EFFECT OF JOB SATISFACTION ON TURNOVER AMONG NURSING EMPLOYEES AT NATIONAL REFERRAL HOSPITALS IN KENYA

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT FOR REQUIREMENT OF AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN HUMAN RESOURCE MANAGEMENT OF JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

2019
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

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To the Almighty God for his Amazing Grace, the entire Nyaribo family, Harriet and Nicole, and my parents Harrison and Jelliah. I am forever grateful.
ACKNOWLEDGEMENT

This academic work would not have been accomplished without the invaluable support of a lot of people to whom I am very grateful. My sincere gratitude also goes to my supervisors Dr Wario Guyo, Prof. Romanus Odhiambo and Dr Francis Kangure, for their invaluable professional guidance throughout the writing of this thesis. I also appreciate the efforts and contribution of nurse managers who were the respondents at the national referral hospitals in Kenya and who despite their busy schedules, filled the questionnaires in time. Above all, I thank the Almighty God for his Amazing Grace that has enabled me complete this PhD programme. Indeed God is good all the time and to him be the Glory.
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### ABBREVIATIONS AND ACRONYMS

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<th>Full Form</th>
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<tbody>
<tr>
<td>EAPS</td>
<td>Employee Assistance Programs</td>
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<tr>
<td>EFILWC</td>
<td>European Foundation for the Improvement of Living and Working Conditions</td>
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<td>GOK</td>
<td>Government of Kenya</td>
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<tr>
<td>HR</td>
<td>Human Resource</td>
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<tr>
<td>HRH</td>
<td>Human Resources for Health</td>
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<td>HRM</td>
<td>Human Resource Management</td>
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<tr>
<td>HRO</td>
<td>Human Resource Officer</td>
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<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
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<td>KHP</td>
<td>Kenya Health Policy</td>
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<tr>
<td>KHSRS</td>
<td>Kenya Health Sector Human Resources Strategy</td>
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<tr>
<td>KHSRS</td>
<td>Kenya Health Sector Referral Strategy</td>
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<tr>
<td>KHSSP</td>
<td>Kenya Health Sector Strategic and Investment Plan</td>
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<tr>
<td>KHWIS</td>
<td>Kenya Health Workforce Information System</td>
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<tr>
<td>KNH</td>
<td>Kenyatta National Hospital</td>
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<tr>
<td>KNUN</td>
<td>Kenya National Union Of Nurses</td>
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<tr>
<td>KNWR</td>
<td>Kenya Nursing Workforce Report</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MTRH</td>
<td>Moi Teaching and Referral Hospital</td>
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<tr>
<td>NCK</td>
<td>Nursing Council of Kenya</td>
</tr>
<tr>
<td>NNAK</td>
<td>National Nursing Association of Kenya</td>
</tr>
<tr>
<td>NRH</td>
<td>National Referral Hospitals</td>
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<tr>
<td>ROK</td>
<td>Republic of Kenya</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
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<td>WHO</td>
<td>World Health Organization</td>
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### OPERATIONAL DEFINITION OF TERMS

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Autonomous Nursing Care</td>
<td>This refers to the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise and knowledge (Sinclair, 2012).</td>
</tr>
<tr>
<td>Autonomy of Practice in Nursing</td>
<td>This is the freedom of a nurse to act on what he/she knows in order to make independent clinical decisions that exceed standard nursing practice in the best interest of a patient (Mohammed, 2012).</td>
</tr>
<tr>
<td>Compensation</td>
<td>This refers to all forms of pay received by employees against their services rendered to a person or an organization and includes direct financial payments and indirect financial payments (Ali, Kakakhe, Rahman &amp; Ahsan, 2014).</td>
</tr>
<tr>
<td>Employee Retention</td>
<td>This is a voluntary move by an organization to keep nursing employees in regular employment for long term (Drake, 2014).</td>
</tr>
<tr>
<td>Employee Turnover</td>
<td>This refers to action of employees transferring from one organization to another or leaving the career profession altogether(Mohammed, 2012).</td>
</tr>
<tr>
<td>Healthcare Services</td>
<td>These are services delivered by healthcare professionals which can either be routine health services or emergency health services with the aim of preventing and managing of diseases, illness, injury and other physical and mental impairments in individuals (Kenya health policy 2014-2030).</td>
</tr>
</tbody>
</table>
Healthcare This is the workforce that delivers the defined healthcare and includes all people whose prime responsibility is the provision of healthcare services. (Kenya health policy 2014-2030; ROK, 2014).

Health System This refers to a mechanism to deliver high-quality health care services to all people whenever and wherever they need them (Kenya health policy 2014-2030), (ROK, 2014).

Job This refers to a regularly paid position or post (Oxford Advanced Learners Dictionary) and every job is an instance of the employment relationship, embodying a contract (substantive or implied) to exchange an ability to work (labour provides service, exercise ingenuity, direct efforts of others, etc) for rewards (both material and symbolic). (European Foundation for the Living and Working Conditions, 2014).

Job Satisfaction Job satisfaction refers to how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs in particular organizations (Kranenburg, 2013).

National Referral hospitals in Kenya These are hospitals that are at the apex of the public healthcare system in Kenya and provide sophisticated diagnostic, therapeutic and rehabilitative services. Their primary function is to provide complex clinical care to patients referred from low levels. They are also the largest referral hospitals in Kenya and provide education, training and internship programs for health professionals and hence play a central

**Nursing Employee**

This refers to someone that has acquired formal professional health training and is certified to function in the capacity of nurse in a health institution and is paid for the nursing services (KNWR, 2012; Kenya health policy 2014-2030; ROK, 2014).

**Participation in Work Decision-Making**

This means allowing employees from all levels of the organization to actively contribute to work decision-making (Horsford, 2013).

**Professional Job Autonomy**

This refers to the right to exercise clinical and organizational judgment within the context of an independent healthcare team and in accordance with the socially and legally granted freedom of the discipline (Iliopoulou & While, 2010).

**Public Health Services**

These are healthcare services that are concerned with the science and art of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations, communities and individuals. They are therefore concerned with threats to the overall health of a community (Kenya health policy 2014-2030; ROK, 2014).

**Referral**

This is the process by which a health facility that has inadequate capacity to manage a given health condition seeks the assistance of a
higher level of healthcare delivery to guide or take over the management of the condition. It ensures establishment of efficient health delivery system linkages across levels of care to ensure continuity of care for effective management of the health needs of a population (KHSHRS 2014-2018; ROK, 2014).

**Referral System**
A referral system is a mechanism to enable clients’ health needs to be comprehensively managed using resources beyond those available where they access care (KHSHSRS, 2014-2018) (ROK, 2014).

**Retention**
This refers to maintaining health personnel within health system for longer (KHSHRS, 2014-2018; ROK, 2014).

**Transfer**
This refers to the movement of an employee from one place to another for the purpose of work (Torrington, Hall, Taylor & Atkinson, 2011).

**Voluntary turnover**
This refers to a deliberate decision on the part of the employee to separate from an organization (Martin, 2011).

**Work – Life Balance**
This refers to effectively managing paid work and all other activities that are important to people such as family, community activities, voluntary work, personal development, leisure and recreation (Miles, 2013).

**Work Recognition**
This refers to acknowledgement, appreciation or approval of the positive accomplishments or behaviors of an individual or team by the employer (Caligiuri, Lepak, Bonanche, 2010).
ABSTRACT

Voluntary turnover of nursing employees is a major problem worldwide that adversely affects the quality of products and services offered to customers. In Kenya, National Referral Hospitals (NRHs) have been witnessing high voluntary nurse turnovers resulting in nurse shortages that have adversely affected the quality of products and services offered to customers. The general objective of the study was to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. The specific objectives were to establish the effect of professional job autonomy, determine effect of work-life balance, establish effect of participation in work decision-making process, determine effect of compensation and establish effect of work recognition on turnover among nursing employees at national referral hospitals in Kenya. The study adopted mixed methods research design and used simple random sampling to select a sample of 315 respondents from the 1779 registered nurses working at the 12 national referral hospitals in Kenya. The unit of analysis was national referral hospitals in Kenya while the unit of observation was registered nurse managers or their equivalent in charge of wards or units at national referral hospitals in Kenya. Positive responses were received as valid from 261 respondents out of the sampled 315 respondents giving an 83% response rate. The analyzed data was presented using frequency tables, charts and graphs. The questionnaire was pilot tested on respondents drawn from national referral hospitals who were not included in the final research. The study generated both qualitative and quantitative data which was collected using Likert scales and was later analyzed descriptively using measures of central tendency and inferentially using correlation tests and multiple regression models. The data obtained was analyzed using both qualitative and quantitative analysis. Correlation analysis was used to test the direction of relationship between independent and dependent variables. Multiple regression model was used to test whether professional job autonomy, work life balance, participation in work decision making process, compensation and work recognition (independent variables) being job satisfaction facets/dimensions, had any effect on turnover (dependent variable) among nursing employees at national referral hospitals in Kenya (NRHS). The study found out that there is an inverse relationship between job satisfaction and nursing employees’ turnover and that participation in work decision-making process and compensation contribute negatively but significantly to nursing employees’ turnover at these hospitals. The study therefore concluded that it is imperative for the employer of the nursing employees at these hospitals to put in place job satisfaction strategy and specifically put more emphasis on participation in work decision-making process and compensation in order to help curtail and/or manage the turnover of the nursing employees at these hospitals more effectively. This will lead to their retention for longer at these hospitals and hence help improve on the quality of services the nursing employees at these hospitals provide to customers. By so doing, the national referral hospitals will make a positive contribution towards the country achieving the healthcare goal which is the provision of quality healthcare for all.
CHAPTER ONE

INTRODUCTION

This chapter outlines the background of the study, statement of the problem, objectives of the study, research hypotheses, justification of the study, scope of the study and limitations of the study.

1.1 Background of the Study

Nursing employees’ turnover is a major challenge for healthcare services and it is also a key factor that interacts with and affects nursing shortages (Dawwas & Zahare, 2014). Retention of qualified nurses is therefore vital if healthcare organizations are to survive (Drake, 2012). However, the ongoing nursing turnover especially that of high performers is a major management problem and a challenge to healthcare industry (Mohammed, 2012). This is because it is very costly to the organizations concerned and it also interrupts organizational planning and results in poor service delivery (Mahmoud, Muhammad, Ali & Ferial, 2013).

Globalization has increased competition and also mobility of skilled individuals which has led to an increase in the rate of employee turnover in organizations (Arendolf, 2013). Scholars therefore assert that staff turnover is actually a global problem that has considerable impact on the bottom line (Afande, 2015). Previous studies have also asserted that there is a connection between nursing employees’ turnover and nursing shortages in that shortage of nursing employees is a symptom of high nursing employees’ turnover (Dawwas & Zahare, 2014).
Recent studies indicate that nursing shortages and turnover are major challenges for healthcare organizations globally and are expected to continue and intensify in the future (Mohammad, 2012), unless urgent intervention measures are put in place. According to scholars, employee turnover is the action of employees leaving an organization for another or leaving the profession altogether to engage in other different activities (Dawwas & Zahare, 2014). Mbah and Ikemefuna (2012), posit that employee turnover is the entire process of filling a vacancy each time there occurs one. Meanwhile other scholars such as Kanwar, Singh and Kodwani (2012), posit that employee turnover is the rate at which an employer gains and losses employees. According to Joarder, Sharif and Ahmed (2011), it refers to the rotation of employees around the market, between firms, jobs and occupations and between states of employment and unemployment. Still other scholars assert that employee turnover is the individual’s movement across the membership boundary of an organization (Rothmann, Diedericks & Swart, 2013).

This study takes the view of Dawwas & Zahare, (2014), which states that employee turnover is the action of employees leaving an organization for another organization or leaving the profession altogether to engage in other different activities. Nursing employees’ turnover action is critical to healthcare organizations because it uses a lot of resources that could otherwise be used to improve services and it also affects the quality of products and services given to clients (Dawwas & Zahare, 2014). Employee turnover is also a cause of concern when the best and brightest employee is leaving an organization for another or when an employee leaves the profession altogether to engage in other different activities (Dhladhla, 2011).
Employee turnover which involves employees’ leaving organizations on their own free will (Kantor, 2013) is a cause of concern more especially, when there is something management could do to retain the employees for longer at the workplace (Afande, 2015). Indeed, scholars have asserted that voluntary turnover can be controlled by an organization’s management (Dhladhla, 2011). Moreover, employee turnover has a competitive disadvantage to organizations (Mbah & Ikemefuna, 2012), and it is very expensive (Afande, 2015). Voluntary turnover of valued employees is a concern of managers and administrators due to financial costs involved replacing of the employees and the lost productivity hence, management should do whatever it can to retain skilled employees (Arendolf, 2013).

Previous studies have indicated that there are four major types of employee turnover which include internal employee turnover, external employee turnover, involuntary employee turnover and voluntary employee turnover.

In involuntary employee turnover, the employee has no control over his/her separation from the employer while in voluntary employee turnover the employee has control (Mbah & Ikemefuna, 2012). Internal employee turnover occurs when an employee leaves his/her current assignment to take up a new role or position within an organization while external turnover of an employee occurs when an employee leaves an organization for another one, or when an employee leaves the profession altogether to engage in other different activities (Mohammed, 2012). This study is concerned with employee turnover that involves the employee leaving an organization for another one or leaving the profession altogether and can be voluntary or involuntary.
Turnover of employees is involuntary when employees have no choice in their termination of the employment relationship with the employers and may result from dismissal, retrenchment or redundancy and retirement. It can also be due to long term sickness, physical or mental disability, moving or relocating or death of an employee. In most cases involuntary turnover is unavoidable as employers can do little to change it due to its nature. Voluntary employee turnover occurs when the choice of leaving an organization is initiated by an employee who eventually quits an organization willingly and deliberately (Sinclair, 2012).

Voluntary turnover that involves an employee leaving an organization for another one or leaving the profession altogether is a persistent and serious problem and occurs due to resignation, desertion or voluntary early retirement (Martin, 2011). It is also very unpredictable, more harmful and accounts for majority of turnovers in organizations (Ahmad & Omar, 2010; Dhladhla, 2011; Sinclair, 2012; Thomas, 2012). This due to the fact that employees that leave organizations have to be replaced which is very expensive more especially if they occupy strategic positions and play key roles in organizations (Mbah & Ikemefuna, 2012). The term turnover in this study has the same meaning as employee turnover and voluntary employee turnover. Hence these three terms have been used interchangeably in this study which is in line with other studies (Martin, 2011). Employee turnover is important in nursing due to high turnover rate of hospital nurses globally, a development that has led to the increase in nursing shortages worldwide (Dhurup, Zyl & Mokathi, 2014).
Previous studies have asserted that high employee turnover can also be harmful to an organization’s productivity if skilled workers regularly leave the organization and the population of workers remaining in the organization has a high percentage of novice workers (Kanwar, Singh & Kodwani, 2012). Furthermore, excessive employee turnover is dangerous for organizations because it undermines their efficiency and productivity (Joarder, Sharif & Ahmmed, 2011). In the world today due to competition, many organizations are facing new challenges on how to sustain quality service delivery (Riley, 2006) and they should therefore embark on retaining their high performing employees in order to deliver quality service. This is because the cost of losing an employee who is a high performer and has a high degree of knowledge, skills and abilities is very high (Kinyili, 2015).

Losing an employee who is employed in an area where there is labour market shortage can also negatively affect an organization’s productivity and service delivery (Martin, 2011). Therefore, retaining high performing employees for longer is vital for any organization’s survival especially in regard to its mission, goals and objectives (Kantor, 2013; Aron, 2015). Furthermore, organizations need a workforce that is stable and reliable in order to enjoy a competitive edge over and above their competitors (Sinclair, 2012). However, currently, retention of top performing employees has become a big challenge for employers including the ones in healthcare systems (Mohammed, 2012). Many health organizations in many countries including Kenya are faced with high rates of nursing employees’ turnover (Afande, 2015).
This study is concerned with nursing employees’ voluntary turnover at national referral hospitals in Kenya in order to establish the effect of job satisfaction on turnover among nursing employees at these hospitals. This is because these hospitals are at apex of the public health sector in Kenya and are hence very critical to the success of the health sector in Kenya. These hospitals are also experiencing a high level of nurse turnover which is affecting the quality of healthcare services and products provided to clients (Akacho, 2014; The Daily Nation, March, 2018; The Standard, March, 2018).

Voluntary turnover of nursing employees is the focus of this study because it is a major concern for organizations as losing talented and skilled healthcare workers can increase costs and also affect quality of healthcare services provided to clients (Aron, 2015). Furthermore, a large body of research suggests that voluntary turnover levels in organizations can be influenced by human resource managers and employers (Caillier, 2011). It therefore demands management’s/employer’s attention to do whatever it can to retain highly skilled and talented employees for longer at the workplace (Arendolf, 2013).

Moreover, according to scholars employers or human resource managers have great sway over voluntary turnover unlike in the case of involuntary turnover where employers or human resource managers can do little to change it (Thomas, 2012; Arendolf, 2013). Previous studies have also asserted that the occurrence of voluntary in an organization is a metric that tells an organization that its employees are quitting due to reasons over which the organization has control (Thomas, 2012).
Studies have shown that worldwide, human resource health managers are facing a crisis of how to retain nursing employees who want to quit their jobs, and therefore it is a big challenge (Drake, 2014). Voluntary employee turnover has both positive and negative effects on organizations. When the turnover is of a low performer, it has a positive effect on the organization concerned since it improves productivity, but when an organization loses a high performing employee, the employee turnover is said to have a negative effect on the organization concerned since it can threaten an organization’s reputation in meeting patient needs and the provision of quality healthcare (Dawwas & Zahare, 2014). Therefore the effect of voluntary employee turnover on an organization depends on the skill and responsibility of the employees concerned (Martin, 2011). Unfortunately, turnover is a major challenge that is expected to continue and is likely to intensify in the future (Mohammed, 2012; Afande, 2015), unless serious, urgent, human resource intervention measures are put in place by the concerned organizations to deal with this major challenge in the healthcare industry.

Scholars assert that employee turnover negatively affects quality of products and services since it brings about shortage of nurses that leads to low nurse - patient ratios (Aron, 2015). Organizations concerned also experience negative consequences which include loss of organizational memory, loss of social capital and reduced morale (Arendolf, 2014). Employee turnover is a typical issue in human resource management that is currently attracting the attention of human resource managers across the globe and scholars argue that managers or employers have control over it since they can influence the employees otherwise (Mbah & Ikemefuna, 2012).
Previous studies are of the view that organizational managers or employers have great sway over voluntary turnover (Thomas, 2012) and hence can control it more easily (Dhladhla, 2011). When a high performing employee chooses to leave an organization, the organization loses a valuable employee who has to be replaced which is very costly and also has detrimental effects on the organization concerned (Dawwas & Zahare, 2014). Previous studies have indicated that although moderate levels of turnover are acceptable and encouraged as new employees may contribute fresh ideas, knowledge, skills and abilities to problem solving and also different working styles which can increase social capital and improve performance of an organization (Sinclair, 2012), excessive turnover is dangerous for organizations since it undermines efficiency and effectiveness of the organizations concerned (Joarder, Sharif & Ahmmed, 2011). Therefore, reducing excessive levels of turnover in an organization is very important to employers who depend on highly skilled workforce (Martin, 2011).

Scholars posit that in the 21st century whereby organizations including healthcare organizations are experiencing challenges that include global competition, workforce diversity and new organizational structures among others, retention of critical healthcare employees including nurses is a challenge (Mohammed, 2012; Olusegun, 2013). However, despite the 21st century challenges that are affecting organizations, there is need for a workforce that is stable, reliable and healthy for organizations to enjoy competitive edge over competitors especially in the healthcare industry (WHO, 2006).
According the Kenya Strategy for Community Health 2014-2019, health is what emphasizes the harnessing of social persona and physical resources for the improvement of health-enhancing conditions and well-being. It is not just merely the absence of disease (Kenya Strategy for Community Health 2014-2019). According to the World Health Organization (WHO), health is a fundamental human right and WHO advocates for healthy wellbeing of all people worldwide. This requires professionally qualified, stable and reliable healthcare workers including nurses to provide quality healthcare products and services to all people (WHO, 2006; WHO, 2016). Thus, nursing employees are central to quality healthcare delivery and are hence critical in the healthcare industry (WHO, 2006; Finley & Landless, 2018). Therefore, delivery of quality health services is dependent on the availability of a competent workforce and also on the number of workers with the appropriate skills (Amanambu, 2013).

However, shortage of healthcare workers including nurses has always been a challenge globally over the years and in the year 2006, the World Health Organization (WHO) alerted the world of the shortage which was more than 4.3 million (Sinclair, 2012). More than a decade later, the situation has not improved and the shortage of healthcare workers including nurses still continues worldwide (WHO, 2016). Scholars posit that despite the shortage of nursing employees globally, their voluntary turnover continues (Mohammed, 2012; Macharia, 2015). This worrying situation is being witnessed against a background where infectious and communicable diseases continue to cause significant problems worldwide and non-communicable diseases/lifestyle ones have skyrocketed and hence pose a huge threat to health (KHSHRS Strategy, 2014-2018).
Apart from communicable and non-communicable diseases/lifestyle diseases, accidents and injuries are also on the rise worldwide (Finley & Landless, 2018) and therefore shortage of healthcare workers especially nurses due to turnover, compromises healthcare service deliver which eventually negatively affects health and development of a nation (KHSHRS Strategy, 2014-2018). The World Health Organization therefore advocates for the strengthening of healthcare service delivery system of countries through developing a workforce strategy that addresses slowing the rate at which health workers including nursing employees leave the health workforce (WHO, 2016). Indeed studies indicate that nursing employees play a vital role in the health service delivery which involves providing the bulk of direct patient care and hence quality healthcare cannot be achieved without addressing the needs of nurses (KNWR, 2012; Dhurup, et al, 2014).

Therefore, despite the fact that nurses occupy a critical position in the healthcare of any country (Mohammed, 2012; Aron, 2015), healthcare systems and health organizations in many countries, including Kenya have many challenges involving nursing employees and these include high rates of nursing employees’ turnover (ICHRN, 2016). Scholars also assert that nurse retention, although vital, is a global problem that affects all countries (Drake, 2014). Thus scholars posit that worldwide human resource managers in the health sector are facing a crisis in how to retain their most productive nurses (Afande, 2015). In Kenya the health sector is critical in increasing labour productivity by means of providing a healthy workforce (KNEHS, 2011-2017). However, despite playing a key role in the country, the Kenyan health system has several challenges among them rising costs and demand for quality nursing care services (KNUN, 2018).
Previous studies postulate that a healthcare system should have satisfied nurses among other things in order to provide quality healthcare services to clients (Mohase, 2014), but according to the International Centre for Human Resource in Nursing and the Kenya union of nurses, Kenya currently has a challenge of having inadequate nurses and one of the key reasons for this is high nurse turnover (ICHRN, 2016; KNUN, 2019). High nursing employees’ turnover in Kenya has had a negative effect on efforts to expand access and improve the quality of healthcare services in the country, a situation that has been aggravated by the continued high prevalence of diseases (both communicable and non-communicable) and injuries in the country (KHP 2014-2030; ROK, 2014). The high prevalence of diseases (both communicable and non-communicable) and injuries in the country is therefore the main contributor of disabilities and deaths in Kenya today. The table below shows the leading causes of deaths in Kenya according to their rank.

Table 1.1: Leading Causes of Deaths in Kenya

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease of Injury</th>
<th>% Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV/AIDS</td>
<td>29.3</td>
</tr>
<tr>
<td>2</td>
<td>Conditions arising during the peri-natal period</td>
<td>9.0</td>
</tr>
<tr>
<td>3</td>
<td>Lower respiratory infections</td>
<td>8.1</td>
</tr>
<tr>
<td>4</td>
<td>Tuberculosis</td>
<td>6.3</td>
</tr>
<tr>
<td>5</td>
<td>Diarrheal diseases</td>
<td>6.0</td>
</tr>
<tr>
<td>6</td>
<td>Malaria</td>
<td>5.8</td>
</tr>
<tr>
<td>7</td>
<td>Celebral-Vascular disease</td>
<td>3.3</td>
</tr>
<tr>
<td>8</td>
<td>Ischemic Heart disease</td>
<td>2.8</td>
</tr>
<tr>
<td>9</td>
<td>Road traffic accidents</td>
<td>1.9</td>
</tr>
<tr>
<td>10</td>
<td>Violence</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Kenya requires adequate and highly skilled healthcare workers including nurses in order to alleviate people’s suffering from diseases and injuries stated in table 1.1 because nurses are critical for any healthcare organization to perform effectively and efficiently. Furthermore, previous studies assert that healthcare is a crucial service industry that significantly supports people’s general well-being and enables them to pursue meaningful lives (Mohase, 2014; WHO, 2016). Scholars also posit that healthcare industry is one of the largest sectors of the world economy whose estimated global healthcare services market for 2015 was $3 trillion (Finley & Landless, 2018). However, it is also one of the industries highly affected by voluntary turnover since it has one of the highest industry voluntary turnover rates (Mohammed, 2012).

Studies done affirm that employee turnover is expensive both directly and indirectly although total costs are hard to measure especially in regard to their effect on organizations. Direct financial costs of human resources are in the form of selecting, recruiting and training of new employees while indirect costs include loss of social networks, insufficient staffing, reduced morale and decreased quality of services provided among others (Aron, 2015). A number of recent studies have indicated that it costs healthcare organizations in the United States of America (USA), USD $22000 - $64000 per nurse turnover (Drake, 2014). Scholars also assert that in Kenya, the financial cost of losing a single nurse through voluntary turnover equals to about twice the nurse’s annual salary which is approximately Ksh. 300,000 per year for each percentage increase in annual nurse turnover (Kinyili, 2015).
The implication here is that an average hospital is estimated to lose approximately Khs. 300,000 per year for each percentage increase in annual nurse turnover (Kinyili, 2015). Many scholars have also posited that voluntary nursing turnover apart from being costly, is also very disruptive whenever and wherever it occurs (Galletta, Portoghese, Battistelli & Montpellier, 2011; Afande, 2015), hence the need to curtail it and / or to manage the process more effectively. This is due to the fact that nurse retention problems result into nurse shortages which negatively impact on hospitals at the operations level and on patients at the patient care level (Ritter, 2011). Therefore there is need to retain excellent nursing staff in order to improve patient satisfaction and also to save costs (Chang, 2014).

Studies that have been done indicate that when employees get jobs in organizations, they usually have certain expectations that have to be met by the employers and if these expectations are not met, the employees shift from their present organizations to those of the competitors who can meet these expectations (Beaujean, 2011). The studies indicate that one of the things expected by employees from their employers is job satisfaction among others (Aron, 2015). This is because according to studies done, work plays a large part of an employee’s life and it is represented by the belief that employees that are more satisfied with their work will stay longer at their present jobs, attend to their jobs regularly and perform their work optimally (Kranenberg, 2013). Furthermore, scholars posit that job satisfaction affects staying in or leaving an organization (Mohammed, 2012).
Scholars therefore postulate that high job satisfaction leads to low turnover (Mudor & Tooksoon, 2011), and that workers with low job satisfaction usually quit their jobs (Yucell, 2012). Many scholars therefore believe that job satisfaction actually affects and influences employee turnover (Eslami & Gharakhani, 2012). Many recent studies have thus emphasized the importance of job satisfaction and its relationship to work satisfaction (Aron, 2015) and have asserted that lack of job satisfaction plays a large part in skilled professionals leaving their current jobs (Dhladhla, 2011). Therefore the scholars have identified job dissatisfaction as the main reason why employees leave their jobs (Mahidi, Zin, Nor, Sakat & Naim, 2012) and have asserted that any voluntary turnover indicates that an organization’s employees are dissatisfied with the organization in which they are working (Thomas, 2012).

This clearly implies that employees that are dissatisfied with their jobs usually quit their jobs on the basis of their own decisions (Aydogdu & Asikgil, 2011; Kantor, 2013). Moreover, according to the studies done, when employees are satisfied with their jobs, they don’t have the need to look for work elsewhere, and this eventually contributes to a successful and competitive organization. Therefore, job satisfaction is a key factor in the contribution of staff to organizational success and it is a prerequisite for better organizational performance (Islam & Islam, 2011). Previous studies also assert that job satisfaction is the most frequently used and single most reliable predictor of employee turnover and that it actually reduces employee turnover (Dhladhla, 2011; Arendolf, 2013). Furthermore, scholars posit that job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Kranenburg, 2013).
This implies that employees that are satisfied with their jobs are less likely to quit (Kranenburg, 2013). Job satisfaction is determined by how well job outcomes meet or exceed expectations and it is very important in the lives of nurses due to the stressful nature of their work (Alam & Mohammad, 2010; Dhurup, et. al. 2014). Scholars also assert that job satisfaction has a big impact on good delivery of healthcare services (Dhurup, et. al. 2014). They also argue that low job satisfaction contributes to employee turnover and negatively affects the quality of healthcare (Mohammed & Eleswed, 2013). A number of recent studies also posit that unsatisfied nursing employees negatively affect the quality of care they provide, hence adversely affecting patient satisfaction (Aron, 2015). Thus to retain experienced and highly skilled nursing employees who will provide quality healthcare to customers, the employer must make sure that they are satisfied in their jobs.

Scholars have asserted that there is a positive relationship between employee turnover and job dissatisfaction (Chiboiwa, Chipunza and Samuel, 2011). Job dissatisfaction is the extent to which people dislike their jobs (Kraneneberg, 2013). It is an unpleasant emotional state that results from assessing one’s job as frustrating one’s job values. Job dissatisfaction has therefore been identified as a most important reason why employees leave their jobs (Dhladhla, 2011; Dhurup. et al.2014). Scholars also assert that the ultimate decision to leave one’s job is as a result of job dissatisfaction being at a level where an employee reaches a decision on the desirability of movement and when he/she finds it easy to move out (Martin, 2011). On the other hand job satisfaction refers to the extent to which people like (satisfaction) their jobs (Kraneneberg, 2013).
According to scholars, job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs and it has an impact on employee turnover. The studies also posit that it is a construct with multifacets/ multidimensions that include employee’s feelings about different job elements and intrinsic and extrinsic factors (Kranenburg, 2013). Thus job satisfaction is multidimensional in nature with specific facets/ dimensions. Owendi (2013), states that job satisfaction shows the level of content by individuals that results from their work and their work environment. According to Alasmari and Clint (2012), job satisfaction is an affective feeling which depends on the interaction of employees with the work environment. This study adopts Kranenburg (2013)’s definition of job satisfaction which states that job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs in organizations (Kranenburg, 2013).

Recent studies postulate that there is a consistent and inverse relationship between job satisfaction and turnover (Fernandez & Kim, 2013), meaning that job satisfaction affects employees’ decision to stay or leave an organization (Aydogdu & Asikgil, 2011). Furthermore, the greater the job satisfaction of nursing employees the less likely that there will be their turnover (Drake, 2014). This actually means that dissatisfied nurses may leave an organization in search of a more satisfying work environment and vice versa (Sinclair, 2012). Several studies have been done on job satisfaction and turnover of nursing employees. In one study carried out in the USA involving 12 European countries, it was established that a lot of nurses in every country reported job dissatisfaction, quality care deficits and high turnover (Aiken, Sloane & Stimpfel, 2012).
The study concluded that job satisfaction of nurses reduces turnover and helps improve quality of healthcare and that nurses’ job satisfaction has a great impact on patient’s care and good delivery of healthcare service (Myung & Lee, 2012; Aron, 2015). Previous studies have affirmed that loss of talented, qualified and skilled nursing employees is related to the reduction of quality of services offered to patients (Miller, 2010). It is therefore important and urgent for hospitals to retain qualified and skilled nursing staff to improve patient satisfaction (Chang, 2014). Furthermore, scholars support the view that nurses are very important in a healthcare system and without them the healthcare system will not survive (Mohammed, 2012) and also support the view that nurses’ voluntary turnover is a global problem (Aron, 2015).

However, the negative impact of nurses’ voluntary turnover is felt much more in developing countries such as the ones in the African continent than in developed countries. This is mainly because majority of the population in developing countries is very poor and relies mainly on public health systems for healthcare, which at the same time have a lot of challenges. Scholars postulate that availability of healthcare personnel in developing countries is worse than that of developed regions of the world due to lack of funds for healthcare services and also due to deterioration of healthcare service infrastructure (Afande, 2015). In Kenya, for instance, the number of doctors per population is quite low since there are only 13.8 doctors for every 10000 people. This number is far below the world health organization (WHO) recommended average of 44.5 doctors per 10000 people (KHWR, 2015).
The above world health organization (WHO) recommended average is the required standard for optimum delivery of healthcare services. The shortage of doctors in Kenya leaves nurses to fill the gap and hence their critical importance in healthcare organizations (KHWR, 2015). Kenya is among the 36 countries within Sub-Saharan Africa and one of the 57 countries of the world that faces a severe health workforce crisis including nurses (WHO, 2006; KNWR, 2012; KHSHRS 2014-2018). This is despite the fact that health is one of the key components in delivering the social pillar of Kenya which requires investing in the people of Kenya for the success of the country. Indeed the health sector plays a critical role in maintaining the healthy and skilled workforce necessary to drive the economy (Kenya Health Sector Strategic Plan, 2013-2017; Kenya Health Policy, 2014-2030).

Despite their importance, Kenya has inadequate nursing staff as the current national ratio of 25 nurses to 10000 people is far below the World Health Organization (WHO) recommended ratio of 83 nurses to 10000 people which is the ratio needed to take care of health needs of a nation (WHO, 2006; KNWR, 2012; KHSHRS 2014-2018). The shortage of nurses in Kenya is made worse by high numbers of trained registered nurses leaving the health sector (KNWR, 2012; KNUN. 2019). Kenya is therefore, facing a human resource crisis in the public health sector due to resignations, transfers and out-migration of its nurses (voluntary turnover). Studies have also shown that in the process of turnover, in most cases, the nursing employees in Kenya desert duty, resign or take leave (ICHRN, 2010).

Scholars also assert that for every 4.5 nurses that Kenya adds to its nursing workforce, 1 nurse out of the workforce applies to out-migrate which increases the shortage of nurses in
the country (Gross, et al. 2011). According to the Kenya National Union of Nurses (KNUN), 3000 nurses left the country within the last 2 years in search of greener pastures abroad (KNUN, 2014). In addition, the Nursing Council of Kenya (NCK), states that 600 nurses migrate annually and the number keeps increasing. In regard to nurses that leave the country, NCK continues to state that usually those that migrate to other countries are nurses who are between the ages of 21-35 and migrate to countries that include: USA, Canada, Australia and the United Kingdom (UK), while nurses that migrate to countries within the continent, majority prefer Botswana and South Africa (NCK, 2018). Furthermore, the nurses that leave/quit their jobs are those that have already worked in the country for 2-3 years (NCK, 2018) and hence have the much needed experience.

Therefore, Kenya is losing extremely younger experienced nursing employees to other countries while other nurses that have quit jobs at the national referral hospitals have moved to other sectors. Voluntary nursing turnover trend in Kenya’s healthcare sector continues unabated and has contributed to the creation of a worrisome shortage of nurses in the country (Macharia, 2016). This is despite the fact that Kenya requires adequate, reliable and stable nurses as it strives to meet the Sustainable Development Goals (SDGs), to realize Vision 2030 and to meet the Kenyan 2010 Constitution requirements on health, all of which have a common goal which is the achievement of quality healthcare for all (KHSSP, 2013-2017).

Nurses are critical for Kenya to achieve this goal (KHSRNS, 2014-2018, but voluntary turnover of nurses has affected the public health sector in Kenya, and more especially the National Referral Hospitals which are at the apex of the public health sector in Kenya.
They are highly specialized and treat patients referred to them from lower level hospitals and also sometimes patients referred from other countries. Therefore, demand for nursing healthcare services in these hospitals is very high hence requiring a lot of nurses to effectively and efficiently manage the demand. However, currently there is a shortage of nurses at these hospitals and at the same time they are experiencing voluntary turnover of nurses which is negatively affecting quality of healthcare provided (KNUN, 2014; KHSNRSH, 2014-2018).

The Government of Kenya is determined to improve access to quality essential healthcare services and is currently investing heavily on nurse training. It is also facilitating career progression of nurses to ensure that they stay longer at the workplace and hence offer the much needed healthcare services (KNWR, 2015; KHSSP, 2014-2018; KHSNRSH, 2014-2018). Despite the heavy investment in the national referral hospitals by the government of Kenya, voluntary turnover of nursing employees continues unabated, and is hence contributing to the critical shortage of nurses which is adversely affecting the quality of healthcare services offered to clients (Macharia, 2015). Kenya’s health sector comprises of public and private sub-sectors. The Public health sector comprises of the Ministry of Health (MOH) and the health institutions it manages, health institutions under county governments and other quasi-government bodies (Kenya Health Policy 2014-2030).

The Ministry of Health (MOH) has the responsibility of establishing policy directives, it also finances and supervises healthcare delivery. The private sub-sector comprises of for-profit and not-for-profit healthcare institutions which include faith-based (FB) institutions and non-government organizations (NGOs) that provide healthcare. Faith-based healthcare
is the larger part of the two branches of the private sub-sector (ICHRN, 2010; KSHSRH, 2014-2018). The proportion of ownership of the healthcare facilities in Kenya is shown in the table below:

Table 1.2: Distribution of Health Facilities in Kenya by Ownership: Major Categories in 2013

<table>
<thead>
<tr>
<th>Owners Category</th>
<th>No. of facilities</th>
<th>Proportion (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health (MOH)</td>
<td>3965</td>
<td>42.9</td>
</tr>
<tr>
<td>Other public institutions</td>
<td>438</td>
<td>4.7</td>
</tr>
<tr>
<td>Faith Based Organizations</td>
<td>1053</td>
<td>11.4</td>
</tr>
<tr>
<td>Private institutions and private practice</td>
<td>3500</td>
<td>37.8</td>
</tr>
<tr>
<td>Non-governmental Organizations</td>
<td>293</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>9249</td>
<td>100</td>
</tr>
</tbody>
</table>

Healthcare system in Kenya is also structured in a hierarchical manner that begins with primary healthcare facilities consisting of dispensaries and health centers with the lowest unit being the community. After primary healthcare facilities, there is the primary referral facilities followed by secondary referral facilities and then the tertiary referral hospitals which have higher levels of healthcare where complicated cases are referred. The tertiary referral hospitals are the National Referral Hospitals (Kenya Health Policy, 2014-2030). These hospitals are at the apex of the public health system in the country (KHP, 2014-2030).

National referral hospitals in Kenya are significant in the public health sector because they provide sophisticated diagnostic, therapeutic and rehabilitative services to clients and also provide education, training and internship programs for health professionals who include nurses. These hospitals also serve a large number of clients referred from lower level health facilities for specialized health services and hence play a central/critical role in Kenya’s
public healthcare sector (KHP, 2014-2030). The Kenya government has also invested heavily in these hospitals in terms of resources (KHSRHS, 2014-2018). Despite heavy government investment, voluntary turnover of nursing employees at these hospitals continues unabated and it has contributed to the creation of an acute shortage of nursing employees which has seriously compromised the quality of healthcare service provision and has hence adversely affected a lot of clients (KHSSIP, 2013-2017; Akacho, 2014; Okemwa, 2016; The Standard, March 2018; The Daily Nation, March 2018).

Voluntary nurse turnover at national referral hospitals in Kenya is a matter of great concern to all stakeholders in the country and should be addressed urgently since it has led to poor quality healthcare service provision at the national referral hospitals in Kenya (The Standard, March 2018; The Daily Nation, March 2018). Inadequate numbers of skilled nurses, due to voluntary turnover, has had a negative impact on efforts to expand access and improve quality of health services, a situation that has been aggravated by the continued high prevalence of diseases/conditions which include communicable diseases/conditions, non-communicable diseases/conditions and injuries in the country hence the need for more specialized human resources for health including nurses to be available in the hospitals to offer the much needed treatment (KHSRHS, 2014-2018). There is therefore an urgent need to curtail these excessive voluntary nursing turnovers in order to alleviate the suffering of patients that are in need of nursing services at these hospitals. The specific leading ailments and conditions that were identified in the year 2009 by the Government of Kenya and ranked in order of severity and which are still affecting the people in the country are shown in the table below according to their ranking.
### Table 1.3: Leading Causes of Death and Disability in Kenya, 2009

<table>
<thead>
<tr>
<th>Rank</th>
<th>Diseases or Injury</th>
<th>% Total Deaths</th>
<th>Rank</th>
<th>Disease or Injury</th>
<th>% Total DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV/AIDs</td>
<td>29.3</td>
<td>1</td>
<td>HIV/AIDs</td>
<td>24.2</td>
</tr>
<tr>
<td>2</td>
<td>Conditions arising during peri-natal period</td>
<td>9.0</td>
<td>2</td>
<td>Conditions arising during peri-natal period</td>
<td>10.7</td>
</tr>
<tr>
<td>3</td>
<td>Lower respiratory infections</td>
<td>8.1</td>
<td>3</td>
<td>Malaria</td>
<td>7.2</td>
</tr>
<tr>
<td>4</td>
<td>Tuberculosis</td>
<td>6.3</td>
<td>4</td>
<td>Lower respiratory infections</td>
<td>7.1</td>
</tr>
<tr>
<td>5</td>
<td>Diarrhoeal diseases</td>
<td>6.0</td>
<td>5</td>
<td>Diarrheal diseases</td>
<td>6.0</td>
</tr>
<tr>
<td>6</td>
<td>Malaria</td>
<td>5.8</td>
<td>6</td>
<td>Tuberculosis</td>
<td>4.8</td>
</tr>
<tr>
<td>7</td>
<td>Cerebrovascular disease</td>
<td>3.3</td>
<td>7</td>
<td>Road traffic accidents</td>
<td>2.0</td>
</tr>
<tr>
<td>8</td>
<td>Isachemic heart disease</td>
<td>2.8</td>
<td>8</td>
<td>Congenital anomalies</td>
<td>1.7</td>
</tr>
<tr>
<td>9</td>
<td>Road traffic accidents</td>
<td>1.9</td>
<td>9</td>
<td>Violence</td>
<td>1.6</td>
</tr>
<tr>
<td>10</td>
<td>Violence</td>
<td>1.6</td>
<td>10</td>
<td>Unipolar depressive orders</td>
<td>1.5</td>
</tr>
</tbody>
</table>


In the table above, DALYs refer to Disability Adjusted Life Years which is the total lost years due to incapacity arising from ill health (Kenya HRH Strategy 2014-2018).

The national referral hospitals in Kenya are currently providing poor quality healthcare services to clients and many such cases have been highlighted by the media. Provision of poor quality healthcare services to clients by these hospitals is a matter of serious concern to all stakeholders (Akacho, 2014; The Daily Nation, March, 2018; The Standard, March, 2018), for instance, a recent case where there was a surgery mix up at one of the national referral hospitals that was occasioned by a nurse taking a wrong patient to theatre (for a
Responding to questions by the Kenya parliamentary committee in charge of health as to why there was this surgery mix up and as to why a nurse took a wrong patient to theatre (for a wrong operation) leading to death of the patient, the CEO of the hospital confessed that the hospital is almost on the rims in terms of staff members and that nurses at the hospital are the most affected.

The hospital CEO, while acknowledging that the incident actually took place, said that the ratio of nurses to patients at the hospital should be 1:5 but the facility was operating at 1:40 and that the hospital needed 800 more nurses to boost its current number of 1500 nurses (The Daily Nation, March, 2018; The Standard, March, 2018). Thus the reason given for the poor quality healthcare services at the hospital was nursing staff shortages. This implies that nurses at the hospital were and still are overwhelmed by their work and that the hospital had and still has serious shortage of nurses which make it provide poor quality nursing services to clients. One of the major contributing factors to the serious nursing employees’ shortage at the hospital is turnover of nurses and this has led to poor healthcare service provision.

Poor quality healthcare service provision affects all the other national referral hospitals in Kenya (The Daily Nation, March, 2018; The Standard, March, 2018) and hence require urgent intervention. National referral hospitals are at the apex of the public healthcare system in Kenya and are critical to the success of the health sector in the country (Kenya Health Sector Strategic Plan, 2013-2017). Therefore it is imperative that these national referral hospitals in Kenya put in place mechanisms to retain the existing nurses to enable them provide good quality healthcare service delivery in order to satisfy clients. One of
the mechanisms that these hospitals can use is nursing employee job satisfaction as scholars are of the view that there is as inverse relationship between job satisfaction and employee turnover (Fernandez & Kim, 2013). This study therefore seeks to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.

1.1.1 Global Perspective of Job Satisfaction

Organizations are social systems where human resources are the most important factors for effectiveness and efficiency (Cinar & Karcioglu, 2012) and hence their job satisfaction is paramount. Job satisfaction is important in the lives of nurses due to the nature and the uniqueness of their work that involves a lot of stress (Alam & Mohammad, 2011; Dhurup, et al. 2014). However, scholars assert that in the last few decades, the healthcare system has gone through changes that affect nursing employees’ job satisfaction in a positive or in a negative manner (Aron, 2015).

In this study, job satisfaction refers to the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Spector, 1997; Krenenburg, 2013) and the study is using the dimensions /facets approach of job satisfaction and not the global approach. The global approach is used when the overall attitude is of interest while the factors/facets approach is used to find out which parts of the job lead to satisfaction or dissatisfaction (Barriball, Lu, While & Zhang, 2011). Moreover, according to some scholars, there is no common understanding of the term job satisfaction among many countries because of the diversity of methods used to gauge job satisfaction (EFILWC, 2007; Dawwas & Zahare, 2014). This development therefore calls for more in-depth research on job satisfaction. Despite this
lack of a common understanding of the term job satisfaction among many countries, a large number of scholars have tried to explain it.

According to Kranenburg (2013), job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. Kranenburg argues that job satisfaction has been repeatedly identified as the main reason why employees leave their jobs, and that job satisfaction is the most frequently used and single most reliable predictor of voluntary turnover. This is because when employees are satisfied with their jobs, they are usually not tempted to look for other job opportunities (Kranenburg, 2013). Other scholars, for instance, Mudor and Tooksoon (2011), also state that job satisfaction is a combination of cognitive and affective reactions to the differentiating perception of what an employee wants to receive compared to what he/she actually receives. Therefore, job satisfaction is assessed by workers in relation to what they expect from the job.

While some workers might expect a lot from a job, others might be resigned to expecting little from the job (Lopes, Lagoa and Calapez, 2014). Scholars also support the fact that job satisfaction is very important to organizations because it reduces employee turnover. They also agree that there is a positive relationship between labour turnover and job dissatisfaction and that lack of job satisfaction is an indicator of quitting a job (Afande, 2015). Recent studies postulate that turnover can also involve the movement of employees from public to private organizations and vice versa and also that the movement of employees can be from one profession to another and that usually people do migrate to better jobs (Chiboawa, Chipunza & Samuel, 2011; Cinar & Karchioglu, 2012). Currently, a
A large body of research states that nursing job satisfaction is on the decline worldwide (Aiken, Sloane & Stimpfel, 2012; Dhurup et al. 2014).

In a study of US and 12 European countries, it was found that a large percentage of nurses in every country reported job dissatisfaction (Aron, 2015). Furthermore, other studies have also reported that in Iran, at Gorgan hospital, job dissatisfaction of nurses was 79.8% (Ezzat, Fatemeh, Marhemat, Soodabeh & Fatemeh, 2014). All these studies imply that job dissatisfaction of nurses is a big challenge globally. Scholars also postulate that job satisfaction has influence on employee turnover (Ahmad, Mohammad, Mohd, Ahamad and Abang, 2012), and that it is one of the factors that contribute to people quitting their jobs (Mbah & Ikemefuna, 2012). This implies that if a person likes (satisfaction) his/her job, there is less reason to quit compared to when a person dislikes (dissatisfaction) his/her job (Mahdi, Zin, Nor, Sakat & Naim, 2012).

A large body of research has also reported that job satisfaction is strongly and inversely associated with employees’ actual quits (Luoma, Doherty, Muchiri, Barasa, Hofler & Maniscaoico, 2010), and nurses’ job dissatisfaction has also been reported as the primary predictor of the actual leaving of an employee from an organization (Drake, 2014). Indeed, scholars postulate that job satisfaction is the most important factor in determining a person’s staying or leaving of an organization (Dhladhla, 2011; Mudor & Tooksoon, 2011). Job satisfaction is critical in retaining well-qualified workers as workers with low job satisfaction are more likely to quit their jobs (Aron, 2015). Furthermore, a large number of studies indicate that organizations lose productivity when productive workers quit their jobs (Al-Zu’bi, 2010). Scholars have also asserted that job satisfaction is very important.
in the lives of nurses (Dhurup et al., 2014) and that dissatisfied nurses do actually quit their jobs (Sinclair, 2012). They also support the view that dissatisfied nurses can quit their jobs and can actually go to search for organizations that have a more satisfying work environment.

Thus nurses’ satisfaction with their daily work is critical since it affects their turnover (Eslami & Gharakhani, 2012; Dawwas & Zahare, 2014). Nowadays there is decline in levels of reported job satisfaction of nurses in different parts of the world, for instance, the United States of America and United Kingdom, Germany, Australia, Palestine, Rwanda and South Africa among other countries (Sinclair, 2012). This reported decline in levels of job satisfaction or lack of job satisfaction of nurses in different parts of the world has contributed to the critical shortage of nurses globally which has seriously compromised the quality of services provided by the nurses to their clients (Drake, 2014).

To reverse the current trend of reported decline in levels of job satisfaction or lack of job satisfaction of nurses in different parts of the world, employers should make sure that their employees are satisfied with their jobs in order to keep them for longer at the workplace for them to provide quality goods and services to clients and hence satisfying them.

**1.1.2 Regional Perspective of Job Satisfaction**

Several studies have been done regionally on job satisfaction. In a study is by Nabirye (2010), on occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. The study reported that nurses in Uganda had lower levels of job satisfaction and that the contributing factor is occupational stress. In yet another study by Nkomeje (2008) on exploring the factors that contribute to job satisfaction among
registered nurses at King Faisal Hospital, Kigali, Rwanda; it was reported that the nurses were moderately satisfied with their job at King Faisal Hospital.

In another study of Uwayezu (2008) on exploring the reasons why Rwandan nurses change employee status, it was reported that it is due to lack of motivation which makes nurses dissatisfied with their job. In another study by Kimanzi (2011), on motivation levels among nurses working at Butare University Teaching Hospital, Rwanda, it was reported that nurses were also dissatisfied with their job. In yet another study by Duane, Prudence, Fresier, Maureen, Aziza, Posy, Steve and Charles (2013) on comparing the job satisfaction and intention to leave of different categories of health care workers in Tanzania, Malawi and South Africa, it was realized that 18.8% of healthcare workers including nursing employees in Tanzania indicated that they were actively seeking employment elsewhere.

1.1.3 Local Perspective of Job Satisfaction

A lot of studies have been undertaken locally related to job satisfaction. For instance, Nyakego and Mulongo (2014) did a study on job satisfaction and employee turnover in Kerio Valley Development Authority. They reported that 75% of the employees were not satisfied with their jobs. Another study is by Bogonko and Kaimenyi (2015), on investigation into factors causing high nurse turnover in mission hospitals in Kenya, a case of PCEA Chogoria Hospital. They reported that the nurses were dissatisfied with their job. In yet another study by Afande (2015), on the factors that influence turnover of nurses, a case study of MP Shah Hospital Nairobi, Kenya; it was reported that the nurses were dissatisfied with their job.
In another study by Owendi (2013) on the perceived effect of terms and conditions of service on job satisfaction among in flight crew in Kenya Airways. It was reported that there are challenges of terms and conditions of services and job satisfaction and the perception thereof among flight crew in Kenya Airways. In yet another study by Mwiti (2012) on perceived relationship between job satisfaction and employee performance among teachers service commission (TSC) secretariat at the headquarters in Nairobi. The study by Mwiti reported that the level of employee performance in the organization (teachers service commission (TSC) secretariat at the headquarters in Nairobi is dependent on their job satisfaction.

Although the local studies have some similarities with this study, they are not exactly the same as this study, since this study seeks to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. In this study, job satisfaction refers to the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Kranenburg, 2013). This study is using the dimensions /facets approach of job satisfaction and not the global approach to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.

1.2 Statement of the Problem

The ultimate goal of Kenya’s health policy is to provide quality healthcare to the Kenyan people (Kenya Health Policy, 2012-2030), therefore, hospitals in the country should aim at achieving this goal(Akacho, 2014). The hospitals must therefore work towards achieving
adequate and stable nursing employees since nursing is central to quality healthcare delivery (WHO, 2006). On its part, the government of Kenya has invested heavily in the public health sector (Strategy for Community Health, 2014-2019) and more especially at national referral hospitals, in order to improve quality of essential healthcare (KHSHRS, 2014-2018). However, despite heavy government investment in national referral hospitals in Kenya, these hospitals are plagued by a myriad of challenges that include low job satisfaction of nurses, high nursing employees’ voluntary turnover, lack of adequate nurses in key areas and poor quality patient care (David, 2012; KHWR, 2015; Kinyili, 2015; KHSSP, 2013-2017; KHSHRS, 2014-2018; Strategy for Community Health, 2014-2019; Akacho, 2014; The Nation media, March, 2018; The Standard, March, 2018).

Voluntary turnover of nurses continues unabated (nurse resignations, 10%, nurse transfers, 6% and nurse out-migrations, 8%) (KNWR, 2012; Kimutai, 2013; KNWR, 2015; KNUN, 2019; Kenya Health Policy 2014-2030), and this has made national referral hospitals provide poor quality healthcare products and services to customers. Therefore, to retain the best nursing employees at national referral hospitals in Kenya, and hence improve on the quality of healthcare services and products provided to clients, urgent attention must be directed at their job satisfaction since job satisfaction is very important in the lives of nursing employees (Dhurup et al. 2014) and lack of it contributes to voluntary turnovers (Drake, 2014). Furthermore, voluntary turnover of nursing employees is a problem that cannot be ignored or put aside since it is not only very costly, but it also leads to decreasing staff shortages and hence has an adverse impact on quality of services and products provided to clients (Kinyili, 2016).
Therefore, to reduce turnover rate among nurses is one of the most effective ways of decreasing staff shortages and improving quality of services and products that nurses provide to clients (Aron, 2015). However, if the current nursing employees’ voluntary turnover trend at national referral hospitals in Kenya continues, given the critical role these hospitals play in Kenya’s healthcare sector, then chances of the country achieving quality healthcare for all would remain bleak. Moreover, although related studies have been carried out by previous scholars such as Drake (2014) and Aron (2015) among others, most of the studies have been carried out in developed countries such as USA, Canada, UK and Australia.

The studies carried out in developed countries may therefore not adequately address the effect of job satisfaction on nursing employees’ voluntary turnover in developing countries and more especially in Kenya, due to economic and social-cultural differences. Furthermore, related studies carried out in developing countries by scholars such as Mbah and Ikemefuna (2012) and Olusegun (2013), among others, have also not adequately addressed the issue of nursing employees’ voluntary turnover. With respect to Kenya, none of the previous studies have examined the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. It is against this background that this study aimed at filling this gap in existing literature.

1.3 Research Objectives

1.3.1 General Objective

The purpose of the study was to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.
1.3.2 Specific Objectives

i) To establish the effect of professional job autonomy on turnover among nursing employees at national referral hospitals in Kenya.

ii) To determine the effect of work-life balance on turnover among nursing employees at national referral hospitals in Kenya.

iii) To establish the effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya.

iv) To determine the effect of compensation on turnover among nursing employees at national referral hospitals in Kenya.

v) To establish the effect of work recognition on turnover among nursing employees at national referral hospitals in Kenya.

1.4 Research Hypotheses

The following hypotheses of the study were tested:

1. H1: Professional job autonomy has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya.

2. H1: Work-life balance has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya.

3. H1: Participation in work decision-making process has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya.

4. H1: Compensation has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya.
5. H1: Work recognition has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya.

1.5 Justification of the Study

This study has various beneficiaries that include ministry of health, human resource managers, academicians and researchers as well as clients/customers.

1.5.1 Ministry of Health

The findings of this study are useful to the policy makers in the government and more especially in the Ministry of Health (MOH) since they will use the findings in the development and implementation of policies in regard to nursing employees. These nursing policies are important because the government is keen on retaining nurses in the public health sector and more so at national referral hospitals so that they can continue providing the necessary quality referral services to the public.

1.5.2 Human Resource Managers (HRM)

The knowledge gained from this study is useful to human resource managers when handling the sensitive issue of job satisfaction and turnover in their work areas. From the study the human resource managers will get the necessary information that will help them make intelligent decisions regarding interventions that are aimed at increasing employee job satisfaction. This avoids costly disruptions that come with voluntary turnovers which are usually as a result of low job satisfaction.
1.5.3 Academicians and Researchers

Academicians and researchers will also find the results of the study useful. This is because the study has identified future research areas which once exploited, will add value to the body of knowledge in the field of human resource management. This will help academicians and researchers to gain more knowledge. Academicians and researchers will also find the study useful when they will need to replicate the same study in different industries to assess the behavior of the employees there in regard to turnover.

1.5.4 Clients / Customers

Findings of the study are also of interest to customers or clients of the national referral hospitals as they are interested in knowing whether quality services are available whenever needed. Positive knowledge will make these clients/customers have confidence in the national referral hospitals in the country.

1.6 Scope of the Study

The study involved nursing employees at national referral hospitals in Kenya. The respondents were nursing managers or their equivalent, in charge of wards and units at national referral hospitals. The independent variable in the study is job satisfaction which has dimensions/facets that include professional job autonomy, work-life balance, and participation in work decision-making process, compensation and work recognition, all of which are human resource functions. The researcher found it justifiable to use nursing managers or their equivalent, in charge of wards or units at the national referral hospitals since they are better placed to give the much needed information for the study.
Therefore, these nursing managers or their equivalent, are the units of observation (respondents). This is mainly because job satisfaction matters involving nursing employees of organizations are matters usually handled by nurse managers or their equivalent at the workplace. The construct examined is job satisfaction and the dependent variable is turnover at national referral hospitals in Kenya. The study therefore examined the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.

1.7 Limitations of the Study

The study involved nurse managers or their equivalent in charge of wards and units at national referral hospitals in Kenya. The researcher had challenges in regard to getting the necessary authorization from the medical superintendents of each individual national referral hospital to undertake the study. However, after submitting the authorization letter from NACOSTI and introduction letter from the university, and after meeting the terms and conditions of each individual national hospital, the researcher was given authorization to undertake the study. The researcher used a sample of the target population and then generalized the findings obtained from the respondents. However, some of the respondents were reluctant to participate in the study for fear of exposing their hospitals to external scrutiny.

To counter this challenge, the researcher explained to the respondents that the information that was to be obtained from them was only for academic purpose and that confidentiality and anonymity could be maintained and that no respondent would be personally identified
in the study. This helped change their perception and made them participate in the study. The other limitation is that there is little literature available in Kenya to provide an in-depth understanding of dynamics and challenges of nursing in Kenya. The researcher therefore used various studies as principal sources of data by picking relevant data on nursing. Therefore, the information that was available locally and the one sourced from around the world together were considered adequate for the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on literature review relevant to the study. The main areas discussed in this chapter include theoretical review, conceptual framework, and empirical review, critique of the existing literature, summary and research gaps.

2.2 Theoretical Review

A theory is a reasoned statement or group of statements, which are supported by evidence meant to explain phenomena. It is a systematic explanation of the relationship among phenomena. Scholars such as Kombo and Tromp (2013), posit that theories provide a generalized explanation to an occurrence. According to Makokha (2013), theoretical review offers a systematic combination of taxonomies, descriptions, explanations and predictions in a manner that provides a structure for complete explanation of a phenomenon. Thus, theoretical review for this study focuses on the relevant theories to support the study variables. The variables in this study are anchored on Stacy Adam’s Equity Theory, Hackman Oldham’s Job Characteristics Theory, Herzberg’s Two-Factor
Theory, Aldous’ Spillover Theory and Follet and Mayo’s Human Relations Theory. Relevant theories were examined in detail in this study and the researcher related them to the study variables.

2.2.1 Stacey Adam’s Equity Theory

Equity theory developed by Stacey Adams (1963) is based on the premise that people want to be treated fairly at the place of work. The theory states that employees weigh what they put into a job (input) against what they get from it (outcome) and then compare this ratio with the input – outcome ratio of other workers. If they find this ratio is equal to that of the relevant others, a state of equity is said to exist (Gupta, 2011). If an employee thinks that there is inequity between himself/herself and another employee, he/she is likely to be dissatisfied because the input and output are not equal. Inputs refer to the quality and quantity of the nursing employee’s contributions to his or her work, while outputs refer to the positive or negative consequences that an individual perceives as a consequence of his relationship with or others (Berry, 2010).

The major concern of equity theory is about payment made to employees by their employers. Payment is a cause of concern of equity and inequity in most organizations. Nursing employees want to feel that their contributions through work performance are being rewarded with fair pay. If a nursing employee feels underpaid the employee will feel misused and wasted and he/she would be dissatisfied with the job (Dugguh & Ayaga, 2014),
which can lead to employee turnover. According to previous scholars, rewards increase job satisfaction when these rewards are valued and perceived as equitable by the employees.

This theory has been also applied in other studies for instance the one on organizational justice as a determinant of job justice and organizational commitment, among others (Saif, Nawaz, Jan& Khan, 2012). This theory is relevant to the study because it explains the issues of compensation in an organization in that the nursing employees have to perceive that the compensation given to them is fair. If nursing employees feel that the compensation awarded to them is not fair in comparison to efforts and time they put into the job and in comparison with others, then it can cause dissatisfaction and hence make the nursing employees quit.

2.2.2 Hackman Oldham’s Job Characteristics Theory

This theory by Hackman and Oldham (1975) posit that there are a number of core job characteristics that impact job outcomes and these include job autonomy. Job characteristics are aspects of the individual employee’s job and tasks that shape how the individual perceives his/ her role in the organization. Hackman argued that the outcomes are of job redesign. These are influenced by several moderators which include differences to which various employees desire personal or psychological progress (Saif, et, al, 2012). The clarity of tasks lead to job satisfaction because greater clarity creates such a workforce which is more satisfied with and involved in work. According to Saif et al.
2012), there are five core job characteristics (skill variety, task identity, task significance, autonomy and feedback). These characteristics impact three critical psychological states which are experienced meaningfulness, experienced responsibility for outcomes of the work and knowledge of actual results of the work activities.

The three critical psychological states in turn influence work outcomes, for example job satisfaction. Job characteristics are tasks that affect the perceived prosperity of individuals in their work. Job characteristics can lead workers to experience the meaningfulness of work, personal responsibility and knowledge of results which collectively have a positive relationship with job satisfaction (Burrell, 2014). In this study one of the facets/elements of job satisfaction is employee’s professional job autonomy. The study wants to establish the effect of employee’s professional job autonomy on turnover. This theory is relevant to the study because the theory shows that job autonomy is one of the core job characteristics that impact job outcomes such as job satisfaction.

The theory implies that if a job is high on satisfaction through job autonomy, the likelihood of negative outcomes such as turnover will be reduced. The theory helps in the understanding that if there is greater clarity in regard to professional job autonomy, then the nursing employee will create a positive perception about the organization and be satisfied with the job. In the absence of professional job autonomy, the nursing employee is likely to have a negative perception about the job which will lead to job dissatisfaction hence leading to turnover.
2.2.3 Herzberg’s Two-Factor Theory

This theory by Herzberg, Mausner and Snyderman (1959), in the motivation to work, argues that employees are motivated by internal values than external values at work. The theory states that there are job satisfiers (motivators) related to the job contents and job dissatisfiers (hygiene factors) related to the job contents. One of the motivators is work recognition. From the theory we learn that hygiene factors do not satisfy but they prevent dissatisfaction. Hygiene factors include supervision and administration among others.

According to this theory the contents of the job which include work recognition are the factors that motivate workers and hence make them have high levels of satisfaction. The theory continues to state that eliminating what causes job dissatisfaction at work would result in a neutral state and not satisfaction. It concludes by saying that work motivation would only occur by use of intrinsic factors. Work recognition is one example of the intrinsic factors that motivates an employee.

The theory therefore helps in the understanding that work recognition is important in the work place as it makes an employee to be satisfied with his or her job. An employee that is satisfied with his/her job will not think of ever leaving that job. This theory has been applied in several studies for instance by Saif et al. (2012). Further empirical studies have also been conducted which have concluded that due to hygiene factors the field will always be plagued by high turnover. This high turnover can only be reduced by deliberate
measures to create defined career paths and feasible promotional opportunities for an organization’s officers (Sattar, Nawaz & Khan. 2012).

This theory is relevant for this study because according to this study, if there is no work recognition in an organization, the nursing employees will feel that they are not appreciated or even valued. The situation would leave them dissatisfied with the job currently held and hence make them quit. Therefore work recognition leads to job satisfaction and hence employee retention at the workplace.

2.2.4 Aldous ‘Spillover Theory

This theory by Aldous 1969 is used to explain the relationship between work and personal life. The theory states that what happens at work spills over and affects personal life and vice versa. Spillover theory is concerned with correspondence between what occurs at work and outside work which can have an impact on the family life and vice versa. The spillover can come in the form of mood, value or skill. For instance failure to fulfill a family role may make an employee have a foul mood which if carried over to the work place, it is considered a mood spillover (Miles, 2013).

Occurrence of spillover can lead to work-life balance or work-family conflict depending on the type of spillover. Scholars also postulate that it can also be positive or negative (Yamahata, 2015). Positive spillover occurs when an individual’s positive feelings and energy from work cross over into personal life or when positive feelings and energy from one’s personal life cross over into work. Negative spillover from work to personal life happens when problems, conflicts or energy at work prevents an individual from participating in personal life positively. Miles continues to state that negative spillover from personal life can also cross over to work-life for instance if the employee divorces or gets
divorced, has a sick parent, has a sick child or even in a case where his/her family member dies (Miles, 2013).

This theory has been used in several studies for instance in a study by Khan, Nazir, Kazimi, Khalid, Kiyayani and Shahzad, (2014) on work-family conflict and turnover intentions: the mediating effect of stress. This theory is relevant to the study because it mainly explains the job satisfaction facet which is work-life balance. The theory explains that when work-life balance is lacking, work can be affected or personal life can be affected. In the absence of work-life balance and because one may find it hard to move from personal life, it is work that will be sacrificed. This will lead to the individual employee deciding to quit his or her job. Thus work-life balance is very important in an employee’s work-life and it also affects his/her turnover.

2.2.5 Follet and Mayo’s Human Relations Theory

This theory by Follet (1868-1933) and Mayo (1880-1949), fronted the idea of involving individuals and groups in decision-making process. This involvement is possible when there is co-operation at the workplace. So the theory is out to explain importance of co-operation in the workplace. It implies that co-operation of workers is desirable for the attainment of the objectives of a firm. Worker participation in decision-making process is any arrangement that is designed to involve low cadre employees in the important decision making process within the work place (Mohd, Mohamad & Kawsar, 2011). Scholars posit that worker participation consists of the creation of opportunity under suitable conditions for people to influence decisions which affect them and it serves to create a sense of peaceful coexistence among the workers as well as creating a conducive environment for work (Hassan, Wright & Park, 2015). The human relations theory comes from the
understanding that co-operation of workers is desirable for the attainment of objectives of high productivity.

A worker should be perceived as a member of a social group rather than as an individual and this is in line with Mayo’s assertion that men are social beings with social and material needs. Mayo had discovered a fundamental concept that working places should be like a social environment and that good relationship should be maintained by all the workers. Follet also reported that mutual influence is developed when people work together harmoniously and she believed that an organization could only function efficiently when all its members are full and willing participants (Wood, Veldhovan, Croon & De Menezes 2012).

This theory has been applied in several studies including one by Wood, et, al. (2012), on enriched job design, high involvement management and organizational performance: the mediating roles of job satisfaction and well-being. The authors argue that high involvement management is negatively related to job-related anxiety. This theory is relevant to the current study because it emphasizes that employees should be involved in work decision-making process. This is important because the practice of involving employees in the work – decision making process creates good relationships in the work place and also makes the concerned employees feel part and parcel of the organization. This creates a sense of belonging in the employees regarding the organization. This makes the concerned employees become satisfied with their jobs and hence fewer turnovers. Previous studies have postulated that use of participative work designs has become a popular strategy for increasing job satisfaction and reducing turnover (Kasemsap, 2013).
2.3 Conceptual Framework

A research conceptual framework is a research tool intended to assist a researcher to develop awareness and understanding of the situation under scrutiny and to communicate this (Kombo and Tromp, 2013). It explains the relationship among interlinked concepts and also indicates the effects of the independent variable (cause) on the dependent variable (outcome). In this study, the conceptual framework shows the link and relationship among the variables.

This study’s independent variable is job satisfaction which is indicated by professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition. The dependent variable is turnover among nursing employees at national referral hospitals which is indicated by resignations, out-migrations and transfers. The research conceptual framework that indicates the independent variables and dependent variable forms the basis for research hypotheses.
In regard to this study, the conceptual framework is shown in figure 2.1.

**Figure 2.1: Conceptual Framework**

- **Independent variables**
  - Professional Job Autonomy
    - Work Procedures
    - Work Scheduling
    - Work Evaluation
  - Work-life Balance
    - Flexible Work Hours
    - Compressed Work Week
    - Employee Assistance Programs
  - Participation in Work Decision-making Process
    - Resource Allocation
    - Self-Scheduling
    - Performance Appraisals
  - Compensation
    - Pay Structures and Administration
    - Pay Raises
    - Benefits
  - Work Recognition
    - New Advanced Titles
    - Praise
    - Additional Training

- **Dependent variable**
  - Turnover among nursing employees
    - Resignation
    - Out migration
    - Transfer
2.3.1 Professional Job Autonomy

According to Karetepe (2011), job autonomy relates to the design of work and how to help employees stay engaged with work. Robin and MacLeod (2011), posit that autonomy is the freedom, independence and discretion in scheduling and determining the procedures used in carrying out work. In support of other previous scholars, Naqvi, Ishtiaq, Kanwal and Ali (2013), report that employee autonomy is one of the most important job related characteristics. While Dude (2012), posits that the most important thing about autonomy is the perception of autonomy which will eventually impact individual behavior. Employees must also perceive the presence of job autonomy.

According to Galleta et al (2011), if an employee has high level of autonomy in his/her work, he/she will feel responsible for the result of his/her actions and perceive the work outcome as depending on his/her efforts. Several studies have also asserted that autonomous work is associated with high levels of job satisfaction. Jin and Lee (2012), posit that researchers have recognized two types of job autonomy that can positively influence job satisfaction. These types of job autonomy are the control of task and the control of time. Scholars assert that the types of autonomy include: autonomy on working hours, autonomy on taking time off and autonomy of work contents. Prior studies on job autonomy indicate that job autonomy is the discretion with which one can choose the methods and scheduling of one’s work and the criteria used for evaluation of performance. Professional autonomy is a multifaceted or multidimensional phenomenon that has facets or dimensions that include work method autonomy, work scheduling autonomy and work criteria autonomy (Manisha and Abhishek, 2011; Dude, 2012).
In the area of nursing, autonomy is the extent to which nurses have freedom to act on what they know. Mohammad (2012), states that autonomy of practice in nursing is the freedom to act on what you know to make independent clinical decisions that exceed standard nursing practice, in the best interest of the patient. Professional nurse autonomy implies the right to exercise clinical and organizational judgment within the context of an interdependent healthcare team and in accordance with the socially and legally granted freedom of the discipline. The outcome of autonomy is accountable practice, practice decisions, improved patient care and nursing work. Professional autonomy is generally considered the ability of professionals to decide work patterns and to actively participate in major decision making (Robin, 2012; Park, 2015). According to Sinclair, autonomy is the ability of a nurse to assess and provide nursing actions that are appropriate for patient care based on competence, professional expertise and knowledge which is consistent with professional standards (Sinclair, 2012).

In regard to this study, nursing employee’s professional job autonomy is in regard to control of work procedures, control of work scheduling and control of work evaluation on daily basis. According to Iliopoulou and While (2010), professional job autonomy is important in the workplace and more especially in the healthcare industry (Scherb, Specht, Loes & Reed, 2011). These scholars also noted that autonomy greatly determines nurse job satisfaction and that lack of professional job autonomy may lead to high turnover. Iliopoulou and While (2010), also posit that nurses, especially those in critical care must exercise high levels of responsibility and discreional decision-making due to urgency in treating life-threatening illnesses.
The International Council of Nurses (ICN) emphasized individual nurse responsibilities and accountabilities in recognition that nurses usually make two types of decisions in their working lives. These decisions are patient care decisions and work related decisions (Iliopoulou & While, 2010). Furthermore, if an employee has a high level of autonomy, he/she will feel responsible for the result of his/her actions and perceive the work outcome as depending on his/her efforts (Galletta, et al, 2011). This will boost nurse’ morale and makes him/her satisfied with a job. According to Sunsanti (2012), higher level of professional autonomy is positively associated with higher level of satisfaction and consequently lower level of turnover. This is supported by other scholars that also state that professional autonomy is associated with professional success (Manisha & Abhishek, 2011).

Nursing employees can have autonomy regarding work procedures, work scheduling and work criteria and professional job autonomy is very important for nurses. Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for nursing care based on competence, professional expertise and knowledge. A nurse is also expected to practice autonomously, consistent with professional standards (Drake, 2014). Independent judgment is expected to be exercised within the context of a job because nursing employees highly appreciate working in areas where there is very high levels of professional job autonomy, in the absence of which, they will quit. Autonomous work is associated with high levels of job satisfaction (Iliopoulou & While, 2010) and nursing employees with higher perceptions of job autonomy are less likely to turnover (Dude, 2012).
2.3.2 Work-Life Balance

Miles, (2013), states that work-life balance is the perceived balance between work and the rest of life. According to Otieno, work-life balance is an act managing paid work and other activities that are important to people outside work effectively. It includes part time working, job sharing, self rostering, shift swapping, unpaid leave among others (Otieno, 2010). Supporting work-life balance activities in an organization is seen as a way of attracting and retaining the labour force needed to support economic wellbeing (Schilling, 2014).

According to Bourhis and Mekkaoui (2010), work-family issues have become increasingly important for employees, families and organizations. Less time for family responsibilities and obligations is creating stress on the home-work interfaces therefore work-life has become an important concern for both employers and employees. Indeed, long working hours are associated with increased work-family conflict which lead to reduction of job satisfaction and hence employee turnover. Furthermore, difficulties with managing work-life balance or having work-family conflicts is one of the major stressors in the work place that affects employees’ job satisfaction and turnover (Yamahata, 2015). Work-life balance therefore refers to non-existence of work-family conflict or rate of recurrence and intensity with which work interferes with family or family interferes with work (Shobitha & Sudarsan, 2010). Interference between work and non-work responsibilities has a number of negative outcomes to organizations.
A number of studies assert that employees reporting high levels of both work-to-life and life-to-work conflict, have lower levels of job satisfaction and behavioral outcomes of both directions of conflict include increased turnover (Dude, 2012). According to Ghayyur and Jamal (2012), there has to be in place, the strategy of work-life balance in an organization in order to retain employees at the workplace for longer. This will help check and counter work overloads, schedule dissatisfaction and job pressures. In the absence of work-life balance, there will be work to life conflict or life to work conflict. Work to life conflict could create negative impact on the occupation of the employees and family to work conflict has negative impact on job satisfaction.

Existence of work-life-balance brings about reduction of turnover at work (Wood & Menezes, 2012), since work-life balance positively influences turnover. Beaujean (2011) posits that employees would like more influence and control over their work conditions, and hence the need for creating a flexible work environment that matches employee’s personal needs. For employees to be satisfied at both work and private life, a balance between work and life needs to be created (Miles, 2013). The interventions put in place to create the work-life balance are referred to as flexible working. These interventions involve flexible work hours or flextime which is involves flexibility in working time arrangement, the number of hours worked and also the place of work (Sabina & Sangaran, 2015). In regard to the current study, the nursing employee’s work-life activities include compressed work week, flextime schedules/flexible working hours and employee assistance programs.
According to scholars, compressed work week is a policy that allows an employee to arrange his/her working schedule in a way that he/she would have longer working hours for him/her to have a five day work week or shorter period (Yamahata, 2015). Compressed work week or five day work week or shorter period, is an arrangement made in such a way that an employee works at the standard number of hours in one or two weeks period but compresses those hours into fewer work days. For example an employee can work 9/80, meaning eighty working hours for a period of nine days, hence working longer hours per day but fewer days per week. This arrangement is suitable for employees that do not deal with incoming work daily or where there are many employees doing the same job.

Flexi time is a policy that allows an employee to manipulate his/her working conditions in order to have a more convenient work setting and schedule and hence it includesthe working arrangements that have flexibility. Recent studies postulate that perceived schedule flexibility is negatively related to work-family conflict and vice versa (Javed, Khan, Yasir, Aamir & Ahmed, 2014). Scholars are of the view that controlling work schedule requires that when an employee wants to take off certain hours from work and makes a request to this effect to the organization’s management, the management must seriously consider the request. In the case of flexi time, the employee needs to indicate the amount of hours he/she desires to work and at what times he/she wants to work (Beaujean, 2011). Scholars assert that flexible scheduling increases perceptions of control over work and family matters which in turn lowers work-family conflicts (Macnall, Masuda & Nicklin, 2010).
Studies done indicate that flexible work arrangements also gives employees time to create more resources thus making them better equipped to handle work and family demands (Macnall, Masuda & Nicklin, 2010). They also support the view that flexible work arrangements can also give more perceptions of control over work–family matters thus increasing positive attitudes at work that may lead to a more positive effect at home (Yamahata, 2015). Employee assistance programs are programs that are offered by organizations to help the employees overcome personal and health related problems and also help get productive employees back on the job as quickly as possible after being off the job. They also lower turnover incidences by preventing health related problems thereby reducing employer health costs.

These programs include smoking cessation, weight control, stress management, physical fitness, nutritional education, blood pressure control, violence protection among others. Recent studies indicate that employee assistance programs help recognize the interaction between people’s domestic and working lives and it also offers confidential professional counseling to staff in order to address personal or work problems (Khan, Nazir, Kazmi, Khalid, Kiyani & Shahzad, 2014). According to Yamahata, employee assistance programs (EAP) provide assistance in personal issues that include professional counseling in case of job stress, balancing work and family, financial or legal issues, family violence, among others (Yamahata, 2015). Other scholars have also asserted that friendly work-life balance policies actually help reduce turnover in the workplace (Sabina & Sangaran, 2015), and that absence of work-life policies that favor work-life balance usually leads to lower job satisfaction and hence increased turnovers (Shujat, Cheema & Bhutto, 2011; Khan et al. 2014).
2.3.3 Participation in Work Decision-making Process

According to Richardson, Danford, Stewart & Pulignano (2010), participation in work decisions is a process that allows employees to exercise some control over their work and conditions under which they work. Other scholars have stated that participation in work decisions is a process in which influence is shared among individuals who are otherwise hierarchically unequal. These scholars continue to state that employee participation includes direct participation in work decisions, consultative participation, short term participation and representative participation (Kasemsap, 2013). Direct consultation is where there is dialogue between management and employees without the mediation of representatives. It involves sharing of information to enable reasoned discussion issues that affect them at the work place regarding work. The scholars postulate that despite the sharing of information, it is the management that has the right to make the final decision.

Horsford (2013), posits that if employees are allowed to actively participate in decision making process, it could lead to reduced turnovers. According to Caillier, participation occurs when subordinates are consulted. He continues to say that participation can impact on motivation of the employees which can reduce turnover (Caillier 2011). Participation in decision-making process is actually the involvement of employees in the process of reaching decisions and employees enjoy offering suggestions or input about their work and a participative management practice balances the involvement of managers and their subordinates in decision-making.
Recent studies are of the view that participation in decision-making process enhances feelings of ownership and commitment. It is about employees having a voice or say in what affects personally thus enhancing positive feelings about the job since people like to feel that they have control over their work and enjoy the opportunity to interact with others during the course of their jobs. Participation in work decision-making process or input into decision-making is therefore the degree to which employees perceive that they have a voice in organizational decisions. It is concerned with how power is distributed within an organization (Gonzalez, 2010). Employees that are allowed to give their input during decision-making process generally view their job in a more positive light resulting in greater job satisfaction since input into decision-making has a positive relationship with job satisfaction and turnover (Caillier, 2011; Horsford, 2013).

According to Horsford (2013), participation in decision making of an organization, which is also known as participative management addresses the relationship between the organization and its workers and stakeholders. He continues to assert that managers should understand that employees have a right to participate in decision-making process especially in regard to decisions that will affect them directly at a workplace and that participation helps reduce turnovers in an organization. The ways in which managers can involve employees in the organization decision-making process include through work teams, employee committees, and employee suggestion forums such as in staff meetings. In these employee suggestion forums, the employees can share views on issues affecting the organization and also share solutions to the said issues. The employees can also make proposals to changes in the day to day operations of the organizations.
concerned. Supporting Horsford (2013), scholars such as Petkovska, Bojadziev and Stefanovska, (2014), also posit that organizations that foster employee participation tend to have increased levels of job satisfaction and henceforth characterized by lower turnover rates.

In regard to this study, nursing employees can participate in work decision-making process through their input into resource allocation, for instance in regard to staff, equipment and knowledge. Participation can also be through self-scheduling, and also through input into performance appraisals. In regard to resource allocation, previous scholars have asserted that nursing employees are usually concerned about resources especially those that support nursing practice like staffing. The studies imply that nurses desire more decisional involvement in regard to control of resources. This is due to the fact that input in allocation of resources increases nurses’ satisfaction and consequently their retention for longer in an organization (Scherb, et al, 2011).

In regard to self-scheduling, scholars posit that a work schedule is used to inform an employee when to be present at work. They continue to assert that although a work schedule requires sustained effort and can have psychological costs (Beaujean, 2011), it can determine what hours a nursing employee has to be at work and also when the employee is off work. Thus the employee is able to plan for his/her non-work activities. Previous studies state that when work occurs in another form than a traditional day schedule such as night and weekend shifts, as is often the case in nursing, it can lead to discontinuities between work and personal life hence the need for balancing work and personal life (Beutell, 2010).
Scholars are of the view that when managers of organizations schedule work activities alone, it may not be possible to take every nursing employee’s preferences into account and hence the need to involve employees through self-scheduling. Self-scheduling also brings about an increase in communication among nurses which promotes development of negotiation and problem-solving skills and it also increases job satisfaction and retention (Scherb, et al. 2011). Therefore, participation in self-scheduling makes a nursing employee satisfied in the job since it takes care of his/her interests. In regard to input into performance appraisals, performance appraisal is a process that involves a superior evaluating and judging the work performance of a subordinate. It is a formalized review of the way in which an employee has been performing on the job, hence it is a mandatory process to judge the work performance of the employee. Usually the work performance of an employee is judged for a particular period of time.

Scholars assert that performance appraisal can provide management with information necessary for the success of an organization (Ali, Kakakhe, Rahman & Ahsan, 2014). Furthermore to succeed in performance appraisal, many organizations use either formal or informal performance appraisal systems to measure employees’ performance and it is through performance appraisal that employees are given valuable feedback from top management which helps inform them of their strengths and weaknesses. This helps the employees take steps to improve their performance. Indeed a number of studies indicate that performance appraisal especially the one that includes employee participation impacts on employee performance by increasing job satisfaction and hence reduces turnover (Johari, Yean, Adnan, Yahya & Ahmad, 2012; Akhtar and Khattak, 2013).
2.3.4 Compensation

The term compensation refers to all forms of pay received by employees against their services rendered to organizations. Recent studies indicate that there are two main forms of compensation and these are direct financial payments and indirect financial payments (Ali, et al. 2014). According to Berry(2010), and Cho & Son (2012), direct financial payments include wages, salaries, incentives, commissions and bonus while indirect financial payments given to employees may include holidays, vacations, and personal leave among others. Direct financial payments made to employees can be based on increment of time or on performance. Scholars assert that wages and salaries are important factors for job satisfaction since money helps people attain their basic needs and is also instrumental in providing upper-level needs satisfaction. They continue to state that the amount of wages and salaries received positively relate to job satisfaction (Aydogdu & Asikgil, 2011).

In regard to compensation, of more concern is the degree to which employees accept rewards of work, monetary or otherwise. According to scholars, legal union, policy and equity are factors that influence the design of organization’s pay plans. Without the factors mentioned above, compensation plans may be perceived as unfair. Perception of equity is critical in determination of pay. Pay should therefore have external equity meaning that it should be considered equitable to those doing similar work outside the organization. Pay should also have internal equity, meaning that it should be considered equitable to those doing similar work within the organization (Berry, 2010).
Previous studies suggest that without external equity, employers will find it difficult to attract and retain qualified employees and also to motivate them (Johari, et al 2012). Scholars also posit that without internal equity, employers will have problems with employees and that employees should perceive equity in their pay otherwise they will solicit for more pay or less work, reduce amount of work to the level they feel is fair or actually leave the organization (Berry, 2010). In this study the specific issues regarding compensation are pay structure and administration, pay raises and also benefits, all of which are important to employees. Pay structure and administration refer to the hierarchical structures that are created among pay rates for different jobs in an organization including the way pay is distributed to employees. The scholar asserts that pay structure and administration has to be seen as fair by the nursing employees otherwise they will be dissatisfied with it and this may lead to quits.

Pay raise is the individual changes in pay level as set by the organization and it can be based on job classification or other criteria. The pay raise has also to be seen as fair by the nursing employees, otherwise they will be dissatisfied with their job and eventually quit (A’yuninnisa & Saptoto, 2015). Employee benefits are indirect pay made to an individual in form of payment for their time and not for their work. Benefits are hence indirect financial payments given to employees and may include holidays, vacations, personal leave, sick leave, child care assistance, life insurance, medical insurance funeral leave, jury duty level, sick leave, short and long term disability, life insurance, medical insurance, dental insurance, vision care, retirement plans among others (Ali, et al, 2014).
Berry (2010), states that benefits are any type of plan sponsored or initiated unilaterally or jointly by employers and employees in providing benefits that stem from the employment relationship and one of the most important goals of a benefits plan is to attract and retain employees. Nursing employees must therefore see that the benefits given to them are fair to them but if they perceive the benefits offered by an organization as unfair, they will be dissatisfied with their jobs and quit (Johari, et al. 2012). Previous studies suggest that benefits and pay satisfaction are important in affecting turnover and are useful in retaining employees (Carraher, 2011). According to A’yuninnisa and Saptoto (2012), compensation is one of the main factors of job satisfaction and job satisfaction and retention of employees can be achieved through good compensation.

The scholars continue to assert that if employees think that there is a discrepancy between how much pay they should receive and how much pay they do receive, they will experience pay dissatisfaction which can lead to turnover. Dawwas & Zahare (2014), also posit that employees that are satisfied with the compensation the employer gives them will be devoted to the organization and will not have thoughts of leaving an organization. The relationship between compensation and job satisfaction includes how fair the worker perceives the compensation as well as the actual amount of compensation received. A’yuninnisa & Saptoto (2015), assert that pay satisfaction is achieved when there is perception of fairness in compensation regarding pay raises, pay structure/administration and benefits. These scholars also emphasize the fact that workers make comparisons with people in other organizations that they consider relevant or similar to the organization in which they are employed.
If employees of an organization view the pay they receive is as equal to that given to workers in other organizations they will consider it as fair and vice versa therefore the feelings of workers concerning fairness of compensation are relative (A’yuninnisa & Saptoto, 2015). Scholars postulate that when employees make comparisons, it is not only a comparison of task input and reward outcomes but also that of the outcomes received by either a relevant individual within the organization or workers doing a similar job in a relevant organization. If less is received than a worker believes has been earned when compared to another worker during similar work, the compensation is viewed as unfair (Berry, 2010), therefore scholars agree that pay satisfaction is a significant predictor of turnover (Carraher, 2011; Duane et al. 2013).

When it comes to employers, they view compensation as a major cost factor of production and as a necessary inducement for retaining valued employees and employer compensation practices are intended to provide fair compensation. Employers therefore attempt to provide pay that they see as fair with respect to external labour market, relative value of the job, and added value that individual employees produce for an organization. Recent studies done indicate that employees would like to continue working in an organization where they perceive compensation given to them as fair and one that is commensurate with their skills and expectations (Abdullah, Bilau, Enegbuma, Ajagbe, Ali & Bustani, 2011). Pay, therefore, is a major consideration in an organization as it provides employees with a tangible reward for their services (Carraher, 2011) and lack of pay satisfaction is a predictor of turnover since pay satisfaction is achieved when there is perceived fairness in compensation (Motshegwa, 2011).
2.3.5 Work Recognition

Work recognition is the acknowledgement, appreciation or approval of the positive accomplishment or behaviors of an individual or team in regard to a job (Caligiuri, Lepak & Bonache, 2010). According to Burrell (2014), work recognition is praise or a personal note acknowledging achievement and it includes small gestures by the employer which are very important to employees. Perceived employee recognition is the degree to which the organization acknowledges the employees’ efforts. Dalke & Prakash (2012), assert that work recognition has benefits which include quicker identification of low performers and increased customer loyalty and retention since work recognition initiatives can motivate employees hence build feelings of confidence and job satisfaction.

Recent studies suggest that work recognition is the most important tool used in organizations and that it should be provided often to make employees feel valued (Ngamkroeckjoti, Ounprechavanit, & Kijiboonchoo, 2012). According to Jin and Lee (2012), job training is one of the ways of recognizing employees. Job training refers to a set of planned activities on the part of an organization to increase job knowledge and skills or to modify the attitudes and social behavior of its members in ways consistent with the goals of the organization and the requirements of the job. Scholars also state that workers’ sense of job satisfaction can be attributed to workplace learning opportunities (Jin and Lee, 2012). Training of employees is necessary at the work place and it is seen as a tool that can lead to higher levels of employee retention. According to Danish and Usman (2010), if employee recognition is implemented properly, the organization will provide a good working atmosphere that motivates employees.
Berry (2010), postulates that good leaders recognize employees frequently and recent studies indicate that employees that don’t feel recognized for their efforts will become increasingly dissatisfied with their jobs and lose their commitment to the concerned organization. This is due to the fact that lack of work recognition will most likely make employees consider leaving their current positions for new opportunity (Imran, Ahmad, Nisar & Ahmad, 2014) since lack of work recognition is a significant predictor of turnover (Henryhand, 2010). Moreover, staff members that receive rewards as a form of work recognition are more likely to speak positively about their jobs regardless of what form the rewards take. Scholars also assert that employees’ work recognition can be derived from both financial and non-financial rewards (Decenzo, Robbins & Verhulst, 2012).

Previous studies argue that recognizing of employees is beneficial to an organization since it can boost productivity and increase satisfaction. According to Burrell, pay raises, more advanced job titles and descriptions or special public recognition are all valued recognition that increases job satisfaction hence lowering turnovers (Burrell, 2014). Furthermore, outstanding individual performance, improved performance or even perfect attendance to duty are examples of areas of work that can be recognized by employees. Scholars assert that in recognizing employees’ work efforts, the effective work recognition measures that can be used by managers include verbal and written praise, public praise and symbolic gestures (Tessema, Ready, Abel & Embaye, 2013).
Scholars are of the view that whichever method that is used by an organization to recognize employees, the work recognition efforts must be timely, sincere and personal in order for them to be effective. Managers also need to establish criteria for identifying employees that are eligible for recognition and then recognize all those that meet the criteria. In support of other scholars (Dude, 2012), emphasizes on the fact that employee work recognition must be earned, timely and immediate and must be accompanied by a celebration for it be effective. Recognition of employee performance may be in the form of a team or an individual and the best work recognition singles out individuals or groups for extraordinary performance. (Tessema et al.2013). Scholars such as Dalke & Prakash (2012), also argue that work recognition being very important in the work place, should be in relation to performance in any specialized area such as recognition for safety, recognition for length of service, recognition for superior customer services among others (Dalke & Prakash, (2012).

According to Ngethe, Iravo and Namusonge, (2012), appreciation is a fundamental human need and employees respond to appreciation expressed through recognition of their good work because it confirms that their work is valued. Employees tend to stay in organizations when they feel that their capabilities, efforts and performance contributions are recognized and appreciated by others. Therefore, recognition and rewards are effective in retaining good performers in organizations (Dalke and Prakash, 2012). These scholars also continue to state that recognition can be formal, informal, monetary or non-monetary. Recognition can also include letters or postcards and memory items that last longer than cash.
Employee recognition can also be in the form of non-monetary awards that have trophy value such as the employee/employees having lunch with manager/managers, or supervisors, a picture of an employee/employees displayed in a prominent place, having a room or hallway named after the employee or even the posting of name/names in the organization’s notice board or website among forms (Tessema, et al. 2013). When looking at reasons for work recognition studies posit that it can be due to a job well done, a special favor, completing an unpleasant task, or saving a company time or both among other reasons. Scholars also postulate that the effective recognition measures that can be instituted by organizations include verbal and/or written praise, public praise and symbolic gestures by managers (Caligiuri, Lepak & Bonanche, 2010). Furthermore the conditions necessary for effective use of a recognition tool include frequent use of recognition, provision of recognition every one week to make employees feel valued and the recognition has to be specific in nature (Abdullah & Wan (2013).

Scholars also assert that recognition becomes meaningful if what one is recognized for is identified and that the rewards to be given for work recognition should be given shortly after the employee action that deserves recognition occurs. Furthermore, the scholars postulate that employee recognition and rewards lead to higher job satisfaction (Dalke & Prakash, (2012). In regard to this study, nursing work recognition includes giving nursing employees more advanced job titles, verbal or written praise and also additional job training for higher certification and this can be done in seminars, workshops and conferences among forums.
Work recognition in form of giving more advanced job titles involves job promotion which provides an employee with an increase in pay and improved status (Burrell, 2014). Job promotion also makes nursing employees feel happy and hence satisfied with their jobs which end up reducing turnover. Verbal or written praise is also good recognition by the employer as it makes employees feel happy and satisfied in their jobs hence motivating them to put more effort in the jobs and also to stay longer at the jobs. This is because satisfied employees will not want to leave their organization (Kranenburg, 2013). Job training is a process by which individuals change their skills, knowledge, attitudes and/or behavior which helps employees’ continue making positive contributions in the form of good performance. Job training refers to a planned effort to facilitate the learning of job related knowledge, skills and behavior by employees (Mudor & Tooksoon, 2011).

Additional employee training as a way of employee recognition is important in that the employee is enabled to acquire new knowledge, learn new skills and perform tasks differently than before. The purposes for additional job training also include improvement on job performance, improved quality and quantity of products and services and reduced learning time required to help employees reach acceptable standard of performance. Other purposes of job training are creation of more favorable attitudes towards work and the organization, satisfaction of manpower planning requirements and reduction of the number and the cost of accidents. Training also helps employees in their personal developments, reducing the need for recruitment when vacancies arise and also minimizing supervision time.
Some of the common kinds of training are orientation training, skills development training, safety training, professional training, technical training, supervisory and managerial training among others (Armstrong, 2010). Scholars are of the view that training of employees improves the rate of employees’ intention to stay hence training can reduce turnover of employees from an organization. Thus effective training not only equips employees with knowledge and skills needed to accomplish jobs but also helps achieve overall organizational objectives by contributing to the satisfaction of employees (Johari, et al, 2012), and this reduces employee turnover. Furthermore, studies have established that an employee’s recognition by an employer has a significant relationship with that employee’s job satisfaction and that lack of it is a significant predictor of turnover (Henryhand, 2010; Dalke & Prakash, 2012). Nursing employees just like other employees, are therefore willing to stay longer in an organization that has employee recognition programs, in the absence of which, they will quit.

### 2.3.6 Turnover among Nursing Employees

Employee turnover poses a serious threat to organizations especially in the modern era when human resource is considered to be one of the means for achieving competitive advantage (Olusegun, 2013). The detrimental effects of high turnover, especially when the high performing employees leave, on the organization are the major concern for the organizational managers. Excessive turnover is dangerous for an organization and it undermines the efficiency and productivity of the organization. In some occasions, it threatens the organization’s long term survival (Dawwas & Zahare, 2011).
Scholars postulate that there are two types of turnover and these are involuntary turnover which is initiated by the employer and voluntary turnover which is initiated by the employee. Voluntary turnover is unpredictable and more harmful to an organization and it occurs more frequently than involuntary turnover (Terera & Ngirande, 2014). Furthermore, when leaving organizations, employees take with them invaluable repository of knowledge and turnover may also initiate a negative effect on the morale of existing employees (Shukla & Singh, 2013). Recent studies also assert that voluntary turnover has been a critical issue for management for many years (Chen, Lin & Lien, 2010) and that it is a major persistent problem for organizations till now (Ahmad & Omar, 2010; Mbah & Ikemefuna, 2012).

According to Dhladhla (2011), turnover is a multistage process linking social and experiential orientations, attitudes towards the job, the decision to quit and the behavior of actually quitting. It is also one of the biggest challenges in many organizations including the ones in Kenya (Nyakego & Mulongo, 2014). According to Al-Hussami, Darawad, Saleh & Hayajneh (2013) nursing turnover is a major problem that makes management of nursing workforce a challenge for nursing leaders/managers. Turnover of nurses also negatively influences healthcare costs and leads to compromised quality of healthcare services (Aron, 2015). Therefore, it is imperative for human resource managers to understand how to maximize retention of productive nursing employees through the analysis of why they leave voluntarily (Afande, 2015).
Healthy turnover of employees in an organization can be positive (Cho & Son, 2012) and helpful to the organization since it will introduce new ideas and techniques that can move an organization to greater levels of success. However, excessive turnover among highly productive key nursing employees is very costly directly and indirectly (Cho & Son, 2012; Olusegun, 2013; Drake, 2014) and can negatively affect an healthcare organization. Direct financial costs include: recruitment and replacement costs and administrative hiring costs among others (Park, 2015). Indirect costs or social costs include: loss of health services, loss of supervisors, loss of mentors and ineffective referral systems among others (Khah & Du, 2014). High nursing staff turnover can also result in professional disillusionment as the remaining staff starts questioning their own employment in the sector (Shukla & Singh, 2013).

According to Khan et al. (2014) and Aron (2015) excessive turnover ultimately affects quality of care that the patients receive by hindering nurses’ ability to meet workload demands and the provision of persistent patient care. Therefore it is important that mechanisms are put in place to reduce voluntary turnover of nursing employees. Recent studies postulate that turnover amongst healthcare workers especially nurses is a recurring problem (Amanambu, 2013) and also a global problem (Aron, 2015), and that it is the major contributor to the shortage of nurses (Dawwas & Zahare, 2014). Indeed nursing employees’ turnover, in the form of resignations, transfers and out-migrations negatively affects the operations of the national referral hospitals in Kenya (KHSHRS, 2014-2018).
This current trend of nurse resignations, nurse transfers and nurse out-migration has to stop and be reversed. If will not be done as a matter of urgency, it will not only continue compromising the quality of healthcare services that are provided by the nursing employees but it will also make it impossible for the country to achieve the Sustainable Development Goals on health, meet the new 2010 Constitutional requirement and also be able to realize the country’s Vision 2030 which can all be summarized as the provision of quality healthcare for all.

2.4 Empirical Literature Review

2.4.1 Professional Job Autonomy

In regard to the objective of establishing the effect of professional job autonomy on turnover among nursing employees, an empirical study by Iliopoulou and Alison (2010) on professional autonomy and job satisfaction, a survey of critical care nurses in mainland Greece, reported that failure to address perceptions of professional autonomy may have an impact on staff retention because of job dissatisfaction. In another study by Sunsanti (2011), on the effects of job autonomy on work outcomes with self efficacy as an intervening variable, it was reported that job autonomy significantly relates to job satisfaction. In another study by Myung and Lee (2012), on the effects of autonomy, experience and person-organization fit on job satisfaction, the case of public sector, it was reported that autonomy regarding control of hours was found to be having a negative association. The ease of taking time off during working and the organization of daily work were found to be positively and significantly related to job satisfaction. The conclusion is that high job satisfaction leads to retention of employees while low job satisfaction leads to employee voluntary turnover.
2.4.2 Work-Life Balance

Regarding the objective of determining the effect of work-life balance on turnover among nursing employees, several similar studies have been done. In an empirical study on the effect of role conflict, work life balance and job stress on turnover: evidence from Pakistan (Javed, Khan, Yasir, Aamir & Ahamad, 2014), the scholars reported that role conflict, job stress and issues related to work life are key determinants of turnover rate. In another empirical study on the relationship between flexible work arrangement and commitment of nurses in public hospitals in Kenya, (Okemwa, 2016), reported that flexible work arrangement has a significant linear relationship with nurses’ commitment. In yet another study on work-family conflict and turnover intentions: mediating effect of stress, Khan et al. (2014) reported that there is positive relationship between work-family conflict and turnover intentions and eventually actual turnover.

2.4.3 Participation in Work Decision-making Process

In regard to the objective of establishing the effect of participation in work decision-making process among nursing employees, an empirical study by Horsford (2013), on active employee participation in the public service decision-making process, a public servant perspective, it was reported that if employees are allowed to actively participate in decision-making process it would reduce turnover. This is due to the fact that if employees are consulted on issues affecting them at the workplace, they would feel part of the organization and be happy with their jobs and hence want to remain and continue working in the organization.
In yet another study on employee participation in decision-making, evidence from a state-owned enterprise in Indonesia by Irawanto (2014), the study reported positive findings of a relationship between employee participation in decision-making and their motivation. In another empirical study on innovative business management, a practical framework and causal model of participation in decision-making, career adaptability affecting commitment, and turnover intention by Kasemsap (2013), the study indicated that dimensions of participation in decision-making, career adaptability, and affective commitment have mediated negative effect on turnover. Participation in decision-making is therefore positively correlated with career adaptability thus reducing turnover.

2.4.4 Compensation

In regard to the objective of determining the effect of compensation on turnover, in a study by Ali, et al (2014) on the Impact of Human Resource Management on employee’s outcomes (Empirical evidence from public sector universities of Mlakand division in Pakistan), the authors reported that good compensation decreases employee turnover. In another study by Berry (2010) on predicting turnover intention: examining the effects of the employee engagement, compensation fairness, job satisfaction and age, the findings indicate that both employee engagement and compensation fairness demonstrated an inverse relationship with turnover intent and job engagement and compensation fairness with the outcome variable turnover intention which eventually leads to turnover.
In yet another study by Ghayas and Siddiqui (2012), regarding the impact of job satisfaction on turnover intentions in the pharmaceutical industry of Karachi. Results indicated that compensation, co-workers’ attitude, work satisfaction, supervisor’s support, promotional opportunities and the communications have a significant but negative impact on turnover in the pharmaceutical industry located in the region of Karachi, Pakistan. In another empirical study on promoting employee intention to stay: Do human resource management practices matter? Findings reported that only compensation and benefits have a positive impact on respondents’ intention to stay. In yet another study by Zahra, Irum, Mir and Chishti (2013), on Job Satisfaction and Faculty turnover intentions: A case of Pakistani Universities, the scholars also reported negative association between compensation and turnover in the faculty members of the Pakistani Universities.

2.4.5 Work Recognition

Regarding the objective of establishing the effect of work recognition on turnover among nursing employees, an empirical study by Tessema, Ready, Abel and Embaye (2013), on the effects of employee recognition, pay and benefits on job satisfaction, cross country evidence, the scholars stated that employee recognition, pay and benefits were found to have a significant impact on job satisfaction, regardless of home country income level and culture. In yet another empirical study by Ngethe, Iravo and Namusonge (2012), on determinants of academic staff retention in public universities in Kenya, an empirical review, the scholars reported that work recognition determines academic staff retention.
In yet another empirical study by Dalke and Prakash (2012), on underlying intentions: perspectives of IT professionals. The scholars reported that if an organization provides employees recognition and external career opportunities within the organization, it will create healthy working environment which will finally help reduce turnover. In yet another empirical study by Burrell (2014), on IT staff turnover intentions, job modification and effects of work recognition at large public higher education institutions, the author reported that work recognition was effective at moderating the effects of responsibility increase and task replacement on job satisfaction for IT workers with respect to their preferences of work recognition types. Also in another study by Imran, Ahamad, Nisar and Ahmad (2014), on exploring relationship among rewards, recognition and employees’ job satisfaction, a descriptive study on libraries in Pakistan, the scholars reported that reward and recognition positively related with employees’ job satisfaction.

2.5 Critique of Literature Review

This study reviewed several theories on which the study is anchored. These theories include equity theory, Job characteristics theory, two-factor theory, spillover theory and human relations theory. The theories and empirical studies reviewed have assisted in bringing a better understanding of the effect of professional job autonomy on turnover of nursing employees and the effect of work-life balance on turnover of nursing employees. There is also a better understanding of the effect of participation in work decision-making process on turnover of nursing employees, the effect of compensation on turnover of nursing employees and the effect of work recognition on turnover of nursing employees.
Since professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition are job satisfaction facets, the empirical studies reviewed have clearly shown that job satisfaction is very important in the lives of nurses and that nurse retention and job satisfaction are positively related. It has also revealed that nurses’ job satisfaction can reduce their voluntary turnover and consequently improve quality of health care services. However, reviewed literature on turnover has also indicated that besides job satisfaction, there are other factors that can influence employee turnover in an organization. Therefore apart from job satisfaction there are other factors that can make employees leave their jobs voluntarily. These factors have not been addressed in this study and include the effect of culture and leadership on an organization (Kranenburg, 2013), organizational commitment (Chang, 2014), employee loyalty (Liores & Stazyk, 2011), Job Security (Khan, et al, 2014) and work environment (Ayamolowo, Irinoye & Oladoyin, 2013) among others.

2.6 Research Gaps

As stated in the background, employee turnover is a big challenge to all organizations especially in the Kenyan public sector (Nyakego & Mulongo, 2014). Employee voluntary turnover is not only costly but also very disruptive (Al-Hussami, Darawad, Saleh & Hayajineh, 2013). Furthermore, various scholars attribute employee turnover to job satisfaction and also state that high job satisfaction leads to low turnover (Khan & Aleem, 2014). Mohammed (2012), asserts that workers with low job satisfaction are more likely to quit their jobs. According to European Foundation for the Living and Working Conditions
(EUROFOUND, 2007; Myung and Lee, 2012), there is no common understanding of the term job satisfaction among many countries. There is no common understanding of the term job satisfaction among many countries because of the diversity of the methods used to gauge job satisfaction and hence the call for more in-depth research into job satisfaction and employee turnover (EUROFOUND, 2007). Therefore scholars are still continuing with the search for answers especially in regard to what determines employee turnover in different contexts since context is important so as to understand the turnover phenomenon (Joarder, Sharif & Ahmmed, 2011). Moreover, compared to other occupational groups, nurses tend to leave the profession or their workplaces for others at a much greater rate. Given this worrying situation, greater understanding of the effect of job satisfaction on nurses’ turnover is essential if health care organizations are to meet clients’ needs for quality nursing care. The current understanding of why there is a high turnover in nursing profession is still limited (Afande, 2015).

Furthermore according to scholars, most of the studies that have been done on job satisfaction and turnover have involved mostly developed countries (Martin, 2011; Sinclair, 2012; Drake, 2014; Aron, 2015) and may therefore not be generalized to developing countries due to difference in contexts. Furthermore, countries differ due very many factors (Dawwas & Zahare, 2014). The current study has replicated prior studies that have been done on the same subject but this study has confined itself to the Kenyan context only. Kenya is a developing country which is in the African continent and is quite unique and different from developed countries. Some of the prior studies that have been conducted
in Africa on job satisfaction involve different countries such as Nigeria (Mbah & Ikemefuna, 2012; Olusegun, 2013), South Africa (Amanambu, 2013) among others. In regard to the Kenyan context, a study carried out by Mwiti (2012), examined job satisfaction and performance of teachers service secretariat at the headquarters in Nairobi, Momanyi and Kaimenyi (2015), examined factors causing high nurse turnover in mission hospitals in Kenya, the case of PCEA Chogoria Mission hospital, Nyakego & Mulongo (2014), examined job satisfaction and employee turnover in Kerio Valley Development Authority, while Afande (2015), examined factors that influence turnover of nurses at the MP Shah Hospital, Nairobi, Kenya. All these studies are different and have been done in different contexts from the current study and hence their findings cannot be generalized.

Due to the fact that there is currently a high level of voluntary turnover of nurses which has led to an acute shortage of nurses and consequently poor quality healthcare service provision at the national referral hospitals in Kenya, there is need to conduct an in-depth investigation on the effect of job satisfaction on nursing employees’ turnover at national referral hospitals in Kenya, in order to get to the root cause of the problem. This is because national referral hospitals in Kenya have not been adequately empirically examined. This study therefore intends to bridge the knowledge gap by establishing the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya and hence help make a contribution to the body of knowledge especially in the area of human resource management.
2.7 Chapter Summary

The chapter examined both the theoretical and empirical literature relevant to the study. The review indicated that job satisfaction and voluntary nursing turnover are positively related and that nurses with low job satisfaction levels find it difficult to provide quality healthcare services thus resulting in compromised healthcare services. The independent variable which is job satisfaction, presented by facets/dimensions such as professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition and the dependent variable which is turnover among nursing employees at national referral hospitals in Kenya have been reviewed in this chapter. The literature in regard to the effect of job satisfaction on employee voluntary turnover was also reviewed. The chapter also indicated the conceptual framework showing the relationship between predictor and outcome variables in the study. Research gaps were also identified and highlighted in this chapter.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology that was used in the study. The chapter covers the research design, target population, data collected, sampling frame, sample and sampling technique. The data collection instrument, data collection procedure, validity and reliability of the research instrument and the data processing and presentation are also discussed. The analytical techniques used for data analysis in the study are also presented.

3.2 Research Design

3.2.1 Philosophical Orientation

According to Saunders, Lewis and Thornhill (2009), a research philosophy outlines the way data of a certain phenomenon should be gathered and analyzed. Creswell states that there are several general orientations about the nature of research and on how to execute different studies (Creswell, 2003). The nature of this research can be categorized as positivism in line with other scholars since in this type of research, a theory is developed, data is collected which either supports or contests the theory, necessary revision is done and the theory is tested again (Kranenberg, 2013). Scholars also posit that positivism is when the researcher adopts the position of a philosopher, works with available data and the observable reality (Bono, 2012). According to Saunders, et, al. (2009), positivist research philosophy reflects the belief that reality is stable and that this reality can be observed and described from an objective viewpoint without interfering with the phenomenon itself.
Scholars assert that positivism research philosophy can be used to investigate what happens in an organization through scientific measurement of people and system behaviours. Under positivist research philosophy, it is possible to make predictions based on previously observed and explained realities and their interrelationships. Therefore this study was anchored on positivism philosophy and it is also the philosophy that shaped the study’s research design. In this study, positivism was the best suitable philosophical approach because reality was observed and described from an objective viewpoint without interfering with the variables that were studied. Recent studies assert that inpositivism philosophy approach, a researcher relies on the respondents to provide truthful data for the study (Kranenburg, 2013). Positivist philosophy was the most appropriate for this study because it fitted in the objectives of this study since it was possible to test hypotheses and generalize findings (Mwanje, 2016). Therefore this study was anchored on the positivist philosophy of science which also shaped the research design for this study.

3.2.2 Research Design

Several studies and authors define research design differently. For instance according to Kombo and Tromp (2013), a research design is what holds all the elements in a research project together. A research design is used in this study in order to structure the research and to show how all the major parts of the research project worked together so as to address the central research questions. Furthermore, research design is also a conceptual structure within which a research is conducted. According to Kothari (2004), a research design is the arrangement of conditions for collection and analysis of data.
Kothari (2004), continues to assert that a research design can be done in a manner that aims to combine relevance to the research purpose with economy in the procedure. It is also the conceptual structure within which research is conducted and it constitutes the blueprint for the collection, measurement and analysis of data. Mwanje (2016), states that a research design functions to articulate strategies and tools by and through which empirical data is collected and analyzed. Due to the fact that this study is based on the positivist philosophy of science, the study adopted a mixed methods research design using both quantitative and qualitative approaches. According to Kothari (2004) and Creswell (2012), a mixed method research design is a procedure of collecting, analyzing, and integrating both quantitative and qualitative data at some stage of the research process within a single study for the purpose of gaining a better understanding of the research problem.

Mixed methods research design therefore enables a researcher to combine both qualitative and quantitative research techniques in a study. Furthermore, Creswell (2012), asserts that when mixed methods research design using both quantitative and qualitative approaches is used in a study, quantitative and qualitative data collected together provide a better understanding of research problem or answer to research questions. In this study, a questionnaire with both open ended and closed ended questions was used to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. Closed ended questions generated quantitative data while open ended questions generated qualitative data. Therefore, mixed methods research design was the most appropriate for this study in regard to the gathering and analyzing data as it allowed a more robust analysis.
3.3 Study Population

A population is a group of individuals, objects or items from which samples are taken for measurement. It is the aggregate of all cases that conform to the same designated set of specifications (Kombo & Tromp, 2013). Target population consists of all members of a real or hypothetical set of people, events or objects from which a researcher wishes to generalize the results of a study (Borg, Gall & Gall, 2008). According to Kothari (2011), target population refers to the entire group of objects of interest from which the researcher seeks to obtain relevant information for the study. The target population of this study was all the registered nursing employees working at national referral hospitals in Kenya who are 1779 (KHSSP, 2013-2017).

The unit of analysis was national referral hospitals in Kenya while the unit of observation was registered nurse managers or their equivalents in charge of wards or units at the national referral hospitals. These nurse managers are well placed to give information on the effect of job satisfaction on turnover among the nursing employees at the national referral hospitals. This is because the nature of the independent variable (job satisfaction) whose facets/dimensions include professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition lies within human resource functions.
It was justifiable to have nurse managers in charge of wards or units or their equivalents as the units of observation (respondents) because in their line of duty as nurse managers, they are usually confronted with human resource challenges that include employee turnover. A total of 315 registered nurse managers or their equivalent in charge of wards or units was the sampled respondents in this study. These sampled respondents were selected from the 12 national referral hospitals in Kenya (KHSSP, 2013-2017).

3.4 Sample Size and Sampling Technique

According to Kombo and Tromp, (2013), a sample is a finite part of a statistical population whose properties are studied to gain information about the whole. A sample can also be defined as a set of respondents selected from a larger population for the purpose of a survey. Samples are always subsets of the total number that can be studied. When dealing with people, a sample refers to the set of respondents selected from a larger population for the purpose of a survey. According to Kothari (2014), sampling is the procedure a researcher uses to gather people, places or things to study.

Sampling is a process of selecting a number of individuals or objects from a population so that the selected group contains elements that represent the characteristics found in the entire group (Kombo & Tromp, 2013). The larger the sample, the more likely the scores on the variables will be representative of the population scores. Researchers have also developed a rule of thumb in determining sample size. For instance Borg, et al. (2008), recommends a minimum number of 15 in case of experimental research, 30 in correlation research and minimum of 100 in survey research. However, Mugenda and Mugenda (2011) assert that a sample of 10% is sufficient to represent a population.
Sampling technique refers to the act or process of selecting a suitable sample or a representative part of a population for the purpose of determining the parameters or the characteristics of the whole population (Kombo & Tromp, 2013). In this study, the researcher used probabilistic sampling design to select respondents to be included in the sample since sampling in this study was necessary to minimize costs and time of the research. Probabilistic sampling involves random selection and each unit in the target population has an equal chance of being selected and included in the study. This helps the researcher in the generalization to a larger population and the making of inferences. Non-probabilistic sampling designs do not allow researcher to determine this probability (Kothari, 2014).

This study adopted probabilistic sampling which was done through the use of simple random sampling in order to arrive at the sample size of the unit of observation. The study required conclusions, making of inferences and making of predictions in regard to the whole population and hence the probabilistic sampling. Simple random sampling is a procedure in which all the individuals in the defined population have an equal chance of being selected as members of the sample (Kombo & Tromp, 2013). Simple random sampling was therefore suitable for the study because it allowed generalizability to a larger population with statistically determinable margin of error and it also allowed the use of inferential statistics. In this study, each registered nurse manager or the equivalent in charge of a ward or a unit at the national referral hospital in Kenya was assigned a unique number in the sampling frame for the purpose of the study.
By the use of a table with random numbers, it was possible to select a sample size of 315 respondents (nurse managers or their equivalent in charge of wards or units) at the national referral hospitals in Kenya. According to (Mugenda, 2011), sample size depends on factors such as the number of variables in the study, the type of research design, the method of data analysis as well as the size of the accessible population. The 12 national referral hospitals were the unit of analysis for this study since the 12 national referral hospitals comprised of a total of 1779 registered nurses (KHSSP, 2013-2017). These nursing employees from the national referral hospitals formed the unit of observation for this study. However, out of these 1779 nursing employees, only a sample of 315 registered nursing employees in charge of wards and units at national referral hospitals were selected for the study survey.

According to Mugenda and Mugenda (2011), the following formula is recommended and was therefore used to determine the sample size:

\[ n_0 = \frac{Z^2 pq}{d^2} \]

Where,

- \( n_0 \) is the desired sample size when target population is big mostly a population of more than 10000
- \( Z \) is the standard normal deviation at the required confidence level (= 1.96) for a confidence level of 95%
- \( p \) is the proportion in the target population estimated to have the characteristics being measured when not sure where the middle ground is taken (=0.5).

Statistically, \( q=1-p \ (0.5) \).

\( d \) is the level of statistical significance (=0.05).
Therefore,

\[ n_0 = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384 \]

This gives a sample of 384 which can be adjusted when the population is less than 10000 as shown below:

\[ n = \frac{n_0}{1 + n_0 / N} \]

\[ \text{equation 2} \]

Where \( n \) is the desired sample size for small population

\( n_0 \) is the desired population for a big population

\( N \) is the sample size

\[ n = \frac{384}{1 + 384/1779} = 315 \]

Thus from the target population of 1779 registered nursing employees, the sample size for the study was 315. The proportionate sample size of each of the national referral hospitals was indicated below:

- Kenyatta National Hospital (KNH) \( 519/1779 \times 315 = 92 \)
- Moi Teaching and Referral Hospital (MTRH) \( 243/1779 \times 315 = 43 \)
- Spinal Injury Hospital \( 60/1779 \times 315 = 11 \)
- Mathari National Hospital \( 80/1779 \times 315 = 14 \)
- Pumwani Hospital \( 90/1779 \times 315 = 16 \)
- Nyeri Provincial General Hospital \( 115/1779 \times 315 = 20 \)
- Coast Provincial General Hospital \( 201/1779 \times 315 = 36 \)
- Rift Valley Provincial General Hospital \( 141/1779 \times 315 = 25 \)
- New Nyanza Provincial General Hospital \( 160/1779 \times 315 = 28 \)
- Kakamega Provincial General Hospital \( 89/1779 \times 315 = 16 \)
- Embu Provincial General Hospital \( 51/1779 \times 315 = 9 \)
- Garissa Provincial General Hospital \( 30/1779 \times 315 = 5 \)
3.4.1 Sampling Frame

According to Cooper and Schindler (2011), a sampling frame describes the list of all population units from which a sample is selected. It is a physical representation of the target population and comprises of all units that are potential members of a sample (Mwanje, 2016). A sample of responding hospitals was drawn from 12 national referral hospitals as shown below:

Table 3.1: National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenyatta National Hospital</td>
<td>519</td>
</tr>
<tr>
<td>Moi Teaching and Referral Hospital</td>
<td>243</td>
</tr>
<tr>
<td>Spinal Injury Hospital</td>
<td>60</td>
</tr>
<tr>
<td>Mathari National Hospital</td>
<td>80</td>
</tr>
<tr>
<td>Pumwani Hospital</td>
<td>90</td>
</tr>
<tr>
<td>Nyeri Provincial General Hospital</td>
<td>115</td>
</tr>
<tr>
<td>Coast Provincial General Hospital</td>
<td>201</td>
</tr>
<tr>
<td>Rift Valley Provincial General Hospital</td>
<td>141</td>
</tr>
<tr>
<td>New Nyanza Provincial General Hospital</td>
<td>160</td>
</tr>
<tr>
<td>Kakamega provincial General Hospital</td>
<td>89</td>
</tr>
<tr>
<td>Embu Provincial General Hospital</td>
<td>51</td>
</tr>
<tr>
<td>Garissa Provincial General Hospital</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1779</strong></td>
</tr>
</tbody>
</table>

Source: Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013-2017
3.5 Data Collection Instrument

According to Oso and Onen (2011), data is anything given or admitted as a fact on which a research inference would be based. Data collection is the gathering of specific information to prove or refute some facts. This study’s general objective was to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. The study used both primary data and secondary data. In the collection of primary data, structured questionnaires with both open-ended and closed-ended questions were used. The questionnaires were self-administered as the respondents (nurse managers or their equivalent in charge of wards or units at national referral hospitals in Kenya) filled them on their own without any interference or intervention from the researcher. This helped the researcher get desired and correct information from nurse managers or their equivalent in charge of wards or units at national referral hospitals in Kenya.

According to scholars, a questionnaire is a set of questions designed to extract information relating to a survey. It is a research instrument that asks the same question to all individuals in a sample (Mugenda & Mugenda, 2011). The questionnaire that was used in this study consisted of two sections. One section for recording demographic information of respondents and another section for recording information on the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. Respondents were issued with similar questionnaires with same standard questions and same format. This was necessary for the study as it enabled accuracy of the process and also guaranteed the collection of comparable data from the respondents.
To enable accuracy in measurement, Likert scale type of questions were designed in the questionnaire and questionnaire responses were anchored on a five-point Likert scale that was ranging from strongly disagree to strongly agree (a scale of 1-5, whereby strongly disagree = 1, disagree = 2, neutral = 3, agree = 4 and strongly agree = 5). The study adopted the use of Likert scales because scholars posit that they are widely used in research studies (Zikmund, 2010). The five-point Likert scale was used to measure the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. This is because according to scholars, Likert scales are commonly used in research studies since they facilitate quantifications of responses, are relatively easy to construct, enable ranking of items in order for tendencies to be identified and furthermore, respondents are also more likely to respond to all statements in the instrument thus helping in the capturing of people’s opinions (Kothari and Gargi, 2014).

A questionnaire was the most suitable instrument for the collection of primary data in this study because it enabled information to be collected from nurse managers or their equivalent in charge of wards or units at all national referral hospitals in Kenya conveniently and very quickly. Questionnaire in this study enabled the use of standardized questions, ensured that confidentiality and anonymity were upheld, ensured uniform procedures were followed, saved the study’s time and was also cost-effective. The questionnaire that was used in this study was accompanied by two cover letters that helped introduce the researcher and also informed the respondents that the information that was to be sought from them was purely for academic purposes. This was necessary in order to convince them to trust the process and hence participate in it.
The cover letters that accompanied the questionnaire were from the researcher’s university and from the National Commission for Science, Technology and Innovation (NACOSTI). This is the commission that has the mandate to give permission to people interested in carrying out research in Kenya. These accompanying letters were not only to introduce the researcher but also to seek authorization on behalf of the researcher to carry out the study at the national referral hospitals in Kenya. This study used primary data and also secondary data. Secondary data is published material which can be from internal sources and/or external sources. Scholars assert that secondary sources of data are documents or electronically stored information and also existing theoretical and empirical sources that are relevant, credible and recognized. Secondary sources of information can also be text books, websites and journals, among others (Kombo & Tromp, 2013). The secondary data used in this study complemented the primary data collected, and hence helped in improving the study.

3.6 Data Collection Procedures

Before going to the field to collect data, the researcher got a letter of introduction from her University (JKUAT) to enable her carry out the research at the national referral hospitals in Kenya. The researcher then went to the National Council for Science and Technology (NACOSTI) department to seek permission and authorization to carry out the research at the national referral hospitals in at Kenya. NACOSTI gave permission and an authorization in form of a letter to carry out the study. Armed with the two letters, the researcher visited the national referral hospitals, one at a time, to meet the individual directors of health and medical superintendents to seek authorization to carry out the research at these hospitals.
Respondents (nurse managers in charge of wards or units or their equivalent) were identified and randomly selected from each national referral hospital with the help of medical directors of health or medical superintendents of each individual national referral hospital. During the time of making introduction, the researcher explained in brief the objectives of the study and informed participants of the importance of the study. The potential respondents were also advised that although the study dependent on them, they were free to choose either to participate in it or to opt out. They were also assured that if they decided either way, no one would victimize them. The researcher also assured them of anonymity and confidentiality in case they agreed to participate in the study.

Furthermore, she also explained to them that after participating in the study, in case any of the participants would need a copy of the final report, he/she would be free to get in touch with the researcher through the address provided in the letters attached to the questionnaires. Soon after introduction, the researcher handed over the questionnaires to the sampled staff that had willingly agreed to participate in the study and requested the respondents to fill them at their own convenient time, but within a period of two days before they could be collected. A copy of a cover letter from the researcher’s university which identified the researcher and explained the purpose of the research and a copy of a letter from National Council for Science and Technology (NACOSTI) serving as proof of authorization for the study were attached to each questionnaire. The completed questionnaires were later picked from the respondents at the agreed period of time, sorted and cleaned of errors and later on entered in the database. Relevant secondary data was also collected from available sources.
3.7 Pilot Study

The data collection instrument (questionnaire) was pilot tested with 32 randomly selected nurses in charge of wards and units (Nurse Managers) or their equivalent at National Referral Hospitals. This constituted 10% of the sample population. According to Creswell (2012), the rule of thumb is that at least 10% of a sample should constitute the pilot test. Thus the proposed pilot test was within the recommendations. The purpose of the pilot study was to test the reliability and validity of the data collection instrument. The respondents for the pilot study were nurse managers in charge of wards or units or their equivalent at national referral hospitals.

The nurse managers in charge of wards or units or their equivalent National Referral Hospitals were requested to complete the questionnaires within a period of two days after which the questionnaires were to be picked by the researcher. Out of the 32 questionnaires issued, 31 valid questionnaires were received back by the researcher. The data collected from the pilot study was analyzed to facilitate the determination of reliability of the study and results of the pilot test were used to develop a more reliable data collection tool. However, the respondents involved in the pilot study did not participate in the final study and results of the pilot test were not included in the final analysis and final report of this study.
3.7.1 Reliability of Research Instrument

According to scholars, reliability of scale relates to consistency of the data collected and reliability of a measure is when a measure gives same outcome under same circumstances even when it is measured at different points in time (Kranenberg, 2015). In a study that has questionnaire data, internal consistency indices of reliability are useful. One of the most widely used indices of internal consistency is Cronbach’s coefficient alpha and according to Mugenda (2011) and Kinyili (2016), Cronbach’s alpha is a technique of estimating reliability which does not require either splitting of a scale or the subjects retaking the test for a given construct thus it limits challenges inherent in split-half and the test-retest techniques. To measure reliability of the collected data, Cronbach’s alpha which is is computed as shown below was considered

\[ \text{Alpha} = \frac{N \text{r}}{1 + \text{r} (N-1)} \]

Where \( r \) = the mean inter-item correlation

\( N \) = the number of items in the scale

According to the Cronbach’s alpha technique, the more the numbers of items in the scale, the higher the reliability, as long as the added items don’t reduce the average inter-item reliability (Mugenda, 2011). The Cronbach’s alpha reliability coefficient ranges between 0 and 1 and the closer the Cronbach’s alpha coefficient is to 1, the greater is the internal consistency of the items in the scale. George and Mallery (2003), also provided the rule of thumb for Cronbach’s alpha which can be applied in a study: >.9 excellent, > .8 good, > .7 acceptable, > .6 questionable, > .5 poor and < .5 unacceptable.
George and Mallery (2003), provided the rule of thumb for Cronbach’s alpha as shown in the table below:

**Table 3.2: Rule of Thumb**

<table>
<thead>
<tr>
<th>Cronbach’s alpha</th>
<th>Internal Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \alpha \geq 0.9 )</td>
<td>Excellent</td>
</tr>
<tr>
<td>( 0.8 \leq \alpha &lt; 0.9 )</td>
<td>Good</td>
</tr>
<tr>
<td>( 0.7 \leq \alpha &lt; 0.8 )</td>
<td>Acceptable</td>
</tr>
<tr>
<td>( 0.6 \leq \alpha &lt; 0.7 )</td>
<td>Questionable</td>
</tr>
<tr>
<td>( 0.5 \leq \alpha &lt; 0.6 )</td>
<td>Poor</td>
</tr>
<tr>
<td>( \alpha &lt; 0.5 )</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

*Source: George and Mallery, 2003*

According to Zikmund (2003), a scale is considered as having a good value if it has an alpha value greater than 0.6 since 0.60 is a minimum acceptable level. However, Mugenda (2011), asserts that an alpha of 0.7 is acceptable in a study. Furthermore, higher alpha coefficient values mean that the scales are reliable. This study adopted the rule of thumb as suggested by George and Mallery (2003), and also considered Mugenda (2011), and Kinyili (2016), ‘s assertion to determine the suitability of Cronbach’s alpha which was used to test the reliability of the research instrument. In this study, any Cronbach’s alpha value of 0.7 and above was considered acceptable as a measuring instrument in the main survey since it shows high internal consistency.
In this study, Cronbach’s alpha for the study was generated using SPSS version 21. Cronbach’s alpha value for professional job autonomy was .844, the Cronbach’s alpha value for work-life balance was .705, the Cronbach’s alpha value for participation in work decision-making process was .827, the Cronbach’s alpha value for compensation was .701 and the Cronbach’s alpha value for work recognition was .732. Therefore, all values were well above the 0.7 benchmark. This is an indication that the research instrument was reliable. On the basis of the outcome, the researcher went ahead to collect data for the study. Furthermore, scholars posit that when a study has a measure that is reliable and valid, study results of the study can be understood and hence be correctly utilized (Mwanje, 2016).

3.7.2 Validity of Research Instrument

According to Mugenda & Mugenda (2011), validity 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. Kranenberg (2013), posits that validity of research instrument is the ability of a test to measure what it is supposed to measure. Recent studies have also stated that content validity is determined by judgments on the appropriateness of the instrument’s content (Kinyili, 2016; Mwanje, 2016). Pilot testing aimed at testing content validity of the instrument and in this study, validity of the research instrument was assessed based on responses from the pilot test. To reduce threat to content validity, experts in the area of human resource management were asked to give their opinions on the research instrument so as to judge the appropriateness of the instrument.
The experts in the area of human resource management’s opinions were considered in this study and this helped check on content validity in this study. Also internal validity in regard to control of extraneous variables was addressed by making the questionnaire simple and straight-forward (Mwanje, 2016). For external validity, simple random sampling model was applied to the study in order to have a proper representation of nurse managers or their equivalent in charge of units or wards at national referral hospitals in Kenya, thus giving credence to generalization of the study.

3.8 Data Analysis and Presentation

Scholars assert that data analysis is a way of transferring data into knowledge through proper interpretation. It is a way of examining what has been collected in a survey and making deductions and inferences, categorizing, manipulating and summarizing of data in order to obtain answers to research questions. Furthermore, data analysis involves uncovering underlying structures, extracting important variables, detecting any anomalies and testing any underlying assumptions. It is also about scrutinizing the acquired information and making inferences (Kombo & Tromp, 2013).
3.8.1 Data Analysis

According to Mugenda and Mugenda (2003), data analysis is a process of inspecting, cleaning, transferring and modeling data with the goal of highlighting useful information, suggesting conclusions and supporting decision making. The methods used in data analysis are influenced by whether the research study is qualitative or quantitative or both. This study adopted a mixed methods research design that enabled the researcher to combine both quantitative and qualitative research techniques in the study. All the data that was collected from the respondents through the use of questionnaires, was edited for completeness and consistency and data entry was then done in a designed SPSS Version 21 program. According to Nachmias & Nachmias (2008), the SPSS program is appropriate for social sciences since it enables researchers to recode variables, deal with missing values, sample, weigh and select cases, compute new variables and effect permanent or temporary transformations.

The qualitative and quantitative data that this study generated was analyzed using descriptive statistics and inferential statistics (Field, 2009). Descriptive statistics was carried out using measures of central tendency which was used to summarize data on the demographic characteristics, obtain percentages, mean and standard deviation regarding the study (Sekaran & Bougie, 2008). Inferential statistics was carried out using multiple regression model as suggested by Muthen & Muthen, (2007). Multiple regression model was used to establish the effect of job satisfaction in regard to professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition on turnover among nursing employees at National Referral Hospitals in Kenya.
Multiple linear regression model (MLRM) was used because previous studies indicate that it is a measure that determines whether a group of independent variables together predict a given dependent variable (Kothari, 2011; Kombo & Tromp, 2013). It was also used in this study because there are many variables in the study. Multiple linear regression model was appropriate for analyzing the relationship between the multiple variables that requiring simultaneous comparison and to predict changes in the dependent variable in response to the changes in the independent variables.

This model was also used to predict value of influence of independent variables on the dependent variable (Mwanje, 2016). Multiple regression analysis was therefore undertaken to establish the relationship between professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition and nursing employees’ turnover at national referral hospitals in Kenya. It was also used to find out which among the five (5) independent variables: professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition is the most important variable in explaining turnover among nursing employees at national referral hospitals in Kenya. It was also used to predict the value of influence of independent variables on the dependent variable.
The equation for the relationship between the predictor variables and outcome variables was expressed as follows:

\[ Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \varepsilon \]

\( Y_i \) is Turnover

\( \beta_0 \) is the constant

\( \beta_1 \) to \( \beta_5 \) are the model’s coefficients

\( X_1 \) is Professional job autonomy

\( X_2 \) is Work-life balance

\( X_3 \) is Participation in work decision-making process

\( X_4 \) is Compensation

\( X_5 \) is Work recognition

\( \varepsilon \) is Error term – margin of error

Research hypotheses in the study tested both significance of relationship and goodness of fit of the relationship. In the determination of the goodness of fit, analysis of variance (ANOVA) model, as suggested by Mugenda was used (Mugenda, 2011). Scholars assert that several assumptions must be taken into account in order to arrive at valid conclusions on a population based on linear regression analysis (Greene, 2002; Kothari, 2008). The key assumptions for multivariate tests include normality test, homogeneity of variance (heteroskedasticity), multicollinearity and autocorrelation. All these tests were carried out in the study and results are reported in chapter four of this study.
3.8.2 Data Presentation

The quantitative data has been presented in this study by the use of frequency tables, bar graphs, bar charts and pie charts while qualitative data has been presented in form of paragraphs comprising of short sentences.
CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents results of primary data that was collected using self-administered questionnaires. Descriptive and inferential statistics were used to analyze data. The results were analyzed starting with response rate, background information, professional job autonomy, work-life balance, participation in work decision-making process, compensation, work recognition and turnover among nursing employees. Factor analysis was done to identify the patterns in data and to reduce data into manageable levels (Field, 2006; Ngari, 2016). Correlation analysis was done to show the relationship among the independent variables and regression analysis was carried out to show the nature of relationship between turnover among nursing employees and the independent variables.

4.2 Response Rate

The sample of this study comprised of 315 nursing employees in charge of wards and units (Nurse Managers) or their equivalents from the twelve national referral hospitals in Kenya. As such, the researcher distributed all the questionnaires to the respondents. Out of the three hundred and fifteen questionnaires issued, only two hundred and sixty eight (268) questionnaires were returned. However, from the two hundred and sixty eight, 7 questionnaires were not properly filled and hence were not used during the data analysis. Therefore, it is only two hundred and sixty one (261) properly filled questionnaires that were used for this study’s data analysis. This gives a response rate of 83% as shown in Table 4.1.
This response rate was considered appropriate in this study since according to Kothari (2006), any response rate which is above 70% is considered good for analysis. Furthermore, according to Sekaran (2008), a response rate of more than 75% is considered good, while Mugenda and Mugenda (2008), assert that a response rate of more than 50% is adequate. However other scholars such as Saunders, Lewis & Thornhill (2009), state that in a survey, a response rate of 30% - 40% is appropriate.

**Table 4.1: Response Rate**

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued Questionnaires</td>
<td>315</td>
<td>100</td>
</tr>
<tr>
<td>Returned Questionnaires</td>
<td>268</td>
<td>85.1</td>
</tr>
<tr>
<td>Properly filled Questionnaires</td>
<td>261</td>
<td>83</td>
</tr>
</tbody>
</table>

**4.3 Validity and Reliability Test (Results of Piloting Test)**

**4.3.1 Validity Test**

Content validity refers to what the test actually measure and it requires the use of recognized subject matter experts to evaluate whether the items actually assess defined content. In this study, content validity was achieved by subjecting the data collection instruments to an evaluation by four human resourcemanagement experts who provided comments on the relevance of items on the instrument. Results of responses of the human resource managementexperts were analyzed to establish percentage representation which used content validity index. The content validity index in this study is in line with other previous studies (Ngari, 2016).
This index states that Content validity Index = (No. of judges declaring item valid) / (Total No. of Items). The test results show an average validity score of 87%. This means that the instrument was valid (Ngari, 2016) as shown in table 4.2 below.

### Table 4.2: Content Validity Index

<table>
<thead>
<tr>
<th>Rater</th>
<th>Total items</th>
<th>Valid items</th>
<th>Fraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>43</td>
<td>0.86</td>
</tr>
<tr>
<td>2</td>
<td>50</td>
<td>46</td>
<td>0.92</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>44</td>
<td>0.88</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td>40</td>
<td>0.8</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td><strong>0.865</strong></td>
</tr>
</tbody>
</table>

#### 4.3.2 Reliability Test

Scholars assert that reliability of scale relates to consistency of the data collected and it is achieved when a measure gives same outcome under same circumstances even when it is measured at different points in time (Kranenberg, 2015). In a research that involves questionnaire data, internal consistency indices of reliability are useful. One of the most widely used indices of internal consistency is Cronbach’s coefficient alpha. Cronbach’s alpha is a technique of estimating reliability which does not require either splitting of a scale or the subjects retaking the test for a given construct thus limiting challenges inherent in split-half and the test-retest techniques (Mugenda, 2011; Kinyili, 2016). To measure reliability of the collected data in this study, Cronbach’s alpha was applied using SPSS software. George and Mallery (2003), provided the rule of thumb for Cronbach’s alpha as follows: > .9 excellent, > .8 good, > .7 acceptable, > .6 questionable, > .5 poor and < .5 unacceptable.
In support of George and Mallery (2003), Mugenda (2011), also assert that an alpha of 0.7 is acceptable in a study. This study adopted the rule of thumb as suggested by George and Mallery (2003), and also considered Mugenda (2011),’s assertion to determine the suitability of Cronbach’s alpha which was used to test the reliability of the research instrument. In this study, all values were within the 0.7 benchmark and any Cronbach’s alpha value of 0.7 and above was considered acceptable as a measuring instrument in the main survey since it shows high internal consistency as indicated in the table 4.3 below.

Table 4.3 : Reliability Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>No. of Items</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Job Autonomy</td>
<td>31</td>
<td>.844</td>
</tr>
<tr>
<td>Work-Life Balance</td>
<td>31</td>
<td>.705</td>
</tr>
<tr>
<td>Participation in work decision-making process</td>
<td>31</td>
<td>.827</td>
</tr>
<tr>
<td>Compensation</td>
<td>31</td>
<td>.701</td>
</tr>
<tr>
<td>Work Recognition</td>
<td>31</td>
<td>.732</td>
</tr>
</tbody>
</table>

4.4 Background Information of Respondents

Every target population has its own characteristics and regarding this study, respondents that participated were asked to indicate their job rank, gender, age group, marital status, highest academic qualification, specific work area, and for how long they had worked in the national referral hospital where they were currently working. Analysis of the demographic characteristics was therefore based on the information that was provided by the respondents which was captured in the questionnaires that they filled.
4.4.1 Gender of the Respondents

Each respondent was asked to indicate his/her gender. Majority (61%) of the respondents at the national referral hospitals were female while slightly more than a third (39%) was male. Despite the females being the majority, the males were ably represented. The responses clearly indicate that the study was able to get views and opinions from both sides of the gender divide. This was important because it added value to the study as this made the study balanced and not biased. The gender of respondents in the study in terms of percentage is shown in figure 4.1.

![Gender Distribution](image)

**Figure 4.1: Distribution of the Respondents by their Gender**

4.4.2 Job Ranks of the Respondents

Job ranks were categorized as nursing officer 3, nursing officer 2, nursing officer 1, senior nursing officer, assistant chief nurse, senior assistant chief nurse, deputy chief nurse or any other rank different from these specified ones. Each respondent was asked to indicate his/her job rank. As shown in figure 4.2 below, a majority of the respondents at the national referral hospitals were nursing officer, 1 (28.6%). Nursing officer, 2 followed with (21.4%), senior nursing officer (20.6%) and nursing officer, 3 (17.6%) respectively.
Other respondents that participated in the study were in the ranks of assistant chief nurse (7.6%) and deputy chief nurse (2.3%). This indicated that the nurses at national referral hospital are in different ranks/job positions. This added value to the study as the researcher was able to get a variety of responses from nurse managers in the different ranks/job positions thus making the study balanced and not biased.

![Job Ranks of the Respondents](image)

**Figure 4.2: Job Ranks of the Respondents**

4.4.3 The Age Groups of Respondents

In regard to age groups of respondents, the researcher gave the following: 20-29 years, 30-39 years, 40-49 years and 50-59 years. Each respondent was asked to indicate his/her age group. Their responses showed that 47% of the respondents were below 39 years, slightly more than a quarter were between the ages of 40 and 49 years. The remaining 24% were between 50 and 59 years of age as shown in figure 4.3. There was no nursing employee that was 60 years and above. This clearly indicates that the nursing employees were relatively young and their age distribution indicates that all the nurses in various age groups were accessed and hence they gave information that was useful to the study.
This added value to the study because it made to the study balanced and hence not biased in terms of ages of correspondents.

![Age Groups of the Respondents](image)

Figure 4.3: Age Groups of the Respondents

4.4.4 Marital Status of the Respondents

Each respondent was asked to indicate his/her marital status in terms of whether he/she was single, separated, divorced, widowed or married. Figure 4.4 presents a summary of the responses. Results indicated that a great majority of the respondents (54.6%) was married. This implies that despite work commitments, the nursing employees also have family obligations. However, slightly less than a third (32.8%) of respondents indicated that they were single. The respondents that indicated they were separated from their spouses were 3.1%, while 3.4% indicated they were divorced and the ones that indicated that they were widowed were 6.1%. In the study, despite the high number of respondents that indicated that they were married, the other marital statuses such as being single, separated, divorced and widowed were ably represented though in smaller percentages.
The responses that were given are thus from a wider perspective and are not discriminative in terms of marital status as shown in figure 4.4, hence adding value to the study by making the study balanced and not biased.

![Figure 4.4: Distribution of the Respondents by their Marital Status](image)

**4.4.5 Highest Academic Qualifications of the Respondents**

To ascertain the respondents’ academic qualifications, each respondent was asked to indicate his/her highest academic qualifications. The responses provided are summarized in figure 4.5. 44% of the respondents indicated that they had a diploma as their highest academic qualification, slightly more than a third (30%) indicated that they had a Bachelor's Degree while 16% indicated that they had acquired a Masters Degree. The remaining respondents (10%), had a certificate. This is an indication that the nurses at national referral hospitals are professionally trained to offer nursing services to clients. The fact that the respondents have different highest academic qualifications also meant that the study is not biased but balanced thus adding value to the study.
Besides the interest in knowing the highest academic qualifications of the nurses, the researcher was interested also in knowing if the respondents had any specific specializations that enabled them work in specific work areas within the national referral hospitals. Each respondent was therefore asked to indicate his/her specific work area at the national referral hospitals. Responses are indicated in Table 4.4.

Table 4.4: A Summary of Responses Regarding Specific Work Areas of Nursing Employees at the National Referral Hospitals

<table>
<thead>
<tr>
<th>Work Area</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>38</td>
<td>14.5</td>
</tr>
<tr>
<td>Nephrology</td>
<td>25</td>
<td>9.6</td>
</tr>
<tr>
<td>Critical care</td>
<td>24</td>
<td>9.2</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>19</td>
<td>7.3</td>
</tr>
<tr>
<td>Peri-operative</td>
<td>18</td>
<td>6.9</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>18</td>
<td>6.9</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>14</td>
<td>5.4</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>10</td>
<td>3.8</td>
</tr>
<tr>
<td>Other</td>
<td>95</td>
<td>36.4</td>
</tr>
</tbody>
</table>
As shown in the table below, respondents had specific specializations that enabled them work in specific work areas at the national referral hospitals. Majority of the respondents indicated that they were working at Pediatrics (14.5%), followed by Nephrology (9.6%, Critical Care (9.2%) and Psychiatry (7.3%). The remaining respondents were working at Peri-operative (6.9), Ophthalmic (6.9), Anesthesiology (5.4) and Epidemiology (3.8) areas. However, slightly more than a third (36.4 %) of the respondents indicated that they were working in other areas besides the ones that had been listed in the questionnaire. The fact that the responses were received from respondents that were working in different work areas at national referral hospitals means that the information received from them was balanced and all inclusive and hence not biased and this added value to the study. The other specific work areas stated by the respondents are as summarized in Table 4.5.
Table 4.5: A Summary of the Other Areas of Specialization by the Respondents

<table>
<thead>
<tr>
<th>Specific Work Area</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal/Neonatal Child Health and family planning</td>
<td>21</td>
<td>8.0</td>
</tr>
<tr>
<td>Maternity</td>
<td>20</td>
<td>7.7</td>
</tr>
<tr>
<td>Medical Surgical</td>
<td>14</td>
<td>5.4</td>
</tr>
<tr>
<td>Medical ward</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Genecology Obstetrical</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Genecology</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>General nursing</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Higher Diploma in Critical Care</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Higher Diploma in Nephrology</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Higher Diploma in Pediatrics</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Higher Diploma in Psychiatry</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Higher Diploma Renal Unit</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>Reproductive</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>MCH</td>
<td>2</td>
<td>.8</td>
</tr>
<tr>
<td>General nursing and midwifery</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Comprehensive Care Unit (CCC)</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>MCH/PMTCT</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>Nursery care services</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>OPD/MAT</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
<td><strong>37.3</strong></td>
</tr>
</tbody>
</table>

4.4.7 Respondents’ Work Experience at the Current National Referral Hospitals

The study sought to examine the respondents’ length of stay at the current national referral hospitals which was categorized as less than 5 years, 5-9 years, 10-14 years, 15-19 years and 20 years and above. Each respondent was therefore asked to indicate his/her length of stay at the current national referral hospital. Responses are summarized in figure 4.6. The findings show that slightly less than a half (48.8%) of the respondents had worked in the current hospital for not more than 9 years.
43.5% of the respondents had worked at the current hospital for between 10 to 19 years, while 7.6% had worked at the current hospital for 20 years and above. This implies that majority of the respondents had the opportunity to work at the national referral hospital where they are currently working for a fairly long period of time and hence they are better placed to provide relevant information on the effect of job satisfaction on turnover among nursing employees at the national referral hospital where they are currently working. The responses provided are summarized in figure 4.6.

Figure 4.6: Working duration of the Respondents at the current national referral hospitals
4.5 Descriptive Analysis of Variables

This section presents the descriptive statistics on the variables under study. The purpose of this analysis is to enable the study to meaningfully describe distribution of scores and measurements using indices or statistics. This study used percentages to present study variables under study which are professional job autonomy, work life balance, participation in work decision making process, compensation, work recognition and turnover among nursing employees at national referral hospitals in Kenya.

4.5.1 Descriptive Analysis for Effect of Professional Job Autonomy on Turnover among Nursing Employees at National Referral Hospitals in Kenya

Scholars such as Robin and MacLeod (2011), posit that autonomy is the freedom, independence and discretion in scheduling of work and determining the procedures used in carrying out work. Therefore, job autonomy is important at the workplace. Naqvi, Ishtiaq, Kanwal and Ali (2013), also posit that employee autonomy is one of the most important job related characteristics. This study set out to establish the effect that professional job autonomy had on turnover among nursing employees at national referral hospitals in Kenya. There are a number of statements that the respondents were provided with and asked to give responses to in regard to whether they were strongly in disagreement (SD) 1, disagreement (D) 2, neutral (N) 3, agreement (A) 4, or strongly in agreement (SA) 5. Likert scale of 1-5 was used to establish the effect that professional job autonomy had on turnover among nursing employees at national referral hospitals in Kenya. Respondents’ opinions were sought on the effect of job autonomy on turnover.
The responses provided by the nurses in charge of wards or units at national referral hospitals in Kenya on the effect of job autonomy on turnover are summarized in Table 4.6. Slightly more than half (54.2%) of the respondents were negative by strongly disagreeing and disagreeing to the statement that they were able to choose the way to go about their job. On the other hand, slightly more than a third (35.8%) strongly agreed and agreed to the statement. This statement had a mean of 2.64 and a standard deviation of 1.42. Whereas 30.5% of the respondents strongly disagreed to the statement that they were free to choose the methods they used in carrying out their work, slightly less than a quarter (22.9%) agreed with the statement. The remaining 28.2% and 13.7% disagreed and strongly agreed with the statement respectively. This statement had a mean of 2.44 and standard deviation of 1.32.

With regard to control over the sequencing of work, 24% and 25.2% of the respondents strongly disagreed and disagreed that they had some control over the sequencing of their work activities respectively. Slightly less than a quarter (22.9%) of them was positive to the statement by agreeing. The mean for the statement was 2.67 whereas the standard deviation was 1.30. Majority (66.8%) strongly disagreed and disagreed with the statement that they had control over when and how long they did their job i.e. scheduling of work. A few nurses (16.8%) remained neutral on the statement while the remaining 16.4% were positive with the statement by strongly agreeing and agreeing respectively. Based on the mean and standard deviations (M=2.22, α=1.19), it can be concluded that the respondents do not have control over the scheduling of their work at the national referral hospitals in Kenya.
Slightly less than two thirds (61.5%) of the respondents reported strongly disagreeing and others disagreeing with the statement that they were able to decide when to do particular work activities at their job. Furthermore, slightly less than a quarter (21.0%) of the responses was neutral on the statement whereas 17.6% were positive by strongly agreeing and others agreeing. The statement had a mean of 2.39 and standard deviation of 1.14. When asked to indicate whether the job allowed them to modify the normal way in which they were evaluated so that they could emphasize some aspects of their job and downplay others, an equal distribution of responses was obtained between those who strongly disagreed and those who disagreed. Whereas 34.4% strongly disagreed with the statement, 34.4% generally disagreed with the statement.

On the other hand, a few (18.7%) of the respondents were in agreement with the statement. Furthermore, 33.6% and 26.0% of the respondents were in disagreement when asked whether they were able to modify what their job objectives were (what they were supposed to accomplish). Slightly less than a quarter (23.7%) agreed whereas 6.5% strongly agreed. With less professional job autonomy in modifying nurses’ job objectives, what their job objectives are (what they are supposed to accomplish), nursing employees may not be satisfied with the results that they get from the job and this may in the end affect their turnover.
In line with this finding, is an observation by Galleta, Portoghese, Battistelli & Montpallier, (2011), who assert that employees with high level of autonomy at work, will be responsible for results of their work outcome which will make them happy and satisfied in their job. Hence professional job autonomy affects employees’ turnover. Regarding the response to the statement on whether the nursing employees had control over what the supervisor saw as their job objectives, slightly less than a third (30.5%) of the respondents strongly disagreed that they had control over what they were supposed to accomplish.

25.2% of the respondents were in disagreement with the statement. A few respondents (11.8%) however, remained neutral. The remaining 26.3% and 6.1% of the respondents agreed and strongly agreed respectively with the statement that nurses had control over what their job supervisors saw as their job objectives. This statement had a mean of 2.52 and a standard deviation of 1.33. The findings in this section are proof that the nurses at national referral hospitals in Kenya don’t exercise full professional job autonomy and this is an issue that affects their turnover. This finding is corroborated by Iliopoulou and While (2010), and Scherb et al. (2011), who explain that professional job autonomy is important in the workplace and more especially in the healthcare industry. However, Dude (2012), asserted that the perception that employee autonomy is existing at the workplace, is the most important thing for it to impact individual employee’s behavior.

This clearly means that for professional job autonomy to be of any meaning to nursing employees at the national referral hospitals it must be put in place and nursing employees
must perceive its presence and must benefit from it. The findings of this study clearly show that currently there is no clear professional job autonomy mechanism involving nurses at national referral hospitals. This implies the need for the nursing employees at national referral hospitals to have professional job autonomy at the work place.

Table 4.6: Effect of Professional Job Autonomy on Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD%</th>
<th>D%</th>
<th>N%</th>
<th>A%</th>
<th>SA%</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to choose the way to go about my job (The procedures to utilize)</td>
<td>26.0</td>
<td>28.2</td>
<td>9.9</td>
<td>22.1</td>
<td>13.7</td>
<td>2.69</td>
<td>1.42</td>
</tr>
<tr>
<td>I am free to choose the methods to use in carrying out my work.</td>
<td>30.5</td>
<td>31.3</td>
<td>8.4</td>
<td>22.9</td>
<td>6.9</td>
<td>2.44</td>
<td>1.32</td>
</tr>
<tr>
<td>I have some control over the sequencing of my work activities.</td>
<td>24.0</td>
<td>25.2</td>
<td>19.1</td>
<td>22.9</td>
<td>8.8</td>
<td>2.67</td>
<td>1.30</td>
</tr>
<tr>
<td>I have control over when and how long I will do my job (Scheduling of my work).</td>
<td>33.6</td>
<td>33.2</td>
<td>16.8</td>
<td>10.7</td>
<td>5.7</td>
<td>2.22</td>
<td>1.19</td>
</tr>
<tr>
<td>My job is in such a way that I can decide when to do particular work activities.</td>
<td>23.7</td>
<td>37.8</td>
<td>21.0</td>
<td>11.5</td>
<td>6.1</td>
<td>2.39</td>
<td>1.14</td>
</tr>
<tr>
<td>My job allows me to modify the normal way we are evaluated so that I can emphasize some aspects of my job and play down others.</td>
<td>34.4</td>
<td>34.4</td>
<td>9.5</td>
<td>18.7</td>
<td>3.1</td>
<td>2.22</td>
<td>1.19</td>
</tr>
<tr>
<td>I am able to modify what my job objectives are (what I am supposed to accomplish).</td>
<td>26.0</td>
<td>33.6</td>
<td>10.3</td>
<td>23.7</td>
<td>6.5</td>
<td>2.51</td>
<td>1.28</td>
</tr>
<tr>
<td>I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives)</td>
<td>30.5</td>
<td>25.2</td>
<td>11.8</td>
<td>26.3</td>
<td>6.1</td>
<td>2.52</td>
<td>1.33</td>
</tr>
</tbody>
</table>

4.5.2 Descriptive Analysis for Effect of Work-life Balance on Turnover Among Nursing Employees at National Referral Hospitals in Kenya
According to Miles (2013), work-life balance is the perceived balance between work and the rest of an employee’s life. There are a number of statements that the respondents were provided with and asked to give responses to in regard to whether they were strongly in disagreement (SD) 1, disagreement (D) 2, neutral (N) 3, agreement (A) 4, or strongly in agreement (SA) 5. Likert scale of 1-5 was used to determine the effect of work-life balance on turnover among nursing employees at national referral hospitals in Kenya.

In this study, the respondents were asked to indicate the effect that work-life balance had on their turnover. To do this, they were given a number of statements and asked to indicate the extent of their agreement or disagreement. The responses are as summarized in Table 4.7. In terms of personal life, 33.2% of the respondents disagreed that personal life has suffered due to their job. This was supported by 15% of nursing employees that strongly disagreed. A few (15.3%) remained neutral whereas the remaining 35.9% were positive, by strongly agreeing and agreeing respectively that their personal life was affected by their job. This statement had a mean of 2.84 and a standard deviation of 1.29. Scholars such as Yamahata (2015), reported that having difficulties in managing work-life balance or having work-family conflicts is one of the major stressors in the work place which also affects employees’ job satisfaction and turnover.

Therefore there is need for employees to have work-life balance. As shown by the table above, slightly more than half (54.5%) of the respondents strongly disagreed and disagreed respectively that the organization they worked for offered flexible working hours. Slightly
less than a quarter (23.3%) of them however agreed to the statement. The statement was summarized with a mean of 2.47 and a standard deviation of 1.18. This implies that majority of the nurses considered the working hours to be rigid and not flexible and this actually affects their work-life balance. Slightly more than half (54.6%) were negative that the amount of time their job took made it difficult to fulfill family obligations. On the other hand, 30.2% of the respondents were positive to the statement by strongly agreeing and agreeing respectively. Only a few (15.3%) remained neutral on the matter. The mean and standard deviation of the statement were 2.61 and 1.33 respectively.

This implies that the amount of time taken by the job does not really affect the family lives of all the nurses but it affects the personal lives of only a few nurses. In terms of time for personal activities, 21.4% strongly disagreed and 24.8% disagreed that they missed out on important personal activities due to their jobs. A few (17.9%) were undecided. The remaining 35.9% were positive that they missed out on important personal activities due to nature of their jobs. This statement had a mean of 2.81 and standard deviation of 1.35. Furthermore, 51.9% of the respondents were negative that it was possible for them to perform their job well and yet be able to perform home-related duties adequately. Slightly less than a quarter (23.3%) agreed with the statement whereas 18.7% remained neutral.

The statement had a mean of 2.61 and standard deviation of 1.23. Majority (70.3%) of the respondents were negative to the statement that the organization they worked for offered compressed work weeks (working for fewer days per week but more hours per day). The remaining 11.1% were positive, by strongly agreeing and agreeing to the statement. The
mean and standard deviation were 2.11 and 1.04 respectively. This means that employees do not have compressed work week facility (working for fewer days per week but more hours per day) at the national referral hospitals in Kenya. Recent studies have posited that compressed work week is a policy that allows an employee to arrange his/her working schedule in a way that he/she would have longer working hours in a day so as to have five days or shorter work week Yamahata (2015).

Scholars therefore posit that flexi time is important in the workplace in order to improve on work-life balance of employees. Regarding employee assistance programs, a majority of the nursing employees (71.0%), strongly disagreed and disagreed with the statement that the organization they worked for offered employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family finance among others. A few remained neutral whereas the remaining 18.7% were positive on the matter. The statement had a mean of 2.11 and a standard deviation of 1.21. This implies that most of the employees at these hospitals do not receive any employee assistance programs such as confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc.

According to an observation made by Beaujean (2011), there is need for creating a flexible work environment that matches employee’s personal needs because employees need influence and control over their work conditions. In regard to the statement on whether their nursing job gives them energy to pursue activities outside of work that are important to them, majority (64.5%) of the respondents were negative. The remaining 17.2% were
neutral whereas 16% were positive by agreeing with the statement. The statement had a mean of 2.23 and standard deviation of 1.14.

The findings of this section indicate that nursing employees at national referral hospitals in Kenya do not have clear work-life balance programs, and this is affecting their turnover. This finding is corroborated by Dude (2012), who explains that employees that report high levels of both work-to-life and life-to-work conflicts usually have lower levels of job satisfaction and hence increased turnover. This finding also corroborates with that of Wood and Menezes (2012), who also state that existence of work-life balance brings about reduction of turnover at work. Ghayyur and Jamal (2012), also assert that to retain employees at the workplace for longer, the organization concerned must put in place the strategy of work-life balance in order to satisfy the employees. This finding clearly implies that national referral hospitals in Kenya currently don’t have work-life balance policy for nursing employees and therefore need to put this policy in place at the work place. This will go a long way in helping these hospitals put a stop to the current nursing employees’ voluntary turnover.

Table 4.7: Effect of Work-Life Balance on Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>My personal life suffers because of my job. The organization I work for offers flexible working hours.</td>
<td>15.6</td>
<td>33.2</td>
<td>15.3</td>
<td>23.7</td>
<td>12.2</td>
<td>2.84</td>
<td>1.29</td>
</tr>
<tr>
<td></td>
<td>26.3</td>
<td>28.2</td>
<td>19.8</td>
<td>23.3</td>
<td>2.3</td>
<td>2.47</td>
<td>1.18</td>
</tr>
</tbody>
</table>
The amount of time my job takes up make it difficult to fulfill family duties. 25.2 29.4 15.3 19.5 10.7 2.61 1.33
I miss out on important personal activities because of my job. 21.4 24.8 17.9 23.3 12.6 2.81 1.35
It is possible for me to perform my job well and yet be able to perform home-related duties adequately. 22.1 29.8 18.7 23.3 6.1 2.61 1.23
The organization I work for offers compressed work weeks (working for fewer days per week but more hours per day). 32.1 38.2 18.7 8.4 2.7 2.11 1.04
The organization I work for offers employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc. 40.5 30.5 10.3 14.5 4.2 2.11 1.21
My job gives me energy to pursue activities outside of work that are important to me. 33.6 30.9 17.2 16.0 2.3 2.23 1.14

Key: SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree, SD- Strongly Disagree μ- Mean, α-Standard Deviation

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty to fulfill family duties</td>
<td>25.2</td>
<td>1.33</td>
</tr>
<tr>
<td>Missing out on personal activities</td>
<td>21.4</td>
<td>1.35</td>
</tr>
<tr>
<td>Adequate home-related duties</td>
<td>22.1</td>
<td>1.23</td>
</tr>
<tr>
<td>Compressed work weeks</td>
<td>32.1</td>
<td>1.04</td>
</tr>
<tr>
<td>Employee assistance programs</td>
<td>40.5</td>
<td>1.21</td>
</tr>
<tr>
<td>Energy to pursue activities</td>
<td>33.6</td>
<td>1.14</td>
</tr>
</tbody>
</table>

4.5.3 Descriptive Analysis for Participation in Work Decision-Making Process on Turnover among Nursing Employees at National Referral Hospitals in Kenya

According to Richardson et al. (2010), participation in work decision-making process is a process that allows employees to exercise some control over their work and conditions under which they work. There are a number of statements that the respondents were provided with and asked to give responses to in regard to whether they were strongly in disagreement (SD) 1. Disagreement (D) 2. Neutral (N) 3. Agreement (A) 4. or Strongly in Agreement (SA) 5.

Likert scale of 1-5 was used to establish the effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya. Respondents were asked to indicate the extent of their agreement or disagreement on various statements and their responses are summarized in Table 4.6. In this study the views of the respondents regarding their participation in working decision making process were
analyzed and slightly less than a third (33.6%) of the respondents strongly disagreed that their supervisors asked for their opinions and thoughts when making work decisions. Slightly more than a quarter (26%) disagreed with the statement whereas 27.1% were of a different opinion by agreeing to the statement. A mean of 2.89 and a standard deviation of 1.25 were obtained for the statement.

This clearly shows that supervisors at national referral hospitals don’t ask for opinions of nurses during the process of making work decisions. Majority of respondents (61.1%) were negative that they usually participated in making important decisions in their work units. A few respondents (24.8%) however remained positive by agreeing with the statement. A mean of 2.42 and standard deviation of 1.22 was obtained. This implies that most of the nurses do not participate in making important work decisions in their places of work.

Regarding nursing employees’ participation in resource allocation, slightly less than two thirds (67.2%) of the respondents were negative by strongly disagreeing and disagreeing with the statement that the national referral hospitals they worked for offered them a chance to participate in resource allocation regarding their job. A few (18.7%) were in agreement with the statement whereas 13.7% remained neutral.

The mean obtained from this statement was 2.14 with a standard deviation of 1.12. This is an indication that most of the nurses are not provided with an opportunity to participate in allocation of resources that they require for their job at the national referral hospitals in Kenya. In regard to whether the respondents are participating in self-scheduling, while 38.5% of the respondents strongly disagreed, 35.1% disagreed that in the hospital where
they worked, they were usually allowed to participate in self-scheduling, that is, allowed to participate in deciding the hours they are at work and the hours they are off. A few (15.3%) however remained neutral in regard to the statement. A mean of 2.01 and standard deviation of 1.06 was obtained for this statement. This implies that nursing employees at national referral hospitals are not allowed to participate in self-scheduling regarding the hours they are work and when they are off work.

In respect to whether the respondents are allowed to participate in performance appraisals for nurse managers, in their work units, slightly more than half (58.8%) were negative that in the organization where they work, they are always allowed to participate in performance appraisal of nurse managers in their respective work unit. Slightly less than a quarter (22.1%) of the respondents, was however in agreement whereas 13% remained neutral on the matter. A mean of 2.41 and standard deviation of 1.31 was obtained for the statement. This implies that the input of the nursing employees is not sought when appraising the performance of the nurse managers in their individual work units.

In regard to whether the respondents’ are allowed to participate in various work decision-making processes regarding their job in their work units, while 27.1% and 32.1% were negative to the statement that nurses are usually allowed to participate in various work decision-making processes regarding their job in their respective work units, 21.4% agreed with the statement. A few (16.8%) however remained neutral. The statement had a mean of 2.34 and 1.20. This implies that nurses are not allowed to participate in various work
decision-making process in their work unit at national referral hospitals in Kenya. Furthermore, in regard to whether respondents are free to suggest positive changes regarding their job, slightly more than half (55.3%) were negative that they are free to suggest positive changes regarding their job. A few (17.6%) were neutral. Slightly less than a quarter (21.8%) was positive by agreeing with the statement. A mean of 2.45 and standard deviation of 1.27 was obtained.

This is an indication that nurses are not free to suggest positive changes regarding their job at the national referral hospitals in Kenya. The findings of this section also reveal that the nurses at national referral hospitals are not being provided with opportunities to participate in the work decision-making process. This in turn may be affecting their control over the activities they undertake at the national referral hospitals thus resulting in their low job satisfaction and consequently their voluntary turnover. Not being provided with opportunities to be involved in work decision-making process is an issue that previous studies have looked at.

Scholars such as Horsford (2013) have stated that when employees are allowed to participate in work decision-making process it makes the employees happy and satisfied with their work which makes them stay longer at the work place. This study has come to the conclusion that nursing employees at the national referral hospitals in Kenya do not participate in the work decision-making process at the national referral hospitals in Kenya and this can be one of the reasons why the nurses are not being satisfied with their work and hence the voluntary turnovers witnessed at these hospitals. This finding is corroborated by
Petkovska et al. (2014), who explain that organizations that foster employee participation in work decision-making process have increased levels of job satisfaction and lower turnover rates. This finding therefore implies that there is need for the managers and/or employers at national referral hospitals in Kenya, to put in place a mechanism to encourage nursing employees’ participation in work decision-making process which will help check on their turnover.

Table 4.8: Effect of Participation in Work Decision-Making Process on Turnover of Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SD</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor asks for my opinions and thoughts when making work decisions.</td>
<td>33.6</td>
<td>26.0</td>
<td>11.5</td>
<td>27.1</td>
<td>1.9</td>
<td>2.38</td>
<td>1.25</td>
</tr>
<tr>
<td>I usually participate in making important decisions in my work unit.</td>
<td>27.5</td>
<td>33.6</td>
<td>10.7</td>
<td>24.8</td>
<td>3.1</td>
<td>2.42</td>
<td>1.22</td>
</tr>
<tr>
<td>The organization I work for offers me a chance to participate in resource allocation (staffing, equipment etc) in regard to my job.</td>
<td>37.0</td>
<td>30.2</td>
<td>13.7</td>
<td>18.7</td>
<td>.4</td>
<td>2.14</td>
<td>1.12</td>
</tr>
<tr>
<td>In the hospital where I work, I am usually allowed to participate in self-scheduling, that is, I am allowed to participate in</td>
<td>38.5</td>
<td>35.1</td>
<td>15.3</td>
<td>7.6</td>
<td>3.1</td>
<td>2.01</td>
<td>1.06</td>
</tr>
</tbody>
</table>
deciding the hours I am at work and the hours I am off work.
In the organization where I work, I am always allowed to participate in performance appraisals of nurse managers in my work unit.
In the organization where I work, I am usually allowed to participate in various work decision-making processes regarding my job in my work unit.
In the organization where I work, I am free to suggest positive changes regarding my job.

<table>
<thead>
<tr>
<th></th>
<th>33.2</th>
<th>25.6</th>
<th>13.0</th>
<th>22.1</th>
<th>5.7</th>
<th>2.41</th>
<th>1.31</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.1</td>
<td>27.1</td>
<td>16.8</td>
<td>21.4</td>
<td>2.3</td>
<td>2.34</td>
<td>1.20</td>
<td></td>
</tr>
<tr>
<td>30.9</td>
<td>24.4</td>
<td>17.6</td>
<td>21.8</td>
<td>5.0</td>
<td>2.45</td>
<td>1.27</td>
<td></td>
</tr>
</tbody>
</table>

Key: SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree, SD- Strongly Disagree, μ-Mean, α-Standard Deviation

4.5.4 Descriptive Analysis for Effect of Compensation on Turnover among Nursing Employees at National Referral Hospitals in Kenya

Scholars posit that compensation means all forms of pay received by employees against their services rendered to an organization and it includes direct financial payments and indirect financial payments (Ali et al. (2014). The study looked at the effect of compensation on the turnover of nurses at national referral hospitals in Kenya. There are a number of statements that the respondents were provided with and asked to give responses to in regard to whether they were Strongly in Disagreement (SD) 1, Disagreement (D) 2, Neutral (N) 3, Agreement (A) 4, or Strongly in Agreement (SA) 5. Likert scale of 1-5 was used to determine the effect of compensation on turnover among nursing employees at national referral hospitals in Kenya. The nurses’ responses were used to assess the effect of compensation on the turnover of the nurses.
In response to the statement on whether they are okay with the pay structure and administration in their organizations (national referral hospitals), an overwhelming majority (83.6%) of the respondents were negative to the statement that they are okay with the pay structure and administration used in their organizations. Only a few (9.5%) were positive to the statement. A mean of 1.76 and standard deviation of 0.99 was obtained for the statement. This is an indication that the nurses strongly do not like the pay structure and administration used in their organizations (NRH). An overwhelming majority (84%) were negative that the pay raises they get from their employer are often and reasonable. A few (8.8%) were positive with the statement whereas the remaining 7.3% were neutral. The statement had a mean of 1.79 and standard deviation of 0.94. This shows that the nurses are in strong disagreement with the pay raises that they get.

Also majority of the nurses (75.2%) strongly disagreed and disagreed that the fringe benefits provided were competitive. A few (11.1%) were however positive with the statement. A mean of 1.92 and standard deviation of 1.03 was obtained for the statement meaning that majority of the nurses do not consider the fringe benefits provided to them as being competitive enough. Responding to the statement on whether they felt fairly compensated for the work they were performing at the national referral hospitals, 79% of the respondents strongly disagreed and disagreed with the statement.

A few (11.5%) however, remained positive to the statement whereas 9.5% of the remaining respondents were neutral. The statement had a mean of 1.83 and a standard deviation of 1.09. This implies that the nurses at the national referral hospitals in Kenya felt that they
were not being compensated fairly for the work they perform at the national referral hospitals in Kenya. Regarding the statement on work rewards, majority (71.3%) of the respondents were positive to the statement that their work rewards were not sufficient for the amount of work experience that they have. A few (11.8%) strongly disagreed with the statement whereas the rest (9.2%) remained neutral on this matter. A mean of 3.87 and standard deviation of 1.39 was obtained for the statement. This shows that the work rewards provided for the nursing work at the national referral hospitals in Kenya are not commensurate with the work experiences of the nurses at these national referral hospitals (NRH) in Kenya.

Respondents were further asked to rate the compensation that was being offered to them by their organizations (national referral hospitals) in Kenya. Variables included were pay structure and administration, pay raises and pay benefits. The responses provided by the nurses in regard to this statement, are as summarized in Table 4.9.

Table 4.9: Effect of Compensation on Turnover of Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am okay with the pay structure and administration used in my organization.</td>
<td>51.5</td>
<td>32.1</td>
<td>6.9</td>
<td>8.0</td>
<td>1.5</td>
<td>1.76</td>
<td>0.99</td>
</tr>
<tr>
<td>The pay raises I get are often and reasonable.</td>
<td>45.8</td>
<td>38.2</td>
<td>7.3</td>
<td>8.0</td>
<td>0.8</td>
<td>1.79</td>
<td>0.94</td>
</tr>
<tr>
<td>Fringe benefits provided are competitive.</td>
<td>44.3</td>
<td>30.9</td>
<td>13.7</td>
<td>10.3</td>
<td>0.8</td>
<td>1.92</td>
<td>1.03</td>
</tr>
<tr>
<td>I am compensated fairly for the work that I perform.</td>
<td>52.3</td>
<td>26.7</td>
<td>9.5</td>
<td>8.4</td>
<td>3.1</td>
<td>1.83</td>
<td>1.09</td>
</tr>
<tr>
<td>My work rewards are not sufficient for the amount of experience that I have.</td>
<td>11.8</td>
<td>7.6</td>
<td>9.2</td>
<td>24.4</td>
<td>46.9</td>
<td>3.87</td>
<td>1.39</td>
</tr>
</tbody>
</table>

Key: SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree, μ-Mean, α-Standard Deviation
Table 4.10: Nurses’ Rating of the Compensation that is offered to them at the National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Statement</th>
<th>VU</th>
<th>U</th>
<th>N</th>
<th>F</th>
<th>VF</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay structure and administration.</td>
<td>48.1</td>
<td>32.8</td>
<td>10.3</td>
<td>8.8</td>
<td>-</td>
<td>1.79</td>
<td>0.95</td>
</tr>
<tr>
<td>Pay raises.</td>
<td>46.9</td>
<td>34.7</td>
<td>9.5</td>
<td>8.0</td>
<td>.8</td>
<td>1.81</td>
<td>0.96</td>
</tr>
<tr>
<td>Pay benefits.</td>
<td>50.8</td>
<td>27.5</td>
<td>9.9</td>
<td>11.1</td>
<td>.8</td>
<td>1.84</td>
<td>1.05</td>
</tr>
</tbody>
</table>

Key: VU- Very Unfair, U- Unfair, N-Neutral, F-Fair, VF-Very Fair μ- Mean, α-Standard Deviation

Findings shown by Table 4.10 above indicate that the average mean of the respondents is 1.81 and average standard deviation is 0.99. This shows that majority of the respondents are negative in regard to the pay structure and administration, pay raises and pay benefits that are in place at their places of work, which are the national referral hospital in Kenya. The findings of this study therefore prove that nursing employees at national referral hospitals in Kenya are not getting from their employer compensation that is satisfactory to them. Scholars postulate that compensation is one of the facets / dimensions of job satisfaction (Motshegwa, 2011; A’yuninnisa & Saptoto, 2012), and that retention of employees in organizations can be achieved through giving compensation to employees that they perceive as good.

The findings of this study are consistent with those of other scholars who explain that employees that are satisfied with their compensation can be devoted to their organization and hence will not have thoughts of leaving the organization (Dawwas and Zahare, 2014). This study’s finding therefore indicates that national referral hospitals in Kenya need to put
in place a compensation policy that will enable the nursing employees get fair and competitive compensation in order for them to be satisfied with their job. This will help reduce voluntary turnover of the nursing employees from these hospitals.

4.5.5 Descriptive Analysis for Effect of Work Recognition on Turnover among Nursing Employees at National Referral Hospitals in Kenya

Recent studies assert that work recognition is the acknowledgement, appreciation or approval of the positive accomplishments or behaviors of an individual or team (Caligiuri et al. 2010). In this study the effect of work recognition on turnover of the nursing employees at national referral hospitals in Kenya was investigated. There are a number of statements that the respondents were provided with and asked to give responses to in regard to whether they were Strongly in Disagreement (SD) 1, Disagreement (D) 2, Neutral (N) 3, Agreement (A) 4, Or Strongly in Agreement (SA) 5. Likert scale of 1-5 was used to establish the effect of work recognition on turnover among nursing employees at national referral hospitals in Kenya. The respondents gave their responses regarding the effect that work recognition had on turnover as shown in Table 4.11.
Table 4.11: Effect of Work Recognition on Turnover of Nursing Employees at National Referral Hospitals

<table>
<thead>
<tr>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>μ</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>My employer invests in my continuing additional training which ensures my professional development in recognition of my exemplary performance (for example through conferences, training seminars etc).</td>
<td>39.3</td>
<td>28.6</td>
<td>14.1</td>
<td>17.2</td>
<td>.8</td>
<td>2.11</td>
<td>1.13</td>
</tr>
<tr>
<td>I receive verbal or written praise and/or thanks from my employer to celebrate my efforts and accomplishments. Whenever I have excelled in job performance in any specific area, my employer gives me a more advanced job title and description. In my organization, there is special public work recognition whenever an employee excels in any particular work area. My organization has well developed programs that support employee recognition.</td>
<td>36.6</td>
<td>32.4</td>
<td>14.1</td>
<td>13.7</td>
<td>3.1</td>
<td>2.14</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td>42.4</td>
<td>36.3</td>
<td>13.4</td>
<td>5.0</td>
<td>3.1</td>
<td>1.90</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>42.4</td>
<td>33.2</td>
<td>12.2</td>
<td>10.7</td>
<td>1.5</td>
<td>1.96</td>
<td>1.06</td>
</tr>
<tr>
<td></td>
<td>38.9</td>
<td>38.2</td>
<td>16.4</td>
<td>5.0</td>
<td>1.5</td>
<td>1.92</td>
<td>0.94</td>
</tr>
</tbody>
</table>
In my organization even if an employee excels in work performance the employer does not recognize the employee in any way. Whenever I excel in performance, the employer gives me an opportunity to be involved in activities that promote my professional development.

<table>
<thead>
<tr>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.2</td>
<td>3.49</td>
<td>17.2</td>
<td>1.42</td>
</tr>
<tr>
<td>24.0</td>
<td>3.49</td>
<td>13.0</td>
<td>4.26</td>
</tr>
<tr>
<td>33.6</td>
<td>2.04</td>
<td>3.49</td>
<td>1.17</td>
</tr>
</tbody>
</table>

Key: SA-Strongly Agree, A-Agree, N-Neutral, D-Disagree, SD- Strongly Disagree \( \mu\)-Mean, \( \alpha\)-Standard Deviation

In response to the statement on whether their employer invests in their continuing additional training which ensures their professional development in recognition of their exemplary performance, majority of the respondents (67.9%) were negative that the employer invests in their continuing additional training which ensures their professional development in recognition of their exemplary performance. A few (14.1%) were however neutral on the matter whereas 18% were positive by strongly agreeing and agreeing with the statement. The statement had a mean 2.11 and standard deviation of 1.13. This implies that the nursing employers at the national referral hospitals do not invest in continuing additional training of their nursing employees in recognition of their exemplary performance to ensure their professional development. Furthermore, while 36.6% and 32.4% of the respondents strongly disagreed and disagreed, 13.7% and 3.1% of the respondents agreed and strongly agreed that they received verbal or written praise and / or thanks from their employer to celebrate their efforts and accomplishments.
This statement had a mean of 2.14 and standard deviation of 1.15 implying that there is limited verbal or written praise and/or thanks given to the nurses by their employers at national referral hospitals as way of celebrating their efforts and accomplishments. Regarding the statement that whenever the nursing employees at national referral hospitals excelled in job performance in any specific area, the employer gives them a more advanced job title and description, majority of the respondents (78.7%) strongly disagreed and disagreed. Few respondents (8.1%) were positive to the statement by strongly agreeing and agreeing.

A mean of 1.90 and standard deviation of 1.01 was obtained. This implies that the percentage of nurses at the national referral hospitals in Kenya that are given more advanced job titles and descriptions in work recognition whenever they excel in job performance is negligible. In regard to the statement about special public recognition whenever a nursing employee excels in any particular work area at the national referral hospitals, 42.4% and 33.2% of the respondents strongly disagreed and disagreed with the statement. A few (11.2%) of the respondents however were positive to the statement. The statement had a mean of 1.96 and standard deviation of 1.06. This means that special public work recognition is hardly provided to the nurses at national referral hospitals in Kenya whenever they excel in any particular work areas.

In response to the statement on whether their organizations (national referral hospitals) have well developed programs that support employee recognition, 38.9% and 38.2% of the respondents strongly disagreed and disagreed that there was a well-developed program in their organizations that supported employee recognition. This statement had a mean of 1.92
and standard deviation of 0.94. Responding to the statement on whether the employer recognizes the nursing employee in any way when the employee excels in work performance, slightly more than half (57.6%) of the respondents were positive that nursing employees that excel in any specific work performance are not recognized in anyway by the employer. Slightly more than a quarter (29.4%) of the respondents was negative to the statement whereas the remaining 13% were neutral. A mean of 3.49 and a standard deviation of 1.42 were obtained for the statement.

This shows that employees that excel in job performance at national referral hospitals in Kenya are rarely recognized by the employers. Moreover, majority of the respondents (69.5%) were negative to the statement that the employer gives them an opportunity to be involved in activities that promote their professional development whenever they excelled in their work performance at the national referral hospitals in Kenya. A few (16.4%) were neutral on the statement whereas the remaining 14.1% were positive by strongly agreeing and agreeing with the statement. The statement had a mean of 2.04 and standard deviation of 1.17. This means the employer of the nurses at the national referral hospitals in Kenya hardly give those that excel in work performance, opportunities to be involved in activities that promote their professional development.

This implies that there are no well-developed programs put in place at the national referral hospitals in Kenya that support nursing employees’ work recognition. This affects the nursing employees’ voluntary turnover. According to Burrell (2014), pay raises, more advanced job titles and descriptions or special public recognition are all valued work recognition by employees and this increases job satisfaction and hence lowering voluntary
turnovers. The finding is corroborated by Henryhand (2010), who explains that lack of employee recognition in an organization is a significant predictor of turnover. Therefore there is need for national referral hospitals to put in place clear mechanisms for nursing employees’ work recognition in order to make employees satisfied with their jobs and hence stop their voluntary turnover.

4.6 Diagnostic Tests

According to Greene (2002) and Kothari (2008), several assumptions must be taken into account in order to arrive at valid conclusions on a population based on linear regression analysis. Scholars are of the view that regression can only be accurately estimated if the basic assumptions of multiple linear regressions are observed (Greene, 2002; Muli, 2008). Therefore diagnostic tests that include factor analysis, autocorrelation, testing of normality, multicollinearity and homogeneity of variance (heteroskedasticity) were important for this study and hence they were carried out in this study.

4.6.1 Factor Analysis

According to Mugenda and Mugenda (2003), factor analysis is a powerful statistical procedure that is often used to validate hypothetical constructs. Factor analysis addresses the problem of analyzing the structure of the interrelationship among a large number of variables by defining a set of common underlying dimensions, known as factors. It is an interdependence technique in which all variables are simultaneously considered, each related to all others (Orodho, 2003). According to Tabachnick and Fidell (2007), factor
loadings are described as follows; 0.32(poor), 0.55(good), 0.63(very good, and 0.7(excellent). While Mobert et al, (2003), argues that factor analysis with Eigen values (total variance) greater than 0.5 should be extracted and coefficients below 0.49 deleted from the matrix because they are considered to be of no importance.

Table 4.12 below provides a guide of recommended thresholds for the tests statistics based on Hair et al. (2010).

### Table 4.12: Threshold for Fit Statistics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi square /df</td>
<td>Less than 3-good,</td>
</tr>
<tr>
<td>GFI(Goodness of fit index)</td>
<td>less than 5-permissible,</td>
</tr>
<tr>
<td>AGFI(Adjusted goodness of fit</td>
<td>Greater than 0.7</td>
</tr>
<tr>
<td>Error of approximation</td>
<td>Less than 0.05- good</td>
</tr>
<tr>
<td>NFI(normed fit index)</td>
<td>0.05- 0.10moderate /acceptable</td>
</tr>
<tr>
<td></td>
<td>fit</td>
</tr>
<tr>
<td></td>
<td>Greater than 0.7</td>
</tr>
</tbody>
</table>

**i. Factor loading for construct Professional Job Autonomy**

Table 4:13 shows the factor loading for individual level of professional job autonomy. Seven out of eight items ie 8b, 8c, 8d, 8e, 8f, 8g and 8h had a factor loading of > 0.750. Only one construct item had a value below 0.050 and so was omitted. According to Mabert et al. (2003), factor loading with Eigen values greater than 0.49 should be extracted and below 0.48 deleted from the matrix because they are considered to be of no importance. The item with the highest value was ‘I am able to choose the way to go about my job (The procedures to utilize)’ with a factor loading of 0.885 meaning that employees value being
left to choose the way to go about their job. The item with lowest loading was ‘I am able to modify what my job objectives are (what I am supposed to accomplish)’ with a factor loading of .750, meaning that employees are least concerned about being able to modify what their job objectives are.

Table 4.13: Factor loading for Professional Job Autonomy

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h I am able to choose the way to go about my job (The procedures to utilize).</td>
<td>.885</td>
</tr>
<tr>
<td>8g I am free to choose the methods to use in carrying out my work.</td>
<td>.860</td>
</tr>
<tr>
<td>8f I have some control over the sequencing of my work activities.</td>
<td>.830</td>
</tr>
<tr>
<td>8d I have control over when and how long I will do my job (Scheduling of my work).</td>
<td>.815</td>
</tr>
<tr>
<td>8c My job is in such a way that I can decide when to do particular work activities.</td>
<td>.786</td>
</tr>
<tr>
<td>8b My job allows me to modify the normal way we are evaluated so that I can emphasize some aspects of my job and play down others.</td>
<td>.758</td>
</tr>
<tr>
<td>8e I am able to modify what my job objectives are (what I am supposed to accomplish).</td>
<td>.750</td>
</tr>
<tr>
<td>8a I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives)</td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.
ii. Factor loading for Work- Life Balance

Table 4:1 shows the factor loading for individual level work life balance. Six out of eight items i.e. 8b, 8c, 8d, 8e, 8f, 8g and 8h had a factor loading of > 0.750. Only one construct item had a value below 0.050 and so was omitted. The item with the highest value was ‘My personal life suffers because of my job’ with a factor loading of 0.828 meaning that employees value a good balance between their personal lives and job.

The item with lowest loading was ‘The organization I work for offers compressed work weeks (working for fewer days per week but more hours per day) with a factor loading of .689. Two items with less than 0.48 were deleted. These are ‘the organization I work for offers employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc and my job gives me energy to pursue activities outside of work that are important to me’.

Table 4.14: Factor loading for Work- Life Balance
### Item Factor loading

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>10i My personal life suffers because of my job.</td>
<td>.828</td>
</tr>
<tr>
<td>10b The organization I work for offers flexible working hours.</td>
<td>.819</td>
</tr>
<tr>
<td>10h The amount of time my job takes up make it difficult to fulfill family duties.</td>
<td>.801</td>
</tr>
<tr>
<td>14e I miss out on important personal activities because of my job.</td>
<td>.729</td>
</tr>
<tr>
<td>15g It is possible for me to perform my job well and yet be able to perform home-related duties adequately.</td>
<td>.700</td>
</tr>
<tr>
<td>16f The organization I work for offers compressed work weeks (working for fewer days per week but more hours per day).</td>
<td>.689</td>
</tr>
<tr>
<td>12c The organization I work for offers employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc.</td>
<td>.395</td>
</tr>
<tr>
<td>12d My job gives me energy to pursue activities outside of work that are important to me.</td>
<td>.398</td>
</tr>
</tbody>
</table>

### iii. Factor loading for Work Decision - Making Process

Table 4.15 shows the factor loading work decision making process. Six out of eight items i.e. 12h, 12f, 12b, 12e, 12c, 12g and 12d had a factor loading of > 0.682. Only one construct item had a value below 0.050 and so was omitted. The item with the highest value was ‘In the organization where I work, I am free to suggest positive changes regarding my job’ with a factor loading of 0.994 meaning that employees value freedom to make positive changes. The item with lowest loading was ‘I am usually allowed to participate in various work decision-making processes regarding my job in my work unit) with a factor loading of .682. Two items with less than 0.48 were deleted.
Table 4.15: Factor loading for Work Decision - Making Process

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>12h In the organization where I work, I am free to suggest positive changes regarding my job.</td>
<td>.994</td>
</tr>
<tr>
<td>12f My supervisor asks for my opinions and thoughts when making work decisions.</td>
<td>.880</td>
</tr>
<tr>
<td>12b I usually participate in making important decisions in my work unit.</td>
<td>.880</td>
</tr>
<tr>
<td>12e The organization I work for offers me a chance to participate in resource allocation (staffing, equipment etc) in regard to my job.</td>
<td>.872</td>
</tr>
<tr>
<td>12c In the hospital where I work, I am usually allowed to participate in self-scheduling, that is, I am allowed to participate in deciding the hours I am at work and the hours I am off work.</td>
<td>.861</td>
</tr>
<tr>
<td>12g In the organization where I work, I am always allowed to participate in performance appraisals of nurse managers in my work unit.</td>
<td>.857</td>
</tr>
<tr>
<td>12d I am usually allowed to participate in various work decision-making processes regarding my job in my work unit.</td>
<td>.682</td>
</tr>
</tbody>
</table>
iv. Factor loading for Compensation

Table 4.16 shows the factor loading for Compensation. Three out of four items i.e. 14b, 14c, 14c, had a factor loading of > 0.834. Only one construct item had a value below 0.50 and so was omitted. The item with the highest value was ‘The pay raises I get are often and reasonable’ with a factor loading of 0.912 meaning that employees value reasonable pay rises. The item with lowest loading was ‘Fringe benefits provided are competitive’ with a factor loading of .834.

Table 4.16: Factor loading for Compensation

<table>
<thead>
<tr>
<th>Component Matrix(^a)</th>
<th>Component</th>
<th>Item</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>14b</td>
<td>The pay raises I get are often and reasonable.</td>
<td>.912</td>
<td></td>
</tr>
<tr>
<td>14d</td>
<td>I am compensated fairly for the work that I perform.</td>
<td>.868</td>
<td></td>
</tr>
<tr>
<td>14c</td>
<td>Fringe benefits provided are competitive.</td>
<td>.834</td>
<td></td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.

v. Factor loading for Work Recognition

Table 4.17 shows the factor loading for work recognition. Six out of eight items i.e. 17d, 17g, 17c, 17b, 17e and 17f had a factor loading of > 0.713. Only two construct items had a value below 0.50 and so were omitted. The item with the highest value was ‘My organization has well developed programs that support employee recognition.’ with a factor loading of 0.809 meaning that employees value recognition most. The item with lowest loading was ‘Whenever I excel in performance, the employer gives me an opportunity to be involved in activities that promote my professional development’ with a factor loading of .530.
Table 4.17: Factor loading for work Recognition

Component Matrix

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization has well developed programs that support employee recognition.</td>
<td>.809</td>
</tr>
<tr>
<td>In my organization even if an employee excels in work performance the employer does not recognize the employee in any way.</td>
<td>.808</td>
</tr>
<tr>
<td>Whenever I excel in performance, the employer gives me an opportunity to be involved in activities that promote my professional development.</td>
<td>.808</td>
</tr>
<tr>
<td>In my organization, there is special public work recognition whenever an employee excels in any particular work area.</td>
<td>.749</td>
</tr>
<tr>
<td>I receive verbal or written praise and/ or thanks from my employer to celebrate my efforts and accomplishments.</td>
<td>.740</td>
</tr>
<tr>
<td>Whenever I excel in performance, the employer gives me an opportunity to be involved in activities that promote my professional development.</td>
<td>.530</td>
</tr>
</tbody>
</table>

4.6.2 Autocorrelation Test

Autocorrelation is the correlation between members of the series of observations ordered in time or space (Gujarat, 2009). Autocorrelation means that adjacent observations are correlated and if they are, then regression underestimates standard error of coefficients by making predictors seem significant when they are actually not significant.
In a study, there should be assumption of zero correlation between the independent variables and the error term meaning that independent variables should not be correlated. Thus there should be no autocorrelation in a study since the problem of autocorrelation is a violation of the statistical assumption. This study utilized the Durbin-Watson test to check if there is presence of autocorrelation between variables in the study. Durbin-Watson statistic is commonly used for testing the presence of autocorrelation in the errors of a regression model. Based on the output, coefficient correlation obtained value of significance are as follows: Professional Job Autonomy variable of 0.446, work-life balance variable of 0.391, participation in work decision-making process of 0.234, compensation variable of 0.134 and work recognition variable of 0.542. All these values are greater than 0.05 as shown in the table above. Breusch-pagan test p-values for all the variables were greater than 0.05. This indicates that heteroscedasticity does not exist and hence the statistical assumption had not been violated. It can therefore be concluded that there was no heteroscedasticity problem in this study.
Table 4.18: Durbin- Watson Test for Autocorrelation

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>Adjusted R</th>
<th>Std. Error of the Estimate</th>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.315a</td>
<td>.099</td>
<td>.078</td>
<td>6.74276</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Work Recognition, Compensation, Professional Job Autonomy, work-life balance, Participation in Work Decision-Making Process

b. Dependent Variable: Employee Turnover

4.6.3 Test for Normality

Test for Normality is carried out to check whether the data is distributed normally. One of the methods used to determine normality of distribution graphically is to use the output of a normal Quantile-Quantile plot (Q-Q plot). If data is normally distributed, data points will be close to the diagonal line and if data strays from the diagonal line, then the data is not normally distributed. As shown by Figure 4.7, the distribution of the observed values versus the expected normal values is random along the line of best fit. As such, it can be concluded that the data for professional job autonomy is normally distributed.

![Normal Q-Q Plot of Professional Job Autonomy](image-url)

Figure 4.7: Normal Q-Q Plot of Professional Job Autonomy
The figure shows that the distribution of the observed values versus the expected normal values in normal QQ plot is random along the line of best fit. As such, it can be concluded that the work-life balance data is normally distributed.

Figure 4.8: Normal Q-Q Plot of Work-Life Balance

According to Figure 4.9, the normal QQ plot indicates that the observed values versus the expected normal values are randomly distributed along the line of best fit. As such, it can be concluded that the work decision-making process data is normally distributed.
As shown by the figure 4.10, the dots are evenly distributed along the diagonal line. It can therefore be concluded that the data for the compensation variable is normally distributed.
The figure 4.11 shows an even distribution of the dots within the diagonal line. This shows that the data for work recognition variable is normally distributed. Lastly, the Shapiro-Wilk was used in testing normality of the employee turnover data in the national referral hospitals in Kenya. The data was presented using a table and a Quantile-Quantile plot graph.

![Normal Q-Q Plot of Work Recognition](image)

**Figure 4.11: Normal Q-Q Plot of Work Recognition**

As shown by the table below, the distribution of the variables was normal. According to Cohen (1992), in regard to the use of Shapiro-Wilk test, if the significant value is greater than 0.05, then the data is referred to as normal and if the significant value is below 0.05, the data is said to be significantly deviated from the normal distribution. The significant value (.060) in this case is greater than 0.05. Therefore, it is concluded that the dependent variable is normally distributed.
Table 4.19: Test for Normality

<table>
<thead>
<tr>
<th></th>
<th>Shapiro-Wilk Statistic</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Turnover</td>
<td>.870</td>
<td>262</td>
<td>.060</td>
</tr>
</tbody>
</table>

a. Lilliefors Significance Correction

Figure 4.12: Normal Q-Q Plot of Nursing Employee Turnover

As it has been shown by the figure above, the distribution of the expected normal values and observed values are randomly distributed along the line of best fit. It can therefore be concluded that the dependent variable is normally distributed.
4.6.4 Test For Multicollinearity

Multicollinearity refers to a situation in which two or more explanatory variables in a multiple regression model are highly linearly related which should not be the case. It occurs when a model includes multiple factors that are correlated not just to the response variable but also to each other (Mwanje, 2016). Presence of multicollinearity increases standard errors of coefficients which can in turn mean that coefficients for some independent variables may be found not to be significantly different from 0. Furthermore, according to Tabachnik and Fidell (2007), multicollinearity overinflates standard errors making some variables statistically insignificant when they should be significant. Therefore, for multiple regression to be applicable there should not be strong relations among variables.

In this study, variance inflation factor (VIF) was used to test for multicollinearity. A VIF of around or greater than 5 indicates that there is multicollinearity associated with that variable. As shown by the table 4.20, the highest correlation value was 2.513 and the lowest 1.393. It can thus be concluded that in this study multicollinearity does not exist between the variables. This is because all the VIF values were found to be below 5. According to Chatterjee, Hadi and Price (2000) non-existence of mulitcollinearity means that the results of the multiple regressions will not be misleading because the independent variables in the multiple regression equation are not highly correlated.
Table 4.20: Multicollinearity Test

<table>
<thead>
<tr>
<th>Model</th>
<th>T</th>
<th>Sig.</th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>13.928</td>
<td>.000</td>
<td>.398</td>
<td>2.513</td>
</tr>
<tr>
<td>v1</td>
<td>1.503</td>
<td>.134</td>
<td>.398</td>
<td>2.513</td>
</tr>
<tr>
<td>v2</td>
<td>-1.483</td>
<td>.140</td>
<td>.517</td>
<td>1.935</td>
</tr>
<tr>
<td>v3</td>
<td>-2.908</td>
<td>.004</td>
<td>.401</td>
<td>2.491</td>
</tr>
<tr>
<td>v4</td>
<td>4.284</td>
<td>.000</td>
<td>.718</td>
<td>1.393</td>
</tr>
<tr>
<td>v5</td>
<td>-.344</td>
<td>.731</td>
<td>.594</td>
<td>1.685</td>
</tr>
</tbody>
</table>

4.6.5 Heteroscedasticity Test

The expected value or the error term is zero and the variance of the error term is constant. When the variance of the error term is constant, there is the assumption of homoscedasticity but if the variance is not constant, it is a case of heteroscedasticity which is a violation of the statistical assumption of homoscedasticity. Therefore the error term should be homoscedastic. To test the presence of heteroscedasticity in the study, Breush-pagan test was employed. The test shows a chi-square value and significant value for the independent values. A p-value < 0.05 indicates presence of heteroscedasticity while a p-value greater than 0.05 indicates that heteroscedasticity does not exist in a study.

Table 4.21: Heteroscedasticity Test

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>.662</td>
<td>.093</td>
<td>7.111</td>
</tr>
<tr>
<td>Professional Job Autonomy</td>
<td>.034</td>
<td>.044</td>
<td>.075</td>
</tr>
<tr>
<td>Work- life balance</td>
<td>-.040</td>
<td>.047</td>
<td>-.074</td>
</tr>
<tr>
<td>Participation in Work</td>
<td>-.056</td>
<td>.047</td>
<td>-.113</td>
</tr>
<tr>
<td>Decision Making- Process</td>
<td>.106</td>
<td>.050</td>
<td>.159</td>
</tr>
<tr>
<td>Compensation</td>
<td>-.027</td>
<td>.045</td>
<td>-.048</td>
</tr>
<tr>
<td>Work Recognition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: AbsUT
Based on the output, coefficient correlation obtained value of Sig. are as follows: Professional Job Autonomy variable of 0.446, work-life balance variable of 0.391, participation in work decision-making process of 0.234, compensation variable of 0.134 and work recognition variable of 0.542. All these values are greater than 0.05 thus as shown in the table above, Breusch-pagan test p-values for all the variables were greater than 0.05. This indicates that heteroscedasticity does not exist and hence the statistical assumption had not been violated. It can therefore be concluded that there is no heteroscedasticity problem in this study.

4.7 Inferential Statistics

Inferential statistics are a set of methods used to make generalization, estimate or prediction or decision. Statistical inference is the process of drawing conclusion for data that are subject to random variation such as observational errors of sampling variation (Ngari, 2016). Inferential analysis was carried out in this study through the use of correlation and regression analysis in the determination of relationship between dependent and other variables as used in the study.
4.7.1 Correlation Analysis

Correlation analysis was used to measure the direction and degree of relationship between the dependent and independent variables. The dependent variable was Turnover of nurses at national referral hospitals while independent variables were Professional Job Autonomy, Work-life balance, Participation in Work Decision-Making process, Compensation and Work Recognition. The Pearson moment correlation (r) was used together with the P values to demonstrate the direction and the level of significance of the relationship between the dependent and independent variables. According to Mugenda and Mugenda (2003) Pearson correlation coefficient (r) informs a researcher the magnitude and direction of the relationship between two variables and also the bigger the coefficient, the stronger the association.

4.7.2 Correlation Analysis for Individual Variables

i. Correlation between Professional Job Autonomy and Turnover among Nursing Employees at National Referral Hospitals in Kenya

Professional Job Autonomy and Turnover among Nursing Employees at National Referral Hospitals in Kenya had a negative and moderate relationship -.039. The p value was 0.534 which is > the critical value of 0.05 and so not significant. The results are depicted in table 4.22.
Table 4.22: Correlation analysis between Professional Job Autonomy and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Turnover among Nursing Employees</th>
<th>Professional Job Autonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.039</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.534</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.039</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.534</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>

ii. Correlation between Work-life balance and Turnover among Nursing Employees at National Referral Hospitals in Kenya

Work-life balance and Turnover among Nursing Employees at National Referral Hospitals in Kenya had a negative and moderate relationship of -.072. The p value was 0.248 which is > the critical value of 0.05 and so not significant. The results are depicted in table 4.23.

Table 4.23: Correlation analysis between Work life balances and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Turnover among Nursing Employees</th>
<th>Work life balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.072</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.248</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.072</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.248</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>
iii. Correlation between Work Decision-Making Process and Turnover among Nursing Employees at National Referral Hospitals in Kenya

Work Decision-Making Process and Turnover among Nursing Employees at National Referral Hospitals in Kenya had a negative and moderate relationship of -.138. The p value was 0.026 which is < the critical value of 0.05 and so significant. The results are depicted in table 4.24.

Table 4.24: Correlation analysis between Work Decision-Making Process and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Turnover among Nursing Employees</th>
<th>Work Decision-Making Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.138*</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.026</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>262</td>
<td>259</td>
</tr>
</tbody>
</table>

Pearson Correlation -1 -.138*
Sig. (2-tailed) .026
N 259

*. Correlation is significant at the 0.05 level (2-tailed).

iv. Correlation between Compensation and Turnover among Nursing Employees at National Referral Hospitals in Kenya

Compensation and Turnover among Nursing Employees at National Referral Hospitals in Kenya had a negative and moderate relationship of -.051. The p values was 0.409 which is > the critical value of 0.05 and therefore not significant. The results are depicted in table 4.25.
Table 4.2: Correlation analysis between Compensation and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Turnover among Nursing Employees</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.051</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.409</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>

v. Correlation between Work Recognition and Turnover among Nursing Employees at National Referral Hospitals in Kenya

Work Recognition and Turnover among Nursing Employees at National Referral Hospitals in Kenya had a negative and moderate relationship of -.058. The p values was 0.354 which is > the critical value of 0.05 and so not significant. The results are depicted in table 4.26.

Table 4.26: Correlation analysis between Work Recognition and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Turnover among Nursing Employees</th>
<th>Work Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>-.058</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.354</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.058</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.354</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>
vi. Combined Overall Correlation Analysis

Professional Job Autonomy had a correlation coefficient (r) of -.039, Work-life balance had -.072, Participation in Work Decision-Making process had -.138*, Compensation .051 while Work Recognition had -.058. The p values were .534, .248, .026, .409 and .354 respectively. Only Variable three on Participation in Work Decision-Making process, had a p value of .026 which was >0.05 level of significance. The results are shown in table 4.27.

Table 4.27: Overall Correlation Analysis
## Correlations

<table>
<thead>
<tr>
<th></th>
<th>Dv</th>
<th>v1</th>
<th>v2</th>
<th>v3</th>
<th>v4</th>
<th>v5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dv Pearson Correlation</td>
<td>1</td>
<td>-0.039</td>
<td>-0.072</td>
<td>-0.138*</td>
<td>0.051</td>
<td>-0.058</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.534</td>
<td>0.248</td>
<td>0.026</td>
<td>0.409</td>
<td>0.354</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>259</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>v1 Pearson Correlation</td>
<td>-0.039</td>
<td>1</td>
<td>0.655**</td>
<td>0.723**</td>
<td>0.496**</td>
<td>0.572**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.534</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>259</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>v2 Pearson Correlation</td>
<td>-0.072</td>
<td>0.655**</td>
<td>1</td>
<td>0.579**</td>
<td>0.525**</td>
<td>0.518**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.248</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>259</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>v3 Pearson Correlation</td>
<td>-0.138*</td>
<td>0.723**</td>
<td>0.579**</td>
<td>1</td>
<td>0.574**</td>
<td>0.602**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.026</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>N</td>
<td>259</td>
<td>259</td>
<td>259</td>
<td>259</td>
<td>259</td>
<td>259</td>
</tr>
<tr>
<td>v4 Pearson Correlation</td>
<td>0.051</td>
<td>0.496**</td>
<td>0.525**</td>
<td>0.574**</td>
<td>1</td>
<td>0.516**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.409</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>259</td>
<td>261</td>
<td>261</td>
</tr>
<tr>
<td>v5 Pearson Correlation</td>
<td>-0.058</td>
<td>0.572**</td>
<td>0.518**</td>
<td>0.602**</td>
<td>0.516**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.354</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>261</td>
<td>261</td>
<td>259</td>
<td>261</td>
<td>261</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.05 level (2-tailed).

|   | V1 Professional Job Autonomy, V2 Work-life balance, V3 Participation in Work Decision-Making process, V4 Compensation, V5 Work Recognition |

### 4.7.3 Regression Analysis

According to scholars, regression analysis involves estimating relationship between variables and helps in generating equation that describes statistical relationship between one or more predictor variables and response variable (Ngari, 2016). The study carried out regression analysis to establish the statistical significance relationship between the independent variables which are professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition and the dependent variable which is turnover among nursing employees.
(i) Inferential Statistical analysis on the effect of professional job autonomy on the turnover of nurses at national referral hospitals in Kenya.

Regression analysis was used to determine the contribution of each independent variable in explaining the dependent variable using the R Square ($R^2$). The first hypothesis was $H_1$: Professional job autonomy has a significant effect on the turnover of nursing employees at national referral hospitals in Kenya. The $p$ value was .534 which was greater than 0.05 ($P > 0.05$) at 5% level of significance hence the study rejected the alternative hypothesis. This shows that Professional job autonomy has no significant effect on turnover of nursing employees at national referral hospitals in Kenya. The coefficient of determination ($R^2$) value was .001 meaning that 0.0001% of the variation in turnover of nurses at the national referral hospitals in Kenya was explained by the Professional job autonomy. The remaining 99.99% is explained by other factors not put into consideration in this study.

The results of ANOVA test reveal that Professional job autonomy has a positive but insignificant effect on turnover of nurses at the national referral hospitals in Kenya with $F$ statistic of .388 and $P$ value of actual 0.534 which is $> 0.05$ level of significance. This implies that the regression model does not statistically and significantly predict the outcome variable. The Regression coefficients were used to determine the causal effect of the independent variable on the dependent variable. The beta coefficients of the resulting model indicated that Professional job autonomy had a negative and insignificant effect on turnover of nursing employees at national referral hospitals with a slope of $\beta_1 = -0.033$, $t$-value = -0.623 and $p$-value 0.534 > 0.05.
This implies that holding all other variables constant, the turnover of nursing employees at national referral hospitals in Kenya decrease by -0.033 units when Professional job autonomy goes up by one unit. The results are presented in Table 4.28. The regression equation for the effect can be stated as: \( Y = 28.366 - 0.033X_1 + e \). This implies that if nursing employees at national referral hospitals in Kenya are allowed to have professional job autonomy at the workplace, they will not be satisfied with their jobs hence higher voluntary turnovers. The findings of this study are contrary to prior studies that have asserted that higher level of professional autonomy is positively associated with higher level of satisfaction and consequently a lower level of turnover (Sunsanti, 2012).

Table 4.28: ANOVA Results for the Relationship between Professional Job Autonomy and Nursing Employees Turnover at National Referral Hospitals in Kenya

<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>18.171</td>
<td>1</td>
<td>18.171</td>
<td>.388</td>
<td>.534a</td>
</tr>
<tr>
<td>Residual</td>
<td>12119.630</td>
<td>259</td>
<td>46.794</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12137.801</td>
<td>260</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>.039a</td>
<td>.001</td>
<td>-.002</td>
<td>6.84061</td>
</tr>
</tbody>
</table>

Coefficientsa

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>Beta</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>28.366</td>
<td>1.085</td>
<td>26.142</td>
<td>.000</td>
</tr>
<tr>
<td>v1</td>
<td>-.033</td>
<td>.052</td>
<td>-.039</td>
<td>-.623</td>
<td>.534</td>
</tr>
</tbody>
</table>
ii) Inferential Statistical analysis on the effect of Work-life balance on turnover among nursing employees at national referral hospitals in Kenya.

The second hypothesis was

H₁ Work-life balance has a significant effect on turnover among nursing employees at national referral hospitals in Kenya. The p value was .248 which was greater than 0.05 (P>.05) at 5% level of significance hence the study rejected the alternative hypothesis. This shows that work-life balance has no significant effect on turnover among nursing employees at national referral hospitals in Kenya.

The coefficient of determination (R²) value was .005 meaning that 0.5% of the variation in turnover of nurses at the national referral hospitals in Kenya was explained by the Work-life balance. The remaining 99.5% is explained by other factors not put into consideration in this study. The results of ANOVA test reveal that Work-life balance has a positive but insignificant effect on turnover of nurses at the national referral hospitals in Kenya with F statistic of 1.343 and P value of actual .248 which was > 0.05 level of significance. This implies that the regression model does not statistically and significantly predict the outcome variable. Using regression coefficients to determine the causal effect of the independent variable on the dependent variable the beta coefficients of the resulting model indicated that Work-life balance had a negative and insignificant effect on turnover among nursing employees with a slope of β₂ = -.074, t-value = -1.159 and p-value .248 > 0.05.

This implies that holding all other variables constant, the turnover of nurses at the national referral hospitals in Kenya decrease by -.074 units when work-life balance goes up by one
unit. The results are presented in Table 4.29. The regression equation for the effect can be stated as: \( Y = 29.354 - .074X_1 + e \). The findings of this study are in line with prior studies that have asserted that to retain employees at the workplace for longer, there has to be in place a strategy of work-life balance in an organization in order to check on job dissatisfaction and turnover (Ghayyur & Jamal, 2012; Yamahata, 2015).

Table 4.29: ANOVA Results for the Relationship between Work-life Balance and Nursing Employee Turnover at National Referral Hospitals in Kenya

<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>.072*</td>
<td>.005</td>
<td>.001</td>
<td>6.82806</td>
</tr>
</tbody>
</table>

ANOVA

<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>1</td>
<td>Regression</td>
<td>62.608</td>
<td>1</td>
<td>62.608</td>
<td>1.343</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>12075.193</td>
<td>259</td>
<td>46.622</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12137.801</td>
<td>260</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unstandardized Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.453</td>
<td>20.202</td>
<td>.000</td>
</tr>
<tr>
<td>v2</td>
<td>-.074</td>
<td>.064</td>
<td>-1.159</td>
<td>.248</td>
</tr>
</tbody>
</table>

iii. Regression Analysis on the effect of Participation in work decision-making process and turnover among nursing employees at national referral hospitals in Kenya

The third hypothesis was \( H_1 \): Participation in work decision-making process has a positive significant effect on turnover among nursing employees at the national referral hospitals in Kenya. The p value was .026* which was less than 0.05 (P>.05) at 5% level of significance.
This shows that Participation in workdecision-making process has a significant effect on employee turnover. Therefore, the alternative hypothesis was accepted and the conclusion is that Participation in work decision-making process has a positive and significant effect on the turnover of nurses at national referral hospitals in Kenya.

This implies that involving the nurses in the work decision-making process will reduce the turnover rate among the nurses at national referral hospitals in Kenya. The coefficient of determination ($R^2$) value was .019 meaning that 1.9% of the variation in turnover of nurses at the national referral hospitals in Kenya was explained by the Participation in workdecision-making process. The remaining 98.1% is explained by other factors not considered in this study. The results of ANOVA test reveal that Participation in workdecision-making process has a positive and significant effect on turnover of nurses at the national referral hospitals in Kenya with F statistic of 4.981 and P value of actual .026\textsuperscript{a} which was < 0.05 level of significance. This implies that the regression model statistically and significantly predicts the outcome variable.

Using regression coefficients to determine the causal effect of the independent variable on the dependent variable the beta coefficients of the resulting model indicated that Participation in workdecision-making process had a negative but significant effect on turnover among nursing employees with a slope of $\beta_1= -.134X_3$, t-value = -2.232 and p-value .026 < 0.05. This implies that holding all other variables constant, the turnover of nursing employees at the national referral hospitals in Kenya decreases by -.134 units when work life balance goes up by one unit. The results are presented in Table 4.30. The regression equation for the effect can be stated as: $Y= 29.861 - .134X_3 + e$. This is in line with prior studies that have proved that employees that are allowed to give their input
during work decision-making process generally view their job in a more positive light which results into greater job satisfaction. Job satisfaction eventually leads to lower employee turnover (Akhtar & Khattak, 2013).

Table 4.30: ANOVA results for the Relationship between Participation in Work Decision-Making Process and Employee Turnover

<table>
<thead>
<tr>
<th>Model Summary</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod</td>
<td>R</td>
<td>R Square</td>
<td>Adjusted R Square</td>
<td>Std. Error of the Estimate</td>
</tr>
<tr>
<td>1</td>
<td>.138a</td>
<td>.019</td>
<td>.015</td>
<td>6.79643</td>
</tr>
</tbody>
</table>

| ANOVA          |        |        |        |        |
| Model          | Sum of Squares | df | Mean Square | F     | Sig. |
| Regression     | 230.066 | 1   | 230.066 | 4.981 | .026a |
| Residual       | 11871.216 | 257 | 46.192 |       |      |
| Total          | 12101.282 | 258 |        |       |      |

| Unstandardized Coefficients |        |        |        |
| Model          | B      | Std. Error | t     | Sig. |
| 1 (Constant)   | 29.861 | 1.052    | 28.384 | .000 |
| v3             | -.134  | .060     | -2.232 | .026 |

| Unstandardized Coefficients |        |        |        |
| Model          | B      | Std. Error | t     | Sig. |
| 1 (Constant)   | 29.861 | 1.052    | 28.384 | .000 |
| v3             | -.134  | .060     | -2.232 | .026 |
Inferential statistical analysis on the effect of Compensation on turnover among nursing employees at national referral hospitals in Kenya

The fourth hypothesis was

H₁ Compensation has a significant effect on turnover among nursing employees at national referral hospitals in Kenya. The p value was .409 which was > 0.05 (P>.05) at 5% level of significance hence the study rejected the alternative hypothesis. This implies that Compensation has no significant effect on turnover of nurses at national referral hospitals in Kenya. The coefficient of determination (R²) value was .003 meaning that only 0.3% of the variation in turnover of nurses at the national referral hospitals in Kenya was explained by the Compensation. The remaining 99.7% is explained by other factors not considered in this study. The results of ANOVA test reveal that Compensation has a positive but insignificant effect on turnover of nurses at the national referral hospitals in Kenya with F statistic of .683 and P value of actual .409 which was > 0.05 level of significance.

Using regression coefficients to determine the causal effect of the independent variable on the dependent variable the beta coefficients of the resulting model indicated that compensation had a positive but insignificant effect on turnover among nursing employees with a slope of β₁ = .068X₄, t-value = .826 and p-value .409 > 0.05. This implies that the regression model does not statistically and significantly predict the outcome variable.
results are presented in Table 4.31. The regression equation for the effect can be stated as:

\[ Y = 26.622 + 0.068X_1 + e. \]

Scholars postulate that poor compensation plans affect negatively the turnover of nurses. The finding of this study is in line with prior studies that have stated that the amount of wages and salaries that employees receive positively relate to their job satisfaction (Aydogdu & Asikgil, 2011). The implication here is that if employees perceive compensation received as fair/good they will stay in an organization hence pay satisfaction significantly affects turnover of employees (Carraher, 2011).

### Table 4.31: ANOVA results for the Relationship between Compensation and Employee Turnover

<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>31.910</td>
<td>1</td>
<td>31.910</td>
<td>.683</td>
<td>.409a</td>
</tr>
<tr>
<td>Residual</td>
<td>12105.891</td>
<td>259</td>
<td>46.741</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12137.801</td>
<td>260</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>26.622</td>
<td>18.722</td>
<td>.000</td>
</tr>
<tr>
<td>v4</td>
<td>.068</td>
<td>.826</td>
<td>.409</td>
</tr>
</tbody>
</table>

(v) Inferential Statistical analysis on the effect of Work recognition on turnover among nursing employees at national referral hospitals in Kenya

The fifth hypothesis was

\[ H_1: \text{Work recognition has a significant effect on turnover among nursing employees at national referral hospitals in Kenya.} \]

The \( p \) value was .354\(^a\) which was > 0.05 (\( P > .05 \)) at 5\% level of significance hence the study rejected the alternative hypothesis. This implies
that Work recognition has no significant effect on the turnover of nursing employees at national referral hospitals in Kenya. The coefficient of determination (R²) value was .003 meaning that only 0.3% of the variation in turnover of nursing employees at national referral hospitals in Kenya was explained by the Work recognition. The remaining 99.7% is explained by other factors not considered in this study. The results of ANOVA test reveal that Work recognition has a positive but insignificant effect on turnover of nurses at national referral hospitals in Kenya with F statistic of .861 and P value of actual .354 which was > 0.05 level of significance.

Using regression coefficients to determine the causal effect of the independent variable on the dependent variable the beta coefficients of the resulting model indicated that Work recognition has a negative and insignificant effect on turnover among nursing employees with a slope of β₅ = -.074X₅, t-value = -.928 and p-value .354 > 0.05. This implies that the regression model does not statistically and significantly predicts the outcome variable. The results are presented in Table 4.32. The regression equation for the effect can be stated as:

\[ Y = 28.908 - .074X_5 + e. \]

This means that if work recognition strategies involving nursing employees at the national referral hospitals in Kenya are put in place, they will help reduce nursing employees’ voluntary turnover. This finding corroborates other studies that have asserted that work recognition in an organization can create and increase job satisfaction which can lead to increased retention of employees in an organization (Dalke & Prakash, 2012; Burrell, 2014).
Table 4.32: ANOVA results for the Relationship between Work Recognition and Employee Turnover

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>.058&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.003</td>
<td>.000</td>
<td>6.83439</td>
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</table>

ANOVA<sup>b</sup>

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. &lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
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<td>40.212</td>
<td>.861</td>
<td>.354</td>
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<td></td>
<td>Residual</td>
<td>259</td>
<td>46.709</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>Total</td>
<td>260</td>
<td>12137.801</td>
<td></td>
<td></td>
</tr>
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</table>

Unstandardized Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>28.908</td>
<td>1.324</td>
<td>21.827</td>
</tr>
<tr>
<td></td>
<td>v5</td>
<td>-.074</td>
<td>.080</td>
<td>-.928</td>
</tr>
</tbody>
</table>

4.7.4 Overall Model

The model 1 summary in Table 4.33 before moderation shows R value was 0.315 indicating that there is a positive relationship between turnover of nursing employees at the national referral hospitals in Kenya and professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition. The R squared ($R^2$) had a value of .053 showing that 5.3% of dimensions of job satisfaction (professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition) are explained by the model. The remaining 94.7% is explained by other factors not put into consideration in this study.
The results presented in Table 4.33 on the ANOVA for the overall model, indicate that the model was statistically significant in explaining the effect of the independent variables which are professional job autonomy, work life balance, participation in work decision-making process, compensation and work recognition on turnover of nursing employees at national referral hospitals in Kenya since the p - value is .017 which is < 0.05 at 5% level of significance. Table 4.33 results on the beta coefficients show that participation in work decision-making process had -.280 which was negative but significant, while compensation had .275 which was both positive and significant with p values < 0.05. The professional job autonomy variable had a positive but insignificant effect while work-life balance and work recognition also had negative and insignificant effect with p values> 0.05.

Table 4.33: Overall regression model

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>R Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.230&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.053</td>
<td>.034</td>
<td>6.73096</td>
</tr>
</tbody>
</table>

ANOVA<sup>b</sup>

<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>1 Regression</td>
<td>638.903</td>
<td>5</td>
<td>127.781</td>
<td>2.820</td>
<td>.017&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Residual</td>
<td>11462.379</td>
<td>253</td>
<td>45.306</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12101.282</td>
<td>258</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), v5, v4, v2, v3, v1
b. Dependent Variable: dv
The generated overall moderated regression equation for the effect is stated as follows:

\[ Y = \beta_0 + 28.026 + 0.275X_1 - 0.280X_2 + \varepsilon \]

Where

- \( \beta_0 \) = is the constant
- \( X_1 \) = Compensation
- \( X_2 \) = Participation in work decision-making process
- \( \varepsilon \) = Error term – margin of error.

### 4.8 Optimal Model

The general objective of the study was to determine the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. Multiple regression analysis was used as the optimal model to examine the existing relationship between various facets/dimensions of job satisfaction (professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition) and turnover among nursing employees.

The generated model was summarized as follows.
Independent Variables Dependent Variable

**Figure 4.13: Modified Conceptual Framework**

### 4.9 Summary

This chapter has presented the analysis of data collected and the discussion of the findings. According to the research findings stated above, the study has a new model. This is because the results of the study revealed that participation in work decision-making process and compensation had a positive and significant effect on turnover among nursing employees at national referral hospitals in Kenya.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter presents a summary of major findings of this study, sets out relevant conclusions and makes recommendations for managerial practice and also gives suggestions for further research based on the finding of this study. The study sought to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya and specifically examined five independent variables (professional job autonomy, work life balance, participation in work decision-making process, compensation and work recognition) and one dependent variable (turnover among nursing employees at national referral hospitals in Kenya). The study established the effect
of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.

5.2 Summary of Findings

The study sought to establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. The study was guided by the following specific objectives: to establish the effect of professional job autonomy on turnover among nursing employees at national referral hospitals in Kenya, to determine the effect of work-life balance on turnover among nursing employees at national referral hospitals in Kenya, to establish the effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya.

The study was also guided by the following specific objectives: to determine the effect of compensation on turnover among nursing employees at national referral hospitals in Kenya and to establish the effect of work recognition on turnover among nursing employees at national referral hospitals in Kenya. The study adopted a mixed method research design and used simple random sampling to select a sample of 315 respondents from the 1779 registered nurses working at the 12 national referral hospitals in Kenya. The data that was obtained was analyzed using both qualitative and quantitative techniques. For the study, five hypotheses were developed in line with the research objectives. The study hypothesized a conceptual model and the independent variables (professional job autonomy, work-life balance, participation in work decision-making process, compensation and work recognition) had indices fit to the dependent variable (turnover
among nursing employees at national referral hospitals) that showed a combined significant influence which suggests that variables studied had direct positive relationship.

The study found out that lack of professional job autonomy, lack of work-life balance, lack of participation in work decision-making process, lack of compensation and lack of work recognition which are facets or dimensions of job satisfaction, contribute positively to nursing employee voluntary turnover. Based on the findings of this study, it can be concluded that job satisfaction has an effect on voluntary turnover of nursing employees at national referral hospitals in Kenya. Poor job satisfaction of nursing employees is a positive predictor of their voluntary turnover.

The following are summaries of the major findings of the study on the basis of the output of the descriptive and inferential statistical analysis guided by the research objectives to test research hypotheses of this study.

5.2.1 Effect of Professional Job Autonomy on Turnover among Nursing Employees at National Referral Hospitals in Kenya

The study sought to establish the effect of professional job autonomy on turnover among nursing employees at national referral hospitals in Kenya and to test the hypothesis that state that professional job autonomy has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya. Descriptive statistics were used to analyze this research objective and inferential analysis was also done. Descriptive analysis showed that respondents agreed that professional job autonomy is very important in the nursing profession.
However, majority of respondents disagreed that at national referral hospitals, they are
given the space to be able to choose the way to go about their job, are free to choose
methods to use in carrying out their work, have control over the sequencing of their work
activities and have control over when and for how long they do their job. Majority of the
respondents also disagreed that their job is in such a way that they can decide when to do
particular work activities. Also according to the respondents, their job does not allow them
to modify the normal way they are evaluated so that they can emphasize some aspects of
their job and play down others.

The respondents also stated that they are not able to modify what their job objectives are
at the work place, neither do they have control over what their supervisors see as their job
objectives. The computed Chronbach’s Alpha of the items of professional job autonomy
was .844 which meant a high reliability of the study instrument and data. Inferential
analysis and findings showed that there is a negative and insignificant linear relationship
between professional job autonomy and nursing employees’ voluntary turnover as the P-
value obtained of 0.534a at 5% significant level is > 0.05. Therefore, the study concludes
that since the p-value was .534 hence greater than 0.05, it implies that professional job
autonomy had a negative and insignificant effect on turnover among nursing employees at
national referral hospitals in Kenya.

The findings of the study clearly show that there is lack of professional job autonomy at
the national referral hospitals in Kenya. Findings of this study show that this lack of
professional job autonomy is not affecting the nurses’ job satisfaction at national referral
hospitals in Kenya and hence not the one leading to voluntary nursing turnover. This finding contradicts the findings of Iliopoulou and While (2010), Naqvil et al. (2013), Drake (2014) and Aron, (2015) who asserted that professional job autonomy is a highly desirable nursing attribute and a major factor in job satisfaction of nurses since increase in professional job autonomy leads to increase in nurses’ level of job satisfaction and that failure to address professional job autonomy increases job dissatisfaction and hence nursing employee turnover (Afande, 2015).

5.2.2 Effect of Work-Life Balance on Turnover among Nursing Employees at National Referral Hospitals in Kenya

The study sought to establish the effect of work-life balance on turnover among nursing employees at national referral hospitals in Kenya and to test the hypothesis that states that work-life balance has a positive significant effect on turnover among nursing employees at national referral hospitals in Kenya. Descriptive statistics were used to analyze this research objective and inferential analysis was also done. Descriptive analysis showed that respondents agreed that work-life balance is very important in the nursing profession. However, at national referral hospitals, majority of the respondents disagreed that their organizations (national referral hospitals) offer them flexible working hours. Furthermore, although some respondents reported that their personal lives do not suffer because of their job, majority of the respondents reported that their personal lives actually suffer because of their job. Majority of the respondents also agreed that the amount of time their nursing job takes up make it difficult for them to fulfill family duties.
Majority of the respondents also agreed that they miss out on important personal activities because of their job. A great number of the respondents also disagreed that it is possible for them to perform their job well and yet be able to perform home-related duties adequately. In regard to whether they are given compressed work weeks at the national referral hospitals, majority of the respondents disagreed that this facility is offered to them and also disagreed that the national referral hospitals offers them employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc.

The respondents also disagreed that their nursing job gives them energy to pursue activities outside of work that are important to them. The findings of the study clearly show that there is lack of work-life balance at the national referral hospitals in Kenya in regard to nurses and that this lack of work-life balance is negatively affecting the nurses’ job satisfaction and hence their voluntary turnover. The computed Chronbach’s Alpha of the items of work-life balance was .705 which meant a high reliability of the study instrument and data. Inferential analysis and findings showed that Work-life balance had a negative and insignificant effect on turnover among nursing employees since the p-value obtained was .248 > 0.05. Work life balance therefore, had a negative and insignificant effect on turnover among nursing employees at national referral hospitals in Kenya.

This finding is contrary to the findings by scholars such as Otieno (2010), Muli (2014), Khan, Nazir, Khalid, Kiyani and Shahzad (2014) and Yamahata (2016), who all explained that in the absence of work-life balance, the employees tend to experience stress which eventually makes them quit their jobs. Furthermore, scholars assert that when employees
feel that their organization is trying to balance work and life, their job satisfaction is enhanced and their turnover reduced (Rainayee, 2017). Scholars had also asserted that work-life balance has a positive influence on employees’ job satisfaction and hence can be used in the work place to reduce turnover rate since employee turnover is as result of work-family imbalances (Sabina, 2015).

5.2.3 Effect of Participation in Work Decision-Making Process on Turnover among Nursing Employees at National Referral Hospitals in Kenya

The study sought to establish the effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya and to test hypothesis that states that participation in work decision-making process has positive significant effect on turnover among nursing employees at national referral hospitals in Kenya. Descriptive statistics were used to analyze this research objective and inferential analysis was also done. Descriptive analysis showed that respondents agreed that participation in work decision-making process is very important in the nursing profession.

However, at national referral hospitals in Kenya, majority of the respondents disagreed that their supervisors ask for their opinions and thoughts when making work decisions. The respondents also disagreed that they usually participate in making important decisions in their work units. In regard to participation in resource allocation, the respondents disagreed that they are offered a chance to participate in resource allocation at national referral hospitals and that they were usually allowed to participate in self-scheduling and in performance appraisals of nurse managers in their work units. Majority of the respondents
also disagreed that they were usually allowed to participate in various work decision-making processes regarding their job in their work units. Furthermore, respondents also disagreed that in their work places they were free to suggest positive changes regarding their job.

The findings of the study clearly show that nursing employees at the national referral hospitals in Kenya do not participate in work decision-making processes which is negatively affecting their job satisfaction and hence their voluntary turnover. The computed Chronbach’s Alpha of the items of participation in work decision-making process is .827 which meant a high reliability of the study instrument and data. Inferential analysis and findings showed that there is a positive and significant linear relationship between participation in work decision-making process and nursing employees’ voluntary turnover since the P-value obtained of .026 at 5% significance level is less than 0.05. Therefore, participation in work decision-making process has a significant and positive effect on the turnover among nursing employees at national referral hospitals in Kenya. This finding corroborates the findings of scholars such as Petkovska, Bojadzier and Stefanokska (2014), Gonzalez (2010), Richardson, Danford and Pulignano (2010), Wood, et al. (2012), Horsford (2013) and Gallie (2013), that asserted that existence of employees’ participation in work decision-making process in an organization creates and improves job satisfaction of employees in organizations which helps retain employees at the work place.

5.2.4 Effect of Compensation on Turnover among Nursing Employees at National Referral Hospitals in Kenya
The study sought to establish the effect of compensation on turnover among nursing employees at national referral hospitals in Kenya and to test hypothesis that states that compensation has positive significant effect on turnover among nursing employees at national referral hospitals in Kenya. Descriptive statistics were used to analyze this research objective and inferential analysis was also done. Descriptive analysis showed that respondents agreed that compensation is very important in the nursing profession. However, at national referral hospitals, an overwhelming majority (83.6%) of the respondents were negative to the statement that they were okay with the pay structure and administration used in their organizations (national referral hospitals). An overwhelming majority (84%) was also negative that the pay raises they got from their employers were often and reasonable. Majority (75.2%) of the respondents also strongly disagreed and disagreed that the fringe benefits provided to them were competitive.

Furthermore, 79% of the respondents strongly disagreed and disagreed with the statement that they were compensated fairly for the nursing work that they performed at the national referral hospitals. Majority (71.3%) of the respondents were also positive to the statement that their work rewards were not sufficient for the amount of experience that they had. Inferential analysis and findings showed that there is a positive significant linear relationship between compensation and nursing employees’ voluntary turnover since the P-value obtained of .026 at 5% significance level is less than 0.05.

Therefore, it can be concluded here that compensation has positive significant effect on turnover among nursing employees at national referral hospitals in Kenya. This finding
corroborates the findings of scholars such as Ali, Kakakhe, Rahman and Ahsan (2014), Kamanzi and Nkosi (2011) and Berry (2010), who asserted that existence of good compensation of employees in an organization creates and improves job satisfaction of the employees which helps retain them at the work place.

5.2.5 Effect of Work Recognition on Turnover among Nursing Employees at National Referral Hospitals in Kenya

Descriptive analysis showed that respondents agreed that work recognition is very important in the nursing profession. In regard to national referral hospitals in Kenya, majority (67.9%) of the respondents were negative that their employer invested in their continuing additional training which ensured their professional development in recognition of their exemplary performance (for example through conferences, training seminars etc). Whereas 36.6% and 32.4% of the respondents strongly disagreed and disagreed, 13.7% and 3.1% of the respondents agreed and strongly agreed that they received verbal or written praise and/ or thanks from their employer to celebrate their efforts and accomplishments.

Majority (78.7%) of the respondents strongly disagreed and disagreed with the statement that whenever they had excelled in job performance in any specific area, their employer could give them a more advanced job title and description. Moreover, 42.4% and 33.2% of the respondents strongly disagreed and disagreed with the statement that in their organizations, there was special public work recognition whenever an employee could excel in any particular work area. Responding to the statement on whether there were well
developed programs that supported employee recognition in their organizations (national referral hospitals), 38.9% and 38.2% of the respondents strongly disagreed and disagreed.

In regard to the statement whether there was work recognition by employer in their organizations (national referral hospitals) if employees excelled in work performance, slightly more than half (57.6%) of the respondents were positive that employees that excelled in work performance were not recognized in anyway by the employers. Furthermore, majority (69.5%) of the respondents were negative to the statement that the employers gave nursing employees at these hospitals the opportunity to be involved in activities that promote professional development whenever they excelled in work performance. Inferential analysis and findings showed that there is a negative and insignificant effect between work recognition and turnover among nursing employees at these hospitals, with a slope of $\beta_5 = -0.074X_4$, and p-value of $0.354 > 0.05$. Work recognition therefore, has a negative and insignificant effect on turnover of nursing employees at national referral hospitals in Kenya.

5.3 Conclusion

On the basis of the findings of the study, it can be concluded that job satisfaction greatly influences employee turnover since the independent variables in the study had a significant positive relationship with job satisfaction and job satisfaction had inverse relationship with turnover of nursing employees at national referral hospitals in Kenya. This supports the findings of Dhurup et al. (2014), and corroborates findings of other previous scholars.

All these scholars asserted that lack of job satisfaction contributes to employees’ turnover and that when employees are satisfied with their jobs, they are unlikely to quit the jobs. This study has also clearly shown that the two combined independent variables (participation in work decision-making process and compensation) in this study together play a significant role in explaining the dependent variable (turnover among nursing employees). The findings also established that the effect of professional job autonomy, on turnover among nursing employees at national referral hospitals in Kenya was positive and insignificant. The effect of work-life balance, on turnover among nursing employees at national referral hospitals in Kenya was negative and insignificant while the effect of work recognition on turnover among nursing employees at national referral hospitals in Kenya was negative and insignificant. Furthermore, among the independent variables in the study, participation in work decision-making process and compensation contributed negatively but significantly to turnover of nursing employees at national referral hospitals in Kenya.

The study concluded that on the basis of the findings, it is imperative that the employer of the nursing employees at national referral hospitals in Kenya, put in place urgently job satisfaction strategy and specifically put more emphasis on participation in work decision-making process and compensation in order to help curtail and/or manage the turnover of the nursing employees more effectively. This will lead to retention for longer of the nursing employees at these hospitals which will help improve on the quality of services the
hospitals provide to customers and hence help satisfy them. By so doing, these hospitals will help the ministry of health in the country achieve its healthcare goal which is the provision of quality healthcare for all.

This study has contributed to existing empirical literature by contributing to the understanding of the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya and especially in regard to job satisfaction facets (participation in work decision-making process and compensation) and how they help in creating satisfied employees. The study has therefore played a substantial role in offering solutions to this serious human resource problem that is currently affecting provision of quality services in organizations especially national referral hospitals in Kenya.

5.4 Recommendations for Practice and policy

As the findings of this study have shown, job satisfaction plays an important role in organizations however, this study has revealed that currently national referral hospitals in Kenya have not paid special attention to job satisfaction of nursing employees as a way of curbing the voluntary turnover and/or managing the turnover process effectively. Based on the findings and conclusions of this study, the researcher recommends that human resource managers/employers at these hospitals need to foster nursing employees’ job satisfaction by putting in place a job satisfaction strategy in order to curtail voluntary turnover and/or be able to manage the turnover process more effectively. This will help keep the nursing employees at the hospitals for longer and hence help improve on the quality of products or services these hospitals provide to customers thus satisfying them. The findings of this study are consistent with the findings of previous studies that affirmed that unsatisfied
nurses negatively affect quality of healthcare and this adversely affects patients’ satisfaction. This scholar also asserted that nurses that lack job satisfaction eventually quit their jobs.

This assertion is consistent with the findings of Kamanzi and Nkosi (2011), Drake, (2014), Dhurup et al. (2014), Aron (2015) and KNUN (2019). The findings of this study have shown that indeed national referral hospitals in Kenya don’t have in place a clear job satisfaction strategy in regard to nursing employees. It is therefore urgent and critical that these national referral hospitals invest in job satisfaction of their nursing employees by ensuring that they formulate and implement a nursing employees’ job satisfaction strategy urgently. Formulation and implementation of a job satisfaction strategy will help these hospitals curtail voluntary turnovers of nursing employees and / or manage the turnover process more effectively. This will go a long way in helping these hospitals to have enough, skilled and stable nursing employees that will help these hospitals deliver quality healthcare.

Provision of quality healthcare will contribute to the success of the health sector in the country as these hospitals are at the apex of the public health sector and are hence crucial in helping the country achieve its goal in healthcare which is provision of quality healthcare for all. Furthermore, in the process of fostering and improving job satisfaction at these hospitals, there is need to embrace the job satisfaction facets that this study has found that contribute negatively but significantly to nursing employees’ turnover at these hospitals and these are participation in work decision-making process and compensation. Nursing employees should be involved in work decision-making process to make them feel part of
the process thus facilitating implementation. There should also be compensation fairness to prevent voluntary turnover of nursing employees.

5.5 Areas for Further Research

This study has focused on the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya. The findings of the study have revealed that participation in work decision-making process and compensation contributes negatively but significantly to turnover among nursing employees at national referral hospitals in Kenya. In-depth studies should be done on issues that lead to turnover among nursing employees especially in private hospitals in Kenya. Future studies should also be done so as to know the effect of job satisfaction on turnover among nursing employees at county referral hospitals in Kenya especially in regard to what has not been addressed in this study.
REFERENCES


Chang, C. C. (2014). Nurses’ Organizational Support on the Relationship between Job Satisfaction and Organizational Commitment. *Western Journal of Nursing Research* Moderating Effects of Nurses’ Organizational Support on The Relationship Between Job Satisfaction and Organizational Commitment.


International Centre for Human Resources In Nursing, (ICHRN) 2010.


Kenya Health Sector Integrity Report, 2011.


APPENDICES

Appendix I: Introduction Letter from University

JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
P.O. BOX 63000-00200 NAIROBI, KENYA. TELEPHONE: (020) – 221306
Nairobi CBD Campus

Entrepreneurship & Procurement Department

Date: 5th June, 2017

Ref:JKU/6/3/17a

To Whom It May Concern;

SUBJECT: ESTHER KERUBO NYARIBO – HD412-c004-2478/2013

This is to introduce to you Ms. Esther Kerubo Nyaribo who is a student pursuing PhD in Human Resource Management Programme at Jomo Kenyatta University of Agriculture and Technology, Nairobi CBD Campus. The student is currently undertaking a research project entitled: Effects of Job Satisfaction on Turnover among Nursing Employees at National Referral Hospitals in Kenya in partial fulfillment of the requirement for the degree programme.

The purpose of this letter is to request you to give the student the necessary support and assistance to enable her obtain necessary data for the thesis. Please note that the information given is purely for academic purpose and will be treated with strict confidence.

Do not hesitate to contact the undersigned for any more information.

Yours faithfully,

Mary Kamaara (Ph.D)
ASSOCIATE CHAIRPERSON, EPD

Setting Trends in Higher Education, Research and Innovation
Appendix II: Introduction Letter from NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-218245,218249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

Ref: No. NACOSTI/P/17/50490/17752  Date: 3rd July, 2017

Esther Kerubo T. Nyaribo
Jomo Kenyatta University of
Agriculture and Technology
P.O. Box 62000-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Effects of job satisfaction on turnover among nursing employees at National Referral Hospitals in Kenya,” I am pleased to inform you that you have been authorized to undertake research in all Counties for the period ending 19th June, 2018.

You are advised to report to the County Commissioners, the County Directors of Education and the County Directors of Health Services, all Counties before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

GODFREY P. KALERWA MSC., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:
The County Commissioners
All Counties.
The County Directors of Education
All Counties.
Appendix III: Questionnaire

SECTION 1: DEMOGRAPHIC DATA

Please provide the following information by putting a [ √ ] in the relevant box and relevant answers to the other open ended questions.

1. What is your rank?
   a) Nursing officer three [ ]
   b) Nursing officer two [ ]
   c) Nursing officer one [ ]
   d) Senior nursing officer [ ]
   e) Assistant chief nurse [ ]
   f) Senior assistant chief nurse [ ]
   f) Deputy Chief nurse [ ]
   g) Other [ ]

   If other, please specify………………………………………………………………………………………………

2. Gender
   Male [ ]
   Female [ ]

3. Age group
   (a) 20 – 29 [ ]
   (b) 30 – 39 [ ]
   (c) 40 – 49 [ ]
   (d) 50 – 59 [ ]
   e) 60 and above [ ]
4. Marital status
   a) Single [  ]
   b) Separated [  ]
   c) Divorced [  ]
   d) Widowed [  ]
   e) Married [  ]

5. Please indicate your highest academic qualification.
   a) Certificate [  ]
   b) Diploma [  ]
   c) Bachelor’s degree [  ]
   d) Master’s degree [  ]
   e) Doctorate [  ]
   f) Other [  ]

       If other, please specify……………………………………………………………………

6. In which specific area do you work?
   a) Critical care [  ]
   b) Peri-operative [  ]
   c) Ophthalmic [  ]
   d) Anesthesiology [  ]
   e) Nephrology [  ]
   f) Psychiatry [  ]
   g) Pediatrics [  ]
   h) Epidemiology [  ]
i) Other [ ]

If other, please specify………………………………………………………………………………
……………………………………………………………………………………………………

7. For how long have you worked in this hospital?

a) Less than 5 years [ ]

b) 5 – 9 years [ ]

c) 10 – 14 years [ ]

d) 15 – 19 years [ ]

e) 20 years and above [ ]

SECTION II: INFORMATION ON THE EFFECTS OF JOB SATISFACTION ON TURNOVER AMONG NURSING EMPLOYEES AT NATIONAL REFERRAL HOSPITALS IN KENYA.

A. PROFESSIONAL JOB AUTONOMY

By use of a tick (✓), kindly insert the number that best describes your condition in the box provided and also give the answer to the open ended question in the space provided.

81. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

SD  D  N  A  SA

1. I am able to choose the way to go about my job(The procedures to utilize)

2. I am free to choose the methods to use in carrying out my work.
3. I have some control over the sequencing of my work activities (when to do what).

4. I have control over when and how long I will do my job (scheduling of my work).

5. My job is such a way that I can decide when to do particular work activities.

6. My job allows me to modify the normal way we are evaluated so that I can emphasize some aspects of my job and play down others.

7. I am able to modify what my job objectives are (what I am supposed to accomplish)

8. I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives).

9. What do you feel should be done to improve professional job autonomy in your organization?
B: WORK-LIFE BALANCE

By use of a tick (✓), kindly insert the number that correctly describes your condition in the box provided and also give your answer to the open ended question in the space provided.

1. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

1. My personal life suffers because of my job. [ ] [ ] [ ] [ ] [ ]
2. The organization I work for offers flexible working hours. [ ] [ ] [ ] [ ] [ ]
3. The amount of time my job takes up make it difficult to fulfill family duties. [ ] [ ] [ ] [ ] [ ]
4. I miss out on important personal activities because of my job. [ ] [ ] [ ] [ ] [ ]
5. It is possible for me to perform my job well and yet be able to perform home-related duties adequately. [ ] [ ] [ ] [ ] [ ]
6. The organization I work for offers compressed work weeks (working for fewer days per week but more hours per day). [ ] [ ] [ ] [ ] [ ]
7. The organization I work for offers employee assistance programs for instance confidential professional counseling in case of job stress, long illness, balancing work and family, finance etc.

8. The organization I work for offers flexible working hours to employees.

9. My job gives me energy to pursue activities outside of work that are important to me.

10. What do you feel should be done to improve work-life balance in your organization? ………………………………………………………………………

C: PARTICIPATION IN WORK DECISION-MAKING PROCESS

By use of a tick (\(\checkmark\)), kindly insert the number that correctly describes your condition in the box provided and also give your answer to the open ended question in the space provided.

1. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

1. My supervisor asks for my opinions and thoughts when making work decisions.

2. I usually participate in making important decisions in my work unit.
3. The organization I work for offers me a chance to participate in resource allocation (staffing, equipment etc) in regard to my job.

4. In the hospital where I work, I am usually allowed to participate in self-scheduling, that is, I am allowed to participate in deciding the hours I am at work and the hours I am off work.

5. In the organization where I work, I am always allowed to participate in performance appraisals of nurse managers in my work unit.

6. I am usually allowed to participate in various work decision-making processes regarding my job in my work unit.

7. In the organization where I work, I am free to suggest positive changes regarding my job.

8. What do you feel should be done to improve participation in work decision-making process…………………………………………………………………

D. COMPENSATION

By use of a tick (√), kindly insert the number that correctly describes your condition in the box provided and also give your answer to the open ended question in the space provided.

1. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

1. I am okay with the pay structure and administration used in my organization.

2. The pay raises I get from my employer are often and reasonable.

3. Fringe benefits provided by the employer are competitive.

4. I am compensated fairly for the work that I perform.

5. My work rewards are not sufficient for the amount of experience that I have.

6. My work rewards are not commensurate with the job that I am doing for this organization.

7. The pay I get from this organization is not competitive.
8. Kindly tick (√), the number that correctly describes your condition in regard to the compensation that is offered by your organization (how do you rate it?)


a. Pay structure and administration

b. Pay raises

c. Pay benefits

9. What do you feel should be done to improve compensation issues in your organization?..........................................................................................................................................................

E. WORK RECOGNITION

By use of a tick ((√), kindly insert the number that correctly describes your condition in the box provided and also give your answer to the open ended question in the space provided.

1. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

SD  D  N  A  SA

1. My employer invests in my continuing additional training which ensures my professional development in recognition of my exemplary performance (for example through conferences, training seminars etc)

2. I receive verbal or written praise and/or thanks from my employer to celebrate my efforts and accomplishments.
3. Whenever I have excelled in job performance in any specific area, my employer gives me a more advanced job title and description.

4. In my organization there is special public work recognition whenever an employee excels in any particular work area.

5. My organization has well developed programs that support employee recognition.

6. In my organization even if an employee excels in work performance the employer does not recognize the employee in any way.

7. Whenever I excel in performance, the employer gives me an opportunity to be involved in activities that promote my professional development.

8. What do you feel should be done to improve work recognition in your organization?

F. TURNOVER AMONG NURSING EMPLOYEES
By use of a tick (✓), kindly insert the number that correctly describes your condition in the box provided and also give your answer to the open ended question in the space provided.

1. Strongly Disagree (SD) 2. Disagree (D) 3. Neutral (N) 4. Agree (A) 5. Strongly Agree (SA)

1. I want to quit my job at this organization due to personal reasons.

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2. I am seriously thinking of leaving this organization in the next 1 year for a similar job abroad.

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3. If I get a transfer from this organization, I will leave my job.

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4. I am generally satisfied with the kind of work I do in this organization.

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5. I don’t feel a sense of belonging in this organization.

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6. This organization has a great deal of personal meaning to me and I would be very happy to spend the rest of my career here.

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7. As soon as I get a better job I will leave this organization.

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8. Thoughts of quitting this job cross my mind very often.

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9. I am seriously looking for a new job.

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Thank you very much for your time