INFLUENCE OF HUMAN RESOURCE MANAGEMENT PRACTICES ON RETENTION OF HEALTH CARE WORKERS IN SIAYA COUNTY REFERRAL HOSPITAL, KENYA

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ABSTRACT

The purpose of this study was to assess the influence of Human Resource Management practices on retention of health care workers in Siaya county referral hospital, Kenya. The objectives were to establish the influence of career advancement, work life balance, work environment and remuneration on the retention of health care workers in Siaya county referral hospital. Herzberg's two factor theory, Victor Vroom's expectancy theory and Stacy Adams' equity theory provided the framework for analyzing the problem of employee retention. The study adopted a survey research design targeting all the 301 professional health care workers deployed to the Siaya county referral hospital. The population was stratified into several main strata consisting of medical officers, dentists, clinical officers, nurses, rehabilitative personnel, pharmacists, laboratory technologists and radiographers. Data was collected using self-administered questionnaires with closed ended questions to a sample of 91 respondents. Duly completed questionnaires from 74 respondents were coded using SPSS Ver. 21 to facilitate descriptive and inferential analysis. Pie charts, frequency tables, means and standard deviations were used to analyze the responses to meet the study objectives. The use of simple and multiple regression analysis enabled the researcher to answer the research questions. Results showed a weak but statistically significant positive relationship between remuneration and retention (F (9.847, df =1, and p<0.05). Similarly, it was revealed that there was a significant relationship between career advancement practices and retention (F (15.260, df=1, and p<0.05) existed. Also, a significant positive relationship between work conditions and retention (F (16.612, df =1, and P<0.05) and as well as between work-life balance practices and retention (F (18.224, df =1, and P<0.05). The findings provide an empirical support for the link between human resource management practices and employee retention within County referral hospitals. From the findings it can be concluded that human resource management practices play a significant role in the retention of health care workers in County referral hospital. However it was revealed that the practices adopted were unsatisfactory. This points to a human resource management deficiency within health care department of County governments in Kenya. These findings have both theoretical, practical, and policy implications for both academia and practitioners of Human Resource management, in Kenya and beyond.

Keywords: Remuneration, Career Advancement, Work life balance, work conditions, employee commitment, staff retention, health workers
INTRODUCTION
This study examined the link between human resource management (HRM) practices and retention of health care workers within county referral hospitals in Kenya. Human resources are the foundation of a health system and a key prerequisite to improving health outcomes (WHO, 2006). However, in recent years, there has been a crisis in human resources for health (Liese and Dussault, 2004; Chen, 1990; Smith and Henderson-Andrade, 2006). This crisis has been attributed to attrition due to voluntary resignation to the private sector or to health facilities in richer countries, in search of better pay and working conditions (Dovlo, 2005).

There is increased realisation of the impact of strategic use of HRM practices and visionary organisations are setting the pace to leverage HR for organizational success (Khan, 2010). The role of HRM in retention of health workers has attracted a lot of research attention in the recent past (Ngethe, et al., 2012; Machayo & Keraro, 2013). Retaining good workers is critical for any organization (Gering and Conner, 2002). A high turnover rate leads to the inability of an organization to provide quality care (Marquis and Huston, 2003).

Health workers are vitally important for the effective functioning of healthcare systems (Ndetei, Khasakhala & Omolo, 2008). An inadequate health workforce contributes to the general deterioration of health indicators (Dolvo, 2003). Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers (Mischa, Bidwell, Thomas, Wyness, Blaauw, & Ditlopo, 2008).

The health care system in the developing countries faces many problems, human resource retention being one of the majors. In deed the availability of health personnel in Africa is considerably worse than in other regions of the world and it is one of the major stumbling blocks to the delivery of adequate healthcare (Chankova, 2006). Brain drain appears to have complicated the situation and made matters worse (Oyelere, 2007). Pang, Lansang and Haines (2002) estimates that 23,000 health care professionals emigrate annually from Africa. According to UNECA some 127,000 highly qualified African professionals left the continent between 1960 and 1989.

African countries including Nigeria, Zimbabwe, Ghana, Kenya, Zambia and Malawi are among those countries whose qualified nurses have been practicing in the UK and US since 1998 (Lalla, 2000). To date, Africa remains a significant source of much needed nurses for the UK NHS. In 2003, 43% of nurses registering in the UK, for example, were foreign trained, compared to 10% a decade earlier (Buchan et al. 2004 This has exacerbated the already weak national and district health systems, making it extremely difficult for countries in the Region to achieve the United Nations Millennium Development Goals (MDGs) on health care provision (UN, 2000, UNDP, 2004).

As at 2002, survey of Ghana’s health-care facilities found that 72% of all clinics and hospitals were unable to provide the full range of expected services due to a lack of personnel, 43% were unable to provide full child immunizations, 77% were unable to provide 24-hour emergency services and round-the-clock safe deliveries for women in childbirth. Figures released by the IOM showed that between 1993 and 2002, Ghana lost 630 medical doctors, 410 pharmacists, 87 laboratory technicians and 11,325 nurses to international migration and brain drain (Oyelere, 2007). More than a
quarter of foreign nurses registered in the UK in the year 1999-2000 came from South Africa. According to Migration Watch UK, South Africa is among the three countries supplying the largest number of overseas nurses to the UK (the others are The Philippines and India). Other African countries such as Nigeria, Zimbabwe, Ghana, Kenya, Zambia and Malawi are among those countries whose qualified nurses have been practicing in the UK and US since 1998 (UN HDR 1993; Lalla, 2000). To date, Africa remains a significant source of much needed nurses for the UK NHS. In 2003, 43% of nurses registering in the UK, for example, were foreign trained, compared to 10% a decade earlier (Buchan et al. 2004;)

**Human Resource Management Practices**

Flippo (1984) defines HRM as the planning, organizing, directing and controlling of the procurement, development, compensation, integration, maintenance and separation of human resources to the end that individual, organizational and social objectives are accomplished. The difference between HRM and personnel management is the strategic focus (Guest 1989; Legge 2005).

To Bratton and Gold (2009), HRM is a strategic approach to managing employment relations which emphasizes that leveraging people’s capabilities is critical to achieving competitive advantage, this being achieved through a distinctive set of integrated employment policies, programmes and practices. Available literature demonstrate that the fundamental HRM practices include human resource planning, recruitment and selection, job analysis; compensation and reward, performance appraisal, training and development, career management, employee relations and welfare (Armstrong, 2006; Matthis & Jackson, 2004; Milkovich & Newmen, 1999).

Research has unveiled three major approaches on utilizing HRM practices for competitive advantage. According to the universalistic approach, the implementation of specific sets of best practices could lead to organizational improvements (Kochan & Osterman, 1994; Pfeffer, 1994). The contingency approach asserts that the various HRM practices are context specific and thus different types of organizations may warrant different strategies (Arthur, 1994). Then the configurational approach argues that a good fit between various HRM practices and organizational strategy would improve the HRM-firm performance relationship (Becker & Gerhart, 1996).

The current study follows the universalistic approach and seeks to investigate the link between HRM practices of compensation management, career management, work-life balance management and work environment management and retention of health care workers. Compensation offers employees some level of security, autonomy, recognition and improved self-worth, which consequently increases employees’ sense of self-worth, leading to affective commitment (Döckel, Basson, & Coetzee, 2006) and retention (Mathis & Jackson, 2004). Proactively creating opportunities to assist employees to achieve their career objectives will motivate them and reinforce positive behavior. Casper and Buffardi (2004) have suggested that work-life balance benefits are universally appealing and foster the perception that the organization will be supportive of employees’ personal needs. Also employee engagement serves as a route to business success and is achieved when organization’s and employees value each other. Engagement is vital to retention of talent (Glen, 2006).

HRM literature on antecedents of staff retention suggest that employees leave because of push and pull factors (Pang et al., 2002). In the context of health care workers, migration results from a combination of push factors and pull factors (Kupfer et al.,
Push factors include violence at the workplace, poor living conditions; low compensations, lack of clear career development paths, promotion, poor governance and work overload (Stiwel et. al, 2005). Others include insufficient development opportunities, ineffective supervision, poor levels of employee involvement and straightforward personality clashes as precipitating factors (Torrington et. al, 2011).

Some pull factors include aggressive targeted recruitment, availability of employment opportunities, better compensations and working conditions, secure and conducive living conditions; opportunities for refresher courses, access to Internet and modern library facilities (Torrington et. al. 2011). Others include not living up to expectation, job person misfit, growth and advancement opportunities, feeling devalued and unrecognized, stress from overwork and work-life imbalance, loss of trust and confidence in senior leaders (Branham, 2005).

The current study focuses on the HRM related push and pull factors that have been investigated in recent studies in Kenya (Ojakaa1, Olango and Jarvis, 2014; Koigi, Waiganjo, 2013). It comes as a surprise that these factors are yet to be empirically linked to retention of health care workers. Health workers are susceptible to ‘push’ factors, such as pay and working conditions, and ‘pull’ factors, such as job satisfaction and economic prospects (Chankova, Muchir and Kombe, 2009; Connel et. al., 2007).

Much of the emphasis of good employment practices has however been placed on strategies to retain staff (Hutchings, De Cieri & Shea, 2011). Also, satisfaction and commitment has been linked to retention. The emphasis here has been on flexible employment, communication, family-friendly work policies, telecommuting, well-being programmes, employment conditions, and social and community practice (Beauregard & Henry, 2009; Zatzick & Iverson, 2006).

In spite of the various HRM functions that can be initiated as practices, this study would concentrate on four practices namely, compensation, career advancement, work-life balance and employee engagement. These practices are among the common ones which cut across the three major viewpoint or theories of HRM practices. Also it is believed that these practices have the potential of motivating employees as well as offering them some level of security, autonomy, recognition and improved self-worth leading to affective commitment (Döckel, Basson, & Coetzee, 2006).

**Retention of Health Care workers**

Employee retention is an increasingly important challenge for organizations as the age of the knowledge worker unfolds (Lumley, Coetzee, Tladinyane & Ferreira, 2011). The main purpose of employee retention is to prevent competent employees from leaving an organization as this could have adverse effect on productivity and profitability (Samuel & Chipunza, 2009). However, the challenge of attracting, retaining and motivating people has never been greater (Punia & Sharma, 2008).

Considering the economic impacts of losing adroit employees it is prudent that organizations do not create an environment that contributes to turnover. Rather they must introduce and integrate Human Resources Management (HRM) practices, polices and programmes that can maximise employee motivation and retention. Strategic staffing has become an important issue to many organizations, because the ability to hold on to highly talented core employees can be crucial to the future survival of the organization.
on both organizational and employee levels (Birt, Wallis, & Winternitz, 2004). Finally, Hytter (2007) demonstrated that workplace factors such as rewards, leadership style, career opportunities, training and development of skills, physical working conditions, and work-life balance, have an indirect influence on retention.

Indeed, Kenya is one of the countries identified by the WHO as having a critical shortage of healthcare workers. While WHO has set a minimum threshold of 23 doctors, nurses and midwives per population of 10,000 as necessary for the delivery of essential child and maternal health services, Kenya’s most recent ratio stands at 13 per 10,000 (WHO, 2010). In Kenya the brain drain of medical professionals is threatening the very existence of the country's health services. Kenya loses on average 20 medical doctors each month through either brain drain or brain waste (Ndeti et al, 2008). The emigration rate of doctors currently stands at 51% with main destination being the UK; while the emigration rate of nurses is 8%.

The financial cost of losing a single nurse has been calculated to equal about twice the nurse’s annual salary (Atencio, Cohen, Gorenberg, 2007). The average hospital is estimated to lose highly (Kirigia et al, 2006), about $300,000 per year for each percentage increase in annual nurse turnover while on average for every doctor that emigrates, a country loses about US$ 517,931 (Price Waterhouse Coopers, 2007). The high cost that comes with turnover has highlighted the need for organizations to make retention of staff number one priority. The negative impact of brain drain can be masked in the urban areas of developing countries with higher concentration of public and private health centers, but such effects remain clear in the rural areas.

**County Referral Hospitals**

The current study focuses on the link between HRM practices and retention of health care workers in County Referral Hospitals, Kenya. In particular, it examines the case of Siaya County Referral Hospital (SCRH), which is the only referral hospital in Siaya County.

Prior to the designation of SCRH the facility served as a district hospital. Today, however, it is a level 5 hospital and has roles similar to that of Moi Teaching and Referral Hospital (MTRH), Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) and Kenyatta Hospital (KNH). Since 2012, when it became a referral hospital, Siaya County Referral Hospital has had the burden to serves 6 sub-counties, with a population of over 850,000. It is a referral hospital to cases from 3 Sub county hospitals, 83 Dispensaries, 26 Health Centers and 10 private or other facilities.

Until the establishment of County Referral Hospitals, the three were the only referral and teaching hospitals in Kenya. Thus by examining the case of Siaya County Referral Hospital, the current study extends to previous work focussing on Moi and Kenyatta TRHs, such as by Odongo (2014), Wanjau, Mururi and Ayodo (2102) Referral hospitals are considered an interesting health care institution to examine from the lenses of a HR professional owing to their role in delivery of health care. In particular, they are expected to have a high concentration of resources since they are relatively expensive to run as they support the training of health workers at both pre-service and in-service levels.

Muga, Kizito, Mbayah, and Gakuruh (2005) identify five functions that a referral hospitals is expected to carry out. First, it should provide complex curative tertiary care, preventive care and participate in public health programmes. Referrals are ultimately received and managed by a referral hospital. They have a specific role in providing
information on various health problems and diseases and providing extra-mural treatment alternatives to hospitalization, such as day surgery, home care, home hospitalization and outreach services.

The second is to lead in provision of quality care by setting high clinical standards and treatment protocols, such that the best quality of care in the country should be found at teaching and referral hospitals. The third is access to provide care. Patients may only have access to tertiary care through a well-developed referral system. The fourth is research that ought to provide solutions to local and national health problems and contribute to policy formulation. The fifth, teaching and training, involves provision of both basic and post-graduate training for health professionals. It is expected the recently established County referral hospitals carry out the above functions.

Give the expected role of these referral hospitals, it is surprising that the influence of HRM practices on the retention of health care personnel is yet to be investigated. County referral hospitals like other teaching and referral hospitals, in Kenya, are expected to be a center of excellence providing complex health care requiring more complex technology and highly skilled personnel. These expectations, together with the new context in which county referral hospitals need to be managed make it interesting to establish the efficacy of HRM practices in ensuring the counties retain the health care workers to offer referral services.

Anecdotal evidence seems to suggest however, despite posting of health care staff to County hospitals, inferior conditions and out-migration leads to a paradoxical situation of staffing gaps (Ndetei, et al., 2009). However, little empirical work has been done to determine the significance of push and pull factor, such as poor remuneration, poor working conditions with limited supplies and no supervision, heavier workloads, limited career prospects and educational opportunities on retention. The lack of empirical work makes it difficult for county governments to institute effective retention strategies to ensure adequate levels of staffing, especially within referral facilities.

The problem is further compounded by the devolution of health care in Kenya. According to the policy paper, the new Ministry of Health (MOH) key mandates are development of national policy, provision of technical support at all levels, monitoring quality and standards in health services provision, provision of guidelines on tariffs for health services and conducting studies required for administrative or management purposes.

At county level, the implementation of the Kenya Health Policy 2012 – 2030 led to the formation of county health departments whose role is to create and provide an enabling institutional and management structure responsible for coordinating and managing the delivery of healthcare mandates and services at the county level. In addition to the county health departments, the policy led to the formation of county health management teams. These provide professional and technical management structures in each county to coordinate the delivery of health services through health facilities available in each county.

Article 235 of the Constitution of Kenya, 2010 (RoK, 2010), empowered the counties to establish offices and employ individuals performing functions allocated to them in Fourth Schedule. This means persons working in the county health departments including the community services primary healthcare services and County Referral Services are employees of the County government. In effect some counties will have the benefit of employing qualified healthcare providers than others. This may lead to further marginalization, especially in poor counties, as the experience in other countries
suggest. It comes as a surprise that despite the devolution of the HRM for health to counties not much is known about the influence it has had on retention of health care workers in County referral hospitals.

Evidence from other countries in which health care has been devolved, however, points at a bleak picture. For instance, a study of five years of devolution in Philippines revealed problems of understaffing, unmaintained infrastructure, unrepaired and un-replaced equipment. A lot of resources were used on staffing and less on other resources necessary to deliver the services to the people. Additionally the study in Philippines showed inequitable distribution of resources with cities receiving 3.5 times more than the provinces. This has resulted in many local government units being unable to finance the health services that they were required to provide (KPMG, 2013).

Like in the Philippines, Odandi (2014) suggest that health care provision within the devolved system of government has come up against several obstacles in Kenya. Key among these being the challenge posed by uneven inter-county levels of development, unequal distribution of resources for health especially the distribution of health facilities, human resources, and poorly developed communication infrastructure. Also unevenly distributed across the country are poverty levels, the effect of which is to make health services largely inaccessible to a large chunk of the population that cannot afford the high out-of-pocket expenditures. Some counties starting at a relative disadvantage will take time to build up their capacity and ability to manage these facilities (Wamiti, 2013).

The background has shown that despite the enormous public finances spend in training of healthcare workers in Kenya, emigration of these workers continues to increase. These revelations prompted the researcher to empirically investigate the role of HR practices such as compensation, career management, working environment, work-life balance and on the retention of healthcare professionals within the County referral hospital in Siaya.

Statement of the Problem

One of the major challenges facing health systems in sub-Saharan Africa is the international migration of health staff (Mafana et al., 2009). The increasing movement of staff has thus become a problem which is worth consideration because turnover effects can have direct and indirect costs and loss of capital, repetitive recruitment, selection and training of new employees and also product or service quality problems (Dess et al., 2001).

It is acknowledged that health workers are vitally important for the effective functioning of healthcare systems (Ndetei et al, 2008). Paradoxically, recent studies suggest that health care is a sector highly affected by turnover, yet few offer empirically derived solutions to the challenge. In particular, little has been done to fill the contextual, empirical, methodological and conceptual gaps in our knowledge of the kink between HRM practices, cited to influence retention, in the context of devolved county governments.

This comes as a surprise, given that County governments have so far been tasked with managing health care provision for the last half a decade. It is not clear whether, within County referral hospitals, the efforts by the County health departments are played a role in addressing the challenges of voluntary attrition, witnessed in the pre devolution era. Recent empirical studies show that Kenya’s health system faces a variety of human resource problems, primarily an overall lack of personnel in key areas, which is
worsened by high numbers of trained personnel leaving the health sector to work overseas (Dambisya, 2007).

Indeed studies show that Kenya loses on average 20 medical doctors each month through either brain drain or brain waste (Ndetei et al, 2008). Furthermore, those personnel who remain are inequitably distributed between urban and rural areas. Unfortunately, few empirical studies conceptualize the turnover problem, within devolved county governments, as a function of HRM practices. If the current trend of poaching of scarce human resources for health from Kenya continues, then it is not clear whether county referral hospitals will live to their mandate. Siaya County Government in its 2013 integrated strategic plan commits itself to live up to the vision 2030 expectations of providing equitable and affordable health care at the highest affordable standard to her citizens.

Despite the responsibilities that are implicit in being a referral hospital, the Doctor to Population Ratio is at 1:62,325 which is far below prescribed WHO ratio of 1:435, while the Infant Mortality Rates and Under Five Mortality Rates are 27/1000 and 38/1000 respectively; both of which are high when compared against 25/1,000, and 33/1,000 targeted in the vision 2030. These statistics suggest the need for strategies to enable Siaya county government retain and attract more health care workers to actualize its 2017 health care delivery.

According to Ministry of Health Staffing trends 2005 -2009, the rate of recruitment stood at 1,678 for medical officers, 845 clinical officers, 2,406 enrolled nurses, 1,101 nursing officers and 381 laboratory technologists while the number that exited during the same period stood at 972 medical officers, 356 clinical officers, 1,964 enrolled nurses, 461 nursing officers and 185 medical laboratory technologists. Notably, more than 50% of medical officers and an alarming 81% of nurses left the health workforce. Laboratory technologists and technicians had 49% turnover. Turnover includes normal attrition, resignation and internal and external migration(MOH staffing trends 2005-2009).

With devolution of health services to the counties in January 2014, a lot of internal and external migration of heath care workers has been reported. Statistics obtained from the Integrated Human Resource Management System (IHRIS) in the forty seven counties of Kenya indicates that in 2016 alone, Garissa county recorded the highest loss of health care workers at 270 representing 70% turnover compared to Bomet, Turkana and Baringo which recorded 66%, 60 % and 54% health care workers turnover respectively. Other counties except Siaya County recorded an average health care turnover of 17% with Siaya County recording attritions of 270 health personnel which represents 25% turnover against the national public health sector average of 16% (www.ihris.or.ke).

Without investigating the link between its HRM practices and retention in its referral hospital, the county risks to miss its strategic health care provision goals. The county hopes to be able to reduce its current high maternal mortality rate 147 per 1000, high infant mortality rate 80 per 1000, high under five infant mortality rate 52 per 1000, low Immunization rate- 54.3% and low Safe delivery 30.5%, to desirable levels (Siaya Strategic Plan, 2012). Theoretical and empirical studies suggest that HRM push and pull factors affecting retention include compensation (Dockel, 2003), career management (Mello, 2009), work-life balance (Kar and Misra, 2013), and work environment (Winterton, 2011). However, studies investigating the likely link between
these HRM practices and employee retention have been conducted in different sectors or country contexts. These include studies in other countries like Pakistan (Rehman, 2012), India (Mathur, Chhitorgarh, & Agarwal, 2013) and UnitedArabs Emirates, (Alnaqbi, 2011). In Kenya, studies by Bula, (2012); Machayo & Keramo (2013) and Kiambati, Kiio & Toweet (2013) have focused on other sectors. The exception is the work by Koigi & Waiganjo (2015), in Nyeri County, which regarded career development and work-life balance as the only antecedents of employee retention in county referral hospitals.

Thus a need exists for an empirical study that fills the above contextual, conceptual and methodological gaps on the link between HRM practices and retention of health care workers, in Kenya. The current study fills these research gaps by focusing on the link between the HRM practices, cited as important in retention management, on the retention of health care workers in Siaya county referral hospital. The key question addressed in this study is: What is the influence of HRM practices on retention of health care workers in County referral hospitals in Kenya?

**General Objective**

The general objective of the study was to investigate the influence of human resource management practices on retention of staff in county referral hospitals in Kenya.

**Specific Objectives**

1. To establish the influence of remuneration on the retention of health care workers in Siaya county referral hospital, Kenya.
2. To analyze the influence of career advancement on the retention of health care workers in Siaya county referral hospital, Kenya.
3. To establish the influence of work condition on the retention of health care workers in Siaya county referral hospital, Kenya.
4. To investigate the role of work life balance on the retention of health care workers in Siaya county referral hospital, Kenya.

**Theoretical Review**

**Herzberg’s Two Factor Theory**

Herzberg (1969) two factor theory posits that employees are motivated by internal values rather than values that are external to the work. In other words, motivation is internally generated and is propelled by variables that are intrinsic to the work, such as achievement, recognition, the work itself, responsibility, advancement, and growth. Conversely, certain factors cause dissatisfying experiences to employees; these factors largely results from non-job related variables and are extrinsic to the job.

Also known as hygiene factors, although do not motivate employees, they must be present in the workplace to make employees happy. Dissatisfies are company policies, salary, co-worker relationships, and supervisory styles (2005, Armstrong, 2009). Herzberg (1959) argued further that, eliminating the causes of dissatisfaction (through hygiene factors) would not result in a state of satisfaction; instead, it would result in a neutral state.

Motivation would only occur as a result of the use of intrinsic factors. This theory is relevant to the current study since it focuses on the effect of work environment management practices as well as life balance practices on retention.

Previous studies such as Meudell and Rodham, (1998) and Maertz and Griffeth, (2004) have however revealed that extrinsic factors such as competitive salary, good
interpersonal relationships, friendly working environment, and job security were cited by employees as key motivational variables that influenced their retention in the organization.

**Victor Vroom’s Expectancy Theory**

Victor Vroom’s expectancy theory (1961) It argues that the strength of a tendency to act in a certain way depends on the strength of an expectation that the act will be followed by a given outcome and on the attractiveness of the outcome to the individual. It includes three variables namely, attractiveness, performance-reward linkage and effort-performance linkage. This theory thus emphasizes on payoffs, or rewards. As employees have to believe that the rewards the organization is offering align with their wants. It is a theory based on self-interest, that is, each individual seeks to maximize his or her expected satisfaction.

Therefore according to the theory, how motivated an employee is depends on the link between effort and performance; the link between performance and outcome and the link between outcome and individual needs. Since the major concern here therefore is the attractiveness of the reward; there is need for knowledge and understanding of what value the individuals put on organizational payoffs so that employees can be rewarded with the things they positively value. Thus it is a relevant theory from an compensation management point of view and can provide a suitable lens from which to understand the rewards that will make health care professionals to stay at a facility.

The theory has found relevance in several studies research on retention of employees. As Daly and Dee (2006) observe, the notion that people join organization with expectations and if these expectations are met they will remain members of the organization. Johnsrud and Rosser,(2002), Zhou and Volkwein,(2004), Daly and Dee,(2006) employ a model of employees intent to stay that is grounded on expectancy theory which includes structural, environmental and psychological variables.

Structural variables included work environment, autonomy, communication, distributive justice and workload. Psychological variables include job satisfaction, organizational satisfaction and organizational commitment while the environmental variables include availability of job opportunities. The study concludes that if these are aligned to employee’s expectations, then the employee develops loyalty and commitment to the organization and tends to stick with it.

**Stacey Adam’s Equity Theory**

Stacey Adam’s Equity theory is based on the premise that people want to be treated fairly at work. The theory asserts that employees level of motivation is dependent on the perception of whether they are being fairly treated for tasks related efforts, when compared with others employees. According to the theory an individual’s motivation level is correlated to his or her perception of equity, fairness and justice as practiced by the management.

Robbins and Decenzo (2012) and Gupta (2011) assert that equity exists if the employee’s input-output ratio is comparable to that of other peers in the professional network. However, if their ratios are lower than others inequity is perceived, the employees become dissatisfied and would be motivated to seek ways to attain equity.

Stacey Adam’s Equity Theory is relevant in understanding what may influence an employee to leave or stay in that they keep comparing what employees earn in other comparable organization in order to realize a balanced state of the of the input-outcome ratios. This in turn contributes to labour mobility inside and outside the
organization.

Conceptual Framework

Figure 1: Conceptual work

- **Remuneration**
  - Allowances, salaries, overtime, pay, pay programmes, incentives

- **Career advancement**
  - T&D, position movement, mentoring, study leaves, career progression, scholarships, and networks

- **Work conditions**
  - Office space and equipment, protective materials, ventilation and lighting, interaction.

- **Work-life balance**
  - Flexi schedules, telecommuting, leaves, shift schedules, baby care centers, company sponsored family events.

**Independent variables**

**Dependent variable**

- **Staff retention**
  - Intent to continue working, loyalty, commitment, length of service

Empirical review

Irshad and Afridi (2012) argue that employee retention is the most imperative target for the organization because a huge amount is spent on the orientation and training of potential employees. When employees leave the job, organizations also lose customers and clients who were loyal to the employee, knowledgeable of current projects, competitors and history of the organization (Naseem et al., 2011).

Cappelli (2000) indicate that several factors are considered important in a well-functioning of employee retention. The determinants considered to have a direct effect are career opportunities, work environment and work-life balance. Cole (2000) suggests that the reasons
Attractive remuneration packages are one of the very important factors of retention because it fulfils the financial and material desires (Shoab et al, 2009). How much we are paid and in what form is an issue that matters hugely to us (Torrington, Hall, Taylor and Atkinson, 2011). Mello (2009) concurs when he asserts that compensation, a key strategic area for organizations impacts an employer's ability to attract applicants, retain employees, and ensure optimal levels of performance from the employees in meeting the organizations strategic objectives.

Career management practices involves creating opportunities for promotion within an organization and providing opportunity for training and skill development that allows employees to improve their employability on the internal and the external labour market (Meyer & Smith, 2003). The challenge of the HR professionals is to identify and develop the career management practices which would improve the commitment of employees as they would feel valued; helping the organizations to retain the employees as they would be motivated to work hard and enthusiastically (Hassan et al, 2013).

Hytter (2008) asserts that in industrial perspective, work environment focuses on physical aspects such as, heavy lifts, noise and exposure to toxic substances. However characteristics of work environment vary in services sector as compared to production sector because it has to interact with the clients/consumers (Normann, 1986). Irshid and Afrid (2012) conquer with this when they note that the interaction between employees and clients or customers move from physical to psychological dimension. They assert that the physiological environment consists of workload, decision, support, stressors, and attitude among others. Working environment that is comfortable, relatively low in physical and psychological stress and facilities attainment of work goals will tend to produce high levels of satisfaction. among Work environment management practices promotes the efficient performance of job and touches on aspects such as space, tools and equipment, hours of work, internal customer support from the administration departments, nature and tenure of contract, safety in the workplace, and requisite support from supervisors (Bushe,2012). Workspace designs have a profound impact on workers and they tend to live with job as long as satisfied (Brill, Weidemann, Olsen, Keable & Bosti, 2001).

Work–life balance refers to perceiving a satisfactory balance between one’s personal life and work schedule, and minimal conflict between the multiple roles one has to fulfill in terms of one’s personal and work lives (Döckel, 2003).According to Munsamy and Bosch-Venter (2009) work–life balance management practices aim at flexible and stress-free work environment that provides for childcare facilities and access to families. At this cross road organizational culture plays a crucial role to support the employees; high culture has a mediating effect to link the Work Life Policies and practices with talent retention (Kar and Misra, 2013).

The reviewed literature identified several theories such as Herzberg theory, Victor Vroom's Expectancy theory and equity on which the study is successfully anchored. Various empirical studies reviewed have to a great extend assisted in bringing a better understanding of the role of remuneration, career advancement, work condition and work–life balance management practices on staff on retention in organizations. The literature reviewed on retention has also indicated that besides the HRM practices being investigated in the study, there are other practices that also influence retention and therefore may influence employees’ intent to stay. However the tendency to be retained may not only be due to HRM practices. Employees may stay due to external factors such
as job unemployment, financial demands and job security among others.

**Research Methodology**

In this study, the researcher adopted a survey research design to investigate the influence of human resource management practices on the retention of health care workers in County referral hospitals in Kenya. In this study, questionnaires with closed ended questions were used to establish the relationship between remuneration, work conditions, career management and work-life balance practices and employee retention. The closed-ended questions generated quantitative data that provided a basis for aggregating responses from all the respondents and computing descriptive statistics for descriptive and inferential analysis.

The researcher also used the least square method (Kothari, 2006) through the SPSS tool to determine the coefficients of the multiple linear regression model below to establish the estimated/sample regression model.

\[
Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e
\]

Where: \(Y_i\) is the dependent variable retention

\(\beta_0, \beta_1, \beta_2, \beta_3\) and \(\beta_4\) are coefficients of the model

\(X_1\) is compensation management practices

\(X_2\) is career management practices

\(X_3\) is work environment management practices

\(X_4\) is work-life balance management practices and

\(e\) is error term representing omitted variables

**Target Population**

A target population consists of all members of a real or hypothetical set of subjects, people or events in which a researcher wishes to generalize the results of a study (Sommer & Sommer, 1997). In the current study this consisted of all the health care workers at Siaya County Referral hospital, as per the establishment for the department of Health, in the county government of Siaya. The population of interest consisted of the various categories of professional health care workers at the County referral hospital. Table 3.1 shows the set of key target population from which perceptions of the effect of the HRM practices on retention was obtained.

**Table 1. Target population**

<table>
<thead>
<tr>
<th>Category of key health care workers</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical officers</td>
<td>30</td>
</tr>
<tr>
<td>Dentists</td>
<td>17</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>50</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>15</td>
</tr>
<tr>
<td>Nurses</td>
<td>121</td>
</tr>
<tr>
<td>Rehabilitative staff</td>
<td>34</td>
</tr>
<tr>
<td>Laboratory technologists</td>
<td>22</td>
</tr>
<tr>
<td>Radiographers</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>301</strong></td>
</tr>
</tbody>
</table>
Source: Siaya County Referral Hospital 2017

Table 1 incorporates medical officers, dentists and clinical officers were targeted because they are responsible for being in-charge of facility, diagnosis and prescriptions of the appropriate medical care. The nurses were targeted because they administer the medical care including drugs to patients as prescribed by the doctors and clinical officers. The radiologists and laboratory technicians were targeted because they assist the doctors and clinical officers by carrying out tests to assist in diagnosis of patients’ problems.

The pharmacists were targeted because they dispense drugs to the patients as prescribed by the doctors and the clinical officers. Dispensing the wrong drug or wrong dosage can adversely affect the efficiency and effectiveness of the health care services. All these health care professionals were targeted because of their role in the provision of health care hence the loss of any has a very significant effect in provision of primary and referral health care. The key health care workers identified above were targeted because they are at the frontline in delivering primary health care and forms the critical numbers needed for effective service delivery. They are also the categories most affected by attritions resulting from resignations and transfers (www.ihris.or.ke)

Sample frame and sample size

Sampling frame is the actual set of units from which a sample has been drawn (Mugenda & Mugenda, 2003). It is a list of items where a representative sample is drawn for the purposes of research (Sekem, 2003). The sample will be drawn from the eight main strata consisting of the professional health care workers deployed at the Siaya county referral hospital. Mugenda and Mugenda (2003) argue that a sample of 30 elements can be taken as a representative sample of the population of the study. The researcher worked out a sample size of 91 from the total population of 301 as shown in table 3.2 below

Table 2: Sample Size

<table>
<thead>
<tr>
<th>Strata</th>
<th>Target population</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical officers</td>
<td>30</td>
<td>09</td>
</tr>
<tr>
<td>Dentists</td>
<td>17</td>
<td>05</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>15</td>
<td>05</td>
</tr>
<tr>
<td>Nurses</td>
<td>121</td>
<td>37</td>
</tr>
<tr>
<td>Rehabilitative staff</td>
<td>34</td>
<td>10</td>
</tr>
<tr>
<td>Laboratory technologists</td>
<td>22</td>
<td>06</td>
</tr>
<tr>
<td>Radiographers</td>
<td>12</td>
<td>04</td>
</tr>
<tr>
<td>Total</td>
<td>301</td>
<td>91</td>
</tr>
</tbody>
</table>

Source: Siaya County Referral Hospital 2017

Data collection instruments

A questionnaire as a series of questions on a topic about which respondents’ opinions are sought (Sommer & Sommer (1997). Mugenda (2003) explains that a questionnaire is appropriate where a researcher desires to ask the same question to all
individuals in the sample. In this study, the researcher used structured questionnaires with closed ended questions. The questionnaires were self-administered questionnaires in which the respondents filled on their own since they were all literate.

Data Collection
The investigator chose to use the questionnaire on most of the respondents because it is economical to administer in terms of time and cost to a large number of respondents. Further, it ensured anonymity hence respondents can respond genuinely without fear of identification. Finally, the questions are on paper and are standardized hence no opportunity for the researcher to be biased. The questionnaire sought demographic information of the respondents and to measure the role of the selected human resource management practices on the retention of staff. A five-point Likert scale anchored by strongly disagrees and strongly agrees to measure the perceived role of the human resource management practices on retention of staff in the health care facilities. Except for the demographics all the items required the respondent to agree to statements on a five point Likert scale where 1 = strongly agree, 2 = agree, 3 = neither agree nor disagree, 4 = disagree and 5 = strongly disagree.

To collect data the researcher obtained an approval vide a letter of introduction was obtained from the Director JKFAT Kisumu CBD campus. This made it easy to seek authority from the Chief Officer of Health, Siaya County to carry out a research in the County referral Hospital. The relevant permission enabled the researcher to visit the officers in in charge of each of the departments at the County referral hospital. The researcher then visited the county referral hospital and with the help of the medical officer in charge, use the snowball technique to identify and seek consent of health care workers, from each of the strata, to whom the questionnaire would be administered. The researcher then administered the questionnaires to the sampled staff with the assistant of those in charge of various sections at the County Referral Hospital. Finally, the researcher collected the questionnaires after one week from respondents. To facilitate the collection of instruments a diary of the number of instruments dropped and the phone numbers of the respondents were noted for later communication.

Reliability and Validity
In this study, reliability of the questionnaires were assessed through use of Cronbach’s Alpha. This is a technique of estimating reliability that does not require either splitting of a scale or the subjects retaking the test for a given construct hence eliminating the challenges inherent in split-half and the test-retest techniques (Mugenda, 2011). It has, been suggested that a reliability level of 0.70 is enough on predictor tests or hypothesized measures of a construct. (Ehlers, 2000). Indeed, it is recommended that, a minimum of 0.70 for exploratory work and a standard 0.90 for advanced practice should be applied. However, Cooper and Schindler (2003) argued that a Cronbach’s alpha value of above 0.50 is regarded as an indication of reliability. Similarly, Muathe (2010) used a similar threshold. In this study, 0.50 was used to indicate reliability of the research instruments and the results for all the items are summarized in Table 3

Table 3 Test of Reliability of the Research Instrument
<table>
<thead>
<tr>
<th>Questionnaire Section</th>
<th>No of items</th>
<th>Alpha Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>11</td>
<td>.964</td>
<td>reliable</td>
</tr>
<tr>
<td>Career advancement</td>
<td>7</td>
<td>.957</td>
<td>reliable</td>
</tr>
<tr>
<td>Work conditions</td>
<td>7</td>
<td>.963</td>
<td>reliable</td>
</tr>
<tr>
<td>Work life balance</td>
<td>11</td>
<td>.948</td>
<td>reliable</td>
</tr>
<tr>
<td>Retention of Employees</td>
<td>13</td>
<td>.763</td>
<td>reliable</td>
</tr>
<tr>
<td>All Items</td>
<td>85</td>
<td>.970</td>
<td>reliable</td>
</tr>
</tbody>
</table>

Results presented in table 3 indicate that all the variables attained the acceptable and recommended level of alpha 0.50.

In addition to reliability the researcher also focused on making the instruments valid. Validity is the degree to which the instrument measures what it purports to measure and consequently permits appropriate interpretation of scores (Nachmias and Nachmias, 2008). It is the accuracy, truthfulness and meaningfulness of inferences that are based on the data obtained from the use of a tool or a scale for each construct or variable in the study (Mugenda, 2011). An instrument is valid if it measures what it is intended to measure and accurately achieves the purpose for which it was designed (Patten, 2004; Wallen & Fraenkel, 2001). According to Patten (2004) content validity is determined by judgments on the appropriateness of the instrument’s content.

According to Patten (2004) three principles to improve content validity are use of a broad sample of content rather than a narrow one, emphasize important material, and write questions to measure the appropriate skill. These three principals were addressed when writing the survey items. Additionally the supervisors who are experts went through the instrument to check the content coverage and clarity of the questions on the issues that were to be investigated.

**Operationalization and Measurement of Variables**

Retention was measured through the employee’s expression of intent to continue working for the organization, satisfaction with their jobs and also through their loyalty and commitment to the organization. Compensation was measured in terms of statement capturing agreement with statements on provision of equitable and satisfactory salaries and allowances including risk allowances, strenuous allowances, housing allowances, overtime pay, pension schemes, benefits like car loans, mortgages and any other payable allowances. Existence of Payment programmes such as base pay, competency pay, and pay for performance.

Career advancement here refers to opportunities to develop or grow in one's career and was measured through assessment of availability of training and development opportunities, position movement, mentoring programmes, succession management programmes, study leaves, scholarships, clear progression scheme of service, policy on career progression, full or partial tuition fee payment and existence of formal and informal networks.

Working conditions here refers to the location where tasks are completed and was measured in reference to physical aspects such as geographical location, office space and furnishings, equipment, protective materials, dust, noise, ventilation, lighting among others. It also items on the psychological aspects such as social interactions at the work place including interaction with peers, subordinates and managers.
Lastly work-life balance management practices were measured through statements on efforts to enable employees to spend their time and efforts between work and other important aspects of their lives. It was measured through the existence of policies, procedures, and actions enabling employees to pursue more balanced lives like flexible schedules, paid time off, responsible time and communication, expectations, and company-sponsored family events and expectations.

**RESULTS**

**Response Rate**

The sample for the study comprised of a total of 91 employees drawn from the professional health care workers at the County referral hospital in Siaya. A total of 91 questionnaires were distributed to employees selected for the study out of which 74 questionnaires were duly filled and returned from the health care workers. This represented an overall success response rate of 81%. The rest (19%) consisted of questionnaires that were never returned. This rate is favorable compared to what is acceptable when self-administered questionnaires are used and in cross-sectional surveys. Wimmer and Dominick (2006) opines that for self-administered questionnaires a response rate of 21%–70% can guarantee accuracy and guard against bias. In cross-sectional survey design studies, conducted at the individual level, the expected response rate is 50% (Rogelberg and Stanton, 2007). For studies at the organizational level, a rate of between 35–40% is appropriate.

Thus, the response rate of 81% in figure 2 is considered appropriate as it will ensure accuracy and bias and hence was appropriate for this study.

**Figure 2: Response rate**

Further, it is suggested that 80% is an excellent rate for quantitative research in Social Sciences (Gall, Borg, and Gall, 1996). Mangione (1995) concurs adding that a response rate of over 85% is considered excellent for self-filled questionnaires.
Internal consistency of the research instrument was measured using Cronbach’s Alpha. Cronbach’s Alpha is the reliability coefficient that indicates how the items in a set are positively correlated to one another (Sekaran, 2003). It has, been suggested that a reliability level of 0.70 is enough on predictor tests or hypothesized measures of a construct. (Ehlers, 2000). Indeed, it is recommended that, a minimum of 0.70 for exploratory work and a standard 0.90 for advanced practice should be applied.

Respondents Characteristics

Figure 3: Respondents Gender

Data in Figure 3 shows that 66% of the respondents were female while 34% were males. This shows that there are more female employees in the County referral hospital than males. The staff mix however shows that gender distribution in the County referral hospital complies with the requirements of Kenya constitution (2010) which requires that no one gender should take up more than two thirds of employment positions in public institutions.

Figure 4: Level of Education
Figure 4 above shows that of all the 74 respondents 1 representing 0.4% held a master’s degree, 12.2% had a bachelor’s degree, and 24.3% were certificate holders while the majority representing 62.2% had diploma qualifications in their respective areas of specialization. This results indicate that only a few of the health care staff with high academic qualification, as only 13.6% had a bachelors and masters qualification, tend to stay in the service.

This observation could be due to the fact that those who attain higher qualification tend to leave and join private practice as consultants while high qualification also increases their employability in Non-Governmental Organizations (NGO) and also private health care facilities that have better compensation and other terms of service.

Table 4: Designation of Respondents

<table>
<thead>
<tr>
<th>Designation</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical officer</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Dentist</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Officer</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Nurse</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>Rehabilitative staff</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Laboratory Technologist</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Radiographer</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4 shows majority of employees were nurses, representing 24% of professional health care workers, at the County referral hospital. Further, 15% were Clinical officers, with only 3% being rehabilitative staff.

Descriptive Analysis of the role of HRM practices on Retention
The results on responses on the influence of HRM practices embraced by the County Government of Siaya on retention of health care workers are presented in this section. A five point Likert scale in which 1 represented strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree was adopted. Mean and standard deviations were then computed for the four HRM practices and presented in the tables below.

### Table 5: Influence of Remuneration on Retention of Health Care workers

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits provided are adequate</td>
<td>3.70</td>
<td>1.057</td>
</tr>
<tr>
<td>There are periodic salary reviews</td>
<td>3.66</td>
<td>1.268</td>
</tr>
<tr>
<td>Salaries and benefits are paid promptly</td>
<td>3.61</td>
<td>1.210</td>
</tr>
<tr>
<td>Staff are provided with incentives</td>
<td>3.51</td>
<td>1.252</td>
</tr>
<tr>
<td>Competitive, fair and equitable pay system provided</td>
<td>3.46</td>
<td>1.377</td>
</tr>
<tr>
<td>Salaries and benefit policy is fairly and equitably administered</td>
<td>3.11</td>
<td>1.400</td>
</tr>
<tr>
<td>Employee are entitled to benefits such as car loans</td>
<td>3.10</td>
<td>1.330</td>
</tr>
<tr>
<td>The hospital has adopted a competency based pay strategy</td>
<td>3.08</td>
<td>1.236</td>
</tr>
<tr>
<td>Implementation of performance related pay strategy</td>
<td>2.85</td>
<td>1.487</td>
</tr>
<tr>
<td><strong>Aggregate score</strong></td>
<td><strong>3.39</strong></td>
<td><strong>1.291</strong></td>
</tr>
</tbody>
</table>

Table 5 above shows that the overall aggregate mean score is 3.39 with a standard deviation of 1.291. This means that respondents somewhat agreed that recruitment practices led to retention. The statement that retention is enhanced because salaries and benefits provided are adequate had the highest mean score of 3.70 while the standard deviation stood at 1.057. The statement that retention is enhanced because of the implementation of performance related pay strategy had the lowest mean score of 2.85 and a standard deviation of 1.487. The importance of providing adequate salaries and benefits confirms previous findings by Shoab et. al., (2009). Tettey (2006) found that dissatisfaction with salaries is a key factors undermining the commitment of employees to their institutions and careers, and intent to leave.

The results indicate that despite the high value attached to rewards, the salaries and allowances provided were inadequate (mean =3.70), were not reviewed regularly (3.66), they were not paid promptly (mean =3.61) and that the salary and benefits policy was unfair and not administered equitably (mean = 3.11). Additionally the salaries and benefits systems and policies were unfair and inequitable (mean =3.46) while benefits such as car loans (mean = 3.10) were not provided. Excellence/ competence and performance was not recognized and rewarded.

### Table 6: Influence of Career advancement on Retention of Health care workers
<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive progression scheme of service exists</td>
<td>4.27</td>
<td>0.865</td>
</tr>
<tr>
<td>Criteria for promotion and career progression</td>
<td>3.99</td>
<td>1.053</td>
</tr>
<tr>
<td>Employee promotion is equitable among all the employee</td>
<td>3.77</td>
<td>1.222</td>
</tr>
<tr>
<td>Wide career expectations advancement opportunities</td>
<td>3.28</td>
<td>1.309</td>
</tr>
<tr>
<td>Opportunities to grow internally in the institutions</td>
<td>3.20</td>
<td>1.227</td>
</tr>
<tr>
<td>Internal promotion is encouraged</td>
<td>3.19</td>
<td>1.228</td>
</tr>
<tr>
<td>Promotions in the health facilities are based on merit</td>
<td>3.17</td>
<td>1.210</td>
</tr>
<tr>
<td>Position movement enhances learning and retention</td>
<td>3.15</td>
<td>1.242</td>
</tr>
<tr>
<td>Training opportunities enhancing employability</td>
<td>3.10</td>
<td>1.337</td>
</tr>
<tr>
<td>Training opportunities are fairly distributed</td>
<td>3.00</td>
<td>1.200</td>
</tr>
<tr>
<td>Tuition payment (reimbursement is done)</td>
<td>2.00</td>
<td>1.430</td>
</tr>
<tr>
<td>There are provision of scholarships</td>
<td>1.9</td>
<td>1.236</td>
</tr>
<tr>
<td>Mentoring is embraced as a career strategy</td>
<td>1.8</td>
<td>1.307</td>
</tr>
<tr>
<td>Formal and informal networks are embraced</td>
<td>1.5</td>
<td>1.281</td>
</tr>
<tr>
<td>Position movement is used for career progression</td>
<td>1.00</td>
<td>1.267</td>
</tr>
</tbody>
</table>

**Aggregate Score**  
<table>
<thead>
<tr>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.70</td>
<td>1.140</td>
</tr>
</tbody>
</table>

Data in Table 6 shows that the overall aggregate mean score is 3.70 with a standard deviation of 1.140. This means that respondents somewhat agreed that career advancement led to retention. The statement that retention is enhanced because salaries and benefits provided are adequate had the highest mean score of 3.70 while the standard deviation stood at 1.057. The statement that retention is enhanced because of the implementation of performance related pay strategy had the lowest mean score of 2.85 and a standard deviation of 1.487.

Further the table shows that respondents are not certain as to whether internal promotions were encouraged (mean = 3.19) and that position movement was used as a career advancement strategy (mean = 1.00). Further, respondents are not decided on whether tuition fees was reimbursed (mean = 2.0), formal and informal network strategies were embraced for career management (mean = 1.5) and that scholarships were provided (mean = 1.9).

The above responses from the respondents show that despite the high value attached to career advancement, the career advancement practices were not good, opportunities were not equitably provided in the form of sponsorship or tuition reimbursements. Even cheaper practices such as position movement and internal promotion to facilitate career management were not in place.
Table 7: Influence of Work conditions on Retention of health care workers

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are sufficient working tools</td>
<td>4.01</td>
<td>.865</td>
</tr>
<tr>
<td>Working tools are provided as and when needed</td>
<td>4.00</td>
<td>1.023</td>
</tr>
<tr>
<td>Office space is sufficient</td>
<td>3.97</td>
<td>1.212</td>
</tr>
<tr>
<td>Offices are well furnished</td>
<td>3.18</td>
<td>1.109</td>
</tr>
<tr>
<td>offices and working rooms are well ventilated</td>
<td>3.22</td>
<td>1.222</td>
</tr>
<tr>
<td>Offices and rooms are well lit</td>
<td>3.21</td>
<td>1.223</td>
</tr>
<tr>
<td>Working area is free of pollution of noise and dust</td>
<td>3.16</td>
<td>1.220</td>
</tr>
<tr>
<td>Protective gear is provided where necessary</td>
<td>3.14</td>
<td>1.123</td>
</tr>
<tr>
<td>Risk allowance is sufficient</td>
<td>3.10</td>
<td>1.114</td>
</tr>
<tr>
<td>Workload is manageable</td>
<td>2.22</td>
<td>1.115</td>
</tr>
<tr>
<td><strong>Aggregate Score</strong></td>
<td><strong>3.29</strong></td>
<td><strong>1.212</strong></td>
</tr>
</tbody>
</table>

Data in Table 7 shows that the overall aggregate mean score is 3.29 with a standard deviation of 1.212. This means that respondents somewhat agreed that work environment management practices led to retention. The statement that retention is enhanced because there are sufficient working tools had the highest mean score of 4.01 while the standard deviation stood at 0.865. The statement that retention is enhanced because workload is manageable had the lowest mean score of 2.22 and a standard deviation of 1.115.

Further the table shows that respondents are not certain as to whether office space is sufficient (mean = 3.97) and that Offices are well furnished (mean = 3.18). Further, respondents are not decided on whether offices and working rooms are well ventilated (mean = 3.22), formal and that risk allowance is sufficient (mean = 3.10). These responses and values signify dissatisfaction with the work environment management practices.

Table 8: Influence of Work life Balance on Retention

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual leave is given</td>
<td>4.45</td>
<td>1.104</td>
</tr>
<tr>
<td>Compassionate leave is granted.</td>
<td>4.01</td>
<td>1.119</td>
</tr>
<tr>
<td>Sabbatical leave is granted</td>
<td>3.59</td>
<td>1.021</td>
</tr>
<tr>
<td>Study leave is given to employees</td>
<td>3.43</td>
<td>1.003</td>
</tr>
<tr>
<td>Staffs are given their off days as required</td>
<td>3.45</td>
<td>1.110</td>
</tr>
<tr>
<td>Employees are given time away whenever they have issues to attend to</td>
<td>3.40</td>
<td>1.210</td>
</tr>
<tr>
<td>There is part time working</td>
<td>3.35</td>
<td>1.109</td>
</tr>
<tr>
<td>There is provision of onsite child care services</td>
<td>3.09</td>
<td>1.110</td>
</tr>
<tr>
<td>Work schedules are flexible</td>
<td>3.00</td>
<td>1.210</td>
</tr>
<tr>
<td>Provision of social and family events</td>
<td>2.91</td>
<td>1.115</td>
</tr>
<tr>
<td>There are gym and mental relaxation programmes</td>
<td>2.00</td>
<td>1.116</td>
</tr>
<tr>
<td>There are provisions for children education schemes</td>
<td>1.21</td>
<td>.989</td>
</tr>
<tr>
<td>Health insurance for self and dependents</td>
<td>1.11</td>
<td>.897</td>
</tr>
<tr>
<td><strong>Aggregate Score</strong></td>
<td><strong>3.00</strong></td>
<td><strong>1.1086</strong></td>
</tr>
</tbody>
</table>
Data in Table 8 shows that the overall aggregate mean score is 3.00 with a standard deviation of 1.1086. This means that respondents somewhat agreed that work-life balance management practices led to retention. The statement that retention is enhanced because annual leave is given had the highest mean score of 4.45 while the standard deviation stood at 1.104. The statement that retention is enhanced because Health insurance for self and dependents had the lowest mean score of 1.11 and a standard deviation of 0.897. Further, the table shows that respondents strongly disagreed that retention was enhanced because of children’s education schemes (mean = 1.21) or Health insurance for self and dependents (mean = 1.11).

Employee Commitment and Tendency to Stay

The researcher sought to find out the respondent’s tendency to be retained by posing questions on the respondents’ levels of commitment to their organizations and intentions to stay. The respondents were requested to react to various statements on levels of commitment and intent to stay by ticking whichever was applicable. A five-point Likert scale in which 1 represented strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree was adopted. Mean and standard deviations were then computed for to capture retention presented in Table 9.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having no sense of belonging to their hospital</td>
<td>4.45</td>
<td>0.980</td>
</tr>
<tr>
<td>Hospitals policies on employees</td>
<td>4.01</td>
<td>1.009</td>
</tr>
<tr>
<td>Gain little by remaining in the hospital</td>
<td>2.02</td>
<td>1.001</td>
</tr>
<tr>
<td>Willingness to put in more effort to help the hospital to succeed</td>
<td>3.43</td>
<td>1.023</td>
</tr>
<tr>
<td>Being proud of being part of the hospital</td>
<td>3.45</td>
<td>1.100</td>
</tr>
<tr>
<td>Caring about the fate of the hospital</td>
<td>3.40</td>
<td>1.110</td>
</tr>
<tr>
<td>Being happy to spend their career at the hospital</td>
<td>1.02</td>
<td>1.102</td>
</tr>
<tr>
<td>Feel as if hospitals problem are theirs</td>
<td>1.09</td>
<td>1.231</td>
</tr>
<tr>
<td>Feel they could be easily attached to other hospitals</td>
<td>4.34</td>
<td>1.001</td>
</tr>
<tr>
<td>The hospital has a great deal of meaning to employees</td>
<td>1.29</td>
<td>1.115</td>
</tr>
</tbody>
</table>

| Aggregate Score | 2.85 | 1.067 |

Data in Table 9 shows that the overall aggregate mean score is 2.85 with a standard deviation of 1.067. This means that respondents are undecided on their commitment to the hospital and may not be intending to stay for the rest of their career. The statement that they have no sense of belonging to their hospital had the highest mean score of 4.45 while the standard deviation stood at 0.980.

The statement that they intended to stay as and were happy to spend their career at the hospital had the lowest mean score of 1.12 and a standard deviation of 1.102. Further, the table shows that respondents strongly disagreed that the hospital has a great deal of meaning to employees (mean = 1.29) or felt as if hospitals problem were theirs (mean = 1.09). These responses show that the staff are generally not committed to their organization.
Regression Analysis of the link between HRM practices and Retention

The literature suggested that remuneration, career advancement, work condition and work life balance management practices may influence employee retention. To test the assertions, four research questions were stated relating to the significance of the relationships within the context of County referral hospitals in Kenya. The statistical results of regression of each of the research questions at 95% confidence level are presented in tables below.

The Empirical Link between Remuneration and Retention

Table 10: ANOVA Results on Remuneration Retention link

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>387.383</td>
<td>1</td>
<td>387.383</td>
<td>9.847</td>
<td>.002b</td>
</tr>
<tr>
<td>Residual</td>
<td>8851.692</td>
<td>225</td>
<td>39.341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9239.075</td>
<td>226</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention
b. Predictors: (Constant), remuneration

In Table 10, the value of P (0.002) is less than the alpha value of (.05). It can be concluded that with the data obtained, there is evidence of significant relationship between remuneration and the retention of health care workers in Siaya County referral hospital (F= 9.847, df=1, and P<0.05). Thus remuneration play a significant role in the retention of health care staff in County referral hospitals in Kenya.

This finding supports the work by Bergiel et al. (2009) who found that there is a significant and positive relationship between compensation and job embeddedness. It also confirms findings by Ihsan and Naeem (2009), that rated pay and fringe benefits as the most important retention factor. It also confirms the findings by Shoab et al, (2009) that attractive compensation packages are one of the very important factors of retention because it fulfills the financial and material desires. Lastly the results also support the assertion by Tettey (2006) that dissatisfaction with salaries is one of the key factors undermining the commitment of employees to their institutions and careers, and consequently their decision to stay or intent to leave.

To test whether the relationship between retention and remuneration is linear, a regression analysis was run whose results are as shown in Table 11 below.

Table 11: Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.205a</td>
<td>.042</td>
<td>.038</td>
<td>6.272</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Remuneration

As evident in Table 4.9, the Karl Pearson product moment of coefficient of correlation r=0.205 is low and suggests a weak relationship. The adjusted r squared=0.038 indicates that only 3.8% of the change in retention can be explained by a change in the remuneration management practices. Other factors therefore account for the remaining percentage.
As shown in table 4.10 below, the beta $\beta = 0.194$ value is however significantly higher than $0$ hence the linear relationship holds with a model $R = 58.164 + 0.194R_w$

**Table 12: Coefficients**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (Constant)</td>
<td>Std. Error</td>
<td>Beta</td>
<td>17.377</td>
</tr>
<tr>
<td></td>
<td>Compensation</td>
<td>.194</td>
<td>.062</td>
<td>.205</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention

These findings indicate that although the relationship is weak, the remuneration practices cannot be ignored and should be improved to have a greater role in the retention of staff in County referral hospitals.

**The Empirical Link between Career advancement Practices and Retention**

**Table 13: ANOVA results on career advancement practices on retention link**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>586.818</td>
<td>1</td>
<td>586.818</td>
<td>15.260</td>
<td>.000b</td>
</tr>
<tr>
<td>Residual</td>
<td>8652.257</td>
<td>225</td>
<td>38.454</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9239.075</td>
<td>226</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention
b. Predictors: (Constant), Career advancement

From results in Table 13 since the value of $P (0.000)$ is less than alpha $(0.05)$, the researcher concluded that with the data obtained, there is a significant relationship between career advancement and retention.

Thus career management practices play a significant role in the retention of health care staff in public health care institutions in Siaya County. This finding support the work a research by Chay and Norman (2003) that investment in employee development can improve nurse’s role and dedication to the level that emotionally binds them to the organization and encourages them to stay on. The findings also provide empirical support to the contention by Armstrong (2009) that lack of clear career development is a major cause of poor employee retention.

A correlation analysis show a significant positive relationship between retention and career advancement practices ($r=0.245$, $\alpha =0.01$). A regression analysis was run to test whether the relationship between retention and compensation management practices is linear and results are as shown in table 14 below.
Table 14: Linear Regression Analysis Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.252 a</td>
<td>.064</td>
<td>.059</td>
<td>6.201</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Career Advancement

The Karl Pearson product moment of coefficient of correlation r=0.252 is low and suggests a weak relationship. The adjusted r squared=0.059 indicates that only 5.9 % of the change in retention can be explained by a change in the career advancement practices. Thus other factors could be accounting for the remaining 94.1%. As shown in Table 4.12 on the correlation coefficient below, the beta β=0.150 value is however significantly higher than 0 hence a simple linear regression relationship holds with a model; R= 59.661+0.150 CM.

Table 15: Coefficient

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>59.661</td>
<td>2.321</td>
<td>25.700</td>
<td>.000</td>
</tr>
<tr>
<td>Career Management</td>
<td>.150</td>
<td>0.038</td>
<td>0.252</td>
<td>3.906</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention

The results in Table 14 indicates that although there is a relationship it is weak hence the career management practices should be improved to have a greater role in the retention of staff in the County Referral Hospitals in Kenya.

The Empirical Link between Work condition and Retention

Table 16: ANOVA Results on link between Work condition and Retention of Health care workers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>635.236</td>
<td>1</td>
<td>635.236</td>
<td>16.612</td>
<td>.000</td>
</tr>
<tr>
<td>Residual</td>
<td>8603.839</td>
<td>225</td>
<td>38.239</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9239.075</td>
<td>226</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention
b. Predictors: (Constant), Work condition

The results in Table 4.14 shows that the value of P(0.000) is less than alpha (0.05). It can thus be concluded that with the data obtained there is significant relationship between work conditions and the retention of health care staff in Siaya County referral hospital (F = 16.612, df=1, and P<0.05). Thus work condition play a significant role in the
retention of health care workers in County Referral Hospitals in Kenya.

These findings support the research by the Society for Human Resource Management which demonstrated that physical work environment contributes to the decision to stay or leave the job (Sutherland & Jordaan, 2004). It lends empirical support Winterton’s (2011) assertion that the key to retaining employees is to create an environment employees choose to work in and will stay given the availability of other job opportunities.

A correlation analysis show no significant relationship between work condition and retention \( r=0.126 \), at either \( \alpha =0.01 \) or 0.5). The positive value of the correlation however show there exists a positive relationship at an alpha value higher than 0.05.

The simple regression analysis ran also gave a low Karl Pearson’s product moment coefficient \( r=0.262 \) which suggests a weak relationship. The adjusted \( r \) squared=0.065 value indicate that only 6.5% of the change in retention of staff in Referral Hospitals in Siaya County can be attributed to work condition. This analysis is presented in Table 17

**Table 17: Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.262(^a)</td>
<td>.069</td>
<td>.065</td>
<td>6.184</td>
</tr>
</tbody>
</table>

\( a. \) Predictors: (Constant), Work condition

However the beta \( \beta=0.203 \) value is significantly higher than 0 and hence a linear relationship \( R=54.069+0.203WE \). These values are as shown in Table 18

**Table 18: Regression Coefficients**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>(Constant)</td>
<td>59.069</td>
<td>3.585</td>
</tr>
<tr>
<td>Work Environment</td>
<td>.203</td>
<td>0.050</td>
</tr>
</tbody>
</table>

\( a. \) Dependent Variable: Retention

The findings imply that the work conditions are not good and a lot needs to be done to improve them so that the correlation coefficient improves.

**The Empirical Link between Work Life Balance and Retention**

**Table 19: ANOVA Results on Role of Work Life Balance on Retention of Health Care Staff**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>692.244</td>
<td>1</td>
<td>692.244</td>
<td>18.224</td>
<td>.000(^b)</td>
</tr>
</tbody>
</table>
Data in Table 19 shows that the value of P (0.00) is far much less than alpha (.05). It may thus be concluded that with the data obtained, there is evidence of significant relationship between work-life balance practices and the retention of health care workers in Siaya County in Kenya (F (18.224, df=1, and P<0.05). Thus work-life balance practices play a significant role in the retention of health care workers in public health care institutions in the county.

These observations are in line with the findings of Thompson and Prottas (2005) and Yanadoria and Katob (2010) who examined the relationship between employee turnover intention and organization support such as supervisor support, flex time, work family culture and co-worker support and concluded that organization support reduced the employee turnover intention.

A linear regression analysis shows that the relationship is very weak with Karl Pearson’s product moment coefficient of linear correlation \( r = 0.274 \) as shown in Table 4.16 below. The adjusted \( r^2 = 0.071 \) indicates that only 7.1% of the change in retention can be explained by change in work-life balance practices. Other factors therefore account for the rest of the retention.

**Table 20: Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.274*</td>
<td>.075</td>
<td>.071</td>
<td>6.163</td>
</tr>
</tbody>
</table>

* a. Predictors: (Constant), Work Life Balance

As shown on Table 20, testing the simple regression model \( R = \alpha + \beta WL \) where \( \alpha = 53.553 \) and \( \beta = 0.253 \) shows that the beta value is significantly higher than 0 and so the model holds hence \( R = 53.553 + 0.253 WL \).

**Table 21: Regression Coefficients**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>59.553</td>
<td>3.545</td>
<td>15.106</td>
<td>.000</td>
</tr>
<tr>
<td>Work Life Balance</td>
<td>.253</td>
<td>0.059</td>
<td>0.274</td>
<td>4.269</td>
</tr>
</tbody>
</table>

* a Dependent Variable: Retention

The findings in Table 21 indicate that although the work-life balance enhance retention, various parameters that enhance their attractiveness should be looked into to make them better so that the correlation coefficient can improve.
The combined influence of remuneration, career advancement, work condition and work life balance management practices on retention.

So far simple linear regression has been used to establish the link between the individual predictor variables and the response variable. Multiple regression was used to establish the extent to which the model $R = \beta_0 + \beta_1 R + \beta_2 CM + \beta_3 WE + \beta_4 WL$ fits the data from the survey at Siaya County referral hospital. Table 22 presents the test of goodness fit.

Table 22: Multiple Regression Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.349a</td>
<td>.122</td>
<td>.106</td>
<td>6.045</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Remuneration, Career advancement, Work condition and Work-life balance

The value of adjusted R squared is 0.106 implying that only 10.6% of the change in the level of retention in the Referral Hospitals in Siaya County can be explained by a change in the four variables pooled together. This shows that besides the four human resource management practices, there are other factors that play a significant role in the retention of health care workers in the health institutions.

The R value also shows that the model improved when more variables are incorporated when trying to analyze the factors that affect the retention of staff in Referral Hospitals in Kenya.

To establish the significance of the individual predictors, an ANOVA was carried out and results presented in Table 23

Table 23: ANOVA for the HRM Practices-Retention Link

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>1125.614</td>
<td>4</td>
<td>281.403</td>
<td>7.700</td>
<td>.000b</td>
</tr>
<tr>
<td>Residual</td>
<td>8113.461</td>
<td>222</td>
<td>36.547</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9239.075</td>
<td>226</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention
b. Predictors: (Constant), Work condition, remuneration, Work life balance, Career advancement

The ANOVA results show that P (0.000) is less than alpha (0.05). Thus the four variables play a significant role in the retention of health care staff in County Referral Hospital ($F=7.700$, df=4, and P<0.05), as indicated in Table 24.
Table 24: Multiple regression coefficients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>44.359</td>
<td>4.643</td>
<td>9.555</td>
<td></td>
</tr>
<tr>
<td>Work life balance</td>
<td>.136</td>
<td>.068</td>
<td>.147</td>
<td>1.985</td>
</tr>
<tr>
<td>Remuneration</td>
<td>.095</td>
<td>.065</td>
<td>.100</td>
<td>1.447</td>
</tr>
<tr>
<td>Career advancement</td>
<td>.061</td>
<td>.044</td>
<td>.103</td>
<td>1.385</td>
</tr>
<tr>
<td>Work conditions</td>
<td>.104</td>
<td>.056</td>
<td>.134</td>
<td>1.842</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Retention

From the regression coefficients in Table 24 we can write the model being:
Retention(R)= 44.359 + 0.095 Remuneration management (RM) + 0.061 Career advancement (CA) + 0.104 Work condition (WC) + 0.136 Work Life Balance .

Thus , R= 44.359+0.095RM +0.061CA+0.104WC+0.136WL

Table 24 further shows that the most important factor is work life balance, followed by work condition, then career advancement and finally remuneration. The beta values for these variables; 0.147, 0.134, 0.103 and 0.100 respectively indicate that the dependent variable retention would change by a corresponding number of standard deviations when the respective independent variables change by one standard deviation. The order of importance of the factors is similar to that suggested by the bivariate regression analysis using the zero order correlation coefficients as shown in Table 24 above

DISCUSSION

This study investigate the link between remuneration, career advancement, work condition and work-life balance practices and retention of staff in Siaya county referral hospital. Survey research design was employed and questionnaires were used to collect primary data. The target population was all technical staff in all health care workers in the county referral hospital and the respondents were medical officers, dentists, clinical officers, rehabilitative staff, nurses, pharmacists, radiographers and laboratory technologists who were selected through purposive and snowball random sampling. 91 questionnaires were distributed out of which 74 were duly filled and returned giving a response rate of about 81%. Majority of the health care workers were mostly females.

Remuneration and Retention

From the results there it was evident that there was a weak but statistically significant positive relationships between remuneration and retention of health care staff in Siaya County (F =9.847, df=1, and p<0.05). Thus remuneration plays critical role in employee retention. Majority of the respondents felt that remuneration affect staff motivation hence retention in organizations.
This is consistent with the findings of (Bergiel et al. 2009) who noted that research findings suggest that there is a significant and positive relationship between compensation and job embeddedness. However, despite the high value attached to compensation practices, most of the respondents were dissatisfied with the remuneration practices in place. Indeed majority said that benefits such as car allowances and group incentives were not provided while the salaries and benefits provided were inadequate and there weren’t periodic salary reviews. A great number also felt that the salary systems were uncompetitive, unfair and inequitable and that staff were not paid for their excellence. Additionally, performance related pay and competency based strategies were not embraced neither were salaries and benefits paid promptly.

These sentiments were confirmed by recent strikes by nurses from various counties including nurses from Siaya, Meru, Mombasa, and of late the national nurse’s strike in all the fourty seven counties and the national government hospitals. The reward practices in place had little though positive impact on the retention of staff in public health care institutions in the county as indicated by the low value of adjusted r squared of 0.038 meaning that only 3.8% of the change in retention can be explained by a unit change in the remunerative practices.

Career advancement and Retention

Most respondents felt that career advancement affect staff retention in the county referral hospital. These practices include a progressive scheme of service, the promotion criteria, wide career opportunities, internal growth, internal promotion, merit based promotion, position movement, fair distribution of training and development opportunities, provision of paid study leaves, mentoring and formal and informal networks.

Indeed the results of the study showed a significant relationship between these career advancement and retention of staff in the health care institutions in the county (F=15.260, DF=1, and P<0.05). These findings are consistent with findings from a research by Chay and Norman (2003) on creating value for employees which shows that perception of investment in development can improve nurses’ moral and dedication to the level that emotionally binds them to the organization and encourages them to stay on.

However despite the high regard for career advancement, most of the respondents felt that the career advancement practices in place were not good, career advancement opportunities were not equitably provided while sponsorship in the form of scholarships or tuition reimbursements was not done. Even cheaper career advancement practices such as position movement and internal promotion to facilitate career advancement were limited. This observation is confirmed by the low value of r squared (0.059) which means that career management practices in the institutions contribute only 5.9% of the change in staff retention.

Work condition and retention

The results showed that majority of the respondents said that work condition management practices such as provision of adequate work tools, proper design of the workplace to ensure privacy, provision of protective gear and risk allowances, involvement indecision making, stress management, manageable workloads and supervisor support among others enhance retention of staff in public health care institutions. The results showed a significant positive relationship between the work condition and retention of staff in the public health care facilities in the county (F 16.612, df =1, and P<0.05). The findings are in line with those of Milory (2004) who reported that people enjoy
working, and strive to work in those organizations that provide positive work environment where they feel they are making difference and where most people in the organization are proficient and pulling together to move the organization forward. Indeed workspace designs have a profound impact on workers and they tend to live with job as long as satisfied (Brill, Weidemann, Olsen, Keable & Bosti, 2001).

However, majority of the respondents were dissatisfied with the work condition practices in place. For instance they said that work tools were insufficient, offices were poorly furnished, and risk allowance was insufficient, employees were not involved in decision making and that there weren’t support to manage work stress. The coefficient of determination r squared of 0.065 confirms this for it shows that work environment management practices account for only 6.5% of a unit change in retention of staff in Referral Hospitals in the county.

Work-Life Balance and retention
The study revealed that most respondents felt that work-life balance practices affect staff motivation hence their retention in Siaya County referral hospital. These practices include among others provision of onsite childcare services, flexible work schedules, social and family events, gym and mental relaxation programmes, children education schemes, leave (maternity, compassionate, maternity, study, paternity, annual etc.), off days and time away when necessary.

Indeed there was a significant positive relationship between these work-life balance practices and retention of staff in Siaya County referral hospital ( F (18.224, df =1, and P<0.05).

This is in line with the findings of Lockwood, 2003 and Landaur, 1997 who asserted that work-life balance programmes have the potential to significantly improve employee morale, reduce absenteeism and retain organizational knowledge, particularly during difficult economic times. Indeed Rahman and Nas (2013) assert that obtaining a balance between work and life has a great role in employee’s decision to remain with the organization.

The high value attached to work life balance practices notwithstanding the staff was dissatisfied because some of the work- life balance practices such as onsite childcare services, flexible schedules (e.g. compressed week and flexi hours), provision of social and family events, mental relaxation programmes and child education schemes were not in place. The low r squared= 0.071 meaning that only 7.1% of the change in retention can be explained by change in work-life balance practices index confirms these observation. However some of the work life balance practices such off day, sick leave, annual leave, maternity and paternity leave and compassionate leaves were said to be in place and were partly attributed to the observed retention level.

5.2.5 Employee Intent to Stay

The research revealed that the employees’ level of commitment was low. Indeed all the respondents indicated that they didn’t have a strong sense of belonging to their organizations, didn’t agree with most of their organizations employee policies, were not willing to put more efforts to help the organization succeed, felt they could gain little by remaining in the organizations, were not proud to tell others they were part of their organizations and never cared about the fate of their organizations. Majority were also not willing to spend the rest of their career life with their organization given an alternative, felt that the organizational problems were not theirs and that the organizations didn’t
have a great meaning to them.

Although their level of commitment was low due to the poor HRM practices, their intent to leave was also low. In fact most of the respondents disagreed that they planned to stay on the job for the shortest time possible, that the reason they would continue to work for the organization is that another organization may not match the overall benefits gained, that given an opportunity they would rather work in smaller towns, that they would certainly look for another job in the near future and that they would look for transfer to stations near bigger towns. These findings are consistent with the responses from the interviewees where retention in the health care centers was said to be very good while it was fairly good in the level four and level five hospitals.

**Conclusion**

Human resources are one of the most critical components for strategic success across all organizations. Effective human resources management practices should be able to satisfy and retain this most critical asset. The role of HRM is generally seen in ensuring that firms are able to attract, retain, motivate and develop human resources according to current and future requirements according to Som (2008).

In this study the role of remuneration, career advancement, work conditions and work life balance practices on the retention of staff in Siaya county referral hospital was investigated. From the findings it’s concluded that that these human resource management practices play a significant role in the retention of health care workers in the county referral hospital as evidenced by the positive correlation values between these variables and retention. It is however concluded that the practices in place were unsatisfactory. For instance remuneration practices were not good; career advancement was not undertaken appropriately, work conditions in most cases being deplorable and requiring urgent attention while work-life balance practices were either absent or inadequate.

Despite this, the findings show that retention in the facilities was fairly good. From this study it is concluded that a set of HRM practices will not necessarily have a direct impact on the retention of staff in Referral Hospitals in the county. For instance, if remuneration practices were not good, the retention of the staff was found to be either be unchanged or in some cases it was affected negatively. However commitment of the staff which is a critical factor in the performance of staff was negatively affected.

From the results, it is also concluded that besides remuneration practices, career advancement practices, work conditions and work-life balance practices, other organizational and human resource management practices such as leadership, employee involvement and participation, recruitment, performance management practices and employee motivation also play significant role in enhancing employee loyalty and commitment to organizations hence their retention and should therefore not be ignored.

These findings thus suggest that there is need for the Siaya county government to look into the aspects of remuneration, career advancement, work condition and work-life balance practices and other human and organizational practices such as leadership, participation, performance management and recruitment among others and put in place mechanisms that would address these practices and thus minimize their negative effects on staff satisfaction and commitment hence performance and retention in the county referral hospital.
Recommendations
The study explored the role of some HR practices on the retention of staff in the Referral Hospitals in Siaya County. Based on the findings, the following recommendations were made which the county government of Siaya, other county governments and even the national government should put in place to address these issues if Kenya is to achieve its vision 2030 plans on the health sector.

To enhance staff commitment hence retention through remuneration practices, the county government ensure timely payment of salaries and remittance of any dues deducted to the relevant institutions to avoid penalties and enable staff get their benefits accordingly. The salaries and benefit should be increased and made competitive to minimize turnover to private sector. The government should also adopt performance related pay policy and competency based pay policy in order to motivate the hard working staff and also those who advance their qualification.

Given that these staff at times work under extremely difficult and risk conditions and sometimes at odd times and for long hours in a day, risk allowances should be improved, overtime pay and night call/duty allowances be introduced and staff efforts be recognized through periodic rewards especially at the end of the year by being given gift or shopping vouchers. Lack of equity in the compensations of county staff was expressed as one of the dissatisfiers among the staff.

The salaries and allowances of staff in public service should be harmonized with those of county employed officers of equivalent qualification and experience who most of the health staff felt had been engaged and placed on higher job grades. Staff employed on contract should also be put on permanent terms while those in hardship areas are given hardship allowance for these would increase financial and job security hence commitment to the organizations.

Career advancement prospects are one of the intrinsic motivators in the work place. Now that health care is a devolved function; the county government should establish a staff development kitty which should fairly be administered through granting of scholarships to its officers including the health care staff. Promotion should be done equitably and should be based on merit while those who attain higher qualification should be promoted promptly for delays tend to discourage the staff. Opportunities for continuous training including on the job training/ internal training should be provided and these together with practical assessment should be part of the recognized career management practices.

Seminars, refresher training mentorship programmes, position movement and regular capacity building should also be embraced as career management practices to enhance retention. Importantly, the criteria for promotion and career management should made clear and information on advancement opportunities should be provided such as on seminars and courses available. Lastly exchange programmes with other countries and counties and networking should be used as career management practices.

To improve the work conditions, a conducive working environment characterized by clear channels of communication should be established. In particular, upward communication should be encouraged so that the staff can be able to express their views, give feedback on performance and express their dissatisfactions. Involvement in decision making, a conducive organizational climate and work place civility should also be embraced. The county government should also allocate some funds for expansion of facilities to provide for the medical needs of the ever increasing population. Physical and mental health is paramount as outlined in the Occupation Safety and Health Act, 2007 part VI on health general provisions. Therefore operational spaces should be well cleaned, ventilated, lit and furnished. Safety in the work place should be enhanced through staff housing
and provision of protective gears as some of the respondents indicated they were prone to insecurity incidences especially during night shifts while others felt that protective gears and equipment were not readily available predisposing them to health hazards while on duty. Facilities be equipped with working tools, drugs and other facilities necessary for efficient operations.

It was noted that most areas in the county have acute water shortages and therefore the county government needs to look for alternative water sources such as boreholes for the facilities to improve hygiene and reduce exposure of the staff and patients to health hazards. The staff should be housed within the institutions and disability friendly facilities such as ramps, walk-ways, wash rooms and sitting facilities be provided as almost all facilities did not have a provision for this which poses lots of challenges to the physically challenged staff. Staffing levels should be improved to make workloads manageable, technology embraced and team work improved through team building exercise. The staff on contract should be engaged permanently as this would enhance their commitment hence retention.

To provide work-life balance, provide staff with comprehensive medical covers or access to free treatment and child care services (onsite child care services). Flexi working arrangements such as compressed week, flexible hours and part-time working be introduced to enable employees attend to personal issues. There should be family support in the event of death of staff member or a member of their nuclear family. Occasionally the staff should be taken for retreats and group recreation to provide avenues for relaxation and also bonding.

The issue of devolution of health care sector should also be looked into. Majority of the staff felt that the county governments seem not to have been prepared enough to manage this very important sector. The central government should therefore consider centralizing some of the roles such as management of the payrolls and provision of essentials such as drugs to the facilities. If these practices are embraced, the staff’s morale will improve, their commitment to the organization will increase and hence there will be an increased tendency to stay.

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