EFFECT OF PARTICIPATION IN WORK DECISION-MAKING PROCESS ON TURNOVER AMONG NURSING EMPLOYEES AT NATIONAL REFERRAL HOSPITALS IN KENYA

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ABSTRACT

In Kenya, health is one of the components of delivering Kenya’s Vision 2030’s social pillar given the critical role it plays in maintaining the healthy and skilled workforce necessary to drive the economy. National referral hospitals (NRH) are at the apex of the public health sector and play a critical role in its success. However, these hospitals have been witnessing high voluntary nurse turnovers resulting in nurse shortages hence adversely affecting the quality of services and products offered to clients. The study specifically sought to establish effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya. One hypothesis was formulated in line with the research objective. 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. Chronbach’s alpha was used to check on the reliability of the study instrument and content validity of the study was also confirmed by the researcher’s supervisors who are experts. Collection of primary data was done by use of structured questionnaires that were self administered, while secondary data was sourced from relevant text books, empirical journals and websites among others. Positive responses were received as valid from 261 respondents out of the sampled 315 respondents giving an 83.2 % response rate. The data collected and Analysed with the help of the SPSS programme, version 22. The analyzed data was presented using frequency tables, pie charts and bar graphs. Hypothesis was tested within 95% level of confidence interval or 5% level of significance and analysis of variance (ANOVA) , Correlation analysis and Regression analysis was undertaken. The study found out that participation in work decision-making process contributes negatively but significantly to nursing employee turnover.
Key words:

**Employee Turnover**
This refers to action of employees transferring from one organization to another or leaving the career profession (Mohammed, 2012). It is the rate at which workers leave a factory, company, etc and are replaced (Oxford Advanced Learners Dictionary).

**Job Satisfaction**
Job satisfaction is simply 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 health care system providing sophisticated diagnostic, therapeutic and rehabilitative services. They also provide complex curative tertiary care, preventive care and participate in public health programs and also provide the total primary health care (TI, 2011; Wanjau, Muiruri & Ayodo, 2012).

**Nursing Employee**
This is someone that has acquired formal professional health training and is certified to function in the capacity of nurse. (Kenya health policy 2014-2030)

**Participation in Work Decision- Making process**
This refers to a process in which influence is shared among individuals who are otherwise hierarchically unequal (Richardson, Danford, Stewart & Pulignano, 2010)
INTRODUCTION
This chapter outlines the background of the study, statement of the problem, objective of the study, research hypothesis, and justification of the study, scope of the study and limitations of the study.

1.1 Background of the Study
Nurse turnover is a major challenge for healthcare services and is also a key factor that interacts with and affects nursing shortages. Therefore retention of qualified nurses is vital if health organizations are to survive but the ongoing nursing turnover is a challenge to healthcare industry (Mohammed, 2012). Furthermore, nursing employees’ turnover, especially that of high performers, is a major management problem that makes management of nursing workforce a challenge for nursing managers since it is not only very costly to the organizations concerned but it also interrupts organizational planning and results in poor service delivery (Mahmoud, Muhammad, Ali & Ferial, 2013). Furthermore, globalization has enhanced the mobility of skilled individuals and as a result, there has been an increase in the rate of employee turnover in organizations (Arendolf, 2013), hence staff turnover is a global problem (Afande, 2015). Moreover, turnover action is critical to healthcare organizations because it consumes a large portion of resources that could otherwise be used to improve services.

Therefore, high rates of nurse turnover and chronic shortage of nurses are serious challenges for healthcare organizations globally (Mohammed, 2012). Indeed, shortage of nurses has always been a major symptom of high turnover in a healthcare industry (Dawwas & Zahare, 2014). Employee turnover refers to the action of employees leaving an organization for another or leaving the profession altogether to engage in other different activities (Dawwas & Zahare, 2014). According to other scholars, employee turnover is the ratio of the number of workers that has to be replaced in a given time period to the average number of workers (Mbah & Ikemefuna, 2012). Kanwar, Singh and Kodwani (2012), posit that employee turnover is the rate at which an employer gains and loses employees. Still other scholars assert that turnover is the individual movement across the membership boundary of an organization (Rothmann, Diedericks & Swart, 2013).

This study takes the view of Dawwas & Zahare, (2014), that states that 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). Employee turnover is 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 and more especially, when there is something management could do to retain that employee. Furthermore, it has competitive disadvantage (Mbah & Ikemefuna, 2012), and it is also very costly to the organization concerned (Afande, 2015).

Indeed, the cost of losing a high performer who has a high degree of knowledge, skills and abilities or an employee who is employed in an area where there is labour market shortage can be substantial to an organization’s performance, productivity and service (Martin, 2011). Therefore, voluntary turnover of valued employees is a concern of managers and
administrators due to financial costs of replacing those employees and the lost productivity of good employees. Employee turnover, therefore, demands management’s attention to do whatever it can to retain skilled employees (Arendolf, 2013). According to scholars, employee turnover can be internal employee turnover, external employee turnover, involuntary turnover or voluntary turnover. In involuntary turnover the employee has no control over his/her separation from the employer while in voluntary turnover the employee actually quits his/her job.

Internal turnover of an employee 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 external employee turnover since it is considered a serious issue for many organizations and many scholars view this phenomenon as a persistent problem for an organization (Ahmad & Omar, 2010; Afande, 2015). Indeed, turnover of skilled employees pose a risk to an organization in the form of human capital lost including skills, training and acquired knowledge.

Moreover, employees that leave an organization have to be replaced and the cost of replacing the employees can be a lot especially if they occupy strategic positions and play key roles in an organization (Mbah & Ikemefuna, 2012). Furthermore, in today’s competitive world, many organizations are facing new challenges regarding sustained quality service delivery (Wainaina, 2015). Indeed, the cost of losing an employee who is a high performer and has a high degree of knowledge, skills and abilities, or an employee who is employed in an area where there is labour market shortage can be substantial to an organization’s performance, productivity and service delivery (Martin, 2011). Furthermore, high employee turnover can be harmful to an organization’s productivity if skilled workers regularly leave the organization and the population of workers remaining in the organization contains a high percentage of novice workers (Kanwar, Singh & Kodwani, 2012). Previous research (Joarder, Sharif & Ahmmed, 2011), also confirms that excessive employee turnover is dangerous for organizations in that it undermines their efficiency and productivity.

Therefore, retaining employees is vital for any organization (Kantor, 2013). Moreover, previous research studies have also proved that in today’s rapidly changing organizational environment, where labour is transient in nature, holding on to a skilled workforce is essential for the continuing success of an organization’s mission, goals and objectives (Aron, 2015). Thus, organizations need a workforce that is stable and reliable in order for them to enjoy competitive edge over their competitors (Sinclair, 2012). Furthermore scholars also assert that in some occasions, employee turnover can threaten organizations’ long term survival (Joarder, Sharif & Ahmmed, 2011). However, retention of top performing employees has become a big challenge for employers including those in healthcare systems and health organizations in many countries including Kenya are faced with high rates of turnover involving nurses (Mohammed, 2012; Afande, 2015). Currently, nursing shortages and turnover are major challenges for healthcare organizations globally and these challenges are expected to continue and intensify in the
future (Mohammad, 2012; Dhurup, Zyl & Mokhathi, 2014). Furthermore, scholars do agree that shortage of nurses has always been the major symptom of high turnover in a healthcare industry (Dawwas and Zahare, 2013; Aron 2015). This study is concerned with nursing employees’ voluntary turnover at national referral hospitals in Kenya 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 by these hospitals to clients (Akacho, 2014; The Daily Nation, March, 2018; The Standard, March, 2018).

Therefore, a lot of empirical research is required in order to gain greater understanding of the effect job satisfaction on nursing employees’ voluntary turnover in Kenya and more especially at national referral hospitals. Therefore, building a knowledge base on the effect of job satisfaction on turnover among nursing employees at these hospitals will give an opportunity to the managers at these hospitals to curtail voluntary nursing turnover and/or manage the nursing turnover process more effectively hence ensuring provision of good quality healthcare services and products to clients. Furthermore, there is little literature available to provide an in-depth understanding of dynamics and challenges of nursing in Kenya (International Centre for Human Resource in Nursing (ICHRN), 2010). Scholars state that turnover of employees is actual employees’ behavior of leaving organizations (Kantor, 2013) and according to Joarder, Sharif and Ahmmed (2011), it is the rotation of employees around the market; between firms, jobs and occupations and between states of employment and unemployment. It can be involuntary or voluntary. It is involuntary when employees have no choice in their termination of the employment relationship with the employers. It may result from dismissal, retrenchment/redundancy, retirement (in the case of mandatory retirement, turnover occurs when an employee leaves an organization after meeting specific requirements to retire), long term sickness, physical/mental disability, moving/relocating abroad or death of an employee. In most cases involuntary turnover is unavoidable as employers can do little to change it due to its nature.

Meanwhile, voluntary turnover occurs when the choice of leaving an organization is initiated by an employee and the employee quits an organization willingly and deliberately. It can also be referred to as the permanent leaving of an employee from an organization (Caillier, 2011; Mbah & Ikemefuna, 2012). According to Dhladhla (2011), voluntary turnover occurs when an employee initiates the termination or cessation of the employee-organization relationship. It occurs when an employee makes a deliberate decision to separate from an organization and it can be in the form of resignation, desertion or voluntary early retirement (Martin, 2011).

Furthermore, voluntary employee turnover occurs more frequently than involuntary turnover. It is very unpredictable, more harmful to the organization and accounts for majority of turnovers in organizations (Sinclair, 2012), and when it happens, an organization loses a valuable employee who has to be replaced (Thomas, 2012). Voluntary turnover of employees is the focus of this study because it is a major concern for organizations since losing talented and skilled healthcare workers can increase costs and also affect quality of healthcare
services provided to clients (Aron, 2015). Indeed, previous research has also shown that voluntary turnover is problematic, often unexpected, and is the cause of considerable additional expense for an organization (Allisey, Noblet, Lamontagne & Houdmont, 2014). Furthermore, a large body of research suggests that voluntary turnover levels in organizations can be influenced by human resource managers and employers (Caillier, 2011). Therefore, voluntary employee turnover demands management’s/employer’s attention to do whatever it can to retain skilled and talented employees (Arendolf, 2013).

This means that voluntary employee turnover is an issue that can be managed by an organization (Martin, 2011) and other scholars also agree that voluntary turnover is the metric that tells an organization that its employees are quitting due to reasons over which the organization has control (Thomas, 2012). Furthermore, scholars agree that employers/human resource managers have great sway over voluntary turnover unlike in the case of involuntary turnover where employers/human resource managers can do little to change it (Thomas, 2012; Arendolf, 2013).

In this study, the term “turnover”, is used to refer to voluntary employee turnover, and henceforth, throughout the study, the term “turnover” or “employee turnover” is referring to voluntary employee turnover. Thus, the terms “turnover”, “employee turnover” and “voluntary employee turnover” are used interchangeably in this study. Employee turnover has particular importance in nursing because of high turnover rate of hospital nurses globally which has led to increase in nursing shortages worldwide (Dhurup, et al. 2014). Furthermore, scholars posit that shortage of nurses has always been the major symptom of high turnover in a healthcare industry and that high nurse turnover, can threaten an organization’s reputation in meeting patient needs and provision of quality care (Dawwas & Zahare, 2014). Previous research has also shown that worldwide, human resource health managers are facing a crisis in how to retain their nurses, during times of high staff turnovers and worldwide, nursing employee turnover has resulted in high costs to hospital administrators and has also affected the quality of healthcare given to clients (Drake, 2014).

Unfortunately, nursing shortages and turnover are major challenges that are expected to continue and are 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 these major challenges in the healthcare industry. According to scholars, voluntary employee turnover has both positive and negative effects on organizations in that when the turnover is of a low performer, it has a positive effect on the organization concerned since it improves productivity, meanwhile when an organization loses a high performing employee, the employee turnover is said to have a negative effect on the organization concerned.

Therefore, the effect of voluntary employee turnover on an organization depends on the skill and responsibility of the employees concerned (Martin, 2011). Voluntary employee turnover especially that of skilled and talented employees is quite costly to organizations since previous studies have proved that it can be as high as two hundred per cent of an employee’s annual salary (separation and replacement costs) (Caillier, 2011). Thus, employee turnover is
a major concern for organizations because losing talented workers can decrease productivity and simultaneously increase costs as new employees have to be recruited and trained (Caillier, 2011). Moreover, the organizations concerned also experience loss of organizational memory, loss of social capital, reduced morale and pressure on the remaining staff among other negative consequences (Arendolf, 2014). This implies that the quality of products and services provided is ultimately negatively affected by voluntary nursing employee turnover since low nurse - patient ratios have a negative impact on quality of healthcare provided to clients (Aron, 2015).

Therefore, 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 employee turnover can be influenced by managers/employers. This is because employee voluntary turnover is initiated by the employees of an organization and these employees can be influenced otherwise by the managers or employers (Mbah & Ikemefuna, 2012). Furthermore, scholars also agree that managers/employers have great sway over voluntary turnover and that the best organizations should strive to have 0% voluntary turnover rate and also strive to be employers of choice in their market areas by having zero voluntary turnovers (Thomas, 2012).

When an employee chooses to leave an organization as in the case of voluntary turnover, an organization loses a valuable employee who has to be replaced especially in the case of a high performing employee. Furthermore, turnover is very costly and also has detrimental effects on the organization concerned. Therefore turnover is a major concern for organizational managers (Dawwas & Zahare, 2014). Moreover, although moderate levels of turnover are acceptable and encouraged as new employees may contribute fresh ideas, their knowledge, skills and abilities, creative approaches to problem solving and different working styles that can enhance the social capital of the organization and improve performance (Sinclair, 2012), previous research studies have confirmed that excessive turnover is dangerous for organizations because it undermines efficiency and effectiveness of the organizations concerned (Joarder et al., 2011).

Therefore, reducing excessive levels of turnover in an organization is an area of great interest to employers who depend on highly skilled workforce (Martin, 2011). However, retention of critical healthcare employees including nurses is a challenge to healthcare organizations (Mohammed, 2012) which is mainly because healthcare organizations, like all other organizations in the 21st century are experiencing challenges associated with continuous and rapid pace of change, volatile free market economic environments, rapidly changing technologies, global competition, workforce diversity and new organizational structures (Olusegun, 2013).

Despite the challenges experienced by organizations in the 21st century, including healthcare organizations, there is need for a workforce that is stable, reliable and healthy for the healthcare organizations to be able to enjoy a competitive edge over their competitors in the healthcare industry. According to the World Health Organization (WHO, 2006), health is not just merely the absence of disease, but it is a positive concept that emphasizes the harnessing
of social persona and physical resources for the improvement of health-enhancing conditions and well-being (Kenya Strategy for Community Health 2014-2019). WHO, therefore, advocates for healthy wellbeing of all people in the world and this requires professionally qualified, stable and reliable healthcare workers including nurses to provide quality healthcare products and services to all people.

Furthermore, the World Health Organization (WHO), also states that health is a fundamental human right and that health workforces are “all the people engaged in actions whose primary intent is to enhance health” and this includes nurses (WHO, 2016). Thus, nursing employees are central to quality healthcare delivery (WHO, 2006; Finley & Landless, 2014). Hence nurses are critical in healthcare. However, the attainment of the highest possible level of health advocated by the World Health Organization (WHO), is an important social goal whose realization requires the action of many other social and economic sectors in addition to the health sector (Republic of Kenya: Strategy for Community Health, 2014-2019).

Moreover, delivery of quality health services is dependent not only on the availability of a competent workforce but also on the number of workers with the appropriate skills (Amanambu, 2013). More than a decade ago, in the year 2006, the World Health Organization (WHO) brought to the attention of the world a shortage of healthcare workers worldwide, including nurses at 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. This worrisome 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 thus pose a huge threat to health. Accidents and injuries are also on the rise worldwide (Finley & Landless, 2014).

Shortage of healthcare workers especially nurses compromises service delivery and eventually health and development of a nation (KHSHRS Strategy, 2014-2018). As a result of this, WHO advocates for the strengthening of a healthcare service delivery system by developing a workforce strategy that addresses improving employee recruitment, helping the existing workforce to perform better, and slowing the rate at which employees leave the health workforce (WHO, 2016). Moreover, nurses are an integral part of general practice medical teams, with a role that encompasses general treatment room duties, nursing duties and chronic disease management (Dhurup, et, al. 2014). Furthermore, the World Health Organization (WHO) also recognizes and asserts that nursing is central to healthcare delivery (WHO, 2006).

A large body of research has shown that nurses are very critical in the health sector and also that quality healthcare cannot be achieved without addressing the needs of nurses (Mohammed, 2012; Aron, 2015). Despite nurses’ critical position in healthcare, previous studies have asserted that healthcare systems and health organizations in many countries, including Kenya, are faced with a number of challenges including high rates of nursing turnover which may be occasioned by the fact that nursing shortage is on the increase.
globally leading to a rise in demand for nurses (Dhurup, et al, 2014; ICHRN, 2016). Therefore nurse retention, although vital, is a global problem that affects all countries (Drake, 2014), and worldwide human resource managers are facing a crisis of how to retain their most productive nurses during times of high staff turnovers (Afande. 2015).

Furthermore, nursing employees’ turnover negatively affects efficiency and effectiveness of many healthcare delivery systems (Dhurup, et al. 2014). In addition, empirical evidence has shown that actually without adequate and experienced nursing staff, service provision is usually compromised and error rates increase and consequently patient satisfaction decreases. Despite this fact, scholars have asserted that healthcare systems and health organizations in many countries are faced with high rates of turnover challenges especially among nurses (Mohammed, 2012) which is a cause for alarm. In the case of Kenya, the country has a devolved system of government and a devolved health system which resulted from the promulgation of a new Constitution of Kenya in the year 2010. The 2010 Kenyan Constitution therefore provides for one national government and forty seven county governments. The national government and forty seven county governments are distinct and interdependent and undertake relations through consultation and cooperation.

As a result of this 2010 Constitution of Kenya, healthcare function has been devolved to the county governments. Although despite this new development, the national government of Kenya is responsible for leadership in health, healthcare policy development, capacity building and technical assistance to counties, management of national referral hospitals and consumer protection including the development of norms, standards and guidelines, among other functions (KHSSP 2013-2017).Healthcare issues in Kenya are therefore anchored in the Constitution of Kenya of 2010, which also states that every person has a right to highest attainable standard of health (Constitution of Kenya, 2010).

Furthermore, health issues in Kenya are also guided by the Kenya Vision 2030, which is a broad national development plan to achieve a globally competitive and prosperous country with high quality of life (Government of Kenya, 2007). Kenya’s Vision 2030 is the long term development blueprint for the country that aims to transform Kenya into a “globally competitive and prosperous and newly industrialized middle-income country providing a high quality of life to all its citizens in a clean and secure environment by 2030”. Kenya’s Vision 2030 is also anchored in the Kenyan Constitution of 2010 (Kenya Health Policy, 2014-2030). Therefore, the health sector in Kenya is critical in increasing labour productivity by means of providing a healthy workforce which is featured in Kenya’s Vision 2030’s social pillar. However, although 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, diminishing productivity and the need to balance cost of labour with the quality of care (KNEHS, 2011-2017).

Indeed, previous studies have asserted that provision of good quality healthcare requires the whole healthcare system to be functioning well and also the need to have well trained, satisfied staff, adequate services and equipment, good referral networks and appropriate management and support. Therefore, absence of any of the items stated above, would lead to
poor service provision (Mohase, 2014). Kenya currently finds herself with a challenge of having inadequate nurses according to International Centre for Human Resource in Nursing (ICHRN, 2016). This is due to many reasons, key among them, is high nurse turnover which may be due to the fact that nurses are in high demand in many countries, among other reasons (ICHRN, 2016). Indeed, inadequate numbers of nursing employees in Kenya as a result of many reasons including voluntary turnover, has had a negative effect on efforts to expand access and improve the quality of healthcare services in the country. This situation 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) which are the main contributors 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>
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<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>
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Handling healthcare challenges in Kenya and alleviating people’s suffering from diseases and injuries stated above, requires adequate and highly skilled healthcare workers including nurses, since adequate and highly skilled human resources are critical for any organization to perform effectively and efficiently. Moreover, healthcare is a crucial service industry that has significant effects for supporting people’s general well-being and enabling them to pursue meaningful lives (Mohase, 2014). Studies indicate that healthcare industry is one of the largest sectors of the world economy (Finley & Landless, 2014) whose estimated global healthcare services market for 2015 was $3 trillion.

However, healthcare industry is one of the industries highly affected by voluntary turnover since it has one of the highest industry voluntary turnover rates (Mohammed, 2012) and scholars assert that in healthcare industry, nursing sector has the highest turnover percentage (Alhamwan & Norazuwabt, 2015) and nursing turnover is a widespread problem (ICHRN, 2016). Therefore, retention of nurses who are critical employees in health organizations is a challenge in the 21st century (Chen, Huang, Hou, Sun & Yang, 2014). Furthermore, nurse retention is a global problem and worldwide, human resource health managers are facing a crisis in how to retain their most productive workers during times of high staff turnovers (Drake, 2014). In Kenya’s public health sector (where national referral hospitals are at the apex), employee retention is one of the most critical issues facing organizational
Managers as a result of the need for skilled manpower and due to economic growth (Nyakego & Mulongo, 2014).

Scholars assert that employee turnover is an expensive proposition for organizations due to financial costs of replacing valued employees and lost productivity of good employees occasioned by voluntary turnover although total costs of employee voluntary turnover are hard to measure especially in regard to their effect on organizational culture, employee morale and social capital or organizational memory (Aron, 2015; Kinyili, 2015). Therefore employee turnover is very costly both directly and indirectly (Dhladhla, 2011; Thomas, 2012). 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, increased use of inexperienced and/or tired staff, insufficient staffing, reduced morale, pressure on remaining staff, costs of learning and even decreased quality of services provided.

High levels of turnover can also trigger future turnover among remaining employees (Afande, 2015). Other human resource costs associated with voluntary turnover are social costs which include loss of health services, loss of supervisors, loss of mentors for health science trainees, ineffective referral system, loss of public health researchers, loss of tax revenue and loss of job creation, for instance for house keepers, gardeners and guards who could have been employed by the nursing employees that leave their jobs voluntarily ((Nyakego & Mulongo, 2014; Afande, 2015). Prior studies posit that taking into consideration both direct and indirect costs, minimum costs of voluntary turnover equate one year’s pay and benefits and maximum costs equate a two years’ pay and benefits (Martin, 2011).

According to Drake, it costs healthcare organizations USD $ 22000 - $ 64000 per nurse turnover in the United States of America (USA) (Drake, 2014). In Kenya, the financial cost of losing a single nurse through voluntary turnover equals to about twice the nurse’s annual salary, which is about $ 300,000 per year for each percentage increase in annual nurse turnover. Therefore the average hospital is estimated to lose about $ 300,000 per year for each percentage increase in annual nurse turnover (Kinyili, 2015). Healthcare industry has come under tight scrutiny from all stakeholders due to the need to improve the quality of the services clients receive, to ensure their safety, improve productivity, and also to ensure the financial wellbeing of the organizations concerned (Aron, 2015). All these cannot be achieved in the healthcare industry when there is nursing employees’ voluntary turnover (Mohammad, 2012) as the nursing employees play a significant role in the industry.

Furthermore, many researchers have stated that voluntary nursing turnover is disruptive and very costly 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. Nurse retention problems result in nurse shortages and the significance of nursing shortages is in the impact it has on hospitals at the operations level and on patients at the patient care level (Ritter, 2011). It is therefore important and urgent for hospitals to retain excellent nursing staff to improve patient satisfaction, improve productivity and hospital performance and also to save costs (Chang, 2014).
This is because voluntary turnover is a major contributor to the shortage of nurses (Afande, 2015) and previous research has shown that shortage of nurses has always been the major symptom of high turnover in healthcare industry (Dawwas & Zahare, 2014). Prior empirical studies state 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 tend to shift from their present organizations to those of the competitors that can meet these expectations (Beaujean, 2011). One of the employees’ expectations from their employers is job satisfaction (Aron, 2015). This is due to the fact that 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 experiences will stay longer, attend to their work regularly and perform at an optimum level (Kranenburg, 2013). Furthermore, a large body of research suggests that job satisfaction has the effect of determining staying in or leaving an organization.

Therefore, high job satisfaction leads to low turnover (Mudor & Tooksoon, 2011), and workers with low job satisfaction usually quit their jobs (Yucell, 2012). Job dissatisfaction has been repeatedly identified as the main reason why employees leave their jobs (Mahidi, Zin, Nor, Sakat & Naim, 2012) and scholars confirm that any voluntary turnover indicates that the organization’s employees are dissatisfied with the organization (Thomas, 2012). This clearly implies that employees that are dissatisfied with their work do quit, leave work in organizations they are currently being paid for, based on their own decisions (Aydogdu & Asikgil, 2011; Kantor, 2013).

Therefore, many scholars believe that job satisfaction does affect and influence employee turnover (Eslami & Gharakhani, 2012) and a number of recent studies have also emphasized the importance of job satisfaction and its relationship to work satisfaction (Aron, 2015). Indeed previous research has shown that lack of job satisfaction plays a large part in skilled professionals leaving their current jobs (Dhladhla, 2011). Furthermore, when employees are satisfied with their jobs, they don’t have the need to look for work elsewhere, which ultimately contributes to a successful and competitive organization since job satisfaction is a key factor in the contribution of staff to organizational success (Islam & Islam, 2011). Moreover, researchers also argue that job satisfaction is also a prerequisite for better organizational performance (Islam & Islam, 2011). Thus job satisfaction is the most frequently used and single most reliable predictor of employee turnover (Dhladhla, 2011), and it is very important to organizations because it actually reduces employee turnover (Arendolf, 2013).

According to scholars, job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. The underpinning premise is that employees that are satisfied with their jobs are less likely to quit their organizations (Kranenburg, 2013). Job satisfaction is determined by how well outcomes meet or exceed expectations and it is very important in the lives of nurses since it is seen as an essential aspect of their work and hence it should be attended to very consciously (Dhurup, et al. 2014). Scholars also assert that job satisfaction is important considering the nature and the uniqueness of the work of nurses which involves a lot of stress (Alam & Mohammad, 2010).
Furthermore, job satisfaction of nurses has a great impact on patients’ care and good delivery of health care services (Dhurup, et. al. 2014). Indeed, previous studies have confirmed that unsatisfied nursing employees negatively affect the quality of care they provide, which adversely affects patient satisfaction and loyalty to the hospital concerned (Aron, 2015). Previous research studies assert that to retain experienced and highly skilled nursing employees, the employer must make sure that the employees are not only secure within an organization but also satisfied in their jobs as well, since low job satisfaction contributes to turnover (Mohammed & Eleswed, 2013). In support of other scholars, Chiboiwa, Chipunza and Samuel (2011), also emphasize the fact that there is a positive relationship between labour turnover and job dissatisfaction.

Job dissatisfaction is an unpleasant emotional state resulting from appraisal of one’s job as frustrating or blocking one’s job values or as entailing disvalues. Indeed scholars posit that job dissatisfaction has been repeatedly identified as a single-most important reason why employees leave their jobs (Dhladhla, 2011; Dhurup, et al. 2014). Job satisfaction and dissatisfaction are therefore a function of the perceived relationship between what one wants from one’s job and what one perceives it as offering or entailing (Yucell, 2012). Furthermore, the ultimate decision to leave one’s job, results when job dissatisfaction is at a level sufficient that an employee has reached a decision on the desirability of movement and the perceived ease of movement (Martin, 2011).

According to Kranenburg (2013), job satisfaction is simply 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 and it is also a construct with multifacets that include the employee’s feelings about different job elements and intrinsic and extrinsic factors. Thus job satisfaction is multidimensional in nature with specific facets. According to Alasmari and Clint (2012), job satisfaction is an affective feeling that depends on the interaction of employees, their personal characteristics and values and expectations with the work environment and the organization. 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). Furthermore, job satisfaction has been mostly used as a performance indicator in terms of reducing turnover in the work place and has been found to be a consistent predictor of turnover (Dhladhla, 2011).

In regard to nursing, scholars assert that job satisfaction is a significant predictor of whether or not a nurse intends to leave a current job (Aron, 2015). The scholars continue to state that lack of job satisfaction is an indicator of quitting a job and the greater the job satisfaction, the less likely is the turnover (Mbah & Ikemefuna, 2012). Indeed, prior empirical studies done on job satisfaction and employee turnover point at a consistent and inverse relationship between job satisfaction and turnover (Fernandez & Kim, 2013). This means that job satisfaction affects the decision to stay or leave an organization (Aydogdu & Asikgil, 2011).
Furthermore, in a study carried out in the USA and 12 European countries on job satisfaction and turnover of nurses, it was found that a substantial proportion 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. Indeed, the greater the job satisfaction, the less likely is the turnover of nurses (Drake, 2014). However, previous research studies have confirmed that nursing employees globally are dissatisfied with their jobs (Aiken, Sloane & Stimpfel, 2012; Dhurup, Zyl & Mokathi, 2014; Alhamwan & Norazuwabt, 2015), and this has led to turnover and consequently acute shortage of nurses globally (Afande, 2015). Furthermore, the scholars assert that dissatisfied nurses may leave an organization in search of a more satisfying work environment (Sinclair, 2012).

Thus nurses’ satisfaction with their daily work is critical since it affects their turnover and nursing shortage is on the increase globally partly due to turnover (Eslami& Ghankhani, 2012; Kranenburg, 2013). Therefore turnover is directly related to job satisfaction (Sinclair, 2012), and high levels of job satisfaction are negatively related to turnover (Dhurup, et al. 2014). Scholars posit that nurses are the largest healthcare provider group globally (Mohammed, 2012) and provide the highest percentage of patient care, both preventive and curative (KNWR, 2012) but despite this, nursing turnover and nursing shortages are being experienced globally. Furthermore, it is estimated that by the year 2030, the global shortage of nurses will be up by 7.6 million, with specific adverse impact on Africa (WHO, 2016).

Africa will be greatly affected because it lacks a stable human resource base in the health sector and also due to a dramatic increase in emigration of highly skilled health personnel including nurses from Africa to many high income countries such as UK, USA, France and Canada that are experiencing increasing nursing shortage. Africa will also be greatly affected by shortage of nurses because in Africa, great numbers of nurses have succumbed to HIV/Aids epidemic among other diseases hence reducing their numbers (Rothmann, Diedericks & Swart, 2013). Indeed empirical studies confirm that nurses are critical in healthcare and therefore their job satisfaction is paramount bearing in mind the uniqueness of their job (Dhurup, Zyl & Mokathi, 2014). Furthermore, job satisfaction of nurses has a great impact on patient’s care and good delivery of healthcare service (Aron, 2015) because job satisfaction is positively correlated with the quality of services provided by nurses (Myung & Lee, 2012). However, scholars also assert that nursing staff’s job satisfaction is on the decline worldwide and also that nursing shortage is on the increase globally (Mohammed, 2012; Dhurup. et al.2014).

Scholars attribute the shortage of nursing employees globally to factors such as increase in population, increase in demand for healthcare due to advances in medical technology, increase in life expectancy and increase in numbers of chronically and critically ill patients. The other reason is that nurses’ roles have been expanded to include a number of tasks previously performed by physicians (Mohammad, 2012). In addition, according to the International Centre for Human Resources in Nursing (ICHRN) the Kenyan study case, roles played by nurses continue to change (increase) with time (ICHRN, 2010), hence the increase in demand for nurses.
Furthermore, according to ICHRN, today, nurses are fixing drips as part of their normal routine duties in lower health facilities or in emergency situations and those with special training such as intensive care (Critical care nurses), are undertaking complex procedures that have previously been the preserve of doctors. The complex procedures that are today being performed by nurses include administering IV drugs, intubation and end tracheal suction. Midwives are also being trained to perform Manual Vacuum Aspiration (MVA) procedures, manual removal of placenta and other life saving skills. In addition nurses are also prescribing Anti retro viral (ARV) drugs, and are conducting deliveries at all levels (ICHRN, 2010). Despite the fact that roles played by nurses continue changing and increasing with time, nursing shortage still continues and unfortunately, it is notable as a global problem affecting the delivery of healthcare and many countries are struggling to provide a minimum level of nurse staffing.

In tandem with this issue, are high rates of turnover among registered nurses which contributes to major administrative problems, is costly, interrupts organizational plans and results in poor service delivery. These issues present serious challenges to the efficiency and effectiveness of many healthcare delivery systems (Mohammed, 2012). Global nursing shortage is made worse by voluntary nurse turnovers (Aron, 2015), which are usually associated with significant economic, organizational and service-delivery consequences (Allisey, Noblet, Lamontagne & Houdmont, 2014). Despite this, nurses are indisputably indispensable in any healthcare system and scholars posit that they are the nucleus of a healthcare system and that without the nucleus the cell will not survive (Mohammed, 2012).

Previous research has also shown that voluntary turnover of nurses reduces an organization’s human capital component and associates negatively with an organization’s performance (Drake, 2014). Indeed if turnover is excessive, the organization’s productivity may be decreased because job satisfaction is a prerequisite to better performance as it is a key factor in the contribution of staff to organizational success (Islam & Islam, 2011). Nursing employees therefore, play a very important role in a healthcare sector and nurses’ retention in organizations is an essential concern in human resource management. Currently there is a global nursing shortage which is expected to increase unless corrective action is taken to attract additional numbers into nursing profession and devise strategies to retain them because nursing turnover has contributed to nursing healthcare workforce shortages globally (Sinclair, 2012).

Furthermore, scholars also assert that shortage of nurses has always been a major symptom of high turnover in health care industry (Dawwas & Zahare, 2014) and that high nurse turnover can threaten an organization’s reputation and the meeting of patients’ needs and provision of quality care. Indeed, loss of talented, qualified and skilled nursing employees is related to the reduction of competitiveness, innovation, and quality of services offered to patients (Miller, 2010). It is therefore important and urgent for hospitals to retain excellent nursing staff to improve patient satisfaction and hospital performance (Chang, 2014). Furthermore, even though nurses’ voluntary turnover is a global problem (Aron, 2015), the negative impact is much more felt in developing countries than in developed countries.
This is mainly because majority of the population in developing countries is very poor and it mainly relies on public health systems for healthcare, which also have a lot of challenges. Therefore countries in Africa have a lot of healthcare challenges. In most developing countries, such as the ones in Africa, availability of healthcare personnel is worse than those in other developed regions of the world due to lack of funds to fund healthcare services in developing countries and also due to deterioration of health service infrastructure (Afande, 2015) and hence the current shortage of healthcare personnel which has persisted over the years and has therefore caught the attention of the World Health Organization (WHO) which has sounded alarm bells about it. 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 as 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 (KHWR, 2015).

More than a decade ago, in the year 2006, the World Health Organization (WHO), pointed out that insufficient health budgets due to deteriorating economic conditions, combined with burgeoning health problems such as global HIV/AIDS pandemic, had led to an acute shortage of health workers including nurses (WHO, 2006). It pointed out that then that there were about 19.4 million nurses worldwide but at the same time, there was a shortage of about 4.3 million nurses. Research studies have proved that more than a decade later, the situation has not improved since there are still nurse shortages globally (Sinclair, 2012).

The World Health Organization (WHO) in 2006 also reported that Kenya was one of 57 countries of the world that faced a severe health workforce crisis including nurses, and was one amongst the 36 countries within Sub-Saharan Africa. More than a decade later, since the year 2006, the healthcare situation in developing countries is no better since developing countries such as Kenya are still experiencing a severe nurse shortage of nurses which is made worse by voluntary nurse turnovers (KNWR, 2012; KHSHRS 2014-2018). This is despite the fact that health is one of the key components in delivering the social pillar “investing in the people of Kenya” for Kenya’s Vision 2030, given the critical role the health sector plays in maintaining the healthy and skilled workforce necessary to drive the economy (Kenya Health Sector Strategic Plan, 2013-2017; Kenya Health Policy, 2014-2030).

However, despite the critical role the health sector plays in the country, it is severely underfunded, and there has been a limited increase in financing investments unlike the case in most developed countries where healthcare consumes more than 10 % of their gross domestic product (Finley & Landless, 2014). Furthermore, limited progress has been made towards achieving the commitments of the Abuja Declaration in which countries in 2001, committed to spend at least 15% of their national budgets on the health sector (Kenya Health Policy, 2014-2030). Kenya is also yet to meet this target and this underfunding is a big challenge that has had an adverse effect on Kenya’s healthcare service provision (The Kenya Health Sector Integrity Report, 2011).
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). 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</td>
<td>3500</td>
<td>37.8</td>
</tr>
<tr>
<td>private practice</td>
<td></td>
<td></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>


It is important to understand Kenya’s healthcare system in order to understand the critical role played by the national referral hospitals. The healthcare system in Kenya is structured in a hierarchical manner that begins with primary healthcare facilities consisting of dispensaries and health centers while the lowest unit is the community. After primary healthcare facilities, there is the primary referral facilities followed by secondary referral facilities and then the healthcare system graduates to 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 and are significant in the public health sector as 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 are also the largest in the country and serve a large number of clients referred from lower level health facilities for specialized health services. Thus, they play a central /critical role in Kenya’s public healthcare sector (KHP, 2014-2030). Furthermore, the Kenya government has invested heavily in these hospitals in terms of resources (Kenya Health Sector Human Resources for Health Strategy (KHSHRHS), 2014-2018). Despite the Kenya government investing heavily in these hospitals, voluntary turnover of nursing employees continues unabated.

This voluntary turnover of nurses has contributed to the creation of an acute shortage of nursing employees at these hospitals which has consequently compromised the quality of healthcare service provision hence adversely affecting a lot of clients since these hospitals are at the apex of the public health system in the country and serve a lot of clients (Kenya Health Sector Strategic and Investment Plan, 2013-2017; Akacho, 2014; Okemwa, 2016; The Standard, March 2018; Daily Nation, March 2018). Previous research by Scholars have
shown that shortage of nurses has always been a major symptom of high turnover in a healthcare industry (Dawwas & Zahare, 2014).

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 since it has led to poor quality healthcare service provision in the national referral hospitals in Kenya (The Standard, March 2018; Daily Nation, March 2018). Indeed, 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 in the country. The diseases/conditions that have high prevalence in the country mainly belong to 3 domains: namely communicable diseases/conditions, non-communicable diseases/conditions, and violence/injuries. These diseases/conditions and injuries continue to contribute to very high disease burden and injuries in the country and hence demands for more specialized human resources for health including nurses to be available in the hospitals to offer the much needed treatment (KHSRHS), 2014-2018).

With these diseases and injuries in the country, there is high demand for nursing care services and more so at the national referral hospitals although, at the same time, the country is witnessing high nurse turnovers at these hospitals which has resulted in increase in shortage of nurses (Standard media, March, 2018). Indeed, health wise, Kenya is at crossroads as it is losing its many productive people due to disability and death. Moreover, diseases such as HIV/AIDS, malaria and other major diseases create a huge burden on healthcare systems in Kenya and therefore require the skills of the healthcare professionals including nurses to offer the victims the much needed medical intervention (Kenya Health Policy 2014-2030).

Giving the much needed medical intervention to clients cannot be achieved when there is excessive voluntary turnover of nurses at hospitals and more especially at national referral hospitals where they are needed most as the demand for their services is very high, therefore there is need to stop it the nursing turnover. Otherwise, Kenyans, will continue suffering due to the many ailments and conditions that are currently affecting them. The specific ailments and conditions that were identified and ranked by the Government of Kenya as leading ailments and conditions in the year 2009 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>Ischemic 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 refers to Disability Adjusted Life Years which is the total lost due to incapacity arising from ill health (Kenya HRH Strategy 2014-2018). The leading causes of death and disability shown in the table above are still a challenge to Kenyans today, which is more than a decade later. This health situation therefore demands for immediate and continuous medical intervention. One of the intervention measures that can be taken is the improvement on the quality of health products and services provided by the country’s healthcare facilities and more especially at national referral hospitals in Kenya which offer the largest referral services and therefore handle a large number of clients. Unfortunately, currently, these national referral hospitals in Kenya are providing poor quality healthcare services to clients and this is a matter of serious concern to all stakeholders (Akacho, 2014; Daily Nation, March, 2018; The Standard, March, 2018).

The many cases of poor quality healthcare service provision at the national referral hospitals have been highlighted by the media (Akacho, 2014; Daily Nation, March, 2018; The Standard, March, 2018). For instance, there was a case where there was a surgery mix up at one of the national referral hospitals that resulted from a nurse taking a wrong patient to theatre (for a wrong operation). However, in response to questions by the Kenya parliamentary committee in charge of health as to why for instance there was a surgery mix up and as to why a nurse took a wrong patient to theatre (for a wrong operation) leading to death, the CEO of the hospital confessed that the hospital is almost on the rims in terms of staff members and that nurses are the most affected (Daily Nation, March, 2018; The Standard, March, 2018).
Therefore the reason given for the poor quality healthcare service at the national referral hospital is nursing staff shortage implying that nurses are overwhelmed with their work. This means that the hospital has serious shortage of nurses thus making it provide poor quality nursing services and products to clients. The hospital CEO further said that the hospital needs 800 more nurses to boost its current number which is 1500. To emphasize on the point of serious shortage of nurses at the hospital, the hospital CEO also told the Parliamentary Committee on Health that the ratio of nurses to patients at the hospital should be 1:5 but the facility is operating at 1:40 (Daily Nation, March, 2018; The Standard, March, 2018). Therefore the implication here is that this national referral hospital is overwhelmed by large numbers of patients against very limited nursing staff hence compromising the quality of healthcare services provided (Daily Nation, March, 2018; The Standard, March, 2018).

Poor health service provision affects all national referral hospitals in Kenya and one of the contributing factors is voluntary nurse turnovers (Kenya Nursing Workforce Report, 2012). Furthermore, previous research has shown that shortage of nurses has always been the major symptom of high turnover in a healthcare industry (Dawwas & Zahare, 2014). Moreover, the poor quality service provision at national referral hospitals in Kenya is affecting clients and it is a matter of concern to all stakeholders. Moreover previous related research studies have confirmed that without adequate and experienced staff including nurses in health facilities, error rates may increase and patient satisfaction may decrease (Mohammad, 2012). Hence the need to address nursing employees’ voluntary turnover at national referral hospitals in Kenya urgently in order to help improve the quality of healthcare services given to clients at these hospitals.

It is therefore justifiable to examine all the national referral hospitals in Kenya in regard to nursing employees’ voluntary turnover because all these hospitals have similar challenges such as voluntary nurse turnovers, acute shortage of nurses, the need for quality nursing care and the need to balance cost of labor with quality of nursing care (Akacho, 2014; Kenya Health Policy, 2014-2018). Therefore, trying to solve the nursing employee turnover challenge at national referral hospitals through studies such as this one is important to all the stakeholders and the Government of Kenya especially in its strive to abide by the Kenyan constitution of 2010 in regard to health, achievement of Sustainable Development Goals (SDGs) and the realization of Kenya’s Vision 2030 on health.

National referral hospitals in Kenya are institutions at the apex of the public health system in Kenya and are hence critical to the success of the health system in Kenya. Furthermore, national referral hospitals are a barometer of the public healthcare situation in Kenya. Therefore, voluntary nurse turnover at national referral hospitals in Kenya is a matter of serious concern due to shortage of nurses at these hospitals that has been occasioned partly by voluntary nurse turnovers and the consequent poor quality healthcare services and products provided by these hospitals. The voluntary nursing turnovers that is affecting national referral hospitals in Kenya is a serious issue that is of great concern to all stakeholders, and this has prompted the researcher to empirically establish the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya.
This is because national referral hospitals are at the apex of the public healthcare system in Kenya and are critical in the success of the health sector in the country (Kenya Health Sector Strategic Plan, 2013-2017). It is therefore imperative that these national referral hospitals in Kenya put in place mechanisms to retain the existing nurses for waste reduction and continued good quality healthcare service delivery. One of the mechanisms that these hospitals can use is employee job satisfaction because prior research studies have shown that employee job satisfaction has influence on employee turnover (Mbah & Ikemefuna, 2012), and that to retain experienced and highly skilled nursing employees, employers must make sure that they are not only secure within an organization but also satisfied as well (Mohammed & Eleeswed, 2013; Aron, 2015).

Job satisfaction therefore affects employee turnover in that low job satisfaction contributes to employee turnover (Alam & Mohammad, 2010) while the greater the job satisfaction, the less likely is the employee turnover (Mbah & Ikemefuna, 2012). Furthermore, job satisfaction is the most frequently used and single most reliable predictor of turnover (Dhladhla, 2011). Moreover, scholars such as Kranenburg (2013), state that job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs in their organizations. The scholars also assert that if a person likes (satisfaction) his or her job in a particular organization, there is no reason to quit as compared to when a person dislikes (dissatisfaction) his or her job in an organization, (Yucel, 2012). This study therefore seeks to establish the effect of job satisfaction and specifically in regard to professional job autonomy, work-life balance, work recognition, participation in work decision-making process and compensation 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). Job satisfaction is important in the lives of nurses. It is seen as an essential aspect of their work and it should be attended to very consciously. This is important considering the nature and the uniqueness of their work that involves a lot of stress (Alam & Mohammad, 2011; Dhurup, et al. 2014). However, in the last few decades, the healthcare system has gone through changes that affect nursing employees’ job satisfaction either positively or negatively (Aron, 2015). In this study, job satisfaction refers to the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (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 explore which parts of the job produce 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 (Dawwas & Zahare, 2014). This therefore calls for more in-depth research into job satisfaction. Despite this, scholars have tried to explain job satisfaction and according to Kranenburg (2013), it 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 since 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, according to Lopes, Lagoa and Calapez (2014), job satisfaction is assessed by workers in relation to what they expect from the job. While some workers might be led to expect a lot, others might be resigned to expecting little.

The scholars therefore agree that job satisfaction is very important to organizations because it reduces employee turnover (Afande, 2015). 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. Turnover also involves movement of employees from public to private organizations and vice versa or the movement can be from one profession to another and usually people tend to migrate to better jobs (Chibo wiwa, Chipunza & Samuel, 2011; Cinar & Karcioğlu, 2012). A large body of research states that nursing job satisfaction is on the decline worldwide (Aiken, Sloane & Stimpfel, 2012; Dhurup et al. 2014). Furthermore, in a study in the US and 12 European countries, it was found that a substantial proportion of nurses in every country reported job dissatisfaction (Aron, 2015). Research studies have also reported that in Iran, at Gorgan hospital, job dissatisfaction of nurses was 79.8% (Ezzat, Fatemeh, Marhemat, Soodabeh & Fatemeh, 2014).

Previous research studies have confirmed 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). Furthermore, 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 & Manismaico, 2010).

Moreover, nurses’ job dissatisfaction has also been reported as the primary predictor of the actual leaving of an employee from an organization (Drake, 2014). Job satisfaction is therefore the most important factor in determining a person’s staying or leaving of an organization (Dhladhla, 2011). The scholars also posit that job satisfaction is critical to retaining well-qualified workers and organizations lose productivity, social capital and suffer customer defection when productive workers quit (Al-Zu’bi, 2010). The scholars also agree that workers with low job satisfaction are more likely to quit their jobs (Aron, 2015) and that high job satisfaction leads to low turnover (Mudor & Tooksoon, 2011). Furthermore, previous research studies have proved 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) and go to search for organizations that have a more satisfying work environment while hoping that they will get a chance to work there. Thus nurses’ satisfaction with their daily
work is critical since it affects their turnover (Eslami & Gharakhani, 2012; Dawwas & Zahare, 2014).
Research studies have also reported that there is decline in levels of reported job satisfaction of nurses in different parts of the world, for instance, 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 critical shortage of nurses that has seriously compromised the quality of services provided by the nurses to their clients (Drake, 2014).

Therefore job satisfaction is very important in the lives of nursing employees (Dhurup, et al. 2014) and employers should make sure that their employees are satisfied with their jobs since unsatisfied nurses tend to quit their jobs which usually adversely affect clients (Aron, 2015). In this study, job satisfaction refers to the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Krahenburg, 2013) and the study is using the dimensions/facets approach of job satisfaction and not the global approach.

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. This is a clear sign of lack of job satisfaction since job satisfaction is an essential element for maintenance of workforce numbers of any organization (Aron, 2015).

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 these 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.

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) and hospitals in the country should aim at achieving this goal (Akacho, 2014). They must therefore have adequate and stable nurses since nursing is central to quality healthcare delivery (WHO, 2006). Furthermore, 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 her determination to improve quality of essential healthcare (KHSHRS, 2014-2018). This is because national referral hospitals in Kenya are at the apex of the public healthcare system and play a critical role in Kenya’s healthcare sector.

However, despite the heavy government investment, 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 of patient care (KHWR, 2015; Kinyili, 2015; KHSSP, 2013-2017; KHSHRS, 2014-2018; Strategy for Community Health, 2014-2019; Akacho, 2014; Nation media, March, 2018; Standard media, March, 2018). Furthermore, voluntary turnover of nurses (resignations and out-migrations) continues unabated (nurse resignations, 10%, nurse transfers, 6% and nurse out-migrations, 8%) (KNWR, 2015; Kimutai, 2013; KNUN, 2014; Kenya Health Policy 2014-2030), and it is negatively affecting the national referral hospitals thus making the health situation in Kenya worse.

Indeed, voluntary turnover of nurses is a problem that cannot be ignored or put aside because it is not only very costly, but it also has an adverse impact on quality of services and products provided to clients (Drake, 2014; Kinyili, 2016). Therefore reducing turnover rate among nurses remains one of the most effective ways of decreasing staff shortages and improving quality of services provided (Aron, 2015). Moreover, previous research studies have shown that job satisfaction has influence on voluntary employee turnover in organizations (Mbah & Ikemefuna, 2012) and that lack of job satisfaction contributes to voluntary nursing turnover.
Therefore, to retain the best nursing employees at national referral hospitals in Kenya, and hence improve on the quality of healthcare services, urgent attention must be directed at nurses’ job satisfaction since job satisfaction is very important in the lives of nurses and has influence on their turnover (Dhurup et al. 2014). However, if the current voluntary nursing turnover trend continues, given the critical role these hospitals play in Kenya’s healthcare sector, then chances of the country achieving Sustainable Development Goals (SDGs) on health, achieving the Kenyan 2010 Constitutional requirement on health and the realization of Kenya’s Vision 2030 on health would remain bleak.

Furthermore, despite the fact that 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, and hence may 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. Moreover, related studies carried out in developing countries by scholars such as Mbah & Ikemefuna (2012) and by Olusegun (2013), among others, have also not adequately addressed the issue of nursing employees’ voluntary turnover. Also 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. Therefore, it is against this background that this study aimed at filling this gap in existing literature.

1.3 Specific Research Objective
To establish the effect of participation in work decision-making process on turnover among nursing employees at national referral hospitals in Kenya.

1.4 Research Hypotheses
H1: Participation in work decision-making process has a 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 work place. 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.

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 Herzberg’s Two-Factor Theory, Aldous’ Spillover Theory.

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 happy and hence 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 countered by deliberate and aggressive attempts 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 will leave them dissatisfied with the job currently held and hence make them quit.

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 participation in work decision-making process. The dependent variable is turnover among nursing employees which is indicated by resignations, out-migrations and transfers. The research conceptual framework that indicates the independent variable and dependent variable forms the basis for the research hypotheses.

In regard to this study, the conceptual framework is shown in figure 2.1.

2.3.1 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 posit that the forms of participation
include direct participation in work decisions, consultative participation, short term participation and representative participation (Kasemsap, 2013).

Direct consultation involves dialogue between management and employees without mediation of representatives. It involves sharing of information to enable reasoned discussion, for example, on changes of work practices and staffing levels and company strategy. Despite this, the right to make final decisions remains with management. Horsford (2013) posits that if employees are allowed to actively participate in decision making process, it could lead to reduced turnovers.

According to Caillier (2011), participation occurs when subordinates are consulted. He continues to say that participation can impact on motivation of the employees which can reduce turnover. Participation in decision-making process is the involvement of employees in the process of reaching decisions. Employees enjoy offering suggestions or input about their work. A participative management practice balances the involvement of managers and their subordinates in decision-making.

Participation in decision-making process enhances feelings of ownership and commitment. Having a voice or say in what affects employees personally enhances positive feelings about the job. People like to feel they have control over their work and employees 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 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. Empirical research has found that input into decision-making has a positive relationship with job satisfaction and turnover.

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. Managers should understand that employees have a right to participate in decision-making process in regard to decisions that will affect them directly at a workplace and that participation helps reduce turnovers in an organization. Ways in which managers can involve employees in the organization decision-making process include work teams, employee committees, and employee suggestion forums for example, staff meetings. In these forums employees (employee suggestion forums), employees can share views on issues affecting the organization and also share solutions to the said issues. Employees can also make proposals to changes in day to day operations and executives.

Emphasizing on this fact, scholars such as Petkovska, Bojadziev and Stefanovska, (2014), also posit that organizations that foster employee participation have increased levels of job satisfaction while they are characterized by lower turnover rates. In regard to this study, nursing employees can participate in work decision-making process through input into resource allocation, for instance 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 proved that nursing employees are concerned about resources especially those that support nursing practice for instance staffing. The studies show that nurses desire more decisional involvement in control of resources (Scherb, et al, 2011). This is due to the fact that input in allocation of resources increases nurses’ satisfaction and consequently retention.

In regard to self-scheduling, a work schedule is used to inform an employee when to be present at work. A work schedule also requires sustained effort and can have psychological costs (Beaujean, 2011). The work schedule determines what hours a nursing employee has to be at work and also when the employee is off work hence the employee is able to plan non-work activities. When work occurs in another form than a traditional day schedule (e.g. 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).

When scheduling by an organization’s managers alone, it may not be possible to take every nursing employee’s preferences into account therefore there is need to involve employees through self-scheduling. Self-scheduling brings about an increase in communication among nurses which promotes development of negotiation and problem-solving skills. It also increases job satisfaction and retention (Scherb, et al. 2011). 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 of evaluation and judgment of the work performance of the subordinate by the superior. Many organizations employ either formal or informal appraisal system that measure employees’ performance.

Performance appraisal is a mandatory process to judge performance of employees for a particular period of time. Performance appraisal is usually a formalized review of the way in which an employee has been performing on the job. Evaluating employee performance can provide management with information necessary for success of the organization (Ali, Kakakhe, Rahman & Ahsan, 2014). Through performance appraisal; employees may get informed of their strengths and weaknesses through valuable feedback from top management. This helps them take steps to improve their performance.

Performance appraisal impacts on employee performance and hence reduces turnover (Johari, Yean, Adnan, Yahya & Ahmad, 2012). Akhtar and Khattak (2013) posit that performance evaluation system which has employee participation, increases job satisfaction. Thus employee participation in work decision-making process is very important to nurses. In the absence of nursing employee’s participation in work decision-making process, the nursing employee will get dissatisfied with the organization and eventually quit.

2.3.2 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 concerns for the organizational managers. Excessive turnover is dangerous for the 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). There are two types of turnover, that is, 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).

When leaving organizations, employees not only take along with them invaluable repository of knowledge but may also initiate a negative cascading effect on morale of existing employees (Shukla & Singh, 2013). Empirical evidence shows that voluntary turnover has been a critical issue for management for many years (Chen, Lin & Lien, 2010) and 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. Employee turnover is one of the biggest challenges in many organizations more so 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 negatively influences healthcare costs and is very disruptive as it leads to compromised quality of healthcare services (Aron, 2015). It is therefore imperative for human resource managers to better understand how to maximize retention of productive employees through analysis of why they leave voluntarily (Afande, 2015). Healthy turnover of employees in an organization can be positive and helpful in introducing new ideas and techniques which 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; Drake, 2014). In support of other scholars Olusegun (2013), also agrees that high staff turnover especially of high performers can negatively affect an organization as it has both direct and indirect costs.

The direct financial costs include: recruitment and replacement costs, administrative hiring costs, lost productivity before a replacement is done on the job and lost productivity due to time required for a new worker to get up to speed in the new job, lost productivity associated with time that co-workers must spend away from their work to help a new worker adjust and the cost of training as well as the cost associated with the period to voluntary termination when workers tend to be less productive (Park, 2015). The other direct financial costs include cost associated with communication of the proprietary secrets, public relations costs and increased unemployment insurance costs.

The other costs are the indirect costs or social costs and include: loss of health services, loss of supervisors, loss of mentors, ineffective referral systems, and loss of public health researchers, loss of tax revenue and loss of job creation (Khah & Du, 2014). Empirical evidence posits that high nursing staff turnover apart from being costly and disruptive, can also result in professional disillusionment because the remaining staff start questioning their own employment in the sector (Shukla & Singh, 2013). In support of other scholars, Afande
(2015), posits that turnover of nurses results in high costs to the hospital administrators and it is also an added stress on the nursing staff. Aron, (2015), asserts that excessive turnover ultimately affects quality of care that the patients receive by hindering nurses’ ability to meet workload demands and to provide persistent patient care. Furthermore, a highly skilled and experienced employee’s exit from an organization is very disruptive and harmful to the organization (Khan et al., 2014).

Therefore it is important that mechanisms are put in place to reduce voluntary turnover of nursing employees. Available literature acknowledges that turnover amongst health care workers especially nurses is a recurring problem (Amanambu, 2013) and also a global problem (Aron, 2015), and that turnover 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). Unless this current trend of nurse resignations, transfers and out-migration is reversed it will not only continue compromising the quality of healthcare services that are provided but it will also make it impossible for the country to achieve the Sustainable Development Goals on health and realize the country’s Vision 2030 on health.

2.4 Empirical Literature Review on 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 hence want to remain and continue working.

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 positively correlated with career adaptability.

2.5 Critique of Literature Review

This study is anchored on Job characteristics theory, two-factor theory. The theory and empirical studies reviewed have assisted in bringing a better understanding of the effect of participation in work decision-making process on turnover of nursing employee. 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 it is not only lack of job satisfaction that can make employees to leave their jobs voluntarily. These other factors that can cause employee turnover in an organization have not been addressed in this study. These factors include the effect of culture and leadership on an organization (Kranenburg, 2013), organizational commitment (Chang, 2014), employee loyalty (Liorens & 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, 2010; Myung and Lee, 2012), 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. Scholars still continue searching the answer of what determines employee turnover in different contexts as context is important to understand 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 the situation, greater understanding of the effect of job satisfaction on nurses’ turnover is essential if health care organizations are to meet clients’ needs for nursing care. Our current understanding of why there is a high turnover in nursing profession is still limited (Afande, 2015).

Moreover, 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. Indeed countries differ due to factors such as national culture, customs, and mode of governance and even stage of economic development (Dawwas & Zahare, 2014). The current study seeks to replicate prior studies in the Kenyan context. Kenya is a developing country that is in the continent of Africa and is unique and quite 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), examines 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.

Furthermore, bearing in mind the fact that there is currently high level of voluntary turnover of nurses and 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 help make a contribution to the body of knowledge in 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.

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 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.

Furthermore, hypothesis developed from existing theories can be tested by measuring observable social realities. Positivism research philosophy can be used to investigate what happens in an organization through scientific measurement of people and system behaviours and 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 which also shaped the 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 since in this 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 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 the “glue” that holds all of the elements in a research project together and it is used to structure the research and to show how all the major parts of the research project work together to try to address the central research questions. It is also the conceptual structure within which research is conducted. According to Kothari (2004), a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.

Kothari (2004), continues to state that it is also the conceptual structure within which research is conducted and 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 will be collected and analyzed. Based on the positivist philosophy of science for this study, this 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 better understanding of research problem or answer 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 for 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 (Kombo & Tromp, 2013). It is the aggregate of all cases that conform to the same designated set of specifications. Meanwhile, 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 whom 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 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 employee sat 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. Thus 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 such as 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. It can 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 could be studied. When dealing with people, it refers to the set of respondents selected from a larger population for the purpose of a survey (Kombo & Tromp, 2013). According to Kothari (2014), sampling is the procedure a researcher uses to gather people, places or things to study.

It is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of 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 parameters or 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 whereby each unit in the target population has an equal chance of being selected and hence included in the study. This helps the researcher in the generalization to a larger population and the making of inferences. However, non-probabilistic sampling designs don’t allow a researcher to determine this probability (Kothari, 2014). Due to the nature of this study that required coming up with conclusions and making predictions in regard to the whole population and also making inferences, this study adopted probabilistic sampling which was done through the use of simple random sampling to arrive at the sample size of the unit of observation.

Simple random sampling is a procedure in which all the individuals in the defined population have an equal chance of being selected as the 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. Each registered nurse manager or the equivalent in charge of ward or unit at the national referral hospitals in Kenya was assigned a unique number in the sampling frame and a table of random numbers was used to assist in selecting a sample size of 315 respondents (nurse managers or their equivalent in charge of wards or units) at the national referral hospitals in Kenya.

Sample size depends on factors such as the number of variables in the study, the type of research design, the method of data analysis and the size of the accessible population (Mugenda & Mugenda 2011). Since the national referral hospitals are only 12 (KHSSP, 2013-2017), all the 12 national referral hospitals were selected. Therefore 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 used to determine the sample size:

\[ n_0 = \frac{Z^2 pq}{d^2} \] \hspace{1cm} \textit{equation 1}

Where,

- \( n_0 \) is the desired sample size when target population is big mostly a population of more than 10000
- \( Z^2 \ldots \) is the standard normal deviation at the required confidence level (= 1.96) for a confidence level of 95%
- \( p \ldots \ldots \) 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).
- \( d \ldots \ldots \) is the level of statistical significance (=0.05)

Therefore,

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

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

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

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

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 X 315 = 92
- Moi Teaching and Referral Hospital (MTRH) 243/1779 X 315 = 43
- Spinal Injury Hospital 60/1779 X 315 = 11
- Mathari National Hospital 80/1779 X 315 = 14
- Pumwani Hospital 90/1779 X 315 = 16
- Nyeri Provincial General Hospital 115/1779 X 315 = 20
- Coast Provincial General Hospital 201/1779 X 315 = 36
- Rift Valley Provincial General Hospital 141/1779 X 315 = 25
- New Nyanza Provincial General Hospital 160/1779 X 315 = 28
- Kakamega Provincial General Hospital 89/1779 X 315 = 16
- Embu Provincial General Hospital 51/1779 X 315 = 9
- Garissa Provincial General Hospital 30/1779 X 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>Hospital</th>
<th>Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenyatta National Hospital</td>
<td>519</td>
<td>92</td>
</tr>
<tr>
<td>Moi Teaching and Referral Hospital</td>
<td>243</td>
<td>43</td>
</tr>
<tr>
<td>Spinal Injury Hospital</td>
<td>60</td>
<td>11</td>
</tr>
<tr>
<td>Mathari National Hospital</td>
<td>80</td>
<td>14</td>
</tr>
<tr>
<td>Pumwani Hospital</td>
<td>90</td>
<td>16</td>
</tr>
<tr>
<td>Nyeri Provincial General Hospital</td>
<td>115</td>
<td>20</td>
</tr>
<tr>
<td>Coast Provincial General Hospital</td>
<td>201</td>
<td>36</td>
</tr>
<tr>
<td>Rift Valley Provincial General Hospital</td>
<td>141</td>
<td>25</td>
</tr>
<tr>
<td>New Nyanza Provincial General Hospital</td>
<td>160</td>
<td>28</td>
</tr>
<tr>
<td>Hospital</td>
<td>89</td>
<td>16</td>
</tr>
<tr>
<td>Kakamega provincial General Hospital</td>
<td>51</td>
<td>9</td>
</tr>
<tr>
<td>Embu Provincial General Hospital</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Garissa Provincial General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1779</strong></td>
<td><strong>315</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 will be based. Data collection refers to gathering 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 since the respondents (nurse managers or their equivalent in charge of wards or units at national referral hospitals in Kenya) filled them on their own. This helped the researcher get desired 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 i.e. a 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 standard questions and format. This was necessary to enable accuracy and also to guarantee collection of comparable data.
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 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 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 such as Kothari and Gargi (2014), Likert scales are commonly used in research studies because 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 and hence help in capturing people’s opinions.

Furthermore, a questionnaire was the most suitable instrument for primary data collection 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 fast and conveniently. The questionnaire in this study therefore permitted use of standardized questions, ensured that confidentiality and anonymity were upheld, ensured uniform procedures were followed, saved on 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 information that was to be sought from them was purely for academic purposes only so as to convince them to participate in it.

These letters that accompanied the questionnaire were from the researcher’s university and the other letter was from the National Commission for Science, Technology and Innovation (NACOSTI). This is the commission that has the mandate to give permission to students to carry 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 research at the national referral hospitals in Kenya. In addition to primary data, this study also used 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 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 at the individual national referral hospitals for introduction and to seek authority 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 introductions, the researcher explained the objectives of research study and informed participants that they were free to choose to participate 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 introductions, the researcher handed over the questionnaires to the sampled staff and requested the respondents to fill them at their own convenient time but within 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 another 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 relevant sources such as textbooks, websites and journals among others.

3.7 Pilot Study
The data collection instrument 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 and according to Creswell (2012), the rule of thumb is that at least 10% of the 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. They were requested to complete the questionnaires within a period of two days after which they were to be picked by the researcher. Furthermore, out of the 32 questionnaires issued, 31 valid questionnaires were received back by the researcher. The table below gives a summary of the reliability analysis.

Results of the pilot test were used to develop a more reliable data collection tool and the data collected from the study was analyzed to facilitate the determination of reliability of the study. 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

Reliability of scale relates to consistency of the data collected. Reliability is when a measure gives same outcome under same circumstances even when it is measured at different points in time (Krahenberg, 2015). In research involving 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 & Mugenda, (2011), Cronbach’s alpha is a technique of estimating reliability that does not require either splitting of a scale or the subjects retaking the test for a given construct thus limiting challenges inherent in split-half and the test-retest techniques. In this study, to measure reliability of the collected data, Cronbach’s alpha was applied. Cronbach’s alpha is computed as shown below:

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

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, & 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), provided the rule of thumb for Cronbach’s alpha as > .9 excellent, > .8 good, > .7 acceptable, > .6 questionable, > .5 poor and < .5 unacceptable.

This is clearly 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 good value if it has an alpha value greater than 0.6 since 0.60 is a minimum acceptable level however, Mugenda and Mugenda (2011), assert 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), to determine the suitability of Cronbach’s alpha which was to be 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 22 and consequently, the Cronbach’s alpha value for participation in work decision-making process was .827, therefore, all values were well above the 0.7 benchmark. This is an indication that the research instrument was reliable and on this basis, 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, the study results can be understood and 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. Previous studies have stated that content validity is determined by judgments on the appropriateness of the instrument’s content. The purpose of pilot test was to test 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 opinion on the research instrument in order to judge the appropriateness of the instrument.

The experts’ 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. 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
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, it 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 (2008), 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 22 programme. According to Nachmias & Nachmias (2008), the SPSS program is appropriate for social sciences because 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 whereby the data was used to summarize data on the demographic characteristics, obtain percentages, mean and standard deviation regarding the study (Sekaran & Bougie, 2008) while inferential statistics was carried out using multiple regression models as suggested by Muthen & Muthen, (2007).

Regression model was used to establish the effect of job satisfaction in regard to participation in work decision-making process on turnover among nursing employees at National Referral Hospitals in Kenya. This model was also used to predict value of influence of independent variable on the dependent variable (Mwanje, 2016). Therefore regression analysis was undertaken to establish the relationship between participation in work decision-making process and turnover at national referral hospitals in Kenya.

The equation for the relationship between the predictor variables and outcome variables was expressed as follows:

\[ Y_i = \beta_0 + \beta_1 X_1 + \varepsilon \]

- \( Y_i \) is Turnover
- \( \beta_0 \) is the constant
- \( X_1 \) is Participation in work decision-making process
- \( \varepsilon \) is Error term – margin of error

In the determination of the goodness of fit, analysis of variance (ANOVA) model, as suggested by Mugenda (Mugenda, 2011), was used. Research hypotheses tested both significance of relationship and goodness of fit of the relationship. 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. 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 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.

RESULTS 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 and results were analyzed starting with response rate, background information, and participation in work decision-making process. Correlation analysis was done to show the relationship among the
independent variable and regression analysis was carried out to show the nature of relationship between participation in work decision-making process and turnover among nursing employees.

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 two hundred and sixty one (261) questionnaires were used for the analysis. This gives a response rate of 83.2% as shown in Table 4.1.

This response rate was considered appropriate in this study because 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>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued Questionnaires</td>
<td>314</td>
<td>100</td>
</tr>
<tr>
<td>Returned Questionnaires</td>
<td>267</td>
<td>85.1</td>
</tr>
<tr>
<td>Properly filled Questionnaires</td>
<td>261</td>
<td>83.2</td>
</tr>
</tbody>
</table>

4.3 Background Information of Respondents
Every target population has its own characteristics. The respondents that participated in this study 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 hospital where they are 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.

4.3.1 Job Ranks of the Respondents
Each respondent was asked to indicate his/her job rank. This was 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. As shown by the figure below, a majority of the respondents at the national referral hospitals were nursing officers 1 (28.6%), nursing officers 2 (21.4%), senior nursing officer (20.6%) and nursing officers 3 (17.6%). However, a few of the respondents who took time to participate in the study were assistant chief nurses (7.6%) and deputy chief nurses.
(2.3%). This indicated that nurses at national referral hospital are in different ranks / job positions.

![Job Ranks of the Respondents](image)

**Figure 4.1: Job Ranks of the Respondents**

This was a very important profile distribution since the respondents were the nurse managers in charge of units/wards irrespective of their ranks and hence they were the right people with adequate relevant information on turnover of nurses at the national referral hospitals. This is important since it added value to the study.

### 4.3.2 Gender of the Respondents

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. The gender of the respondents was also looked into in the study as shown in figure 4.2.

![Distribution of the Respondents by their Gender](image)

**Figure 4.2: Distribution of the Respondents by their Gender**
4.3.3 Age Groups of Respondents
The respondents gave their response on the age group that they belonged. This included the age groups of 20-29 years, 30-39 years, 40-49 years and 50-59 years. While 47% of the respondents were below 39 years, slightly more than a quarter of the respondents were between the age of 40 and 49 years. The remaining 24% were between 50 and 59 years of age. There was no nursing employee that was 60 and above years of age. This clearly indicates a good age distribution among the respondents that gave the necessary information which was useful to the study which added value to the study.

![Figure 4.3: Age Groups of the Respondents](image)

4.3.4 Marital Status of the Respondents
The marital status of the respondents was also looked into in the study. Respondents were asked to indicate whether they were single, separated, divorced, widowed or married. Figure 4.4 presents a summary of their responses. Results indicated that a great majority of the respondents (54.6%) was married. This means that despite work commitments, there are also other family obligations that nursing employees have. Slightly less than a third (32.8%) of respondents indicated that they were single. The remaining respondents were separated (3.1%), divorced (3.4%) and widowed (6.1%). The high number of the married respondents indicated their need to achieve their lower order needs through marriage. The lower needs are satisfied first before striving to satisfy higher order needs. Moreover, marriage is an indication of the need to settle down especially if after marriage one gets children that need to be brought up in a stable environment such as getting schools for the children.
4.3.5 Highest Academic Qualifications of the Respondents
To ascertain their level of education, the respondents were asked to indicate their highest academic qualifications. The response provided is as summarized in figure 4.5. While 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 Degree. A few respondents (16%) were however noted as to having acquired a Master 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.

4.3.6 Area of Work of Respondents at the National Referral Hospitals
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. The
The researcher therefore asked the respondents to indicate their specific work areas at the national referral hospitals. Responses are indicated in Table 4.2.

Table 4.2: A Summary of the Respondents in Regard to their Specific Work Areas at the National Referral Hospitals

<table>
<thead>
<tr>
<th>Specific 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>9.5</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>5.3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>10</td>
<td>3.8</td>
</tr>
<tr>
<td>Other</td>
<td>96</td>
<td>36.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>262</strong></td>
<td><strong>100</strong></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. Indeed majority of the respondents indicated that they were working at Pediatrics (14.5%), followed by Nephrology (9.5%), Critical Care (9.2%) and Psychiatry (7.3%). The remaining respondents were working at Peri-operative, Ophthalmic, Anesthesiology and Epidemiology areas. However, slightly more than a third (36.7%) of the respondents indicated that they working in other areas besides the ones that had been listed in the questionnaire. The other specific work areas stated by the respondents are as summarized in Table 4.3 below:

Table 4.3: 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>
4.3.7 Respondents’ 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, responses of nurse managers are stated in the figure 4.6 below. The findings show that slightly less than a half (48.8%) of the respondents had worked in the current hospitals for not more than 9 years. On the other hand, 43.5% of the respondents had been working at the current hospitals for about 10 to 19 years. A few (7.6%) had worked at their current hospitals for 20 years and above. This shows that majority of the respondents had the opportunity to work at the current hospitals 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 of nursing employees at the national referral hospitals where they are working.

![Figure 4.6: Working duration of the Respondents at the current national referral hospitals](image)

**Figure 4.6: Working duration of the Respondents at the current national referral hospitals**

4.4 Descriptive Statistical Analysis
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 include 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.

**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 4.8.

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. These clearly show 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 (187%) 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 participation in work decision-making process of an organization addresses the relationship between the organization and its workers. This makes the employees happy and satisfied with their work.

This study has proved 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 linked to the nurses 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 while they are characterized by lower turnover rates. This finding 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 employee participation in work decision-making process to help check on the turnover. The responses provided by the nurses in regard to this statement, are as summarized in Table 4.6.
Table 4.4: 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 deciding the hours I am at work and the hours I am off work.</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>
<tr>
<td>In the organization where I work, I am always allowed to participate in performance appraisals of nurse managers in my work unit.</td>
<td>33.2</td>
<td>25.6</td>
<td>13.0</td>
<td>22.1</td>
<td>5.7</td>
<td>2.41</td>
<td>1.31</td>
</tr>
<tr>
<td>I am usually allowed to participate in various work decision-making processes regarding my job in my work unit.</td>
<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>
</tr>
<tr>
<td>In the organization where I work, I am free to suggest positive changes regarding my job.</td>
<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>
</tr>
</tbody>
</table>

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

4.5 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. Regression can only be accurately estimated if the basic assumptions of multiple linear regressions are observed (Greene, 2002; Muli, 2008). Therefore, in line with the previous scholars, testing of factor analysis, normality, homogeneity of variance, multicollinearity (heteroskedasticity) and autocorrelation was important. The diagnostic tests that were carried out in this study include normality test, homogeneity of variance (heteroskedasticity) test, multicollinearity test and autocorrelation test.

4.5.1 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 address 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). According to Mobert et al, (2003), 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 4.10 below provides a guide of recommended thresholds for the tests statistics based on Heir et al (2010).

### Table 4.5: 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, less than 5-permissible, Greater than 0.7</td>
</tr>
<tr>
<td>GFI (Goodness of fit index)</td>
<td>Less than 0.05- good, 0.05- 0.10 moderate /acceptable fit</td>
</tr>
<tr>
<td>AGFI (Adjusted goodness of fit index)</td>
<td>Greater than 0.7</td>
</tr>
<tr>
<td>Error of approximation</td>
<td></td>
</tr>
<tr>
<td>NFI (normed fit index)</td>
<td></td>
</tr>
</tbody>
</table>

**Factor loading for Work Decision Making Process**

Table 4:13 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.

### Table 4.6: Factor loading for Work Decision Making Process

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

### 4.5.1 Normality Test

Normality test 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.

**Normality test for Work Decision Making Process**

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.

![Normal QQ Plot of Work Decision Making Process](image)

**Figure 4.7: Normal Q-Q Plot of Work Decision Making Process**

<table>
<thead>
<tr>
<th>Test for Normality</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

![Normal QQ Plot of Turnover](image)

**Figure 4.8: Normal Q-Q Plot of Nursing Employee Turnover**
As it has been shown by the figure, 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.

### 4.5.2 Multicollinearity Test

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, 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 multicollinearity 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 4.8: Multicollinearity Test**

<table>
<thead>
<tr>
<th>Model</th>
<th>T</th>
<th>Sig.</th>
<th>Collinearity Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tolerance</td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>13.928</td>
<td>.000</td>
</tr>
<tr>
<td>v1</td>
<td>1.503</td>
<td>.134</td>
<td>.398</td>
</tr>
<tr>
<td>v2</td>
<td>-1.483</td>
<td>.140</td>
<td>.517</td>
</tr>
<tr>
<td>v3</td>
<td>-2.908</td>
<td>.004</td>
<td>.401</td>
</tr>
<tr>
<td>v4</td>
<td>4.284</td>
<td>.000</td>
<td>.718</td>
</tr>
<tr>
<td>v5</td>
<td>-.344</td>
<td>.731</td>
<td>.594</td>
</tr>
</tbody>
</table>

### 4.5.3 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 4.9: Heteroscedasticity Test

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>.662</td>
<td>.093</td>
<td></td>
<td>7.111</td>
</tr>
<tr>
<td>Professional Job Autonomy</td>
<td>.034</td>
<td>.044</td>
<td>.075</td>
<td>.764</td>
</tr>
<tr>
<td>Work-life balance</td>
<td>-.040</td>
<td>.047</td>
<td>-.074</td>
<td>-.859</td>
</tr>
<tr>
<td>Participation in Work Decision Making Process</td>
<td>-.056</td>
<td>.047</td>
<td>-.113</td>
<td>-1.193</td>
</tr>
<tr>
<td>Compensation</td>
<td>.106</td>
<td>.050</td>
<td>.159</td>
<td>2.128</td>
</tr>
<tr>
<td>Work Recognition</td>
<td>-.027</td>
<td>.045</td>
<td>-.048</td>
<td>-.610</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, 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 the study.

4.5.4 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 the error term and the 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. The Durbin-Watson statistic varies from 0-4 where a value near 2 indicates non-autocorrelation while a value close to 0 shows autocorrelation. A value close to 4 indicates negative autocorrelation. Table 4.15 below shows the summary of the findings obtained. From the table above, a Durbin-Watson value that was obtained for the test is 1.279 which is closer to 2. The conclusion therefore is that there was no autocorrelation in the study.
4.6 Inferential Statistics

Inferential analysis was carried out in this study to establish the existing relationship between the independent and dependent variables. For the inferential analysis, regression analysis was carried out to establish the relationship between participation in work decision making process and turnover among the nursing employees at national referral hospitals in Kenya.

4.6.1 Correlation Analysis

Correlation analysis was used to measure the direction and degree of relationship between the dependent and independent variable. The dependent variable was Turnover of nurses at national referral hospitals while independent variable was Participation in Work Decision-Making process. 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 the bigger the coefficient, the stronger the association.

**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 values was 0.026 which is < the critical value of 0.05 and so significant. The results are depicted in table 4.21.

**Table 4.10: Durbin- Watson Test for Autocorrelation**

<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>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.315a</td>
<td>.099</td>
<td>.078</td>
<td>6.74276</td>
<td>1.279</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
Table 4.11: Correlation analysis between Work Decision-Making Process and Turnover among Nursing Employees at National Referral Hospitals in Kenya

<table>
<thead>
<tr>
<th></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>.026</td>
</tr>
<tr>
<td>N</td>
<td>261</td>
<td>259</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.138*</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.026</td>
<td>.026</td>
</tr>
<tr>
<td>N</td>
<td>259</td>
<td>259</td>
</tr>
</tbody>
</table>

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

4.6.2 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 H1: 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 work decision-making process has a significant influence on employee performance. 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 work decision-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 work decision-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 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 work decision-making process had a negative but significant effect on turnover among nursing employees with a slope of β_1= -.134X_3, t-value = -2.232 and p-value .026 < 0.05. This implies that holding all other variables constant, the turnover of nurses at the national referral hospitals in Kenya decrease by -.134 units when work life balance goes up by one unit. The results are presented in Table 4.16. 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 resulting in greater job satisfaction which eventually leads to lower turnover (Akhtar & Khattak, 2013).
Table 4.12: ANOVA results for the Relationship between Work Decision-Making Process and Employee Turnover

<table>
<thead>
<tr>
<th>Model Summary</th>
<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></td>
<td>1</td>
<td>.138*</td>
<td>.019</td>
<td>.015</td>
<td>6.79643</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>Regression</td>
<td>230.066</td>
<td>1</td>
<td>230.066</td>
<td>4.981</td>
<td>.026*</td>
</tr>
<tr>
<td>Residual</td>
<td>11871.216</td>
<td>257</td>
<td>46.192</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>

<table>
<thead>
<tr>
<th>Unstandardized Coefficients</th>
<th>Model</th>
<th>B</th>
<th>Std. Error</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>(Constant)</td>
<td>29.861</td>
<td>1.052</td>
<td>28.384</td>
</tr>
<tr>
<td></td>
<td>v3</td>
<td>-.134</td>
<td>.060</td>
<td>-2.232</td>
<td>.026</td>
</tr>
</tbody>
</table>

CONCLUSIONS 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 one specific objective: To determine the effect of participation in work decision-making process 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. One hypothesis was developed in line with the research objective. The study hypothesized a conceptual model and the independent variable (participation in work decision – making process) and a dependent variable (turnover among nursing employees at national referral hospitals) that showed a significant influence which suggests that variables studied had direct positive relationship.

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 state that participation in work decision-making process has 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 and regarding participation in resource allocation, the respondents disagreed that they are offered a chance to participate in resource allocation at national referral hospitals. The respondents disagreed that they are usually allowed to participate in self-scheduling and regarding participation 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. The 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. This is negatively affecting the nurses’ 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 significant linear relationship between participation in work decision-making process and nursing employee 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 positive effect on the turnover among nursing employees at national referral hospitals in Kenya. This finding corroborates the findings of scholars such as Gonzalez (2010), Richardson, Danford and Pulignano (2010), Wood, et al. (2012), Horsford (2013) and Gallie (2013), who asserted that participation in work decision-making process in an organization helps increase job satisfaction and hence helps retain employees at the work place.
5.3 Conclusion

On the basis of the findings of the study, it can be concluded that job satisfaction greatly influences voluntary 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 including Martin (2011), Mbah and Ikemefuna, (2012) Aron (2015), Drake (2014), Chang, 2014), Dawwas and Zahare, (2014) and Afande, (2015), who all have shown that job satisfaction contributes to nurses’ voluntary turnover and that when workers feel satisfied with their jobs, they are unlikely to quit the jobs. This study has also clearly shown that 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 study has therefore proved that job satisfaction plays an important role in the workplace and hence human resource managers need to foster job satisfaction within their organizations in order to reduce voluntary turnover. National referral hospitals in Kenya therefore need to put in place job satisfaction strategies to help curtail voluntary nursing turnover and /or manage the nurses’ turnover process more effectively in order to improve on the quality of the products or services provided to clients. This will go a long way in satisfying clients and hence help fulfill the objectives and goal of the health policy in the country which can be summed up as provision of quality healthcare for all.

This study has contributed to existing empirical literature by identifying the effect of job satisfaction on turnover among nursing employees at national referral hospitals in Kenya and has therefore contributed to the existing empirical literature in regard to nursing voluntary turnover in developing countries such as the ones in Africa and more especially in Kenya.

5.4 Recommendations for Practice

As the findings of this study have shown, job satisfaction plays an important role in the national referral hospitals in Kenya since it has a positive and significant effect on voluntary turnover of nursing employees at national referral hospitals in Kenya. The study has confirmed that lack of job satisfaction is influencing nursing employees’ voluntary turnover at these hospitals. Based on the findings and conclusions of this study, the researcher recommends that human resource managers at these hospitals need to foster nursing employees’ job satisfaction in order to curtail voluntary turnover and /or be able to manage the turnover process more effectively. This will help improve on the quality of products or services the hospitals provide to clients hence satisfying the clients. This is consistent with the findings of Aron (2015) who affirmed that unsatisfied nurses negatively affect quality of healthcare which adversely affects patients’ satisfaction and that the nurses actually quit their jobs.

The findings of this study have shown that indeed these hospitals don’t have in place a policy in regard to job satisfaction of nursing employees. It is therefore urgent and critical that these national referral hospitals invest in job satisfaction and ensure that the human resource managers at the hospitals implement the job satisfaction policy that would have
been put in place in order to help curtail voluntary turnovers and/ or manage the turnover process of nursing employees at these hospitals effectively. This will go a long way in helping these hospitals to have enough, skilled and stable nurses that can make the hospitals deliver quality healthcare in order to enable the country achieve its health policy goal which is provision of quality healthcare to all.

The study has also proved that currently national referral hospitals in Kenya have not paid attention to job satisfaction as a way of managing or curbing voluntary turnover of nursing employees at these hospitals hence the urgent need for it to be fostered at these hospitals. Therefore, in the process of fostering and improving job satisfaction in these hospitals, there is need to embrace the job satisfaction facets that this study has handled and has proved that their effect on nursing voluntary turnover is positive and significant. Human resource managers at these hospitals therefore need to give attention to / put great emphasis on professional job autonomy, work-life balance, and participation in work decision - making process, compensation and work recognition as they seek to foster and improve job satisfaction.

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 and findings of the study have revealed that the effect is positive and significant. Subsequent studies should consider replicating this study in private healthcare organizations and non-governmental organizations in the Kenyan context. Future researchers may also replicate the study in other different contexts since context is important in order to understand the turnover phenomenon.

REFERENCES


Chang, C. C. (2014). *Nurses’ Organizational Support onthe Relationship between Job Satisfaction and Organizational Commitment.* *Western Journal of Nursing Research Moderating Effects of 1*


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


APPENDICES
Appendix I: Introduction Letter from University

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
P.O. BOX 62000-00200 NAIROBI, KENYA. TELEPHONE: (020) – 221366
Nairobi CBD Campus
Entrepreneurship & Procurement Department

Date: 5th June, 2017

Ref: JCU/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,

[Signature]
Chairman

Mary Kamara (Ph.D)
ASSOCIATE CHAIRPERSON, EPD

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Appendix II: Introduction Letter from NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-3213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
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.

COUNTY COMMISSIONER
UASIN GISHU COUNTY

COUNTY DIRECTOR
NAIROBI COUNTY

15 JAN 2018

Proced. 
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 [  ]
SECTION II:
INFORMATION ON THE EFFECTS OF PARTICIPATION IN WORK DECISION-MAKING PROCESS ON TURNOVER AMONG NURSING EMPLOYEES AT NATIONAL REFERRAL

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 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………………………………………………………………………………………………

9. TURNOVER AMONG NURSING EMPLOYEES
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)

<table>
<thead>
<tr>
<th></th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I want to quit my job at this organization due to personal reasons.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I am seriously thinking of leaving this organization in the next 1 year for a similar job abroad.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If I get a transfer from this organization, I will leave my job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am generally satisfied with the kind of work I do in this organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I don’t feel a sense of belonging in this organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. As soon as I get a better job I will leave this organization.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Thoughts of quitting this job cross my mind very often.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I am seriously looking for a new job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for your time