

Factors Affecting Retention of Human Resources for Health in TRANS-NZOIA County, Kenya

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Abstract: Retention possesses an essential spot and position inside the entire administration process. This component is utilized productively for swaying staff to make positive commitment for accomplishing organizational goals. Retention is vital, as individual temperament needs some kind of prompting, consolation or motivation to give higher execution. Over the past 5yrs, the rate of nursing staff leaving their jobs has been 40% annually and this has continued to be a problem affecting the delivery of health services. Motivation of employee's therefore, offers numerous edges to the Organization and also to the staff. Hence this study sought to establish the factors affecting retention of health workers in the health sector and especially nurses in the health department of Transzoia County Government. The study was guided by the following objectives; - to determine the factors that affect nurse retention in the Health sector of Transzoia County Government, to find out the effects of job satisfaction on nurse retention in the Health sector of Transzoia County Government and to establish the effect of retention programs in the health sector of Transzoia County Government. The design used for this study is the descriptive method. The targeted sample for this study comprised of senior management nurses as well as junior management nurses at the hospitals, health centers and dispensaries within Transzoia County. The total population of nurses currently stands at three hundred and twenty. A sample size of one seventy five members was selected by using random sampling method. Both primary and secondary sources of data were used during the study. The procedures for collection of data for this study were basically questionnaires and interviews. Data collected using the questionnaires was edited for clarity and then frequency tables drawn to show the final results using Pearson product-Moment Coefficient correlation and Statistical Package for Social Science (SPSS) software. The SPSS was used to analyze the information gathered which was used in development of charts and graphs. It is therefore important to understand personal premises and key retention factors anchored on contemporary nursing management practices with identifiable indicators.

Keywords: Retention possesses an essential spot and position Statistical Package for Social Science (SPSS) software.

1. INTRODUCTION

1.1 Background:

Human resources are the most important assets of any health system strengthening and consuming a major share of the resource allocation in the sector. The global shortage of health workers is estimated to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall (WHO, 2009). Regional disparities exist between countries with sub-Saharan Africa requiring an almost 140% increase in the health workforce in order to overcome the crisis of the health workforce.

A statistically significant relationship has been established between health worker density and the burden of disease, expressed in Disability Adjusted Life Years (DALYs Castillo-Laborde, 2011). Increased investments in HRH produce

many tangible benefits which include improving the overall health of individuals and families. Moreover, investments in HRH would allow people to enjoy a basic human right; and in this context therefore, HRH is not solely a health issue, but a matter of economic development and social justice.

An estimated \$500 million is spent annually on medical education of workers from Africa who will eventually immigrate to the developed world and serve the populations in these countries (Chen L et al, 2011). The UN recognizes that MDGs cannot be achieved in low resource settings without attention to population issues and access to services (UNDP, 2010). Quick-win HRH interventions such as increasing the efficiency and effectiveness of skilled care during and after labor and delivery can make the difference between life and death for both women and their newborns. A prerequisite for a well-functioning health system is a well-motivated staff. Low level of health worker motivation has often been identified as a central problem in health service delivery among existing human resources. Motivation and retention are major concerns in human resources for health. Health workers are susceptible to push factors such as pay and working conditions and pull factors such as job satisfaction and economic prospects.

Ensuring staff receive adequate pay for their work is key to retention. However it is not just salary that is important. In many contexts, the low numbers of trained health staff in health is due to the lack of supporting infrastructure and opportunities for training for staff. In fragile contexts, these factors include poor living conditions, the lack of safety and security in the workplace, and the absence of continuous professional development (Global Health Magazine, July 2010). Motivation is influenced by both financial and non-financial incentives. Though financial incentives are important, increased salaries are by no means sufficient to solve the problem of low motivation. More money does not automatically imply higher motivation. Low motivation has a negative impact on individual performance, health facilities and generally the health system. The results from a survey undertaken by the German Technical Cooperation, (GTZ, 2012) among representatives of ministries of health and GTZ staff from 29 countries showed that low motivation which has a direct effect on retention is the second most important health workforce problem after staff shortages.

The high turnover of health personnel in Africa is considerably worse than in other regions of the world and it is one of the major stumbling blocks to the delivery of adequate healthcare (Chankova et al, 2006). Health workers are vitally important for the effective functioning of healthcare systems (Ndeti et al, 2007). An inadequate and unreliable health workforce contributes to the general deterioration of health indicators (Dolvo, 2013).

Kenya's health system faces a variety of human resource problems, primarily an on retention of health personnel, which is worsened by high numbers of trained personnel leaving the health sector to work overseas. Furthermore, those personnel who remain are inequitably distributed between urban and rural areas (Dambisya, 2007). The devolution of the health sector in Kenya in 2013 has further compounded the retention problem in the health sector with health personnel citing neglect by the county governments.

For instance, in 2013 when the sector was devolved, the nurse population in Trans-Nzoia County stood at 625 (CRIMS, 2013). Today, the County has only 320 nurses against a population of 950,485 which does not meet the recommendations of the WHO which requires 1 nurse to every 5 patients as opposed to the current 1 nurse to 594 patients. This study seeks to establish factors affecting the retention of Health Personnel in Trans-Nzoia County with a view of addressing the paucity of literature in this area. However, the study will restrict itself to factors affecting the retention of nurses as opposed to the entire health personnel.

1.1.1 Global Factors Affecting Retention of Nurses:

Globally nursing is an essential career in the management of living organisms. This is much underscored in the western countries in that nurses have seen improved terms and conditions of service. This include good reward and compensation packages, upward mobility, career progression, good working environment, better tools and equipment, mentorship programs, appropriate job designations and quality work life balance.

However nursing in western countries has faced several challenges, (Aiken and associates, 2002), examined nurse satisfaction and retention issues which includes:

poor role clarification, proliferation of nurse titles, differences in educational requirements and degrees, scope of practice conflicts, fragmentation/variability in standards and quality of educational programs (Schober & Affara, 2008; Hanson, 2013).

Other variables include the work environment (Cai & Zhou 2009), culture (Jacobs & Roodt, 2008), commitment (Liou & Cheng 2010), work demands (Sellgren et al. 2009) and social support (AbuAlRub et al. 2009) under organizational variables; and job satisfaction (El-Jardali et al. 2009), burnout (Jourdain & Chenevert 2010) and demographic variables (Ma et al. 2009), uniform scope of practice, Country specific regulations, prescriptive authority recognition, standardized educational requirements, supervision requirements, role recognition, independent practice authority, certification requirements in developing countries scenario.

The nurse shortage in developed countries have accelerated international nurse recruitment and migration, sparking debate about the consequences for sending and receiving countries as raised in meetings of global health needs. The exchange of nurses between developed countries has been commonplace for years; likewise, the Philippines, with its government-approved program of producing nurses for export, is not a new subject of debate, this is because retention of nurses is an international problem, (Barron & West, 2005). It is not simply the loss of older nurses that is important, but the loss of highly qualified and experienced staff (Buchan 2002), is cause enough for worry.

1.1.2 Regional Factors Affecting Retention of Nurses:

From an African perspective, the controversy centers on the risk that escalates requirements for nurses in developed countries will deplete the supply of qualified nurses in less developed countries, thus crippling their health care systems. This is occurring at a time when international resources are finally available to address HIV/AIDS and improve immunization coverage around the world. The 2003 *World Health Report* concludes, for example, that Botswana's commitment to providing free antiretroviral therapy to all eligible citizens has been undermined not by financing, but by the severe shortage of health personnel. Also, developed countries may not be well served by international nurse recruitment if it prevents them from addressing the root causes of domestic nurse shortages as a result of issues related to job satisfaction among employees (Price, 2001).

Working conditions, such as the quality of care, lack of autonomy and dissatisfaction with pay, as well as family reasons, have been identified as factors behind the turnover of nurses (Fochsen et al. 2005, Estryn-Behar et al. 2010).

In Africa, nurses face different kind of challenges as indicated in a report of (WHO 2010). This includes, limited access to educational programs, insufficient nursing education, focus on the medical model, lack of understanding of the nursing role, lack of respect toward the nursing profession, dominance of the medical profession, issues related to credentials - some countries have different ways of recognition of credentials.

1.1.3 Local Factors Affecting Retention of Nurses:

In Kenya, though the health sector has been devolved to the counties to enhance delivery of service and to take services closer to the common man, a tenet of the constitution of Kenya, (COK, 2010), still optimal performance of nurses has not been realized. Retention of nurses is conducting actual activities to meet responsibilities according to standards. It is an indication of what is done and how well it is carried out to avoid turnover (Bertoli & Morrow 2003).

This performance however, has not been forthcoming in the health sector of Kenya due to human resource management issues and policy factors arising from the devolved dispensation. Retention factors are dependent on basic denominators that apply to individuals in the determination of job performance in a given environment, Whalen (2009).

Monetary incentives are offered in terms of money. Financial motivators are phenomenally alluring to staff (especially those in lower levels) as they get the benefit rapidly and in concrete terms. Money is not the best motivator as previously stated by Frederick Taylor in his hypothesis but has the ability to sway leaving nurses. Monetary motivation is the strongest impact in propelling nurses at work. It makes nurses to survive and hence making it the primary point for individuals to buckle down.

Most institutions that offer nursing services in Kenya employ exploitative tendencies. Qualified nurses are given poor remuneration as a result of scarcity of jobs, lack of upward mobility, lack of career progression and generally the poor work environment. It is for this reason that many nurses have left the country in such of greener pastures.

1.2 Statement of the Problem:

In Kenya, the health sector faces a worrying paradox: on the one hand, there is a shortage of health workers in the public health sector; on the other hand, there are many unemployed, qualified health professionals looking for work (Adano,

2006). According to (Chankova et al, 2006), the country is losing skilled staff to the private sector and other countries, leading to shortages of skilled staff across the country and an uneven distribution of the health workforce, with a bias towards urban areas. A review of non-financial incentives for health worker retention in east and southern Africa

In January 2002, the Kenyan government introduced payment of non-practice, risk and extraneous allowances for doctors, dentists and pharmacists in public service, and risk and uniform allowances for nurses and other health professionals (Kimani F, 2007) 'personal communication.'

In addition to these allowances, all specialists were granted licenses to do a limited amount of work in private practice, thereby earning additional income. For doctors, the net result of these allowances was a threefold increase in pay, which reportedly attracted 500 doctors seeking public service jobs (Mathauer and Imhoff, 2006). However this has now turned out to be the opposite, nurses are now leaving in troughs despite all this incentives the government has given.

In the last 5 years, Trans-Nzoia County has experienced serious nurse shortage as seen by the high turnover rates. According to available data, the county loses 40% of nurses to other counties and countries like Rwanda, South Africa United Kingdom and the US, (CRIMS 2014). This is a worrying trend considering that the population stands at 950485 (KNBS 2009) versus the current 320 nursing staff which is far much below the expected world health organizations' recommended ratios. Many researchers have conducted studies on a national level but not on a county level since the current political and regional dispensation came into place.

It is for this reason that the county should be assisted with expert knowledge to understand and reverse the trends to enable the proper functioning of the other arms of the county. A sick population cannot add value to the productivity of the county sectors instead it becomes a liability both to the County and National Government.

1.3 Research Objectives:

1.3.1 General objectives:

The general objective of the study was to establish the factors that affect retention of human resource for health with a focus on nurses in Trans-Nzoia County.

1.3.2 Specific objectives:

The study sought to achieve the following objectives:

- i. To find out the effect of job satisfaction on nurse retention in the health sector in Trans-Nzoia County.
- ii. To establish the effect of training and development on retention of nurses in the health sector in Trans-Nzoia County.
- iii. To determine the effects of compensation and reward on retention of nurses in the health sector in Trans-Nzoia County.
- iv. To establish the effect of work life balance on retention of nurses in the health sector in Trans-Nzoia County.

1.4 Research Questions:

- i. What are the effects of job satisfaction on nurse retention in the health sector in Trans-Nzoia County?
- ii. What are the effects of training and development on retention of nurses in the health sector in Trans-Nzoia County?
- iii. What are the effects of compensation and reward on retention of nurses in the health sector in Trans-Nzoia County?
- iv. What are the effects of work life balance on retention of nurses in the health sector in Trans-Nzoia County?

1.5 Justification of the study:

The significance of this study was to enable the county government of Trans-Nzoia mitigate on issues that have contributed to the emigration of nurses to other counties and even to other countries abroad. The rate at which nurses are exiting the country and especially the county of Trans-Nzoia is alarming. The county may not be able to achieve its strategic development goals so as to attain the vision 2030 national targets. The outcome of this study will also enable the health managers to change their management approaches in handling staff.

The county referral hospital which is about to be launched requires experienced staff and especially nurses, the high infant mortality rates is an indication of shortage of nurses, the county population experiences simple disease outbreaks like the recent cholera outbreak, this cannot be contained without adequate nursing staff.

Retention of nurses is therefore a crucial component in the overall healthcare provision in order to achieve the counties' vision of attaining equitable, affordable, accessible and quality health care for all.

1.6 Scope of the study:

The area of study was focused on the health workers of the County Government of Trans-Nzoia which has its head office located at Kitale County Referral Hospital and with the main goal of offering unrivalled quality health services to the citizens of Trans-nzoia County through the hospitals, health centres and dispensaries spread across the county.

The Health Department has just been devolved to the counties for easy management and has seventy eight facilities. This includes one county referral hospital, five sub county hospitals, health centers, dispensaries and faith based clinics distributed within the county.

1.7 Limitations of the study:

The study was carried out in the county of Transnzoia as earlier on mentioned with health workers being the major target. As we are all aware health services are considered essential services to humanity, getting nurses and doctors to participate in this interview was an uphill task as most of them were scheduled in service provision. This difficulty was evidently premised on the fact that the nurse population is too low and hence incompatible with the nurse - patient ratio as recommended by the WHO so as to meet the ISO standards. The high patient population did not therefore allow for ample time to fully interrogate the data collection tools.

Another challenge encountered by the researcher was the fear of the unknown. Mistrust and suspicion existed amongst staff as they felt that they were not spokespersons for the ministry. This however, was ultimately quashed by the approvals and acceptance letters authorised by the ministry officially acknowledging the exercise.

It also emerged that Trans-Nzoia, being a rural county has very poor terrain and bad weather road network that provided challenges in accessing some of the health facilities in the county. This was however surmounted by use of motor bicycles and walking the paths to destination. The exercise was generally a success as the researcher was determined to accomplish the requirements of the research tools and the sample size.

2. LITERATURE REVIEW

2.1 Introduction:

This chapter reviews literature for the study. It discusses the concept of retention, motivation, types of motivation, factors affecting retention at the workplace, conceptual framework of retention theories, and organizational/managerial applications of Maslow Needs theory, Herzberg hygiene theory, retention and organizational performance.

2.2 Theoretical Framework:

From literature review it is recognized that human resource management plays a pivotal role in employees' retention. Researchers find that human resource management practices in compensation & rewards, job security, training & developments, supervisor support culture, work environment and organizational justice can help to reduce absenteeism, employee retention and better quality work, (Meyer and Allen 1991). According to (Accenture 2001), a study on high performance issue, found that organizations' strategy regarding employee retention primarily started from US, Europe, Asia and Australia.

According to Osteraker (1999), the employee satisfaction and retention are considered the Cornerstone for success of organization.

Van Knippenberg (2000), suggested that employees become more loyal and stay in the organization when they identify themselves within a group and contribute to the performance as a group. Fitz-enz (1990) recognized that only one factor is not responsible in management of employee's retention, but there are several factors that influence employees' retention which needs to manage congruently i.e. compensation & rewards, job security, training & development, supervisor

support culture, work conditions and organizational justice etc. Accordingly, organizations utilize extensive range of human resource management factors which influence employee commitment and retention (Stein, 2000; Beck, 2001; Clarke, 2001; Parker and Wright, 2001). This study also has the objective to find out the factors which influence more employees retention, for this purpose these factors are categorized into organizational factors i.e. supervisory, support, organizational justice, organizational image, work environment and Human resource factors i.e. employee value match, training & development, compensation & reward, job security and employees' promotion aspect.

Even though much research has been conducted on the field of motivation and many researchers and writers have proposed theories on the concept and its role in enhancing employees' retention in every organization, some of these models have been widely used and accepted by today's organizations leaders.

The study will focus on the works of renowned theorists who have contributed a lot to the development and growth of human science.

2.2.1 Fredrick Herzbergs Hygiene Motivational Theory:

The two factor theory (also known as Herzbergs motivational-hygiene theory and dual factor theory) states in his book 'motivation to work' that there are certain factors in the workplace that causes job satisfaction, while a separate set of factors causes dissatisfaction. It was developed by psychologist Fredrick Herzberg, (1943) who theorized that job satisfaction and job dissatisfaction act independently of each other.

This discussion on the motivational theories explains the fact that the concept of employees' retention has been a critical factor addressed by previous authors as what determines the core competence of every organization in retaining a competitive workforce.

The personality based perspective of work motivation within which Maslows need theory of motivation and Herzberg theory falls, will provide the main support and serve as a foundation for this research and in the process determine a ranking order of factors that causes employee retention.

2.2.2 Maslows Hierarchy of need Theory:

The Maslow and Herzberg theories formed the basis for this study. Maslow (1943) suggests that human needs can be classified into five categories and that these categories can be arranged in a hierarchy of importance. These include physiological, security, belongings, esteem and self-actualization needs. According to him a person is motivated first and foremost to satisfy physiological needs. As long as the employees remain unsatisfied, productivity remains unfulfilled.

When physiological needs are satisfied they cause to act as primary motivational factors and individual moves "up" the hierarchy and seek to satisfy security needs. This process continues until finally self-actualization needs are satisfied. According to Maslow the rationale is quite simple because employees who are too hungry or too ill to work will hardly be able to make much contribution to productivity.

Maslow's theory says that need can never be fully met, but a need that is almost fulfilled no longer motivates. According to Maslow you need to know where a person is on the hierarchical pyramid in order to motivate him/her, then you need to focus on meeting that persons needs at that level (Robbins, 2001). According to Greenberg and Baron (2003) the five needs identified by Maslow corresponds with the three needs of Alderfer's ERG theory. Whereas Maslow theory specifies that the needs be activated in order from lowest to highest Alderfers theory specifies that the needs can be activated in any order. His approach is much simpler than Maslow's.

2.2.3 Alderfer's ERG Theory:

Clayton Aldefer's ERG (Existence, Relatedness and Growth) theory is built upon Maslows hierarchy of needs.

Alderfers theory specifies that there exists three main needs as opposed to five mentioned by Maslow. This human basic needs include existence, relatedness and growth. These needs according to Alderfers need not necessarily be activated in any specific order and may be activated at any time. According to him existence needs corresponds to Maslow's physiological needs and satisfy needs, relatedness needs corresponds to Maslow's social needs, growth needs corresponds to esteem and self-actualization needs by Maslow. These needs are divided into deficiency needs (physiological, safety, social needs) and growth needs (esteem self-actualization needs).

Physiological needs are the needs at the bottom of the needs hierarchy and include the lowest order need and most basic. This includes the need to satisfy the fundamental needs such as food, air, water and shelter. According to Maslow, organizations must provide employees with a salary that enable them to afford adequate living conditions. The rationale here is that, any hungry employee will hardly be able to make much of any contribution to his organization (Maslow, 1943).

Safety needs, this occupies the second level of needs. Safety needs are activated after physiological needs are met. They refer to the need for a secure working environment free from any threats or harm. Organizations can provide this need by providing employees with safety working equipment, example health insurance plans, fire protection etc. The rationale is that employees working environment is free of harm for them to do their jobs without fear. Social Needs: This represent the third level of needs. They are activated after safety needs are met. A social need refers to the need to be affiliated that is (the need to be loved and accepted by other people). To meet these needs organizations encourages employees' participation in social events such as picnics etc. Esteem Need: This represents the fourth level of needs. It includes the need for self-respect and approval of others. Organizations introduce awards, and banquets to recognize distinguished achievements.

Self – actualization: This occupies the last level at the one top of the needs hierarchy. This refers to the need to become all that one is capable of being to develop ones fullest potential.

The rationale here holds to the point that self-actualization employees represent valuable assets to the organization human resource. Most research on the application of need theory found that although lower-level managers are able to satisfy only their deficiency needs on the job, managers at the top level of organizations are able to retain staff by satisfying both their deficiency and growth needs, Greenberg& Baron (2003). This view was supported by Shipley and Kiely (1988), they argued that “need satisfaction is an attitude, and that it is perfectly possible for a worker to be satisfied with his/her need, but to be not motivated the reverse of which hold equally true. Hence, need satisfaction and motivation are not synonymous and both need fulfillment which can have negative as well as positive influence on retention.

2.2.4 McClelland's Acquired Needs Theory:

David McClelland's acquired needs theory recognizes that everyone prioritizes needs differently. He also believes that individuals are not born with these needs s but that they are actually learned through life experiences. Mc Clelland identifies three specific needs as, need for achievement- the drive to excel, need for power is to cause others to behave in a way that they would not have behaved otherwise and the need for affiliation as the desire for friendly, interpersonal relationships and conflict avoidance. McClelland associates each with a distinct set of work preferences and managers can help tailor the environment to meet these needs for nurses.

2.3 Critical Review of Relevant Literature:

Some authors, such as (Kohli and Deb, 2008) have argued that an organization can use its reward system in order to attract and retain talent needed by the organization. This is probably because rewards seem to greatly impact on employees' level of motivation. Therefore, an organization's reward strategy might be critical in addressing the challenges created by retention. Although Luthans (2010) affirms that there are other factors that can influence a person to leave besides job satisfaction such as the state of the economy and availability of other job opportunities, job satisfaction has frequently been identified as one of the key factors determining someone's intention to leave an organization (Adzei and Atinga, 2012).

This suggests that employees who are satisfied with their jobs and work environments are more likely to stay with their employers. In healthcare institutions, job satisfaction is regarded as an important variable because dissatisfaction can lead to health workers quitting an institution to others that are highly rewarding (Adzei and Atinga, 2012).

Therefore, organizations need to take deliberate efforts to assess the levels of employee satisfaction as part of a retention strategy. Indeed, many organizations periodically administer employee satisfaction surveys in order to identify areas of employee satisfaction and dissatisfaction.

Since job satisfaction is a widely researched and complex phenomenon, it follows that there are numerous definitions of the concept (Lumley et. al., 2011). Nonetheless, many authors perceive job satisfaction or dissatisfaction as an attitude

that individuals have about their jobs and work environments. For example, Greenberg and Baron (2000) defined job satisfaction or dissatisfaction as a person's positive or negative feelings about their jobs and work environments. Hence, a person with high job satisfaction appears to hold generally positive attitudes, and one who is dissatisfied appears to hold negative attitudes towards their job (Robbins, 2013).

For researchers to understand these attitudes, they need to understand the complex and interrelated facets of job satisfaction (Spector, 2009). A facet of job satisfaction can be described as any part of a job that produces feelings of satisfaction or dissatisfaction (Spector, 2009). Consequently, job satisfaction has several facets such as: management, supervision, co-workers, empowerment, and teamwork, the work environment itself, quality of work life, promotion opportunities, and pay. All these facets can positively or negatively affect an employee's overall satisfaction and hence retention. This perspective can be useful to organizations that wish to identify employee retention areas in which improvement is possible (Westlund & Hannon 2008).

2.4. Conceptual framework:

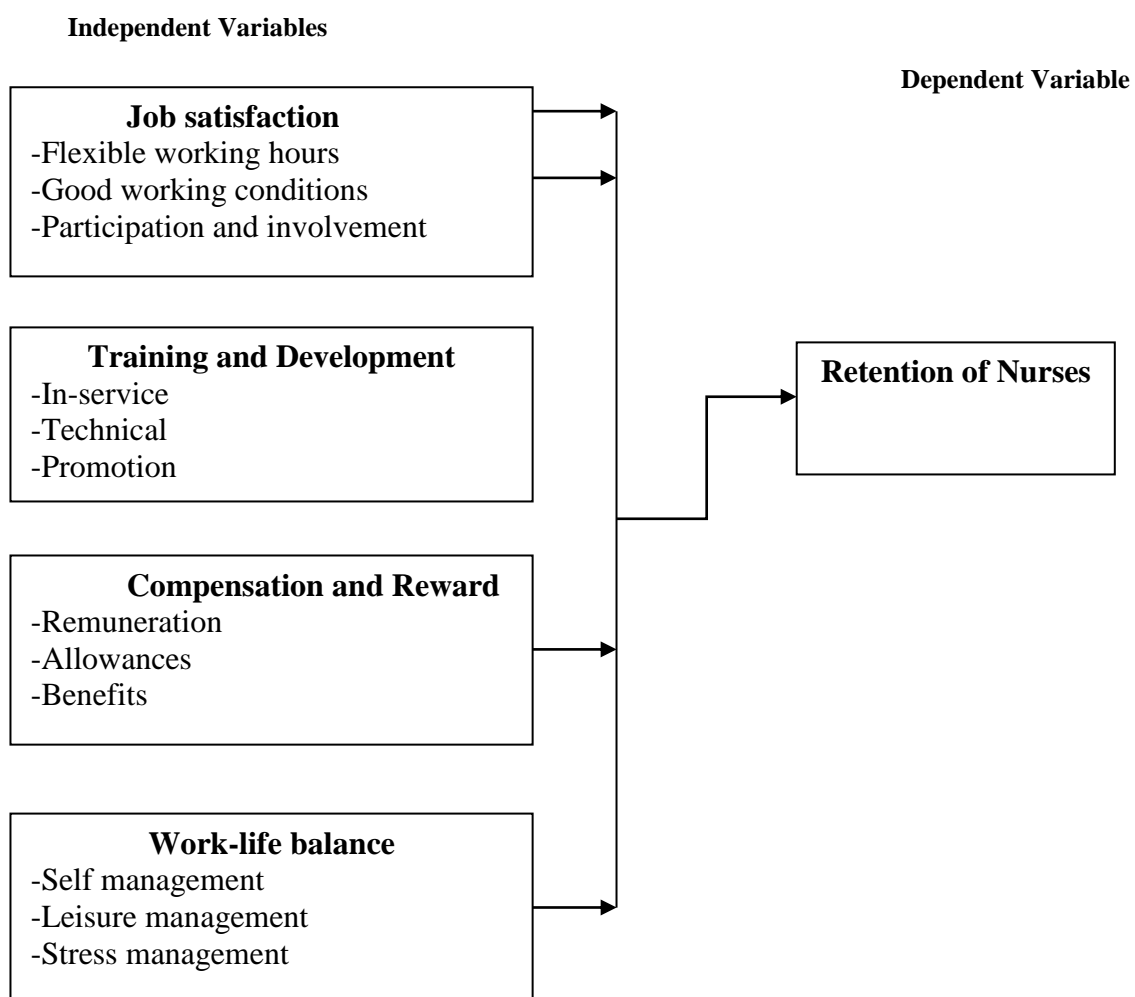


Figure 2.1: Conceptual Framework

The conceptual framework illustrated in Figure 1.1 indicates the interrelationship that exists between the independent variables and the dependent variable. The independent variables are job satisfaction, training and development, compensation and reward and work life balance. The dependent variable is retention of nurses. It is argued in this conceptual framework that job satisfaction (flexible working hours, good working conditions, participation and involvement), training and development (In-service, technical promotion), compensation and reward (remuneration, allowances, benefits) and work-life balance (self-management, leisure management, stress management) are key ingredients that dictate an employee's motivation and retention in an organization (the health sector).

2.5 Empirical review of variables:

2.5.1 Job Satisfaction and Employee Retention:

Job satisfaction is one of the most studied areas in organizational psychology and is generally defined as the attitudes and feelings people have about their job. Positive and favorable attitudes towards the job indicate job satisfaction, and negative and unfavorable attitudes towards the job indicate job dissatisfaction (Armstrong, 2008). Most researchers agree that job satisfaction is closely related to behaviours and attitudes at work (McKenna, 2010). Job satisfaction is a multifaceted concept related to employee's attitude and feelings towards his or her job (Mullins, 2009) and they are interdependent, according to Crossman and Abou-Zaki (2013).

Amos, Ristow, and Pearse (2008) postulate that employees experiencing high satisfaction levels contribute to organizational commitment, job involvement, improved physical and mental health, and improved quality of life both on and off the job. Job dissatisfaction on the other hand, culminates in higher absenteeism, turnover, labor problems, labor grievances, attempts to organize labor unions and a negative organizational climate. Grobler, Warnich, Carrell, Elbert and Hatfield (2011) and Robbins et al.,(2013) support that when employees become dissatisfied, costly problems can result. These include excessive absenteeism, turnover and grievances. They maintain that while it is difficult to put a monetary value on job dissatisfaction, estimates can be made of the economic cost of the results of job dissatisfaction such as absenteeism, turn over and employee grievances. Hence, as part of their social responsibility, many managers strive to create rewarding and satisfying work environments for their employees.

Healthcare is a crucial service industry that has significant effects for facilitating productivity increases, supporting the population's general wellbeing and enabling them to pursue a more meaningful life (Siddiqui and khandakar, 2007). The pattern of healthcare needs and demands has changed in the public sector. This is largely attributed to the spreading of worldwide diseases such as HIV/AIDS and rise in chronic diseases. As a result of these, the roles of healthcare personnel are changing (Masterson and Dolan, 2014). Considering the above discussion it is imperative that employees maintain satisfactory job satisfaction and performance levels. Boggie (2009) maintains that in order to provide good service, the quality of employees is critical to ensure success. It is for this reason that it is essential that the area of job satisfaction be explored in order to gain a better insight thereof. This will provide executive managers with important information to enable them to stimulate greater job satisfaction amongst employees.

The results of Snipes *et al.* (2010) study which determined specific facets of employee job satisfaction which have the largest effect on customer perceptions of service quality, suggest that management efforts to increase intrinsic job satisfaction facets, such as employees' perception of the job itself, may have a larger influence on service quality than other satisfaction facets. Aspects related to pay, contingent rewards, and operations have less of an effect on employees' service performance than extrinsic factors. This implied that with extrinsic motivation, employees focus more on the rewards rather than the work itself and, therefore, work only well enough to get the rewards. According to Cropanzano and Mitchell (2009), the argument that employee satisfaction improves service quality is grounded on the theory of equity in social exchanges. Although there are different views on social exchange theory, theorists agree that social exchange involves a series of interactions to generate obligations that are unspecified. Flynn (2010) supports that in the context of social exchange theory, when an employer offers favorable working conditions that make its service employees satisfied, the latter will in return tend to be committed to making an extra effort to the organization as a means of reciprocity for their employer leading to a higher level of service quality.

Two main groups of factors contribute to job satisfaction, namely personal factors and organizational factors. Personal factors refer mainly to personality, status and seniority, general life satisfaction and the extent to which the job characteristics are congruent with personal characteristics. Organizational factors refer to pay and benefits, the work itself, the supervisor, the relationship with co-workers, and working conditions (Nel et al., 2008). Malhotra and Morris (2009) indicate that the organizational determinants of job satisfaction play a very important role because the employees spend major part of their time in organizations hence there are a number of organizational factors that determine job satisfaction of employees. As a result, job satisfaction in the organizations can be increased by organizing and managing the organizational factors.

Additionally, personal determinants of job satisfaction also help a lot in maintaining the motivation and personal factors of the employees to work effectively and efficiently. Hence, job satisfaction can be related to psychological factors while

a number of personal factors determine the job satisfaction of the employees. Rosta and Gerber (2008) defined job satisfaction as a multidimensional parameter, consisting of intrinsic factors, which include decision autonomy and recognition, and extrinsic factors, which includes wages and job security. A variety of personal characteristics have been found to have significant effects on reports of job satisfaction including gender, race, age, marital status, children and education (Brown and McIntosh, 2013). Kahneman and Krueger (2010) indicate that individual job satisfaction is not only affected by a worker's own absolute income level, for example, but also by their income relative to some expected level or comparison group.

Expectations have been found to vary depending on a worker's age, educational level and occupation (Clark, 2014). Other identified determinants of job satisfaction, which may be helpful in the consideration of job satisfaction, include the differing job characteristics of workers, hours of work, establishment size, union membership and occupation. These have been found to have significant effects on self-reported job satisfaction (Gardner and Oswald, 2012). Clark (2014) found a significant effect of including 'work values', or worker's reports of the factors important to them in their job on job satisfaction.

More specifically, workers who emphasize the importance of pay report lower job satisfaction, whilst those who emphasize workplace relations are more likely to report high levels of job satisfaction.

Accordingly, Moguerou (2012) argues that job security is a major determinant of job satisfaction in all sectors of employment for both males and females. While, Sousa-Poza (2010) report that job security significantly increases the individual's job satisfaction. They affirm that job security is ranked seventh in importance among all the determinants of job satisfaction, their findings further report that some determinants of job satisfaction such as job security are country specific.

Long job tenure is an important determinant of greater job security as this shows long-term employer-employee relationship and a good job-match (Campbell *et al.*, 2001:18). In their study they show that employees who have long term contracts report lower risk of job loss compared with those with short tenures who unambiguously feel that suffer from the greatest job insecurity. Liu, Wang and Lu (2010) in their study on clinic doctors, medico-technical workers and public health workers found that most staff considered their job to be of importance and got along well with their fellow workers. What they felt most dissatisfied with were work reward (i.e. welfare, pay, and promotion opportunity), working conditions, and sense of work achievements.

They also discovered that some caregivers complained that the salary was too low, considering their experience and skill levels, which substantially hurt their work enthusiasm. According to Le'vy-Garboua and Montmarquette (2014), job satisfaction reflects a worker's experience or post-decisional preference for her job relative to outside opportunities. The worker, who reports being satisfied with her job, ranks the mental opportunity of choosing the same job from the beginning until the present date and possibly in the future, with today's knowledge of what happened on the job and available alternatives.

This definition implies that, under perfect foresight, workers would always be satisfied with their own voluntary choice of job. It takes unforeseen events, or surprises, to have workers wish to deviate from their own past decisions and report a variable satisfaction with their job over time. Shimazu, Shimazu, and Odahara (2014) argue that satisfaction relates to dynamic uncertainty and that most workers will not be choosing a single job in their whole life. Even a rational worker with perfect foresight may be satisfied with her job in the past and still want to change job in the near future, just like a spectator who enjoyed a game will usually not want to attend the same show next week. Additionally, since jobs are commonly experienced over an extended period of time, job satisfaction indicates both the worker's enjoyment of past experience and his/her expected enjoyment if she stays in this job in the future.

2.5.2 Training and Development and Employee Retention:

Training is of growing importance to various sectors and organizations alike seeking to gain an advantage among competitors. There is significant debate among professionals and scholars as to the affect that training has on both employee and organizational goals. One school of thought argues that training leads to an increase in turnover while the other states that training is a tool that can lead to higher levels of employee retention (Becker, 2013). Regardless of where

one falls within this debate, most professionals agree that employee training is a complex human resource practice that can significantly impact on company's success.

Training is said to be a practical education which can be used to enhance skills, experience, and knowledge and to overcome inefficiencies (Gravan, 2011). Need-based training assessment is required for any organization (Al-Khayyat, 2008).

Training (on-the-job training, vocational training, general and specific training, etc.) is vital for retention and development of employees (Ranger, 2012). A study conducted in New Zealand on workers under the age of 30 identified that the one reason employee left their employer is better training opportunities elsewhere. Thus major investment in designing and management of the training systems are required (Boxall et. al., 2013). Training is a tool for retaining employees and its impact on compensation can be important for retention (Anis et. al., 2011).

A study conducted on the luxury hotel Serena, Faisalabad, showed a strong positive association between training and development and retention (Khan et. al., 2011). Another study of Australian four-five star hotels showed the same result which indicated that T&D increases faithfulness and ownership of employees towards their organizations (Davidson et. al., 2010). A study of public and private sector organizations in South Africa indicated training and development as a motivational variable for retention.

The result delivered strong indication of a relationship between training and development and employee retention (Samuel and Chipunza, 2009). Utilization of employee training is beneficial since it directly influences employee retention (Mccrensky, 2014).

2.5.3 Compensation and Reward and Employee Retention:

The literature considered that compensation is one of the largest factors for the retention of employees. Compensation plays significant role in attracting and retaining good employees specially those employees who gives outstanding performance or unique skill which is indispensable to the organization because companies invest more amounts on their training and orientation. According to Lawler (1990) company adopt the strategy of low wages if the work is simple and requires little training and companies compete in high labor markets adopt the high wages strategy. Some researchers argue that on the company side competitive compensation package is the only strong commitment and also build strong commitment on the workers side. However, the contribution of compensation towards retention, help in retention of employee irrespective of their skill and contribution to the company and it likely affects both turnovers desirable and undesirable. The total amount of compensation offered by other companies also affects the turnover.

Organization offered high compensation package is compared to others a large numbers of candidates applying for induction and have lower turnover rate. Moreover high compensation package organizations also create culture of excellence (Lawler 1990). According to Smith (2001) money bring the workers in the organization but not necessary to keep them. According to Ashby and Pell money satisfies the employee but it is not sufficient to retain the employee means it is insufficient factor. Money is not considered as primary retention factor (Brannick, 1999). Many organization implement very good employees retention strategy without offering high compensation or pay based retention strategy (Pfeffer, 1998) Components of an overall compensation and rewards strategy often include intrinsic rewards, monetary rewards, wages, salaries, and commissions.

In reward, organizations tend to tailor their compensation strategy to their industry, their workforce, and their organizations location. Payment on a salary basis means that the employee receives a predetermined amount of compensation that constitutes all or some of his pay on regular basis, such as weekly or monthly. Salaried workers are typically paid a fixed salary each pay period for a certain set of work hours, such as a 40-hour workweek or a 45-hour workweek.

2.5.4 Work Life Balance and Employee Retention:

Work life balance is a concept that is slowly finding its way in the corporate world, a digression from the commonly held view that work and personal life are two aspects in a zero-sum game where if one wins, another has to lose. It is about creating and maintaining supportive and healthy work environments, which will enable employees to have balance between work and personal responsibilities and thus strengthen employee loyalty and productivity.

Jack and Adele (2013) argue that many employees seek jobs where they can establish a balance between their work and personal lives. They further state that when balance interferes with family time and relationships, there is a higher absenteeism rate and turn-over than when the individual is able to work and meet family needs with the support of organizational programmes. When organizations support employees' non-work activities, work objectives are met, and employees are more satisfied and loyal. Work-life balance programs have been demonstrated to have an impact on employees in terms of recruitment, retention/turnover, commitment and satisfaction, absenteeism, productivity and accident rates (Abercromby, 2010).

Research indicates that the existence of family support (such as alternative work schedules, supervisor support, co-worker support, work-family culture and family benefits) in an organization help a lot in the retention of talented employees (Gaan, 2008). It has also been proved through research that organizations which support their employees in integrating between family responsibilities and work reduce such employees' intention regarding leaving the job (Allen, 2011).

St George Bank in Australia reported reduced staff turnover from 18% in 2001 to 15% in 2006 and improved staff satisfaction from 48% of employees in 2002 to 73% in 2006 as some of the positive outcomes of introducing work-life balance initiatives (Queensland Government, 2012). Thompson and Prottas (2005) examined the relationship between employer turnover intention and organization support such as supervisor support, flex time, work family culture and co-worker support and concluded that organization support reduced the employee turnover intention. In Kenya, Safaricom Limited Company has managed to retain most of their female employees through provision of child care facilities.

In an attempt to lure employees to join and stay with an organization, a compelling value proposition is often given by employers to prospective and existing employees. One of the components of a value proposition package is work-life balance (Armstrong, 2009). Work-life balance employment practices are concerned with providing scope for employees to balance what they do at work with the responsibilities and interests they have outside work and so reconcile the competing claims of work and home by meeting their own needs as well as those of their employers. Kodz et al.(2012) mentioned in Armstrong (2009) argue that the principle of work-life balance is that: "There should be a balance between an individual's work and their life outside work, and that this balance should be healthy".

Studies have shown that both formal and occasional use of flexibility are positively associated with perceived flexibility, employee engagement, and expected retention. These analyses provide evidence that workplace flexibility may enhance employee engagement, which may in turn lead to longer job tenure (Sloan Centre on Aging & Work). A study of 2012 data from the families and Work Institute's National Study of the Changing Workforce showed that by using 13 specific flexibility measures, employees with more access to workplace flexibility were "more likely to plan to stay with their current employers for at least the next year". Another survey of employers and employees found that "90% of organizations say their work-life balance programs have improved worker satisfaction, and nearly three-fourths (74%) say they have improved retention of workers". 86% of the workers responded that work-life balance and fulfillment are top career priorities.

2.6 Research Gaps:

Most studies such as those cited in this literature review, have been conducted in western economies like the United Kingdom and some parts of Europe. Only a few appear to have been conducted in East Africa, especially with Kenya as the focus. The researcher felt that a study in Kenya might provide different insights into what actually motivates employees to continue working for the health sector or otherwise. These different insights could be brought about by differences in culture, orientation, employee needs and employee relations, and the views of African employees towards employers and employment as a whole.

Secondly, the aspect of factors affecting motivation of employees in the health sector and how they can contribute to increasing retention rates seem to have been little studied. Most of the studies only considered certain components of these factors in isolation of each other, and their effect on employee motivation and the subsequent retention. Thus, the studies do not seem to have identified a major link between factors influencing motivation of health personnel; nurses in particular and their subsequent retention in the health sector.

This study therefore aims at focusing on the components of job satisfaction, training and development and compensation and reward and the effect they have on employees' decisions to continue working for or leave the health sector of Trans-Nzoia County.

2.7 Summary:

It is worth knowing that motivation has great impact on employee's retention and performance. The study intends to show that employees with higher level of motivation and those who have the tendency to build interpersonal relationship with other colleagues, are likely to remain and perform in their work. Incentives like compensation, rewards; training and development, promotion, fairness and equity practiced in the medical facilities increases nurse retention and performance and make them willing to work for longer hours. It also makes us understand the significant effect of motivation and the relationship between rewards on nurse's performance and retention.

3. RESEARCH METHODOLOGY**3.1 Introduction:**

This chapter presents the research design that was adopted in this study, the target population, sample size, sampling techniques and sampling procedures, data collection and presentation and data analysis.

3.2 Research Design:

According to Orodho (2003), research design is the scheme, outline or plan that is used to generate answers to research problems. This study was conducted using the descriptive survey approach. As a research design, the descriptive survey was used to obtain information concerning the current status of a phenomenon. The method was chosen because it is more precise and accurate since it involves description of events in a carefully planned way (Flyybjerg (2006). Furthermore, descriptive survey design allows observation of subjects in a completely natural and unchanged environment and yields rich data that leads to important recommendations.

3.3 Target Population:

Mugenda & Mugenda (2003) defines population as an entire group of individuals or objects having common observable characteristics. The targeted population for this study comprised of senior management nurses as well as junior management nurses at the hospitals, health centers, dispensaries and clinics within Trans-Nzoia County. The total population of nurses currently stands at three hundred and twenty.

This study targets a representative sample size of nurses from every facility so as to get a representative figure. The survey was conducted on selected sections representing selected facilities as indicated in the sample frame in Table 3.1 and Table 3.2.

Table 3.1 Target Population

Section	Target Population
Referral Hospitals	200
Sub county hospital	60
Health centers	40
Dispensaries	20
TOTAL	320

The sample size was computed based on the population of nurses in the different sections as illustrated in Table 3.2.

Table 3.2: Sample Size

Section	Target Population	Percentages	Sample size
Referral Hospitals	200	62%	109
Sub-county hospital	60	19%	33
Health centers	40	13%	22
Dispensaries	20	6%	11
TOTALS	320	100	175

3.4 Sampling Techniques and Sample Size:

A sample size of 175 nurses was selected using random sampling technique. Random sampling technique was considered appropriate since it gave each nurse an equal opportunity of participating in the study. Krejcie and Morgan table was used to obtain the sample size as cited by (Kathuri & Pals, 1993).

3.5 Instruments of Data Collection:

A Questionnaire with both open-ended and closed-ended items and interview schedule was used as the main instruments of data collection. The questionnaire and interview schedule addressed items on job satisfaction, training and development, compensation and rewards and work-life balance. The questionnaire was used because it gave the respondents adequate time to provide well thought-out responses. Questionnaires also provide the researcher with an opportunity to gather information from a wide area and hence made it possible for a large sample to be covered within a short period of time.

3.6 Pilot study:

A pilot study targeting twenty respondents was conducted in the Kiminini subcounty of Transnzoia, Kenya. This was done in order to test the validity and reliability of the data collection instruments. The pilot study was to allow weaknesses in the data collection instruments to be addressed before the actual study.

3.7. Reliability of the Questionnaire:

The reliability coefficient of the items in the questionnaire was tested using Pearson product-Moment Coefficient correlation as shown below by use of Test retest formula;

$$r = r_{xy} = \frac{\sum x_i y_i - n \bar{x} \bar{y}}{\sqrt{(\sum x_i^2 - n \bar{x}^2)} \sqrt{(\sum y_i^2 - n \bar{y}^2)}}$$

Where:

r – reliability

x – first data

y – 2nd data

The reliability of the instruments was formulated by use of the Pearson moment product correlation coefficient which showed that $r = 0.724$. Therefore the instruments were reliable.

3.7.1 Validity of the Instruments:

The study was expected to establish content and face validity to assess the accuracy, meaningfulness, appeal and appearance of the instruments for data collection. Face validity of an instrument is the success of a scale in measuring what it sets out to measure so that the differences in individual scores can be taken as representing true differences on the characteristics under study (Koul, 1992); while content validity refers to the subjective agreement among professionals that a scale logically appears to reflect accuracy in what it purports to measure (Kothari, 2005).

To determine content validity of the instrument items, the researcher's supervisors assisted in ensuring that the instruments are in relation to the set objectives and content area under study. Their suggestions and comments were used as a basis to modify the research items and make them adaptable to the study. Basing on the feedback from the experts, the wordings of the instruments were modified; some were excluded while others added as deemed fit. This helped to ensure that the instrument investigates the phenomenon it targets and reports what actually was captured accurately.

3.8 Data Collection Procedure:

The researcher requested for an introductory letter from Jomo Kenyatta University of Science and Technology. The letter was supposed to assist in getting a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) to conduct the research. The letter was useful in obtaining permission to carry out research from relevant offices in Trans-Nzoia County and from the specific health facilities. The researcher identified and trained two

research assistants who assisted in administering the questionnaires to the respondents. The researcher conducted the interviews himself with the senior management nurses. The research assistants were involved in facilitating efficiency in data collection.

3.9 Data Analysis:

Data analysis is the process of bringing order, structure and meaning to the mass of information collected. The method of analysis chosen depends on the type of research; the objectives and the hypothesis were tested. Data obtained was organized, coded and analyzed using qualitative and quantitative methods. Both qualitative and quantitative approaches were employed in the analysis of data for this study.

Based on the data collection instruments, data was analyzed both quantitatively and qualitatively. Open-ended questions were analyzed through coding themes and quotas that emerge. The themes emerging from secondary data were identified to augment the primary data. Qualitative data was transcribed and organized into themes in order to check on their frequencies based on the research questions. Pearson moment product correlation coefficient was computed to establish the relationship between the independent variables and retention of the health personnel.

4. DATA PRESENTATION AND ANALYSIS

4.1 Introduction:

The findings of the study were presented as per every objective of the study. Personal information on respondent demography was presented as below.

Table 4.1: Gender

Gender	Frequency	Percentage
Male	75	42.6
Female	100	57.4
Total	175	100

The study findings revealed that the number of female nurses was more than that of the male. Female nurses were 100 (57.4%) while male were 75 (42.6%). It implies that most women have embraced the nursing profession than male. It is perceived that nursing is meant for women in many institutions of health. The information can further be represented in the bar graph below:

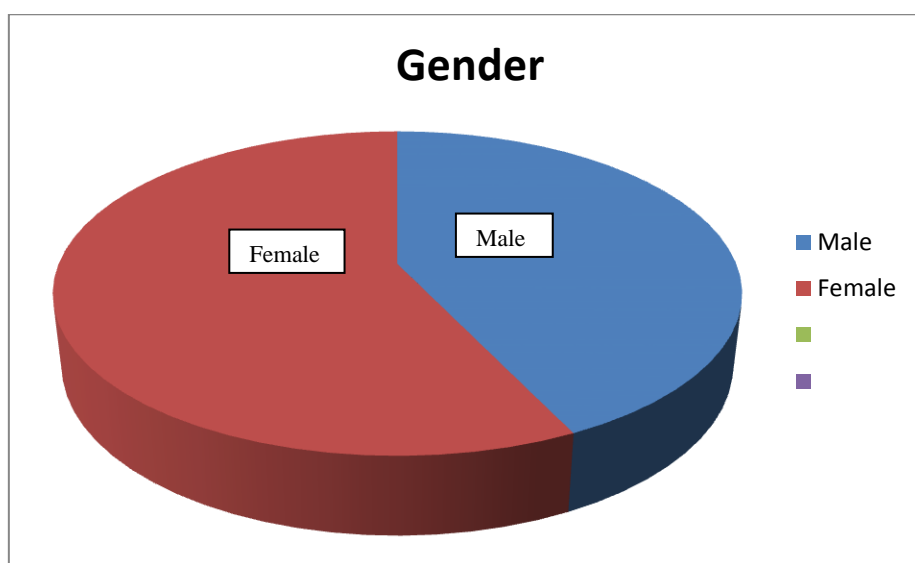


Figure 4.1: Gender

The study also sought to find out the experience of workers in the health sector, the findings of the study are presented in table 2 below based on different categories.

Table 4.2: Experience in years

Category	Frequency	Percentage
2-Jan	25	14.3
4-Mar	15	8.6
6-May	65	37.1
Above 6	70	40
Total	175	100

The findings revealed that health workers with the highest number of years in terms of experience were 70 (40%), followed with the category of 5 -6 who were 65 (37.1%) then with the least number of years with the category of 1 – 2 with 25 (14.3%) and finally, the last category with the least number of workers being 15 (8.6%). It implies that in the past most of the respondents liked the profession and they have stayed due to different reasons, followed by the category of 5 – 6 which implies that the number of health workers reduce due to different reasons like joining other health related careers. The category of 3 – 4 followed being last with 15 (8.6%) while the category of 1 – 2 being more implying that more health workers are employed after completion of college based on the numbers of workers in the next category. Workers in the last category could have gone to further their studies or joined other related careers. The reason for the condition could be related to salaries or working conditions that is not favorable. Due to the changing world, workers in health sector with time, venture into greener pastures where the terms and conditions are good and give them a chance to work and improve their competencies.

The study also sought to find out the facility where respondents work. The findings are presented in table 4.3

Table 4.3: Working facility

Facility	Frequency	Percentage
County referral	75	42.86
Sub-county referral	55	31.42
Health centre dispensary	45	25.72
Total	175	100

The findings presented in table 3 reveal that the number of workers working in county referrals is the highest with 75 (42.86%) implying that work in headquarters of the county government is large compared to other facilities as a result of urban settlement to cater for the health needs of exploding population in towns. The number of workers in sub county referral is smaller with 55 (31.42%) compared to county referrals because they are situated in markets which are developing. The needs of people in markets in relation to population explosion are a bit lower in markets compared to urban centres.

Health centres/dispensaries have the least number of health workers with 45 (25.72%) of respondents working in the facility. Most of the dispensaries and health centre get low number of clients and therefore deployment of health workers to those facilities is also low as revealed from the study findings. Sometimes it is realized that health workers working in urban centers are still young and embrace urbanization and having few family responsibilities. Most of the nurses/health workers in dispensaries have stayed long in the profession and they opt to go to the village dispensaries so that they can operate from their homes due to responsibilities at home. Other reasons of county referral having the highest number of workers could be improved health facilities that are not in dispensaries and even people from the rural could opt not to go to health centre but sub county hospitals or county referral because of lack of enough manpower and low level of facilities and their conditions. The information can further be illustrated by the pie chart below;

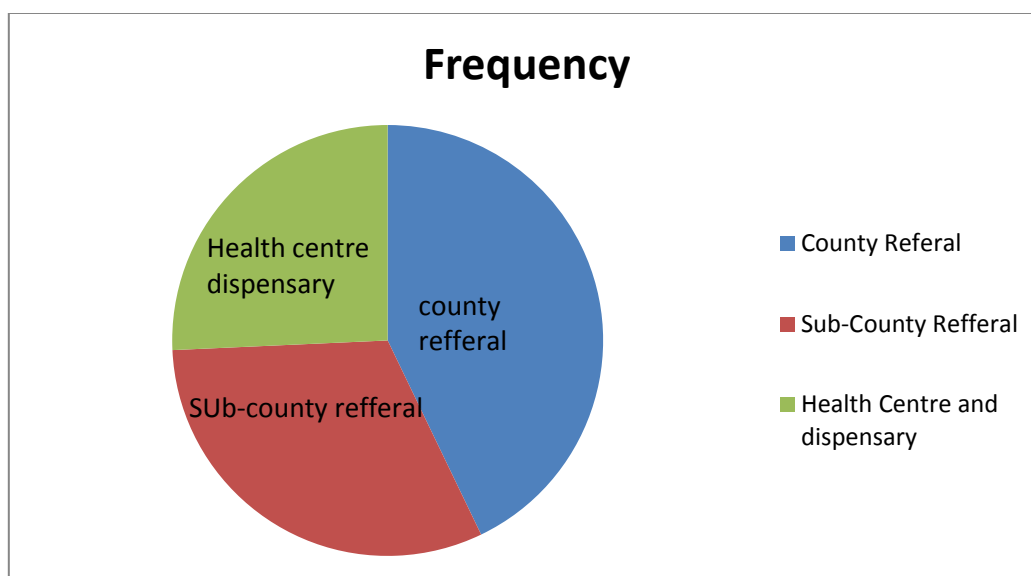


Figure 4.2: Working facility

4.1.1: Effects of compensation and reward on nurse retention in the health sector:

The study also sought to find out about compensation and rewards on nurse retention and the findings are presented in table 4 below.

Table 4.4: Effects of compensation and rewards

1-Strongly Disagree; 2 – Disagree; 3- Undecided; 4- Agree; 5- Strongly Agree

No	Statement	5	4	3	2	1
1	What I am paid as a nurse is not commensurate to the tasks I have been assigned	30 (17.1%)	60 (34.3%)	50 (28.6%)	20 (11.4%)	15 (8.6%)
2	I receive satisfactory rewards from my employer based on my satisfactory performance	35 (20%)	30 (17.1%)	-	100 (57.1%)	10 (5.7%)
3	My employer consistently takes care of my welfare issues as and when they arise	10 (5.7%)	20 (11.4%)	-	105 (60%)	40 (22.9%)
4	My allowances are adequate and equal to the tasks I am assigned in this facility	20 (11.4%)	15 (8.6%)	-	15 (8.6%)	120 (68.4%)

From the findings it reveal that majority 60 (34.3%) hold the view that what they are paid as a nurse is commensurate to the task assigned they agree while 30 (17.1%) strongly agree, 20 (11.4%) disagreeing and 15 (8.6%) strongly disagreeing on the view. It implies that good remuneration encourage nurses give them morale to work without missing up their work. Good remuneration should match the good work done. However 50 (28.6%) were undecided they did not know whether what they are paid or not is commensurate to the tasks assigned. It implies that they are not aware of terms in relation to work they are supposed to do.

It is also revealed through study that majority of respondents 100 (27.1%) disagree that they receive satisfactory rewards from their employer based on their satisfactory performance. 35 (20%) strongly agree, 30 (17.1%) agree and finally 10 (5.7%) strongly disagree on satisfaction. It implies that health workers do not get satisfied from the employer yet the work hard to perfect their work. If could also mean that the morale of the workers is down and so their performance is dismal a few who receive satisfactory rewards could be because they have attained higher job groups where reward are also good.

Another view on compensation and reward from the study findings revealed that majority 105 (60%) feel that their employer does not consistently take care of their welfare issues when they arise by agreeing followed by 40 (22.9%) strongly agreeing. However 20 (11.4%) disagree while 10 (5.7%) strongly disagree on issues about welfare. It implies that health workers employer have not consistently taken care of welfare issues even when they arise. Good handling of welfare issues will motivate and even improve the performance of workers making them to stay in the health sector for a long time.

Finally concerning compensation and reward, the findings reveal that majority 120 (68.4%) strongly disagree on the view that their allowances are adequate and equal the tasks they have been assigned. 20 (11.4%) hold the view by agreeing that their allowances are adequate and match the work they have been given to do in the facility. Also 15 (8.6%) agree while 15 (6%) disagree on the view. It implies that workers are aware of allowances and they feel that the allowances they are given are not enough in relation to work assigned. It is only a few who feel that allowances they are given are enough may be because they have better grades in terms of job groups.

From the study findings it is clear that remuneration, rewards, welfare issues and allowances should be favorable among the workers in health sector to be able to meet their demands in and outside the health facilities. Inside the facility their performance will improve due to morale of good salary part time work or overtime and minding about his or her problems/misfortunes that can arise at any given time. If the above are upheld, it fosters good working report with health authorities.

4.1.2: Effects of job satisfaction on nurse retention in health sector:

The study also went further to establish the effects of job satisfaction on nurse retention, the study findings are presented in table 5 below.

Table 4.5: Factors influencing continued stay

1-Strongly Disagree; 2 – Disagree; 3- Undecided; 4- Agree; 5- Strongly Agree

No	Statement	5	4	3	2	1
1	Flexible working hours	22 (12.6%)	50 (23.5%)	5 (2.9%)	60 (34.5%)	38 (21.7%)
2	Good working conditions	5 (29%)	100 (57%)	35 (32.7%)	30 (17.1%)	5 (2.9%)
3	Participation/involvement in decision making	27 (15.4%)	101 (57.9%)	12 (6.9%)	9 (5.1%)	36 (20.6%)
4	Adequate compensation / reward	25 (14.3%)	25 (14.3%)	-	-	125 (71.4%)

From the study findings, the respondents felt that they did not experience flexible working hours because minority 22 (12.6%) strongly agreed on flexibility, 50 (28.6%) agreeing while 60 (34.3%) disagreeing and more 38 (21.7%) strongly disagreeing that flexible working hours influenced their continued stay in that particular health facility, and 5 (2.9%) being undecided whether or not if flexible working hours influence their stay. It implies that majority of workers are aware of daily routine of nurses and duty roster. It makes the health workers to cope with time allocation for duty and perform their tasks as planned. Those workers who strongly disagree could be as a result of personal factors like self-discipline, health issues, climatic conditions and support between them and administration and management of health workers of facilities where they are working.

Secondly the findings also revealed that majority 100 (57.1%) agree that good working conditions influence their stay in the facility. 5 (2.9%) strongly agree, but 30 (17.1%) disagree and 5 (2.9%) strongly disagree that working conditions favour their stay while 35 (32.7%) being undecided on the view that good working conditions in their working facilities. It implies that it is the duty and mandate of health facility administration to offer a conducive working environment by providing the necessities that facilitate performance of high standards. Workers should be provided with appropriate working conditions to ensure that they do not transfer and retain themselves in the station where the facility is situated.

Thirdly, the respondents revealed that they agree where by 101 (57.7%) view that participation and involvement in decision making retain them in health facility where they are performing their tasks. Furthermore 27 (15.4%) strongly agreed. It implies that decision making plays a crucial role in a health facilities where the health worker is involved. It boosts their confidence and play a collective role of ensuring that their views during decision making fosters proper running of the health facility and work done is to the best. However 9 (5.1%) disagree and further 36 (20.6%) strongly disagreed that participation in decision making and being involved influences their stay in the health facility they are working in, twelve (6.9%) were undecided. They have no idea whether participation and involvement in decision making influences on retention. It implies that those who disagree and strongly disagree have no idea on the importance of participation in decision making. Therefore there is need for those who are not aware to be informed by the administration during staff meetings and staff briefs on the importance of taking part in decision making and also participating.

Finally on job satisfaction, the findings revealed that majority 125 (71.4%) strongly disagreed that there is adequate compensation and reward that leads to retention in this working facilities.

Senior nurses were asked during the interview to indicate whether they were satisfied with their jobs. Buttressing the results of their junior counterparts; two of them responded as follows;

Ever since the health sector was devolved to the county governments, hell broke loose! No one seems to care about us...delayed salaries, long working hours, lack of participation and involvement in key decisions that affect us...the list is endless. No wonder, most of our colleagues have either left for the private sector, have left the country or have changed professions all together.... (Senior nurse, 12)

...the situation here is pathetic...I think it is just a matter of time before the health sector in this County loses all its best health workers...I have never seen a county government that does not care about the most important service of the citizens; health.... (Senior nurse, 25)

4.1.3 Effect of training and development on nurse retention:

The findings are presented in table 6 below.

Table 4.6: Effects of training and development

1-Strongly Disagree; 2 – Disagree; 3- Undecided; 4- Agree; 5- Strongly Agree

No.	Statement	5	4	3	2	1
1	My employer offers me in-service training continuously	38 21.7%	22 12.6%	-	60 34.3%	50 28.85%
2	Promotion in this facility is continuously done	25 14.3%	12 6.9%	18 10.3%	-	120 68.5%
3	Promotion in this facility is done purely on merit	-	25 14.3%	125 71.4%	17 9.70%	-
4	My employer offers technical training continuously in my area of specialization	20 11.4%	36 20.65	19 10.9%	60 34.3%	40 22.85%

The study findings revealed that 38 (21.7%) of the respondents strongly agree their employer offers in-service training continuously 22 (12.6%) agree, 60 (34.3%) disagree while 50/28.8%) strongly disagree. It shows that the majority of the respondents do not get exposed to in-service training continuously. The administration of health workers in the facilities have not been exposing majority of workers to in service training yet it is very paramount to improve their skills and make their performance better.

Secondly, 120 (68.5%) of the respondents in health faculties strongly disagree that promotion in their facility in continuously done, only 25 (14.6%) strongly agree on the statement, while 12 (6.9%) agree and finally 18 (10.3%) being undecided implying that they are not aware on how promotion is continuously done and do not know whether or not they are supposed to be promoted, it implies that the employer could not be having money for promotion to the next grade or the workers themselves not meeting the criteria for the purpose of promotion, which should be do basing on resources and vacancies available.

It is also noted that majority of the health workers, 125 (71.4%) are undecided or they are not aware whether promotion is done purely on merit, 25 (14.3%) agree on promotion merit while 17 (9.7%) disagree that promotion is done purely on merit. It implies that promotion is not being done on merit, things like corruption, nepotism and punitive punishment. It could also imply that people do not read constitutional rights of humanity and labour laws that govern workers' rights obligations. Infact most of the respondents indicated during the interviews that there were minimal opportunities for career development if any with their employer. A respondent was quoted as saying:

...here it is work and work all through...there are no flexible working schedules. If you want to advance in studies, when do you even get that time when you are literally on call...leaves and offs no longer matter in this sector...there is even no time to peruse through newspapers, and there is no time to watch news on T.V, leave alone time to apply for other jobs! (Senior nurse, 9)

The senior nurses were also asked to give their views on how promotions are conducted in their respective facilities of work. Most of the respondents did indicate that promotions were continuously granted to employees. However, most of them indicated that those promotions were not granted on merit as opined by one of the respondents.

...I believe there are other reasons attached to promotions in the health sector...how do you explain; an employee's promotion is five years overdue and still stagnating while another fresh employee who is yet to clear his/ her probation is promoted....ridiculous! (Senior nurse, 9)

Finally, majority 60 (34.3%) of health workers disagree, 40 (22.8%) strongly disagree that their employer offers technical training continuously in their area of specialization. The findings reveal that 36 (20.6%) disagree and 20(11.4%) strongly agree that technical training is continuously offered in their area of specialization. It is revealed from the study that those who are undecided, disagree and strongly disagree are more than those health workers respondents who strongly agree and agree implying that most of the workers are not informed about technical training in their area of specialization. The stakeholders of health institutions have failed in offering technical skills which can improve their performance-majority of health workers according to the study findings do not get technical skills when they are working implying that workshops have not been active in the health sector. However, lack of technical skills among the health workers affects their working situations especially when technical emergencies occurs to clients and needs special attention with appetite skills.

4.1.4 Work life balance:

The findings of the defective one presented in table 7 below.

Table 4.7: Work life balance

1-Strongly Disagree; 2 – Disagree; 3- Undecided; 4- Agree; 5- Strongly Agree

No	Statement	5	4	3	2	1
1	The working conditions provide room for personal growth and development	17 (9.7%)	23 (13.1%)	55 (31.4%)	38 (27.7%)	42 (24%)
2	The working environment provides for leisure opportunities	-	-	3 (17%)	50 (28.6%)	122 (69.7%)
3	Management provides for employee welfare services for stress management	2 -1.10%	1.6 (9.1%)	100 57.10%	30 17.10%	27 (12.6%)
4	Management provides for adequate programs of work life balance	55 -31.40%	42 (24%)	75 -42%	2 (1.1%)	1 (0.5%)

The last objective of the study was to analyze the effects of work life balance on work reputation. The findings of the study revealed from table 7 shows that majority 55 (31.4%) of health workers are undecided and they do not know whether or not if the working conditions provide room for personal and development. Also 38 (27.7%) disagree 42 (24%) strongly disagree and on the other side 17 (9.7%) strongly agree while 23 (13.1%) agree on working conditions and personal growth and development. the findings imply that workers have not developed in terms of growth and development. it could be because of poor management between workers and the administration.

From the study majority of the workers 122 (69.7%) hold the view that the working environment provides for leisure opportunities, 50 (28.6%) felt that they disagree while 3(1.7%) do not know if the working environment provides for leisure opportunity . the findings imply that the due to a lot of work they do not even have time for leisure activities . the administration do not put into consideration workers rest and also not being aware that the workplace is not enough to give room for rest . it is very important to also note that workers need time for leisure activities for them to grow mentally physically emotionally and spiritually.

The study also revealed that majority 100 (57.1%) are undecided whether management provides for employee welfare services for stress management. thirty (17.1%) had the view that they disagree that management [provide for employee welfare services for stress management and even further 27 (12.6%) strongly disagree on the view for employee welfare service. Only a few 2(1.1%) strongly agree and 16 (9.1%) agree on the view. It implies that stress among employees has not been managed by administration and it continues to reduce the workmanship and sustainability of workers in the health sector.

Finally, it is clear from the study analysis that management does not provide for adequate programs of work life balance as viewed by many 55 (31.4%) who strongly agreed and 42 (24%) who agreed. Seventy five (42.9%) were undecided, 2 (1.1%) disagreeing and 1(0.5%) strongly disagreeing. It implies that adequate programs for work life balance are provided and it promotes retention of or workers which also boost their morale in work. Adequate programs should be embraced to those who are not aware so as to go through the programs of work life balance.

4.1.5 Human Resource:

Table 4.8: Retention of human resource

1-Strongly Disagree; 2 – Disagree; 3- Undecided; 4- Agree; 5- Strongly Agree

No.	Statement	5	4	3	2	1
1	My employer cares for my wellbeing in order to retain my services	23 13.1%	37 21.1%	-	60 34.5	55 31.40%
2	My employer has put in place programmes that promote retention of employees	16 9.25	44 25.1%	70 30.5%	38 21.7%	7 40%
3	Human resources for health are developed in order to take up future roles in the organization	74 42.2%	43 24.65	50 28.6%	-	-
4	Work life balance programmes are adequate to retain my services in the organization.	46 26.3%	20 11.4%	59 33.7%	1 0.5%	49 28%

The study findings revealed that majority 60 (34.3%) of health workers hold the view that they disagree that employers cares for their well being in order to retain their service. Further 55 (31.4%) strongly disagree for the view while 23 (13.1%) of respondents strongly agreed and 37(2.1%) agreeing that their wellbeing is taken care and as a result the rate or level of retention is high. The findings imply that employer does not take interest in the needs of health workers because of attitude and personal preference as compared to the numbers of those whose wellbeing is taken care of and those who are not taken care of.

Furthermore it is revealed from the study that majority 70 (40%) of respondents are undecided, 38 (21.7%) disagreeing and 7 (40%) strongly disagreeing while 44 (25.1%) agreeing and further 16 (9.2%) strongly agreeing on the view that the employer has put into place programme that promote retention of the employers. it implies that human resource have not incorporated enough programme for all employees as a result of different reasons like lack of enough time and lack of facilitators. As a result of that retention of health workers in health facilities is minimal.

Also the findings revealed that majority 74 (42.2%) strongly agree and more 43 (24.6%) agree that human resources for health are developed in order to take care of future roles in the organization. It means that administrative officers are aware of the future roles on the other side 50 (28.6%) are undecided on the view, they are not aware of the future roles in

the organization hence not knowing they can retain themselves or not. Eight (4.6%) disagree implying that human resources are not developed to take up future roles and their retention is minimal.

Finally human resources, the findings revealed that majority 46 (26.3%) strongly agree and more 20 (11.4%) agree that work life balance programmes are adequate to retain their services in the organization. However 59 (33.7%) were undecided being aware or not on work balance programmes. Some 49 (28%) strongly disagree while 1 (0.5%) disagreeing about work balance. It implies that health sector have not embraced and taught workers about work life programmes and their importance. The only few who strongly agree and agree may be exposed to work life balance programmes while majority have not been exposed. It shows that work life balance programmes can hinder their retention in the health centre of not being informed.

When asked during the interview to comment on whether they have the ability to attend to their self-management, leisure management and stress management, most of the senior nurses resonated what their junior counterparts opined. They illustrated their dissatisfaction with their employer's ability to care for their wellbeing, to provide adequate day offs and to organize family events and activities where they could bond with their families. One of the nurses averred as follows:

...here it is work and work all through...to tell you that there are no stresses involved will be an absolute lie...this work is stressful...sometimes you are called back on duty even when your off days are not yet over! We have never even had time out for fun with our colleagues and families...it is important you know...this is the reason why our colleagues have been leaving for other places" asserted by senior nurse 20.

These sentiments are a manifestation of an unhealthy working environment. This is worrisome because it has a direct bearing on the productivity of the employees and the subsequent turnover.

5. SUMMARY CONCLUSION AND RECOMMENDATIONS

5.1 Introduction:

This chapter presents a summary of the findings of this study, conclusion and recommendations. The study sought to investigate factors that affect motivation and retention of health personnel, nurses in particular in Trans-Nzoia County. The study sought to achieve the following objectives:

- i. To find out the effect of job satisfaction on nurse retention in the health sector in Trans-Nzoia County.
- ii. To establish the effect of training and development on retention of nurses in the health sector in Trans-Nzoia County.
- iii. To determine the effect of compensation and reward on retention of nurses in the health sector in Trans-Nzoia County.
- iv. To establish the effect of work life balance on retention of nurses in the health sector in Trans-Nzoia County.

5.2 Summary of Findings:

This section presents a synopsis of the findings of this study. This has been done basing on the objectives that the study sought to achieve.

5.2.1 Effect of Job Satisfaction on Nurse Retention:

The outcome of the study indicated that majority of the nurses were dissatisfied with their job. Most of the nurses expressed their dissatisfaction on flexibility in working hours, working conditions which were considered poor and participation and involvement in matters that pertained to their wellbeing and working environment. Their sentiments pointed to the fact that these components which should inform job satisfaction were lacking. This is what they claimed was influencing them to leave the sector.

5.2.2 Effect of Training and Development on Retention of Nurses:

Although training and development are key components in human resource management, nurses in Trans-Nzoia County expressed their dissatisfaction on the provision of this attribute. Most of them indicated that their employer did not provide them with continuous in-service and technical training despite the changing technology in the sector. Most of

them also expressed their dissatisfaction on how promotions were being conducted; that they were not based on merit. These, they said were influencing them to leave the sector.

5.2.3 Effect of Compensation and Reward on Retention of Nurses:

The majority of the nurses still maintained that their employer did not consider their welfare as far as compensation, benefits and rewards were concerned. Most of the nurses were not satisfied with their remuneration, benefits, rewards and allowances. Majority of the nurses claimed that their employer had neglected this noble component and was therefore influencing them in leaving the sector.

5.2.4 Effect of Work Life Balance on Retention of Nurses:

The findings on work life balance were no different from the three previously presented components. Most of the nurses still expressed their dissatisfaction on the way their wellbeing was being handled by their employer. Majority of the nurses indicated that their job was stressful and that they did not even have time for leisure. Most of the nurses were also not comfortable with the days that they were entitled to be away from duty. Majority of the nurses strongly disagreed with the fact that their employer organizes family events and activities where they could bond with colleagues and families. These, they said, were factors that could not be wished away because they were and will continue influencing their choice to stay or leave for other jobs elsewhere.

5.3 Conclusion:

This study indicated that job satisfaction, training and development, compensation and reward and work life balance strongly influence retention of nurses in the health sector in Trans-Nzoia County. The study findings have portrayed a scenario in which the County Government of Trans-Nzoia does not take cognizance of the attributes of critical factors that influence retention of nurses in the health sector. That majority of nurses are crying foul over their wellbeing is a worrisome trend, particularly because health care is such an important service. It is one of the parameters that define an efficient government. Attributes of job satisfaction, training and development, compensation and reward and work life balance have been neglected by the County Government of Trans-Nzoia in the health sector and this is likely to catapult, even further, employee turnover in this sector.

5.4 Recommendations:

Keeping employees who perform beyond expectation reduces the need to recruit and cuts hiring, training and on boarding costs. A high turnover damages an institution's reputation and contributes to poor organizational performance.

A good value proposition to employees based on both financial and non-financial rewards gives an institution an edge in retention. Based on the findings of this study and the subsequent conclusion, the study recommends the County Government of Trans-Nzoia and other similar institutions to do the following to induce their employees to stay on:

Although financial compensation is said to be not the main motivator, this study has indicated that most of the respondents still prefer financial compensation. Employers therefore need to put in place pay periodic increases based on performance. This will cushion employees against inflation and cost of living increases. The structure needs to be competitive and well communicated to employees. Besides, employers need to develop clear promotion structures based purely on merit to avoid suspicion between the employer and employees in the health sector. This should be coupled with a clear schedule of periodic training and development of the health personnel.

A work-life balance policy should be put in place detailing the employer's commitment to employees needs to balance between work and personal life. Flexible work arrangements should be put in place to allow employees to choose what suits them. Supervisors should support work-life balance and demonstrate this support by allowing employees time off to attend to personal matters without infringing on their right to privacy.

5.5 Suggestions for Further Research:

The findings of this research underpin the importance of job satisfaction, training and development, compensation and reward and work life balance in employee retention. However, the research was conducted in one County alone; Trans-Nzoia, yet there are many other counties and institutions in the country undergoing retention challenges. This limits the ability of the researcher to generalize findings across the country. Since this study was on a very small scale, the

researcher recommends that similar studies need to be carried out on a larger scale, in order to validate the findings of this study. This would make it possible to generalize and report on the specific factors that have effect on employee retention.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR HUMAN RESOURCES FOR HEALTH:

Dear Respondent,

I am a Masters student at Jomo Kenyatta University of Agriculture and Technology (JKUAT). I am undertaking a study titled, "**Factors affecting Retention of Human Resources for Health in Trans-Nzoia County, Kenya**". You have been identified as one of the respondents in this study. The information provided will be used purely for academic purposes, and will be treated with confidentiality. Kindly provide the information requested as candidly as possible.

DAVID BUTAKI

REG.NO. HD312-C008-3506/2014

Please tick (✓) appropriately

SECTION A: Demographic Profile1. What is your gender Male Female

2. What is your Experience in the service?

Below 1 year 1 – 2 rs3 – 4 years 5 – 6 years Above 6 years

3. Which facility are you working in?

County referr Sub-county h italHealth centre spensary**SECTION B: Job Satisfaction :**

Use the scale provided to respond to the following statements by ticking (✓) where appropriate.

1- Strongly Disagree; 2-Disagree; 3-Uncecided; 4-Agree; 5-Strongly Agree

The following factors have influenced my continued stay in this health facility:

No	Statement	5	4	3	2	1
1	Flexible Working hours					
2	Good Working conditions					
3	Participation and involvement in decision making					
4	There is adequate compensation and reward that leads to retention					

SECTION C: Training and Development:

Indicate to what extent you agree with the following statements using the following scale:

Strongly Disagree; 2-Disagree; 3-Uncecided; 4-Agree; 5-Strongly Agree

No	Statement	5	4	3	2	1
1	My employer offers me in-service training continuously					
2	Promotion in this facility is continuously done					
3	Promotion in this facility is done purely on merit					
4	My employer offers technical training continuously in my area of specialization					

SECTION D: Compensation and Reward:

Indicate to what extent you agree with the following statements using the following scale:

Strongly Disagree; 2-Disagree; 3-Uncecided; 4-Agree; 5-Strongly Agree

No	Statement	5	4	3	2	1
1	What I am paid as a nurse is commensurate to the tasks I have been assigned					
2	I receive satisfactory rewards from my employer based on my satisfactory performance					
3	My employer consistently takes care of my welfare issues as and when they arise					
4	My allowances are adequate and equal to the tasks I have assigned in this facility					

SECTION E: Work Life Balance:

Indicate to what extent you agree with the following components of your work life balance using the following scale:

Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

No	Statement	5	4	3	2	1
1	The working conditions provide room for personal growth and development					
2	The working environment provides for leisure opportunities					
3	Management provides for employee welfare services for stress management					
4	Management provides for adequate programs of work life balance					

SECTION F: HUMAN RESOURCES FOR HEALTH RETENTION

Indicate by ticking in the appropriate grid the extent to which you agree with the following statements on retention of human resources for health using the scale provided.

1-Strongly Disagree; 2-Disagree; 3-Undecided; 4-Agree; 5-Strongly Agree

S/N	Statement	5	4	3	2	1
1	My employer cares for my wellbeing in order to retain my services					
2	My employer has put in place programmes that promote retention of employees					
3	Human resources for health are developed in order to take up future roles in the organization					
4	Work life balance programmes are adequate to retain my services in the organization					

APPENDIX II: INTERVIEW SCHEDULE QUESTIONS

1. What does your employer do to ensure your job satisfaction is fulfilled?
2. How often do you attend training sessions in a month:
3. What welfare issues does your employer give much attention?
4. What leisure facilities are in your centre?
5. How is promotion done in your health facility?

APPENDIX III: OBSERVATION SCHEDULE

1. General working environment.
2. Hospital tools and equipments like X-ray machines.
3. Availability of welfare facilities:
4. Service charter.- work-life programmes

APPENDIX IV: TABLE FOR DETERMINING SAMPLE SIZE FOR A FINITE POPULATION

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970