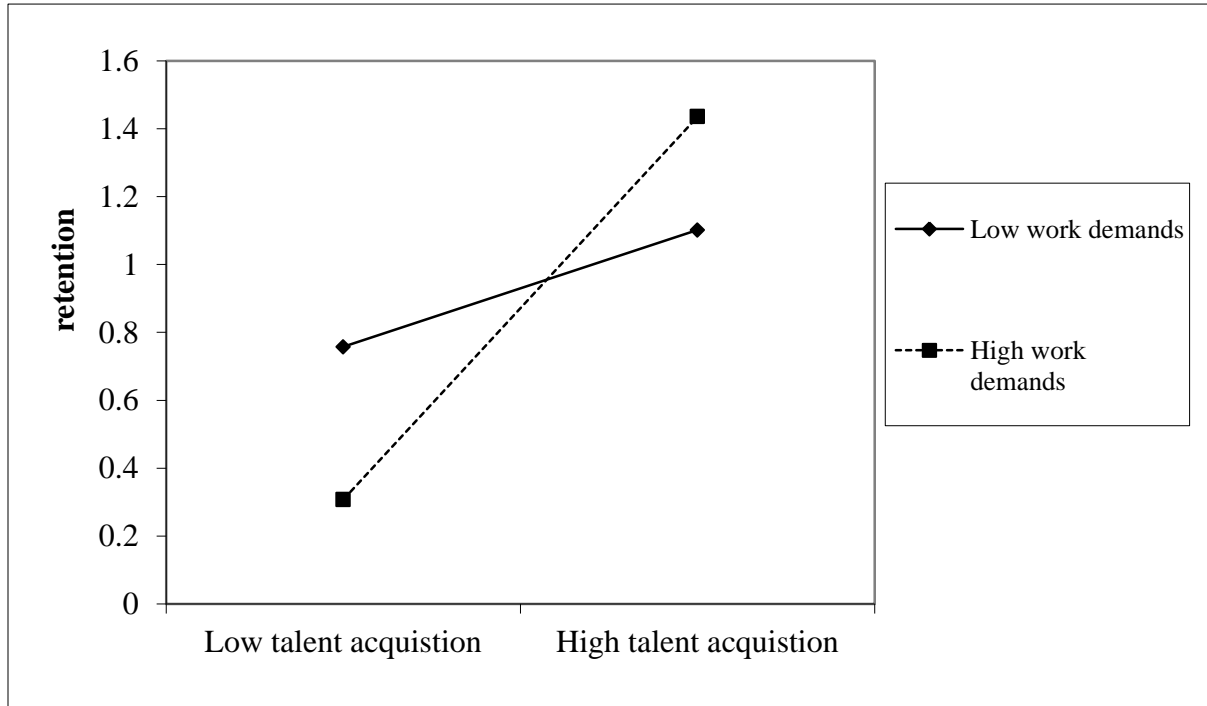
$$y = x_1 + x_2 + \dots + x_{n-1} + x_1m_1 + x_2m_2 + \dots + x_{n-1}m_{n-1}$$

Where y is the dependent variable, x the independent variable and m the moderating variables

In moderated regression, the relationship between the independent variables and the dependent variables changes depending on the level of the moderator.

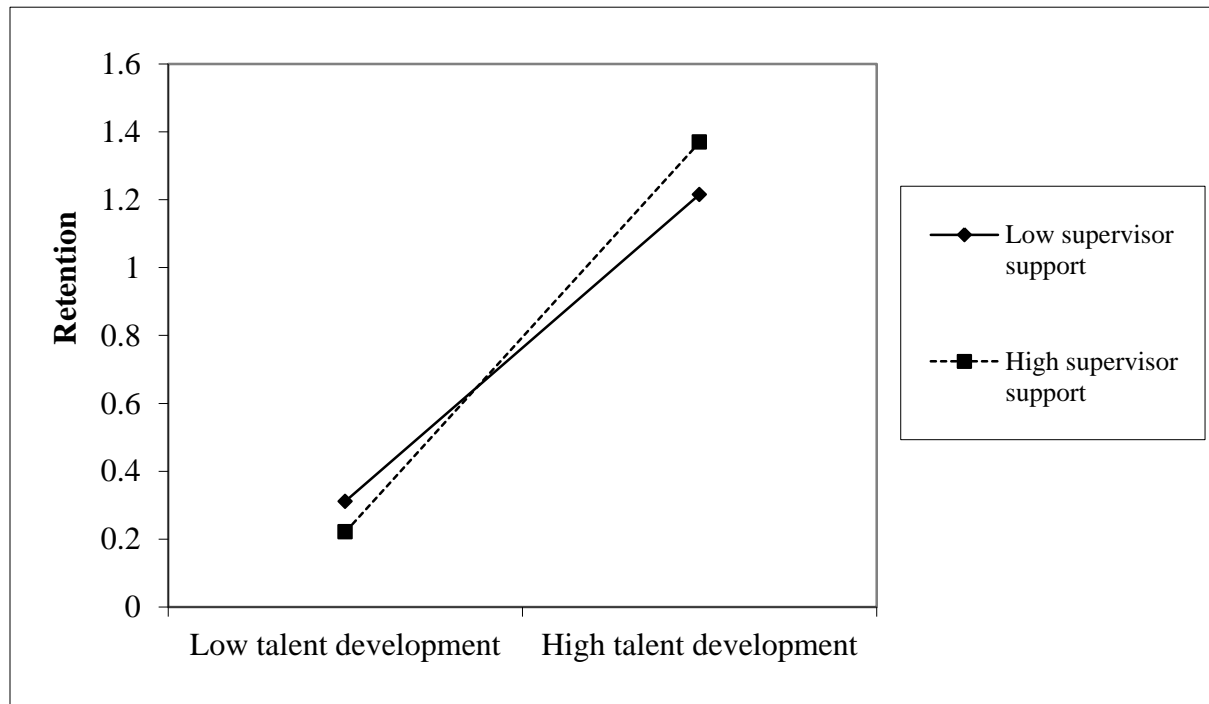
$x_1m_1 + x_2m_2 + \dots + x_{n-1}m_{n-1}$ are the interaction variables i.e. interaction between independent variables (x_i) which are (talent acquisition, talent development and talent maintenance) and moderating variables (m_i) which are (psychosocial factors).

4.3.1 The moderating effect of work demands on talent acquisition and retention



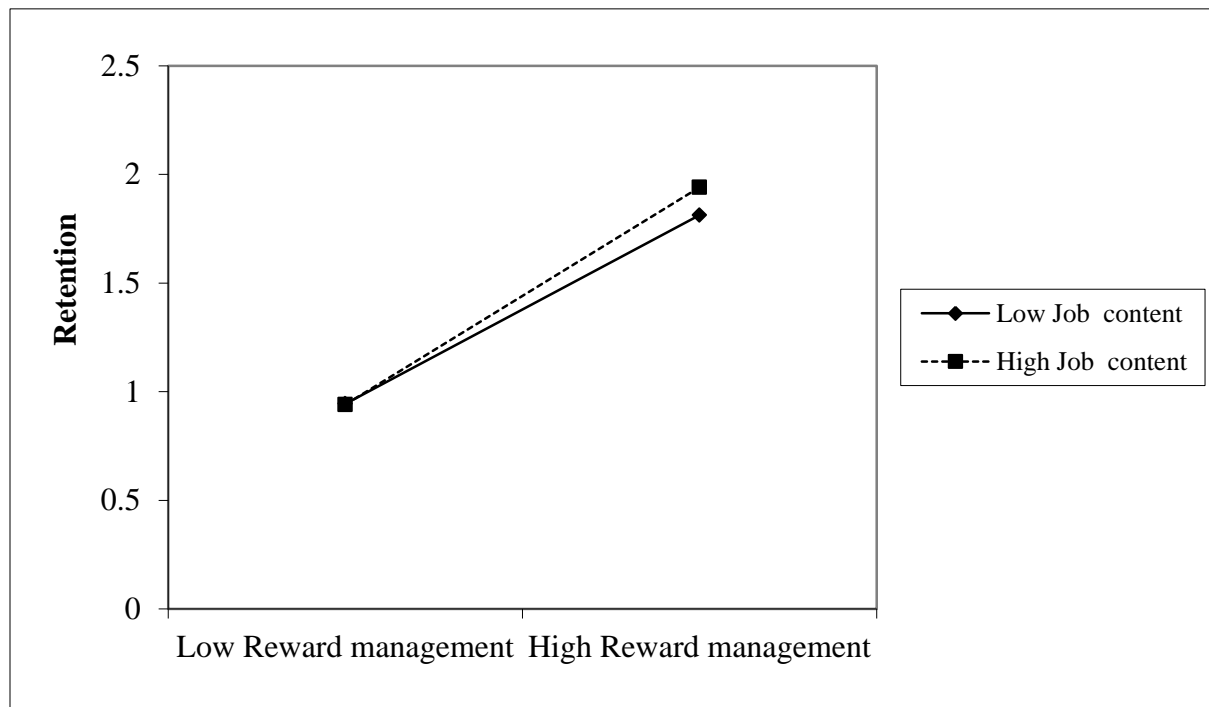
From the results above, work demands, is a low level moderator ($SD < 1$). Talent acquisition affects retention at low moderation of work demands; however high work demands has a high moderating effect on talent acquisition than when the demands at work are less.

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From the results above, Supervisor support is a low moderator (<1 SD) on the influence of talent development on retention. This implies therefore that even though developing and training employees influenced their intention to stay, supervisor support does not moderate highly this effect; however there is a difference when there is more support (High) from the supervisor than when it is low.

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From the results above, Job content factors is a high level moderator (>1 SD) on the influence of reward management on retention. This means that reward management impacts retention but its moderated by job content factors such as overall reaction to job content (the disparity between job expectations and the realities of the job), task repetitiveness, job autonomy and responsibility. The effect is further implied when there is a high job content factor than when it is low

The objective of this study was to identify the causative relationship between an independent variable (Talent management) and a dependent variable (employee retention), but because the researcher had no complete control over the independent variables, their relationship is more suggestive rather than proven (Gay & Airasian, 2009)

4.4 Phase two results: Qualitative Findings

In the case of this study, the researcher conducted semi structured interviews as the main approach to collect the data. This data was used along the quantitative data for triangulation of results in order to better understand the research problem, (Yin, 2009)

4.4.1 Thematic analysis

Content analysis was used to draw conclusions from the presence of specific words, concepts, themes, phrases or sentences within transcriptions. The units of analysis according to Berelson (1952) are characters, words, themes, data items and measures of space and time.

For the purpose of suitability to this research study, only words and themes as units were used to analyse the qualitative interviews that were conducted with the HR team (HR Director and his Officer)

4.4.2 Interview process and analysis

Direct conversational encounter using semi structured questionnaires were done separately for the HR officer first then the HR Director between October 2015 and April 2016. Content analysis was carried out manually, where the different dimensions and their facets as discussed in the interview were categorized together. This was followed by a search for specific words, phrases and or sentences mentioned by each interviewee that could have a connection to the fore mentioned dimensions. Composition of all data related to particular dimensions was then done in a different section in order for the researcher to get a detailed, all inclusive view of factors.

The researcher was in pursuit to answering the four questions discussed earlier in Chapter one as follows:

1. Does talent acquisition talent acquisition (recruitment and selection, Employer branding and workforce segmentation) influence retention at Kijabe Hospital? Investigating the talent acquisition practices and how they influence retention.

2. How does talent development influence (role development, relationship management and training/ development) influence retention at Kijabe hospital? Investigating how practices that develop staff talent contribute to retention

3. In what ways do talent maintenance/ reward management (performance management, reward systems and succession planning) influence retention at Kijabe Hospital? Investigating reward management practices and what bearing these have on retention.

4. How does psychosocial factors such as, work life balance, job content factors and social support influence talent retention in Kijabe hospital? Looking at the relationship that psychosocial factors have on both talent management and retention

4.4.3 Findings

Based on the opinions expressed by the interviewees, the following findings were extracted:

First the first two themes were organized into the following high level categories as shown in Table 4.3 below:

Theme	Indicator
Talent acquisition practice	<ul style="list-style-type: none"> -Requisition -Current practice - Tools for selection -Segmentation -Challenges
Talent Development practices	<ul style="list-style-type: none"> -Existing practice - Training -Development -Training Budget - Bonding

Table 4.3 Thematic areas for talent acquisition and talent development.

4.4. 3.1 Talent acquisition practices

The respondent's opinion on talent acquisition practices in Kijabe hospital as a way to ensure retention is that though there is a formal process of filling both new and old positions, the time it takes to fill a position is no well-defined as it can range from 2 weeks to 3 months. The hospital has not categorized talent and there are only informal ways of selecting what they could call 'talent':

'...Recruitment for us begins with a requisition from the head of department for and old position and the division director for new positions.'

'..If the position is to be filled externally then, it could take between 2 weeks to 3 months to fill depending on the cadre needed, the urgency of the position or the level..'

'..Candidates from within are selected either from expressed interest for a particular position by the candidate, the Supervisor's performance report or by consensus by panellists..'

'..There is no formal definition of talent in place; instead the organization prioritizes what would be referred as top talent in terms of specialized skills and competences'

The awareness of how to recruit top talent is one of the first and most important steps in the retention mechanisms. When employees are employed in alignment with an organizational mission, then the process of employee engagement and commitment becomes easier (Phillips & Edwards, 2008). It is also important that vacancies are filled as soon as they arise: employees that are categorized as top talent may be taken elsewhere when organizations take long before filling them. Adano, (2006) in his study revealed that, when following correct ministry procedures in Kenya, it typically takes six to 18 months to fill a post in a government facility. This has a direct effect on talent acquisition, when vacancies take longer than normal to fill; an organization is likely to miss the right staff for a designated post.

4.4.3.2 Talent development practices

There are various mechanisms to train and develop staff at Kijabe hospital. The need to do this stems from the one of the mission and core values of the hospital which is excellence through

training. The hospital has set aside 5% of its annual budget for training of its clinical staff and the allied health staff as well:

‘...there an education department within the hospital that deals with both internal and external training programs for staff.’

‘...Sponsorship ranges from 50% where the staff pays half and the institution the other half, to 75% sponsorship to full sponsorship depending on the need for the course for which the staff is undertaking.’

‘.In most cases the staff are not asked to pay cash for internal courses, instead some form of bonding is done to specialized courses like Advanced cardiac life support, Advanced Trauma life support and the in house Critical care training’

A study by Manafa, et al (2009) on retention of Health workers in Malawi, showed that they were particularly dissatisfied with what they perceived as unfair access to continuous education and career development opportunities as well as inadequate supervision. Most of these workers did not want to stay in environments that did not support their career progression.

Most staff that responded to the quantitative questionnaire were happy with the fact that the hospital prioritizes training for its staff and has mechanisms in place to ensure there is career progression.

The last two themes were also organized into high level categories in as follows:

Theme	Indicator
Reward Management	-Rewards -Performance management -Salaries -Promotion -Appraisals
Succession planning	-Mentorship -Current practice

	-Succession strategy -Management support
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4.4 Thematic areas for reward management

4.4.3.3: Reward Management

Promotion on merit, rewards based on performance and staff appraisal are all components of performance management. From the interview with HR, this an area that great emphasis is being put since 2015 to ensure that salary, and other rewards are performance based. The appraisal toll introduced 3 years ago is yet to be used to award salaries as mechanisms to improve evaluations are still being worked on. Dambisya, (2006) in his study regarding non-financial incentives to retention of health workers also found out that performance management was among the factors mentioned to increase retention rates. 40% of those interviewed said frequent positive feedback on an employee’s performance improves the way the employee perceives work and ultimately the intention to stay:

‘...Progression within the salary scheme, half yearly awards and recognition for 5 deserving staff in the organization and promotion by merit are the reward systems..’

‘...The organization has not yet implemented the plan to use appraisals as a form of rewarding staff though it is meant to gives credibility to rewards given’

4.4.3.4 Succession planning

There has been no succession plan in place for Kijabe hospital before 2016. The HR office is however working on a plan in which all senior positions have two or three people under them being groomed to take them up. Succession planning is a challenge in many organizations. According to Griffiths (2012), the most shortcomings in healthcare is to foster leadership in junior employees. In his study on succession planning, Wolf et al (2006) found a multi-faceted plan that incorporates the identification of different kind of leaders at various stages and helped to foster general performance and morale within the organization:

‘...informally especially in nursing there is a plan to coach for succession planning, introduced through the preceptor program to help mentor junior staff.’

4.4.3.5 Challenges

The qualitative interviews discovered a number of challenges as hampering the talent management and retention strategies from being implemented at Kijabe hospital.

First is the challenge of the Y and the millennial generations who do not stay with one employer longer like the older generation.

‘...30% of the total clinical staff that have left in the last 3 years can be termed ‘top talent’

‘...Nursing the turnover rate has been worse lately. The average length of stay especially for the millennial is 1.5 to 2 years’

The other challenge is a team approach to talent management by the senior management. Most often the issue of talent management is viewed as one belonging solely to the HR office:

‘...Talent management is a challenge because supervisor perception issues, and lack of ownership at the top level of management.... It would be good for someone to research on the impact of leadership on talent management’

The last challenge is the issue of bonding staff who have been sponsored by the hospital. The situation on the ground is that the bonding period ranges between one to two years. What happens is that staffs tend to leave immediately the bonding period is over yet this is the period about which they are most productive.

‘... We sometimes wonder whether bonding staff is the best way to retain them after training them for further training...’

CHAPTER FIVE

DISCUSSIONS OF FINDINGS

5.1 Introduction

Based on results in chapter four, regression analysis was done to identify the main contributors of retention at Kijabe Hospital and the interactions between the various variables.

5.2 Discussion of findings.

From the demographic details obtained from the respondents, most health care professionals were young (Mean age of 25years) with most of them having worked for less than 3 years and citing the organization as their first working station from training. When asked how employees were recruited, the HR manager said that talent is not part of the assessment criteria especially since most of the applicants do not possess prior working experience prior to be hired in the organization. These results compares well with a study by D'Amato & Herzfeldt, (2008) on European managers' which revealed that younger generations are less willing to remain in the same organization for more than 5 years and have lower organizational commitment.

Though these demographic details did not answer any particular question from the research objectives, they point to the fact that the age of workforce in any organization may have a relationship with the intention to stay and talent management.

5.2.1 Talent acquisition and retention

Both general staff and middle level managers did not have good knowledge of the HR recruiting and selection process: that though the organization shows commitment to appoint high calibre employees, vacancies, took long in being filled and interviews were not prioritized by managers. From the interview with the HR office, the organization did not have a definition of key or top talent in place and in recruiting nurses for example, candidates convert directly from being students to staff from the training school that is affiliated with the organization and vetting process mostly focuses on behavioural characteristics (attitude and faith). This has a direct effect on how vacancies are filled and what requirements are necessary in getting the right candidates. The HR office confirmed that talent loss is a great challenge for the organization. By being in close proximity to the top 5 private organizations in Kenya, the situation is made worse with

most of the staff leaving for 'greener pasture' after gaining experience. According to Griffiths, (2012) talent acquisition is not just a process of filling positions, but also utilization of the candidates and their skills that come out of a rigorous recruiting process. The recruitment plan should include plans for attracting top talent. When vacancies take long before they are filled; there is likelihood that the organization is not positioned as an 'employer of choice'. It also would mean by the time positions are filled, top talent could have become impatient and left or taken by other competitive markets. This study compares well with another study by Oladapo, (2014) on the impact of talent management on retention of healthcare workers in Uganda, 69% of those studied recognized the value of talent acquisition on retention: the process of actively selecting desired qualities in the positions being filled. Most of the respondents said that the process of filling a vacant position was slow in most cases and the interviews were unstructured, with candidates being asked various questions that were not related. In another study by Adano, (2006), found out that when following correct ministry procedures in Kenya, it typically takes six to 18 months to fill a post in a government facility. This has a direct effect on talent acquisition, when vacancies take longer than normal to fill, an organization is likely to miss the right staff for a designated post

5.2.2 Reward Management and retention

The results of the study showed that verbal and written recognition is the most used to reward good performance. On the other hand most staff did not think the organization has mechanisms to maintain good talent or even reward staff. The few mechanisms to award performance came into play only recently and they are limited to about 5 awards for the whole institution.

Most respondents did not feel that the salaries offered at the institution compared competitively to market rates and that salary increment was not based on individual performance. Results of the documented review also showed that out of the 40 exit interview checklists evaluated, 21 (52.5%) cited poor pay as the reason for leaving their current working station. These results relates with a study by Cai, et al, (2009) on talent retention and development within a multinational company in China where a good salary was cited as the number one reason why Chinese employees want to stay at the company, then followed by better career opportunities, training and development in which effectiveness and equality were also emphasized. As to

whether there was pay transparency that ensured equity in the institution, not many staff understood the salary schemes. A recent annual survey report in 2014-15 by CIPD (Chartered Institute of personnel Development) on behavioural science and reward showed that transparency over pay decisions impacts on how employees regard the fairness of the process and its eventual outcomes. This raises two challenges: the first is how employers can be transparent over organizational pay practices and second whether confidentiality over individual pay is a legal issue. The concept of reward management is summarized by the equity theory which recognizes that individuals are concerned not only with the absolute amount of rewards that they receive for their efforts but also with the relationship of this amount to what others receive. Though these results are different from that of Oladipo, (2014) who revealed that job security, compensation and opportunity for advancement were not found to have predictive value for employee retention rates, there is need for HR managers to look at reward management as a means of retaining employees. Furthermore, the HR office confirmed that though performance appraisal had been introduced in the last 3 years, it was yet to be used as a way of rewarding staff at the organization. Findings of this study compare well with the study findings done by Chankova et al, (2006) where Kenya was noted to be losing skilled staff to other countries and from the public sector to the private sector with a bias towards the urban areas because of issues of remuneration. 45% of staff interviewed said they were willing to leave their employment in the government sector for private hospitals, mainly because of the issue of pay. This is further supported by Mathieu and Imhoff, (2009) on a phenomenon that happened in Kenya 2009, where raising doctor's allowances, resulted in hundreds of doctors applying for government jobs. In Swaziland, a 60% pay rise resulted in many workers opting for public service (Kober and Damme, 2006) and in Malawi, the 52% pay raise reduced haemorrhage from public sector in a few months (Palmer, 2006). However Auker, (2006);Mackintosh, (2003) in a different study on why midwives were attracted to stay in Malawi, generous retirement packages, access to post basic training, flexible leave policy, job security and country wide job opportunities were cited as factors that influenced retention and not necessarily what they were taking home as their pay.

5.2.3 Talent Development and retention

From the qualitative findings of this study, the HR office said that the organization devotes 5% of its annual budget for training and provides up to 75% financial assistance for employees to upgrade their skills. These findings were also reflected from the feedback by the general staff and managers who said that the organization has a genuine interest to develop its employees. Training and development was highly rated among staff who felt that the organization is putting effort in staff's career development and professional growth. These findings compare well with the study by D'Amato & Herzfeldt (2008), in which 1,666 European managers completed a survey to explain the influence of learning and development on retention across generations, it was found out that learning orientation, training and development improved the intention to remain in the same organization. However the study further found out that retention was higher in the younger generations (Late Generation Xs and millennial) than in the Baby boomers and Early Generation X. This means that organizations can actually engage the younger generation through talent development and career progression paths. Findings of this study also supports the study by Manafa, et al (2009) on retention of Health workers in Malawi, which showed that they were particularly dissatisfied with what they perceived as unfair access to continuous education and career development opportunities as well as inadequate supervision. Most of these workers did not want to stay in environments that did not support their career progression. Most of the facilities they worked for did not support their career progression and therefore most of the workers would leave. Clear career paths for staff have a contribution to retention.

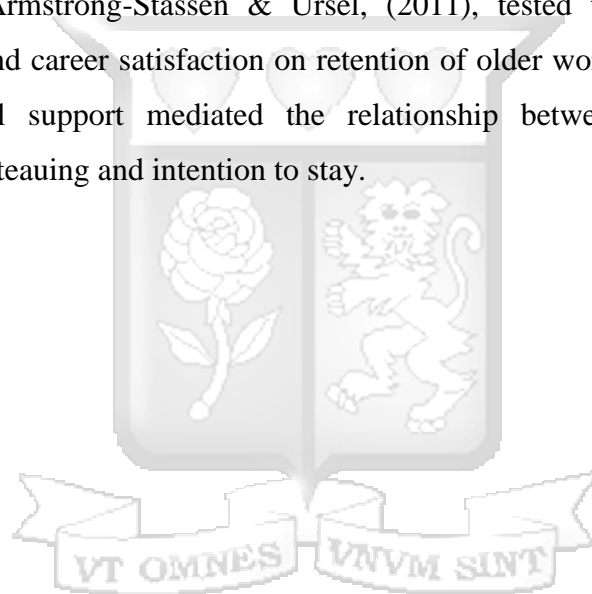
In another study by Hausknecht et al, (2009) on why employees stay with a particular employer, high performers and non-hourly workers were the ones most likely to cite advancement opportunities as reasons for staying, whereas low performers and hourly employees were more likely to cite extrinsic rewards as reasons for staying.

5.2.4 Psychosocial factors as moderating factors between Talent management and retention

Results by the general staff showed that most staff seemed to manage the demands of their work, received support from peers and supervisors and felt that their skills were well utilized. The HR office also mentioned the availability of a good mentorship program as part of good social support for staff. Working hours allowed for good work life balance and therefore these factors

positively interacted with the independent variables to influence retention at the institution. When compared to a study done by Deery, (2008) which sort to find out key employee turnover factors, job satisfaction, personal attributes like positive affectivity and work life balance were linked to alleviate turnover rates. In another study by Sturges & Guest, (2006), relationships between work/life balance, work/non work conflict, hours worked and organizational commitment among a sample of graduates in the early years of their career was explored: the results showed although graduates seek work life balance, their concern for career success draws them into a situation where they work increasingly long hours and experience an increasingly unsatisfactory relationship between home and work.

A different study by Armstrong-Stassen & Ursel, (2011), tested the relationship between organizational support and career satisfaction on retention of older workers: results showed that perceived organizational support mediated the relationship between training/development practices, job content plateauing and intention to stay.



CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions drawn from the findings highlighted in chapter four and five and the recommendations made therein.

6.2 Conclusions and recommendations

The results of this study indicate that Kijabe hospital has in place good human resource policies. However, regarding talent acquisition; the recruitment process needs to be evaluated in terms of the process of recruiting mostly external candidates. Identification of key top talent for HR managers during the recruitment and selection process is a crucial process in the steps towards talent management and retention not only for Kijabe but for all health organizations. Companies with superior employee value proposition have a compelling answer to the question, ‘why would a talented person want to work here?’ This means tailoring a company’s ‘brand’ and ‘products’, the jobs it has to offer must appeal to the specific people it wants to find and keep. It also means paying what it takes to attract and retain strong performers.

In reward management, it is important to conclude that employees inevitably compare their rewards with that of others: the issue of the salary at Kijabe hospital not matching the market rates came out as having a strong influence on retention. This supports the equity theory which recognizes that individuals are concerned not only with the absolute amount of rewards that they receive for their efforts but also with the relationship of this amount to what others receive. To retain its employees, organization must position them to gain competitive advantage through excellent reward systems for the employees. Organizations must also be prepared to disclose information to employees about pay and how different individuals or groups of employees are treated, and this means choosing between transparency and confidentiality. The search for better payment is the number one reason why employees left Kijabe hospital. This heavy emphasis on compensation makes it essential for health organizations and especially mission hospitals to have clear compensation philosophy and keep up to date on the compensation trends.

On training and development of employees nurtures and grows talent, this has a strong correlation with the intention to stay: Empirical data demonstrates that employees in the Kijabe hospital, appreciates training and development within the organization. As the HR director stated that most workers of the young generation appear ambitious and cannot wait to find a shortcut to their career development, their pursuit for quick development pushes them to participate in any training available. Since the hospital sets up to 5% of its annual budget on training, this shows the value it places on the need to train.

Talent management is also influenced by psychosocial factors like work life balance and support by supervisors. In organization under study working hours for the healthcare professional are standard, have a particular pattern which is often routine and well defined and most employees also have well defined job descriptions and have well spelt out mandates that clearly defines their roles hence minimal role conflicts. The friendly, family like environment of a mission hospital may also define why employees would like to stay in Kijabe. Studies in a private or government setting may reveal a different pattern. This means that the working environment has appositive influence on retention.

There seems to be a gap in succession planning in this study as shown in the empirical data. The HR Director explained that that though some positions are filled through an internal process, there was no clear structure in place on how this is done. For a company to succeed, the integration of succession planning and career planning is important. By deploying this tool, companies can assist talents with their development plan and guarantee availability of a pool of talents for future promotions and filling of vital position. The Hospital has done well in training and developing its employees, they should make the process more defined by ensuring that the selection for who is sponsored for training has clear selection criteria to be perceived as fair and equal.

The hospital should integrate succession planning and career development, making long term plans for talents required in future and developing employees within the company according to these needs

The hospital should make the sponsorship program more institutionalized and opened to more employees by allowing supervisors conducting one to one appraisal talk and implicit feedback to employees.

The hospital should improve its reward mechanisms according to the compensation survey for the Kenyan market in order to keep salary competitive. Companies need to review regularly based on performance

6.3 Conclusion

In line with the research objectives, the results confirm that talent management practices: talent acquisition, talent development and reward management have an influence on retention.

The study concludes that policy strategies on recruitment/selection, training, succession planning and performance management are applied at Kijabe hospital mostly in an informal way. Formal strategies to improve workforce segmentation and reward management will contribute significantly to retention of healthcare workers.

6.4 Areas for further study and implication on policy

Another study should be done using a larger sample size and in a different study setting in order to compare results and to help generalize results for health care organizations

A look at the impact of leadership on talent management and retention is another area that can be further explores as depicted in the challenges under qualitative data analysis.

Key contributions that arise in this study are the relationship between talent management practices, moderating effects of psychosocial factors, performance and retention. The findings confirm that retention of the health workforce is as a result of efficiency through talent management.

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APPENDICES

Appendix 1: Semi structured Questionnaire (For Middle Level Managers)

The purpose of this questionnaire is to provide details on the influence of Talent management on retention at Kijabe hospital. Your response to these questionnaires is completely confidential. Your answers will be grouped with those of other managers who complete the questionnaire as well.

Part A

Age: 20-25 years 26-30 years 31-35 year 36-40year above 4

Gender: Male Female

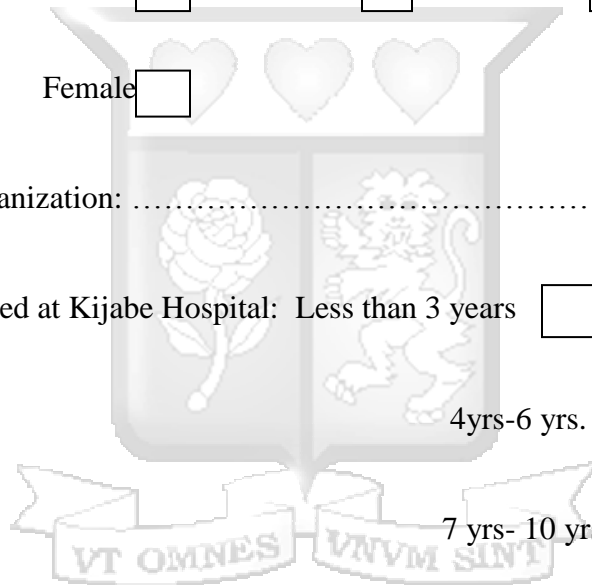
Responsibility in the Organization:

How long have you worked at Kijabe Hospital: Less than 3 years

4yrs-6 yrs.

7 yrs- 10 yrs

More than 11years



Part B.

a. Recruiting and Selecting	Never	Rarely	Some Times	Often	Always	Unable to Rate
We prioritize time to interview Potential candidates when a vacancy arises						
There is overall good knowledge of the HR recruitment process and policies						
We consistently appoint high calibre employees						
I devote time and energy to attend the filling of a vacancy						
I ensure that vacancies do not remain open for long periods of time.						
b. Compensation and Rewarding						
There is a mechanism to nominate employees for various organization awards.						
We reward employees exemplary staff in a variety of ways						
I provide verbal recognition for individual contribution where appropriate						
I provide written recognition for individual contribution where appropriate						
We allocate increases fairly, according to individual performance						
We ensure that salaries are competitive to the market rates						
We celebrate exceptional performance in our teams						

c. Developing						
As a hospital, we have genuine interest to foster learning and development of employees						
I make objective assessment of individuals for development needs						
I coach staff, one-on –one						
I give honest feedback for developmental purposes						
I actively create developmental opportunities for subordinates						
I meet with team members for formal career planning sessions						
d. Talent Retention						
We have a clear mechanisms of retaining high calibre employees						
Are employees happy at the work place						
In your opinion what is the rate of employee turnover in your organization?	<ul style="list-style-type: none"> a. <10% b. 10-20% c. 30-40% d. 50-60% e. >60% 					

Appendix 2: Questionnaire for General Staff (Clinical, and Allied)

Part A

Age: 20-25 years 26-30 years 31-35 year 36-40year above

Gender: Male Female

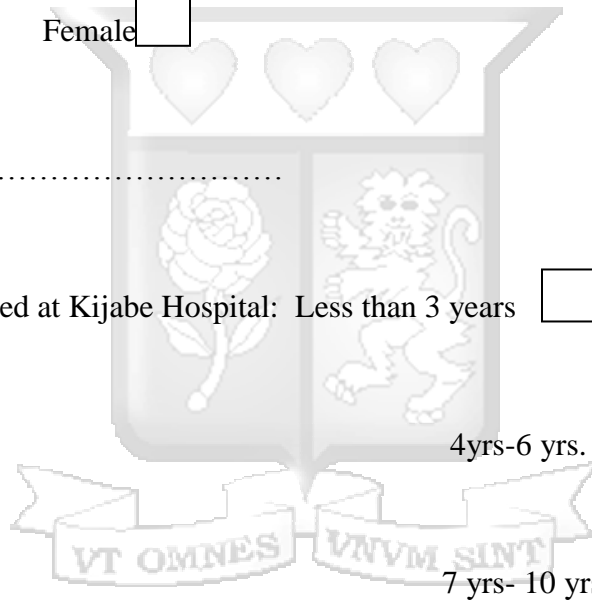
Job Title:

How long have you worked at Kijabe Hospital: Less than 3 years

4yrs-6 yrs.

7 yrs- 10 yrs

More than 11yrs



Part B.

Recruiting and Selecting	Never	Rarely	Some Times	Often	Always	Unable to Rate
The interview for potential candidates when a vacancy arises is a fair process						
There is overall good knowledge on the HR recruitment process and policies						
The hospital consistently appoints high calibre employees						

The managers devote time and energy to attend the filling of a vacancy						
Vacancies do not remain open for long periods of time before filling.						
Compensation and Rewarding						
There is a mechanism to nominate employees for various organization awards.						
Exemplary staff are rewarded a variety of ways						
There is verbal recognition for individual contribution where appropriate						
There is written recognition for individual contribution where appropriate						
Salary increases are allocated fairly, according to individual performance						
Salaries are competitive to the market rates						
Exceptional performance in our teams is celebrated						
Developing						
There is a genuine interest to foster learning and development of employees at the hospital						
objective assessment of individuals for development needs is made by managers						
One-on –one staff coaching is done by managers						
Honest feedback for developmental purposes is given						
Managers actively create developmental opportunities for subordinates						
Meetings with team members for formal career planning sessions is done						
Talent Retention						
Clear mechanisms of retaining high calibre employees are in place						
Are you happy at your work place						
In your opinion what is the rate of employee turnover in your organization?	<input type="checkbox"/> <10% <input type="checkbox"/> 10-20% <input type="checkbox"/> 30-40% <input type="checkbox"/> 50-60% <input type="checkbox"/> >60%					

	DEMANDS AT WORK	Always	Often	Sometimes	Seldom	Never
1	Is your workload unevenly distributed so it piles up?					
2	How often do you have time to complete all your work tasks?					
3	Do you get behind with your work schedules?					
4	Do you have enough time for your work tasks?					
5	Do you have to work very fast to finish your work?					
6	Do you have to work at a high pace throughout the day?					
7	Is it necessary to keep working at a high pace?					
8.	Does your work require you to remember a lot of things?					
9.	Does your work demand that you are good at coming up with new ideas?					
10	Does your work require that you make difficult decisions?					
11	Does your work put you in emotionally disturbing situations?					
12	Do you have to relate other people's personal problems as part of your work?					
13	Is your work emotionally demanding					
	WORK ORGANIZATION AND JOB CONTENTS					
	A) INFLUENCE					
14	Do you have a large degree of influence concerning your work?					
15	Do you have a say in choosing who you work with?					
16	Can you influence the amount of work given to you?					
17	Do you have any influence on what you do at work					
	B) POSSIBILITIES FOR DEVELOPMENT					
18	Does your work require you to take initiative?					
19	Do you have the possibility of learning new things through your work?					
20	Do you use your skills or expertise in your work?					
21	Does your work give you the opportunity to develop your skills?					
	C) VARIATION					
22	Is your work varied?					
23	Do you have to do the same thing over and over again					
	D) MEANING OF WORK					
24	Is your work meaningful?					
25	Do you feel that the work you do is important?					
26	Do you feel motivated and involved in your work?					
	COMMITMENT TO THE WORKPLACE					

Appendix 3: QUALITATIVE DATA INTERVIEW QUESTIONS

Talent Acquisition

1. How is the recruitment process done in your organization?
2. How are candidates selected for selected for positions?
3. Do you have a definite timeline for filling up vacant positions?
4. Does your organization have a formal definition of top/key talent in place?
5. What competencies/characteristics does your organization use to identify top/key talent?
6. Does your organization perform employee satisfaction survey?
7. What role do middle level managers play in talent management?
8. Is talent management/retention a major challenge in your organization?
9. Which strategies has your organization put in place to retain top talent?
10. What is the percentage of staff you would rate as valued talent that has left your organization in the last 3 years?

Succession Planning

11. What kind of succession plan does your organization have in place for the following groups of employees?
 - a. Executive
 - b. Management
 - c. Non-Management
12. What features do you include in your organization's succession planning?

Training and development

13. Does your organization have an education and training (career development program) program?

14. To what extent (in percentage) does your organization provide financial assistance for employees to upgrade their skills?

15. Do the employees pay to undergo internally organized training courses?

16. What is your organization's training budget as a percentage of the payroll?

17. Does your organization have a mentorship/coaching program in place?

If yes please explain

Reward and Recognition

19. What reward systems are in place for deserving employees?

20. What criteria are used in rewarding and recognizing employees in your organization?

21. What is the role of Performance appraisal in rewarding staff in your organization?



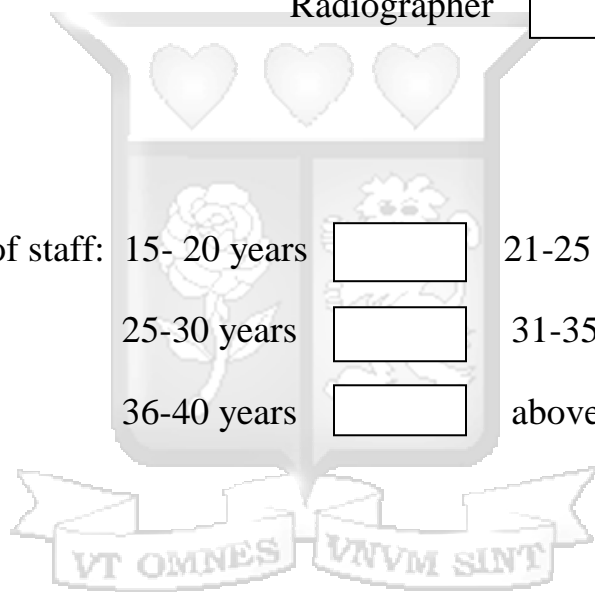
Appendix 4: DOCUMENTED REVIEW CHECKLIST

1. Category of staff: Clinical: Nurse Clinical Officers
- Allied Health: Physiotherapist Lab technologist
- Nutritionist Record's Officer
- Pharmacist Dental Technician
- Radiographer Occupational
Therapist

2. Age Category of staff: 15- 20 years 21-25 years
- 25-30 years 31-35 years
- 36-40 years above 41 years

3. Years of service: Less than 1 year 1 - 2 years
- 3 -4 years 5- 6 years
- 7-8 years 9-10 years

4. Reason for leaving(open)



Appendix 5: PARTICIPANT INFORMATION AND CONSENT FORM

‘The influence of Talent Management on Retention of Healthcare Professionals in Mission Hospital: A case Study of Kijabe Hospital’

SECTION 1: INFORMATION SHEET–HEALTH PERSONNEL

Investigator: Anne Shinaka Mukweyi

Institutional affiliation: Kijabe Hospital

SECTION 2: INFORMATION SHEET–THE STUDY

2.1: Why is this study being carried out?

Information from this study will help us improve employee retention in the organization by helping policy makers to formulate strategies that will promote talent management.

2.2: Do I have to take part?

No. Taking part in this study is entirely optional and the decision rests only with you. If you decide to take part, you will be asked to complete a questionnaire to get information on the current influence of talent management on retention. If you are not able to answer all the questions successfully the first time, you may be asked to sit through another informational session after which you may be asked to answer the questions a second time. You are free to decline to take part in the study from this study at any time without giving any reasons.

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

Health care providers both allied health and clinical that has been in Kijabe for more than 6 months

Health care middle level managers

Senior management team.

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

Healthcare providers that that are less than 6 months in Kijabe hospital

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

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

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

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way to penalize or victimize you.

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

The information will be used to improve retention through proper talent management at Kijabe hospital that may benefit you and other new staff in future.

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

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

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

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

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

You can contact me, Anne Shinaka Mukweyi, at Kijabe hospital, or by e-mail (annemulwa12@gmail.com), or by phone (0722915888). You can also contact my supervisor, Dr. Hazel Gachunga, at the Strathmore Business School, Nairobi, or by e-mail (hazelgac@gmail.com) or by phone (0722650498)

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

Please tick the boxes that apply to you;

Participation in the research study

I AGREE to take part in this research

I DO NOT AGREE to take part in this research

Storage of information on the completed questionnaire

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

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

Participant's Signature:

Date: ____ / ____ / ____

DD / MM / YEAR

Participant's Name:

Time: ____ / ____

HR / MN

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

Investigator's Signature:

Date: ____ / ____ / ____

DD / MM / YEAR

Investigator's Name:

Time: ____ / ____

HR / MN

Appendix 6: PROJECT TIMELINES

Progress stage	Stage description	Proposed Dates
1	Scoping of the Research Study	June 2014
2	Choice of Research Topic	August 2014
3	Concept Map submission	10 th December 2015
4	Research Problem Clarification, objectives and Research Questions	17 th March 2015
5	Chapter 2: Literature Review	28 th March 2015
6	Chapter 3: Research Methodology	28 th April 2015
7	Proposal submission	4 th May 2015
8	Defence of the proposal	8 th June 2015
9	Data Collection	August-September 2015
10	Data Analysis/Interpretation	October- November 2015
11	1 st Draft of Report Writing	15 th December 2015
12	Final Draft of Thesis Report	2 nd January 2016
13	Submission for Examination	8 th January 2016
14	Oral Thesis Defence	28 th January 2016
15	Correction of Dissertation	30 th March 2016
16	Final submission of finished copies	10 th April 2016

Appendix 7: PROJECT BUDGET

The Total estimated expenses for this proposed research is Ksh. 82 500/=. These funds will be Used to cover direct out-of-pocket expenses associated with the study, including Questionnaire production, printing, and distribution, participant incentives, and funding for a research assistant. I have not received any prior funding for this project.

Category	Item Totals	Sub-Totals	Justification
Direct Expenses			
Survey Supplies and Expense <i>Printing</i> (100 pages X 4copies at ksh. 10/= per page)	Ksh. 4000/=		This is part of funding will be used to cover direct out-of-pocket expenses, including questionnaire production, printing costs of 4 bound copies for submission, distribution, and collection
<i>Binding expenses</i> (100/= per copy for 4 proposal documents and 200/= per copy for 4 finished theses.)	Ksh. 1,200/=		
<i>Envelopes</i> (1,000 pieces-A 4 Size at ksh. 10/- per piece for three surveys)	Ksh 10 000/=		
<i>Questionnaire Printing</i> (20 copies at ksh. 10/= per page)	Ksh 200/=		
<i>Photocopy expenses</i> (1,500 questionnaires at 5/= per copy)	Ksh 7,500/=		
<i>Interview tapes</i> (2 for focused group discussion)	Ksh 2000/=	<i>Sub-total</i> Ksh. 27 000/=	
<i>Telephone interviews for terminated staff</i>	Ksh 2000/=		
Personnel			
Research Assistant	Ksh 10, 000/=		This comprehensive study requires significant effort in survey administration (e.g., distribution and collection), data management (e.g., data input and analysis), and feedback report Writing. Significant time has already been invested in
Statistician	Ksh 30, 000/=	<i>Sub total</i>	
Travel expenses		<i>Ksh 45,000/=</i>	



MEDICAL EDUCATION AND RESEARCH DIVISION

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27TH AUG 2015

Ms. Anne Shinaka Mukweyi,

RE : THE INFLUENCE OF TALENT MANAGEMENT ON RETENTION IN MISSION HOSPITALS IN KENYA :A CASE STUDY OF KIJABE HOSPITAL

The institutional review board having carefully reviewed your above title proposal grant you approval to conduct this study at kijabe hospital.

This approval is for a period of one year from 27/08/15. Kindly note that if you intend to continue this study beyond 29/08/2016 then you will need to apply for approval from the institutional review board. We look forward to receiving the results of the interim analysis.

We wish you all the best in the study. Kindly furnish this office with a copy of your results.

Thank you,

Sincerely,

Leland Albright, MD

Chair, Kijabe Hospital IRB



Monday 20th July 2016

To whom it may concern,

RE: FACILITATION OF RESEARCH – ANNE SHINAKA MUKWEYI

This is to introduce Ms. Anne Mukweyi, admission number 84954 who is an MBA student at Strathmore Business School. As part of the SBS MBA Program, Anne is expected to do applied research and to undertake a project. This is in partial fulfillment of the requirements of the Master of Business Administration in Healthcare Management. The outcome would be of immediate benefit to the organizations she is researching on. To this effect, she would like to request for appropriate data from your organization.

Anne is undertaking a research paper on **The Influence of Talent Management on Retention in Mission Hospitals in Kenya: A Case Study of Kijabe Hospital**. The information obtained from your organization shall be treated confidentially and shall be used for academic purposes only.

Our MBA seeks to establish links with industry, and one of these ways is by directing our research to areas that would be of direct usefulness to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and of value to your organization.

We very much appreciate your support and we shall be willing to provide any further information if required.

Yours sincerely,

Prof. Gilbert Kokwaro

**Director, Institute of Healthcare Management and
Academic Director, MBA in Healthcare Management**



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