

**STRATEGIC RESPONSES BY AGA KHAN UNIVERSITY HOSPITAL TO BRAIN  
DRAIN IN THE HEALTH SECTOR IN KENYA**

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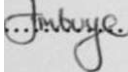
**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE  
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## DECLARATION

I Isabel Injete Imbuye acknowledge that to the best of my knowledge and belief, this research project is my original work and that it contains no material previously published or written by another person, except when due reference is made in the text of the project.

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This research project has been submitted for examination with my approval as the University Supervisor.

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## **DEDICATION**

I dedicate this project to my beloved husband Dr.Miima and my lovely daughter Rochelle for their support, understanding and endurance during the entire course and project. May God bless you abundantly.

First of all I would like to thank the almighty God for giving me the grace and chance to do this project. My supervisor Dr. Vincent Machuki for his guidance and support that enabled the project to be a success. Finally I thank the Librarian for Aga Khan University, Mr.Gatiti who was very helpful in enabling me to get the required books and journals.

## ABSTRACT

Organizations are environment dependent since no organization can survive without interacting with its environment. This dependency calls for organizations to tailor their strategic planning in line with changes in the environment. The objective of this study was to determine the strategic responses by Aga Khan University Hospital, Nairobi (AKUHN) to brain drain in the health sector in Kenya. A case study design was used where qualitative data was obtained by the respondent through interview method. An interview guide was used to guide the researcher as the study sought to get information from the senior management of AKUHN. The senior managers interviewed were, the Chief Executive officer, Marketing manager, CT manager, Human Resource manager, Finance manager and the chairs of academic programs. The data collected was analyzed through content analysis. The results of the study demonstrated that AKUHN is an open system organization and it responds to challenges in its internal and external environment. Brain drain phenomenon is a challenge in the health sector in Kenya and AKUHN responded by diversifying its core business by opening the Aga Khan University, Opening up new sites, use of modern technology, introducing new products, using collaborations and alliances, and finally by backward integration of labour.

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## ACRONYMS AND ABBREVIATIONS

**AKUH** Aga Khan University Hospital, Nairobi

AKUHN Aga Khan University Hospital, Nairobi

EA East Africa

FHS Faculty of Health Sciences

PGME Post graduate medical education

**HRH** Human Resources for Health

SONAM School of Nursing and Midwifery

**IT** Information Technology

R & D Research and Development

**WHO** World Health Organization

## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the Study

Organizations are environment dependent since no organization can exist without the environment. Firms depend on the environment for survival and thus must scan their environment in an effort to identify trends and conditions that could affect the industry and adapt to them (Hofer and Schendel, 1978). Any changes in the environment will affect organizations performance and ultimately success. It is important to understand the environment in which the company is operating, that is, the broad trends in such factors as legislation, economic, socio-cultural and technology. The company should keep track of trends in these factors in so far as they are relevant to its operations (Hofer and Schendel, 1978; Pearce and Robinson, 1988). Simultaneous assessment of the external environment and company profile enables a firm to identify a range of possibly attractive interactive opportunities. This process results in the selection of a strategic choice (Pearce and Robinson, 1997).

Since organizations are environment dependant, organizations need to formulate strategies to cope with the changes in the environment. Aosa (1992) observed that the modern approach to strategic planning developed as a response to increasing challenges caused by high environmental turbulence. Firms must be able to cope with unplanned situations which cannot be predicted in advance. Tsoukas (1996) stated the fact that firms are faced with radical uncertainty: they do not know, they cannot know, what they need to know. He further emphasized that organizations are engaged in discovering the unknowable and their strategy has to assist them in

order to enable them to manage crisis. Thus For organizations to survive in highly turbulent environments, there is need to employ strategies.

Strategies employed by an organization should be geared towards offering the organization favorable positioning within the industry it operates in. A well-positioned business is closely aligned to the needs of its target segments, both current and emerging since companies which anticipate and shape market trends have the best opportunity for long-term prosperity (Cook, 1998). Competitive positioning is defining how you will differentiate your offering and create value for your market (Porter, 2008). Porter added that competitive positioning involves differentiating the firm's market offering from directly competing market offerings in ways that prospective consumers find meaningful and appropriate within their established mind set. It is about carving out a spot in the competitive landscape and focusing your company to deliver on that strategy. One of the key elements of positioning strategy is an organizations value proposition.

The health sector in Kenya is one of the industries that have greatly been affected by external environmental forces. One of the main forces is brain drain that arose due to globalization and is threatening the very existence of health care in Kenya. Organizations respond to forces in the environment in which they operate in to be able to survive.

### **1.1.1 Strategic Responses**

Strategic responses are a set of decisions and actions that results in the formulation and implementation of plans designed to achieve a firms objective (Pearce and Robinson, 1997).Strategic responses are reactions applied by organizations to changes in the environment

(Ansoff, 1998). Ansoff further stated that when an organization is faced with unfamiliar change, it should revise its strategies to match the change. The revised strategy should aim at reducing the effect the change poses or eliminating it completely.

Strategic responses are concerned with how to plan for the use of specific and distinctive organizational resources to pursue long term objectives (Pearce and Robinson, 1997). Strategic responses require organizations to change their strategy to match the environment and also to transform or redesign their internal capabilities to match its strategy. Porter (2008) notes that strategic response involves change in a firm's strategic behavior to assure success in transforming the future environment. According to Porter, it also often involves a change in the competitive position a firm occupies in the competitive industry.

Strategic responses are important since they ensure an organization is ready for the challenge and has planned on how to tackle the obstacle. This is critical in ensuring as well that the company is well positioned in the market. They are important in ensuring growth and survival of organizations in the turbulent environments that they operate in. Strategic responses involve decisions to ensure a firm survives and eventually recover if concerted efforts are made over a few years to fortify its distinctive competencies (Ansoff and McDonnel, 1990).

### **1.1.2 Brain Drain**

The expression 'brain drain' refers to a situation where skilled persons move across national boundaries (Awases, Gbary, Nyoni, and Chatora, 2004). Pang (2002) also defined brain drain as the migration of skilled labour from one country to another. Brain drain refers the flow of human capital out of a country, particularly the human capital of skilled individuals and tertiary

graduates (Kaba, 2011). Brain drain can occur either when someone is educated overseas and fails to return to their home country or when a graduate leaves to work overseas and does not return. With the latter, greater resources are lost from the educating country (Allyn, 2011).

The advent of more efficient electronic communication networks has made the movement of health professionals easier than before as potential migrants are better informed of opportunities in other countries (Kaba, 2011). Globalization and the integration of economies have not only increased international trade, but stimulated people mobility. A State's inability to provide the opportunities that the highly skilled require in order to fully exercise their potential encourages them to seek other labor markets that are more likely and able to satisfy their need for a bigger income and better working conditions (Pang, 2002).

The results of brain drain are particularly severe in academia, research, senior management, public health and the sciences (Adano, 2008). Brain drain affects organizations since organizations require skilled personnel to work in them. Adano also noted that organizations invest highly in their human capital and the loss of such workers to other countries leads to huge loss on return to investments as well high turnover. The economies of different countries as a whole cannot grow if brain drain persists. Adverse effects of brain drain, if not managed, will lead to a country's overreliance on imports for both goods and human capital (Kaba, 2011).

### **1.1.3 The Health Sector in Kenya**

The health sector in Kenya comprises the public system, with major players including the ministry of health and parastatal organizations, and the private sector, which includes private for-profit, non-governmental organizations (NGOs), and Faith based organizations (FBOs) facilities

(Government of Kenya, 2011). Health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health system consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centres, and dispensaries. Moi Referral and Teaching Hospital and Kenyatta Hospital are the referral and teaching hospitals in Kenya which also support the training of health workers at both pre-service and in-service levels (Government of Kenya, 2011).

Muthaka (2012) shows that the public sector is arguably the most seriously affected by the migration of health professionals to other countries, as the sector plays an important role in providing health services to the bulk of Kenya's population most of whom are classified as poor. The private health sector is relatively new development with most private institutions being for-profit institutions. Health services run by NGOs and faith based organizations are, however, run on a not-for-profit basis. The private health facilities are generally well staffed and have a good supply of drugs and equipment. On the other hand, funding for the public sector is shrinking in Kenya. Due to low budgeting allocations, public health institutions are experiencing shortages of protective clothing, basic equipment, and drugs; they also have not been able to offer their staff competitive salaries, as government has been put under pressure by multi-lateral lending institutions to reduce public expenditure and the wage bill (Jamah, Ndung'u, Omoro, Omanga & Muchiri, 2012).

Kenya's health and social services are deteriorating as skilled professionals leave year on year. One consequence therefore is that the brain drain is threatening the very existence of Kenya's health services as medical care and health facilities become available only to the wealthy (Adano, 2008). Another consequence is that medical colleges are left with insufficient numbers of instructors, sometimes forcing the closure of an entire department (Mwaniki and Dulo , 2008).

The National HRH Strategic plan (2009-2012) identified five key outputs to address brain drain crisis in Kenya: To have appropriate number and type of health workers in post and equitably distributed; Improve retention of health workers in post at all levels; Improve institutional and health worker performance; Strengthen human resource development systems and practices; and Strengthen human resource planning and management at all levels.

The scope of the health workforce scale-up depends on numerous factors, including available health financing for hiring and deployment, retirement projections and other forms of attrition, and the demand for health services delivery (Adano,2008). Provision of an optimum and well managed health workforce with appropriate skills, equitably distributed across the country is critical (Mwaniki and Dulo , 2008). As in most developing countries, the HRH challenges in Kenya have continued to impede health sector planning, service delivery and achievement of expected national health outcomes (Jamah et al., 2012).

According to the World Health Organization, a country needs a minimum of 23 doctors, 23 nurses and 23 midwives for every 10,000 people. Kenya has one doctor and 12 nurses and 12

midwives serving 10,000 people (Muthaka, 2012). In addition Kenya is challenged with an inability to attract and retain health workers- especially in the public sector- as well as with performance management issues, unequal distribution of staff and diminishing productivity among the health workforce (Jamah et al., 2012). This situation is further aggravated by the migration of health workers to countries in the region and international (Muthaka, 2012).

According to data from the Kenya Health Workforce Information System(2011) Kenya has trained an average of 254 doctors, 25 dentists, 2,250 nurses, 1,412 clinical officers, and 569 laboratory technicians and technologists per year. Kirigia, Gbary, Muthuri, Nyoni & Seddoh (2006) found out in their study that total cost of educating a single doctor from primary school to university is US \$ 65,997 and for every doctor who emigrates ,a Kenya loses about US \$ 517,931 worth of returns from investment. The total cost of educating a single nurse from primary school to college is US \$ 43,180 and for every nurse who emigrates, a Kenya loses about US \$ 338,868 worth of returns from investment.

#### **1.1.4 The Aga Khan University Hospital, Nairobi**

Aga Khan University Hospital, Nairobi (AKUHN) was established in 1958 by the Aga Khan. AKUHN is a private, not-for-profit, international autonomous Hospital that provides tertiary and secondary level health care services (Aga Khan University, 2012). Aga Khan University Hospital, Nairobi is a teaching hospital with a long history of quality health care delivery. Through its patient-centered approach to services, the Hospital is dedicated to responding to the



health care needs of the people of East Africa. AKUHN is a unique hybrid - an institution of academic excellence that is also an agent for social development.

Aga Khan University Hospital (AKUH) current focus is in the fields of health and education. Chartered in Pakistan, it now has 13 teaching sites spread over 8 countries - Afghanistan, Kenya, Pakistan, Tanzania, Uganda, Syria, Egypt and the United Kingdom. AKUH also has seven hospitals and 217 outreach health clinics in three countries and is expanding rapidly. In Kenya, the operations of AKUH consist of a Faculty of Health Sciences (FHS) and a Teaching Hospital (AKUHN). The Aga Khan Hospital-Faculty of Health Sciences consists of a Medical College, School of Nursing and Midwifery while AKUHN anchors 22 health clinics and diagnostic centers (Aga Khan University, 2012).

AKUHN is committed to the development of human capacities through the discovery, dissemination, and application of knowledge. It seeks to prepare individuals for constructive and exemplary leadership roles and shape public and private policies through excellence in research in service to society. AKUHN has a vision to be an autonomous, international institution of distinction, primarily serving the developing world in innovative and enduring ways (Aga Khan University, 2012).

AKUHN competes for the same health personnel as other players like NGOS, public hospitals and other private institutions in Kenya's local market. This therefore means that if trained graduates leave for other companies AKUHN as well will be faced with a human resources crisis. The study will focus on AKUHN since it is one of the biggest private institutions in Kenya

that offers healthcare services as well as post graduate programs to health workers hence a contributor to production of health workers for health.

## **1.2 Research Problem**

The environment dependency of organizations necessitates organizations to tailor their strategic planning in line with the changes in their environment in order to gain favorable positioning within their market. Ansoff and McDonnell (1990) assert that management needs to devise strategies for each type of environment with a different degree of aggressiveness. In Ansoff's (1990) strategic success formula, the firm's performance potential is optimum when the following three conditions are met; aggressiveness of the firm's strategic behavior matches the turbulence of its environment, responsiveness of the firm's capability matches the aggressiveness of the strategy and the components of the firm's capability must be supportive of one another. There is thus need for strategic response to changes in the environment.

Organisations respond to environmental challenges in the industries that they operate in. Brain drain is a phenomenon that has adversely affected the health sector thus institutions in the health sector cannot ignore but to come up with strategies to manage or eliminate this phenomenon. AKUHN being one of the players in the Kenyan health sector is equally affected by this phenomenon. The personnel costs of AKUHN will get affected since AKUHN will be forced sometimes to hire expatriates to fill the gaps created by the migrated professions. The growth of AKUHN will also be hampered if AKUHN is not able to get the required skills due to brain

drain. As doctors and nurses immigrate to other countries, they increase the workloads of colleagues they leave behind. These remaining workers end up over-stretched, overburdened and de-motivated, which means they cannot give quality attention to their patients - the net result is a deterioration of health services.

A number of studies on strategic responses have been undertaken ( Kiptugen, 2003 ; Rumba ,2008; Mbiriri , 2010 ; among others).Additionally, several writers have done researches on the brain drain phenomena (Lowell and Findlay, 2001; Kirigia et al., 2006; Mwaniki and Dulo , 2008 ; Kupfer, Hofman, Jarawan, McDermon and Bridbord, 2004; among others). Adano (2008), Jamah et al. (2012), and Muthaka (2012) are some of the researchers whose work focussed specifically in the health sector.

Although the studies listed above are informative, none of the studies has interrogated how a particular organization in the health sector has responded to the brain drain challenge in Kenya and thus the need for this study. The study sought to answer the question, what strategic responses have AKUHN adopted to deal with brain drain in the health sector in Kenya?

### **1.3 Research Objective**

The objective of this study was to establish the strategic responses employed by AKUHN to deal with brain drain in the health sector in Kenya.

#### **1.4 Value of the Study**

This study will be important to policy makers. The findings will provide insights into how effectively the private sector will supplement the needed workforce without compromising the quality. Recommendations will be propounded and investment opportunities highlighted to support investment and policy changes to improve the financing and functioning of the private sector in health service provision. By focusing on the AKUHN model, the strategic responses it employs, the findings will give policymakers more options in policy deliberations.

Managers of health institutions will find this study helpful in developing strategies to mitigate brain drain in the health sector. These strategies will guide in planning and investment decisions that will further enable financial institutions direct resources to high quality health institutions to help address the health crisis facing Africa. The management of various health institutions, parastatals and Nongovernmental organizations will use the findings of this study to formulate strategies to prevent further brain drain and strategies to convert brain drain to brain gain.

The study will make a significant contribution to the growing body of knowledge on brain drain in developing countries. The findings will be a source of reference for other researchers .In addition, it will build into theory that future researchers can use as a basis for further research in brain drain issues in developing countries.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter will focus on existing theoretical, conceptual and empirical literature. The organization -environment interface was explored followed by the concept of brain drain and the concept of strategy. The chapter ends with exploration of the different strategic responses as expounded by different writers.

### **2.2 Organization-Environment Interface**

The operating environment also called the competitive or task environment comprises of factors in the competitive situation that affects the firm's success in acquiring needed resources or in profitably marketing its goods and services. Among the most important of these factors are the firm's competitive position, its reputation among suppliers and creditors and its ability to attract capable employees (Pearce & Robinson, 1999). The external environment of a firm is all the conditions and forces that affect its strategic options and determines its competitive situation (Porter, 1999). Porter sees this connection as an input -throughput-output process where inputs are received from the environment and released back into the same environment after they are processed by the firm.

An institution-based view of strategy posits that firms strategically respond to the opportunities and constraints presented by institutional frameworks (Peng & Jiang, 2008). Peng & Jiang further explained that when firms need legitimacy in the environment to survive, they have to

accept their responsibility of conforming to both formal and informal institutions. In addition, they need to consider any proactive strategies they can adopt to change their destiny even before domestic or foreign institutions exert pressure on them.

Porter (1999) asserts that the proximate environment will define many of the input markets the firm has to draw on, the information that guides strategic choices, incentives and pressures on the firm to both innovate and accumulate skills or resources over time. Competitive advantage then may reside as much in the environment as in individual firms. Porter further noted that the environment shapes how activities are configured uniquely and what commitments can be made successfully.

### **2.3 The Concept of Brain Drain**

The term brain drain, often known as human capital flight, is a nearly half-century-old phenomenon by which highly skilled professionals and academics seek higher paying job opportunities in other countries (Kaba, 2011). Brain drain is a situation in which a country experiences an outflow of its educated individuals on such a large scale that it threatens the country's long-term needs for national development; in contrast, the term brain gain refers to the benefits the same countries receive, such as the transfer of technology and skills by those few emigrants who return home (Mwaniki & Dulo, 2008).

Four economic models are used by researchers to conceptualize and analyze the costs and benefits of the brain drain from the perspective of developing countries: the internationalist model, which prioritizes benefits over costs; the nationalist model, which puts greater emphasis on costs rather than on benefits; the beneficial brain drain model, which investigates the impact of brain drain on investment and growth in home countries; and the diaspora knowledge network model, which focuses on the immigrant knowledge network and sees the brain drain as a brain gain (Kirigia et al., 2007). Kirigia et al. recommends the use of a conceptual approach that integrates all the above models into an analytical framework for identifying, analyzing and assessing the net welfare consequences of outward migration from East and Southern Africa.

Emigration of highly skilled persons from developing to developed countries has increased in the last decade (Lowell & Findlay, 2001). Foreign trained health professionals are estimated to represent more than a quarter of the medical and nursing workforces of Australia, Canada, the United Kingdom and the United States and the needs are rapidly growing (Allyn, Taylor, Lenias, Larsen, & Nils, 2011). According to Lowell and Findlay (2001) the permanent departure of skilled labour or the emigration or flight of skilled human capital from one country to the other in search of better returns towards knowledge, skills, qualifications and competences, is depleting human capital in many developing countries and further reducing the possibility for strong economic growth. Lowell and Findlay documented that in Zimbabwe, of 1200 physicians trained between 1990 and 2001, only 360 remained in the country in 2006.

There is need for policy focus on addressing the losses to the health system from internal and external migration .Government need to review its current freeze on employing health workers and fill the existing vacancies; particularly where a vicious cycle of push factors for migration from increased workloads needs to be broken (Mwaniki & Dulo, 2008).Brain loss is a particular problem in Africa where the challenge of developing and retaining human resources is extremely difficult and fundamental for development (Allyn et al., 2000).There are many costs that the society pays when its health workers emigrate. Pang (2002) documented the following as social costs of health worker migration: loss of health services; loss of supervisors; loss of mentors for health science trainees; loss of public health researchers; loss of tax revenue; and loss of job creation.

There are many costs that the society pays when its health workers emigrate - these are usually referred to as social costs. Pang (2002) documented the following social costs of health worker migration: loss of health services; loss of supervisors; loss of mentors for health science trainees; loss of public health researchers; loss of tax revenue; and loss of job creation.

Mwaniki and Dulo (2008) documented the following as policy options to mitigate or address internal and external migration of health workers: realistic remuneration packages; using a quota system to recruit students from rural and deprived areas; shifting from bonding of student doctors for a year or two after their training in remote government hospitals, towards incentive systems; government acting as guarantor for car loans and mortgage schemes ; job enrichment in the form of in-service training and sending staff on short-term courses; providing rewards or prizes to



recognize outstanding job performance; and ensuring that training institutions are responsive to the skills, competencies and technologies required for health service delivery.

## **2.4 The Concept of Strategy**

Different authors have defined strategy in different ways. Some authors define the concept broadly to include both goals and means to achieve them (Chandler, 1962; Andrews, 1971). Others define Strategy narrowly by including only the means to achieve goals (Ansoff, 1965; Hofer & Schendel, 1978). The various definitions suggest that the authors gave selective attention to aspects of strategy which are all relevant to our understanding of the concept of strategy.

According to Chandler (1962) the focus of strategy is diversification. Andrews (1980) in his definition embraced strategy as a pattern, plan, position and perspective. Mintzberg (1987) embraced strategy as a pattern, plan and perspective. Porter (1980) argues that competitive strategy is about being different. Thus, Porter seems to embrace strategy as position. Drucker (1954) describes strategy as an analytical thinking and commitment of resources to action. Drucker's focus was describing strategy as a perspective while Ansoff (1965) described strategy as a plan. Hax & Majiluf (1996) pointed out that strategy is a multiheaded concept that embraces all the critical activities of the firm, providing it with a sense of unity, direction, and purpose, as well as facilitating the necessary changes induced by its environment.

According to Grahame & Peter (2012), an organization's strategy is the set of choices that it deems to be appropriate to achieve its fundamental objectives in the environment in which it operates. Strategy is about identifying the long term direction of the business, the markets that the business will compete in and the kind of activities involved in such markets, ways in which companies can get competitive advantage in those markets, resources required in order to able to compete and finally identifying as well the external environmental factors that affect business ability to compete.

## **2.5 Strategic Responses**

Ansoff and Sullivan (1993) developed a strategic success formula that is based on the thesis that to optimize a firm's performance, management must align the firm's strategies and capabilities with the state, or turbulence level of the environment. Their model includes 5 levels of environmental turbulence: repetitive: no change; expanding: slow incremental change; changing: fast incremental change; discontinuous: discontinuous predictable change; and surpriseful: discontinuous unpredictable change. Ansoff and Sullivan further use a five-point integral scale to also measure the corresponding five levels of strategy: stable, reactive, anticipatory, entrepreneurial and creative and the corresponding five levels of capability: custodial, production, marketing, strategic and flexible.

Strategic responses to changing competitive environment may be gradual or revolutionary. The strategies that an organization could pursue to achieve competitive advantage may be broadly

categorized into intensive strategies, diversification, defensive strategies and joint ventures (David, 2001).

Intensive strategies are strategies that require intensive efforts to improve a firm's competitive position with existing products. Intensive strategies include market penetration, market development, and product development. The market penetration strategy includes market entry strategies such as acquisitions and strategic alliances. Market development options include the pursuit of additional market segments or geographical regions. A product development strategy involves developing a new product targeted to its existing customers. Firms may introduce new technologies to product development, differentiate their products, segment and target their customers more.

The market penetration strategy is the least risky since it leverages many of the firm's existing resources and capabilities (Ansoff & Sullivan, 1993). In a growing market, simply maintaining market share will result in growth, and there may exist opportunities to increase market share if competitors reach capacity limits. However, market penetration has limits, and once the market approaches saturation another strategy must be pursued if the firm is to continue to grow (Ansoff & Sullivan, 1993). Market development options include the pursuit of additional market segments or geographical regions. The development of new markets for the product may be a good strategy if the firm's core competencies are related more to the specific product than to its experience with a specific market segment. Because the firm is expanding into a new market, a market development strategy typically has more risk than a market penetration strategy.

A product development strategy may be appropriate if the firm's strengths are related to its specific customers rather than to the specific product itself. In this situation, it can leverage its strengths by developing a new product targeted to its existing customers. Similar to the case of new market development, new product development carries more risk than simply attempting to increase market share (Ansoff & Sullivan, 1993).

Diversification is a strategy that requires both product and market development. It takes the organization away from its current markets or products or competences (Johnson and Scholes, 2002). Diversification strategies become appropriate when the business environment changes threatening both the future of current strategies and throwing up new opportunities, when the organization has resources and competences that can be exploited in new areas and also to fulfill the expectations of powerful stakeholders. The two types of diversification strategies are related and unrelated diversification (Johnson and Scholes, 2002).

Related diversification is a strategy development beyond current products and markets but within the value system or industry in which the organization operates. Related diversification may take form of either vertical or horizontal integration. Vertical integration describes either backward or forward integration into adjacent activities in the value system. Backward integration refers to development into activities concerned with inputs into the current business like raw materials, machinery and labor while forward integration refers to development into activities concerned with outputs like transport, distribution, repairs and service. Horizontal integration is the development into activities that are competitive with or complementary to a company's present

activities. Organizations may use this strategy to tap opportunities in other markets in order to exploit the organizations competences perhaps to displace the current providers as a new entrant.

Unrelated diversification is thought of as an organization moving beyond its current value system or industry. It may involve diversifying into completely new but existing markets and new products by exploiting the existing organizations competencies and diversifying by creating new markets.

Defensive strategies on the other hand arise out of the desire by an organization to be secure and have a stable niche in the market place (Johnson and Scholes, 2002). Several indicators or activities like specialization, cost efficient production, emphasis on price and service during marketing and tendency towards vertical integration characterize them. Defensive strategies may be in the form of retrenchment, divestiture or liquidation. Retrenchment may entail pruning product lines, closing marginal businesses, closing obsolete factories, auctioning processes, reducing number of employees and instituting expense control system. Divestiture entails selling a division or part of an organization while liquidation involves selling all of firms assets for their tangible worth (David, 2001).

Joint venture strategies are typically thought of as developments where organizations remain independent but set up a newly created organization jointly owned by the parents for the purpose of capitalizing on some opportunity. This is because organizations cannot always cope with increasingly complex environments from internal resources and competences alone. Such an

arrangement includes, research and development partnerships, cross-distribution agreements, cross-manufacturing agreements and joint bidding consortia. Joint ventures are also referred to as collaborations .Collaborations between potential competitors or between buyers and sellers is likely to be advantageous when their combined costs are lower through collaboration than the cost of operating alone.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter documents the research methodology used in the study. It provides a description of the research design used and a justification of the preferred design. The data collection techniques employed with specific attention to type and nature of data to be used, identification of the respondents of the study and the data gathering techniques administered. Finally the data analysis method used with a brief justification of the selected methods for data analysis is also presented.

### **3.2 Research Design**

The study was carried out through a case study design. A case study is an in-depth investigation of an individual, institution or phenomenon (Mugenda & Mugenda, 2003). The primary purpose of the case study was to determine the strategic responses employed by AKUHN to deal with brain drain in the health sector in Kenya. The study involved an in depth study of a firm participating in the health sector. The case of AKUHN was a good case study because of its representativeness in the health sector in Kenya, being the only private teaching referral hospital in Kenya.

A case study provided a focused and valuable insight since it was a study of a single unit hence it facilitated intensive study and analysis of scenario. A case study was also found appropriate since this research design had been successfully used by similar studies (Lowell and Findlay , 2001; Kirigia et al., 2006; Mwaniki and Dulo , 2008 ; Kupfer, Hofman, Jarawan, McDermon and Bridbord, 2004; among others).

### **3J Data Collection**

The study made use of primary data that were largely qualitative. Primary data were collected using an interview guide which was administered through personal In-depth interviews. The interview guide was developed in line with the objective of the study which was to investigate the strategic responses by AKUHN to brain drain in the health sector in Kenya. An in-depth interview is a qualitative research technique that involves conducting intensive individual interviews with a small number of persons to explore information on a particular idea, or situation (Boyce & Neale, 2006).

The interviews were conducted on senior managers of AKUHN because they are at the organizations strategic decision making level and therefore the best position to provide relevant information. The senior managers included the Chief Executive officer, Marketing Manager, Information, Communication and Technology Manager, Human Resource Manager, Finance Manager and the chairs of academic programs who had worked in AKUHN for more than 5 years. The data was recorded by writing the responses as provided by the respondents.



### 3.4 Data Analysis

The study gathered data that were largely qualitative in nature, therefore content analysis was adopted as an appropriate method for data analysis. Content analysis is used to determine the presence of certain words, concepts, themes, phrases, characters, or sentences within texts or sets of texts and to quantify this presence in an objective manner from texts within books, interviews, conversations or any occurrence of communicative language (Mugenda & Mugenda, 2003). Content analysis is preferred because it gives results that are predictable, directed and comprehensive and enable the researcher to shift through large volumes of data with relative ease in a systematic fashion as the contents obtained from the interview are categorized into emerging common themes.

In effect, content analysis was used to examine how the respondents viewed and understood the subject of brain drain and its effects and eventually to investigate from the respondents the strategic responses that AKUHN had undertaken in their respective departments or in the organization as a whole to the issue of brain drain in the health sector in Kenya. The answers to the interview guide formed data to be analyzed. The researcher compared main themes and sub themes with theoretical literature and the researcher's expectations to derive meanings.

## CHAPTER FOUR: DATA ANALYSIS, FINDINGS AND DISCUSSION

### 4.1 Introduction

This chapter presents the analysis and interpretations of the data from the field. It presents analysis and findings of the study as set out in the research methodology to identify strategic responses employed by AKUHN to deal with brain drain in the health sector in Kenya. The data was gathered exclusively from an interview guide as the research instrument. The interview guide was designed in line with the objectives of the study. To enhance data quality of data obtained, unstructured questions were used.

The researcher targeted eight senior management staff at AKUHN office .The senior managers interviewed included the Chief Executive Officer, Marketing manager, Information, Communication and Technology manager, Human Resource Manager, Finance Manager, and the Chairs of academic programs who had worked in AKUHN for more than five years. All the eight managers were interviewed thus making the study a success. This commendable response rate was actualized after the researcher made personal calls and visits to request the interviewees to book appointments for the interviews as well as informing interviewees the importance of participating in the study.

### 4.2 Organisational Profile

The researcher sought to understand the organisation under study and from the respondents answers AKUHN was described as a teaching referral hospital. The hospital which was

established in 2006 has the Medical College (MC) offering postgraduate studies to medical doctors and the School of Nursing and Midwifery (SONAM).

"AKUHN is among the three teaching referral hospital offering post graduate studies to Doctors in Kenya, being the only private teaching referral hospital in Kenya. AKU's current focus is in the fields of health and education. Chartered in Pakistan, it now has 13 teaching sites spread over 8 countries - Afghanistan, Kenya, Pakistan, Tanzania, Uganda, Syria, Egypt and the United Kingdom. In Kenya, the operations of AKU commenced in 2006 and consist of a Faculty of Health Sciences (AKU-FHS) and a University Teaching Hospital (AKUHN) with 250 beds. The AKU-FHS consists of a Medical College, School of Nursing and Midwifery (SONAM) while AKUHN anchors 22 health clinics and diagnostic centers." (Chief Executive Officer.)

AKUHN has two schools, the medical college and the school of nursing and midwifery. Both schools are headed by deans .The Dean, Medical College, is responsible for the development, start-ups and routine operations of the Medical College in East Africa, including education, research and integration with the clinical services of the hospital. The Dean, Medical Education, is also in charge of all aspects of medical education at AKU in East Africa including the organization, planning, and operations of medical undergraduate, postgraduate residency, and the continuing medical education programmes. Each residency programme has a Director responsible for administration. Programme Directors report jointly to the Department Chairs and the Dean of medical college. Each programme has a standing residency training committee,

chaired by the Programme Director, to plan, organize and supervise the programme. Membership of the training committee is drawn from faculty and includes a resident (students) representative.

Similarly the Foundation Dean, Nursing and Midwifery, is responsible for establishing and implementing AKUHN School of Nursing and Midwifery programs in Kenya, Tanzania, and Uganda. The Dean provides academic and administrative leadership in the management of all the programs including education, research, and faculty development. Unlike in medical college the school of nursing and midwifery program (SONAM) has no chairs instead it has an Academic Head who reports to the Dean and is responsible for planning, implementation and quality assurance of the SONAM programs.

It was established from the dean for Medical College that AKUHN is an old organization established 28 years ago with the mandate to provide health care needs of the people in East Africa. The dean further explained the vision of AKUHN and its nature.

"The university, mainly known as Aga Khan University (AKU) was established 28 years ago by The Aga Khan. The Aga Khan had a vision for an institution that would be on the frontiers of scientific and humanistic knowledge, radiating intelligence and confidence, research and graduates, into flourishing economies and progressive legal and political systems. AKU is a private, not-for-profit, international autonomous university that promotes human welfare through research, teaching, and community service, based on the principles of quality, access, impact and relevance. AKU is a unique hybrid - an institution of academic excellence that is also an agent for social development." (Dean for Medical College)

The medical college has 8 departments ,Internal Medicine department , Family Medicine .Radiology, Pathology, Surgery, Anesthesia, Obstetrics and Gaenecology department and Pediatrics department .All the eight departments are headed by chairs who are medical doctors in the respective disciplines. The Chairs of these departments report jointly to the Dean and to the CEO of the teaching hospital. The dean for Medical College further revealed that family medicine program was the newest program introduced in 2012 with the first batch of students who joined in July 2012.This program was introduced due to demand by medical students and as a response to global trends where patients prefer having family doctors. AK.UHN is therefore the second university after Moi University to offer Family medicine post graduate studies in Kenya.

The Dean, Nursing and Midwifery informed the researcher that the school of Nursing and midwifery offers Bachelor of Nursing degrees and other specialised care short courses to nurses and midwives to make them well equipped to undertake their work and to make them highly competitive in the job market. The Dean further explained that SONAM offers diploma courses for Enrolled nursing to Registered nursing .The most recently introduced diploma course is the critical care nursing that targets nurses working in Intensive care units and High dependency care units.

On further probing on the organization structure of AKUHN, the CEO explained that apart from the two Deans mentioned above, other heads of department, mainly administrative, included the

Finance Manager, the Human Resource Manager, the Information, Communication and Technology manager, and the Marketing Manager.

Another aspect that the respondent sought to find out was the funding for AKUHN. The Finance Manager indicated that the hospital clinical operations are normally able to yield just enough to sustain the clinical component. The university on the other hand being a relatively new venture only introduced in 2006 and due to nature of its operation relies heavily on donor funding to run its operations.

"Our university does not charge tuition fees for post graduate programs. Nursing programs are not free but they are highly subsidized. This therefore exerts financial pressure on the organization and thus the need for donor funding." (Finance Manager.)

The Human Resource Officer was asked whether AKUHN employs all its graduates to which she indicated that two thirds of the graduates for both medical college and SONAM are working in Kenya and not necessarily in AKUHN thus contributing to health care and skilled generalists and specialists in cities and in rural areas in Kenya. The Human Resources Manager also added that AKUHN has graduated a number of professionals who are playing key roles in the development of the health infrastructure in Kenya.

#### **4.3 The Brain Drain phenomena**

The researcher sought to understand from the respondents whether the brain drain phenomenon had affected the health sector in Kenya, the causes of brain drain and its effects to the sector. All the respondents agreed that indeed brain drain is a phenomenon that has greatly affected the

health sector in Kenya. AKUHN being one of the organisations in the health sector was one of the organisations greatly affected by brain drain.

The CEO pointed out that training health worker is a very expensive venture. This is because of the expensive infrastructure needed for training as well as the long duration that such training takes. According to the CEO, if such graduates leave to work in other countries, the home countries suffer great loss on investment.

The Dean of Medical College and Dean of SONAM also agreed that indeed brain drain was one of the phenomena that greatly affect the health sector. The Dean, Medical College noted that medical doctors not only migrate to developed countries as some opt to migrate to developing countries. South Africa was noted as one of the Africans countries that has employed Kenyan trained health workers.

"I have noted a good number of medical doctors who have migrated to South Sudan and Botswana. Most health workers migrate to South Africa to further train on specialisations not offered in Kenya but unfortunately a good number opt to remain and work there instead of coming back to Kenya." (Dean for Medical College)

The search for training opportunities was cited by all respondents as one of the cause for migration of health workers and thus leading to brain drain if the trainees do not return to Kenya. According to the Chair, pediatrics department, the training for medical doctors in Kenya at post graduate level is quite inadequate especially training on sub-specialties and therefore there is no certification for sub-specialties at post graduate level. The chair further gave an example of

pediatrics training in Kenya where one only gets trained on masters of medicine in pediatrics but no further sub-specializations within pediatrics like pediatric surgery, pediatric nephrology, pediatric neurology and pediatrics neo-natology among others.'i had to travel out of Kenya to get my specialization as a pediatric hematologist" explained the Chair for Pediatrics Department.

The chair for pathology department also pointed out forensic pathology as one of the specialization not being offered in Kenya. To further agree that brain drain is in deed a phenomenon affecting the health sector in Kenya, the Chair for Pathology Department confessed of having worked in South Africa after his training.

"I did my post graduate studies in South Africa and worked there for several years before opting to return back to Kenya. I am now a Chemical Pathologist and would wish to train one of the post graduate students in my department in chemical pathology so that after I retire, someone will be able to continue practicing what I am currently practicing."(Chair of pathology department)

The Human Resource Manager attributed the staff turnover of health workers in AKUHN mainly to migration of health workers to other countries. This was a strong confirmation that indeed brain drain is a phenomenon affecting the health sector in Kenya. She pointed out that nurses migrate to other countries in large numbers in such of better remuneration. "The demand for nursing services in Kenya is quite high. I would say mainly the search for better pay is what makes nurses migrate to other countries" explained the human resources manager. Doctors on



the other hand mainly migrate to other countries to train and practice on sub-specialties not offered in Kenya according to the human resource manager.

The Human Resources Manager also pointed out that in the early years AKUHN was forced to hire expatriates for specialized jobs. This was mainly because such specialists were very few in Kenya and most of them had opted to do private practice due to demand for their services. "The situation has so far improved since AKUHN is able to train its own specialists. We only hire expatriates as faculty to teach our students in sub-specialties not offered in Kenya so that our students will find no need to migrate to other countries to seek such knowledge" emphasized the Human Resource Manager.

The Information, Communication and Technology (ICT) manager on the hand pointed technology as one of the factors that lead to brain drain in Kenya. According to him, a conducive working environment to a health worker is a working environment that provides modern equipments for training and practice to remain relevant in the medical field. The ICT Manager also pointed access to internet and globalization of the economy as a major cause for brain drain. "With the availability of internet, Kenyans are now able to see opportunities in other countries and this has increased brain drain than before when internet was not available. Many universities out of Kenya are advertising their courses online and one is able to even apply online. The online job market as well cannot be assumed as it is taking away most of the Kenya's health workers" explained the ICT manager.

The Finance Manager pointed out search for better remuneration as a cause for brain drain in Kenya. In addition he pointed out that the training for medical specialties are generally expensive

in Kenya and sometimes only limited chances are available for such training. Lack of affordability of such courses forces health workers to look for scholarships in other countries and this creates an avenue for them to relocate to such countries.

The respondent was informed by the Finance Manager that loss of return to investment was one of the costs of brain drain in the health sector in Kenya. "It takes long duration and huge amounts of money to train health workers. The migration of such workers amounts to loss of return to investments" said the Finance Manager. Another cost of brain drain is high staff turnover costs. Organizations incur high recruitment costs that include evaluation costs, and even repatriation costs.

#### **4.4 Strategic Responses to Brain Drain**

The main focus of this study was to investigate the strategic responses by AKUHN to brain drain in the health sector in Kenya. An interview guide was used as a basis to ask questions to the eight management staff of AKUHN. Some questions related to all the managers while others were department specific thus only asked to the heads of such departments. The interviewer posed questions to the respondents and more information was obtained after further probing. The following are the strategies identified from the interviews undertaken.

##### **4.4.1 Diversification Strategy**

One of the strategic responses cited by all the interviewees was the diversification from pure health care provision to inclusion of medical education programs. The researcher found out that AKUHN fosters core medical faculty through training programs and provides well-structured

academic programs for domestic and foreign medical students as well as Kenyan inter doctors visiting AKUHN. It also accommodates apprentice nurses from nursing colleges and medical engineers of Health and Science Colleges.

The investigation revealed that the academic programs introduced by AKUHN have enabled AKUHN to attract health workers to AKU. Health workers are attracted to AKUHN due to wide scope of duties that include clinical services and teaching in the university for lecturers while students are given learning opportunities as well as a chance to work in the same organisation. The additional responsibility to the health worker specialists also enables them to earn lucrative titles and salaries. Health workers research has also been boosted by introduction of academic programs since the Faculties are now able to publish research work in their specialities.

According to the Chief Executive Officer, the introduction of academic programs was the major strategy that helped AKUHN deal with the brain drain phenomenon in the health sector in Kenya.

"The health sector in Kenya has greatly benefited through the programs offered by AKUHN .Since we opened the university we have been able to prevent students from seeking training opportunities and jobs out of the country since the students are able to train and work in AKUHN. We offer postgraduate studies to students at no fee and therefore attracting students who cannot afford to pay for themselves."(Chief Executive Officer.)

The Human Resource Manager confirmed that since the year 2004 most health workers prefer working in AKUHN. According to the Human Resource Manager the launch of the university resulted into greater interest by health worker to work in AKUHN .The health worker turnover as well reduced by 50%.These sentiments were also echoed by the finance manager who confirmed the impact of reduced staff turnover since inception of the university.

Information technology has also been part of the strategies used by AKUHN to prevent brain drain in the health sector .According to the ICT Manager, the internet has enabled AKUHN to introduce online programs thus enabling health workers to conduct their studies while in Kenya.

"I believe the introduction of the academic programs to the hospital really played a great part in preventing brain drain in the health sector in Kenya. Through the library, health workers can access online journals and be able to conduct research here in Kenya .This is a great boost to the health sector in Kenya as the university collaborates with other colleges and research institutes in Kenya."(ICT Manager.)

#### **4.4.2 Market Development Strategy**

The second strategy cited by the respondents was the market development strategy. AKUHN has in the recent past, starting the year 2010, opened new outreach centres offering diagnostic and outpatient services. These new centres have increased job opportunities to health workers in Kenya, as revealed by the respondents. The Human Resource Manager asserted that the increased centres indeed brought to the institution more health workers than before.

Further investigation revealed that AKUHN does not only operate in Nairobi. The hospital operates as well in Meru, Nyeri, Eldoret, Nakuru among others as quoted by the CEO

"Continuing its focus on providing quality and access to healthcare services, our hospital has yet again opened new medical centres in Eldoret, Meru, Nyeri, Eastleigh, and Embakasi. These medical centres house highly skilled doctors, nurses, pharmacists and laboratory technologists in well designed modern facilities. As a team, full time professionals provide personalised medical care for a wide range of services including consultations, laboratory examinations and appropriate advice on drug therapies." (Chief Executive Officer.)

The Marketing Manager pointed out to the researcher that the expansion strategy was driven mainly by the urge to retain health workers in Kenya. According to the Marketing Manager the new centres provide additional job opportunities to health workers hence preventing brain drain.

The market development strategy according to the Finance Manager was a strategy employed by AKUHN that enabled AKUHN to gain economies of scale as they purchase equipment and pharmaceutical products in bulk. The finance manager further explained that the operational efficiency that arises out of huge discounts helps AKUHN be able to employ and pay more health **workers.**

According to the Dean for Medical College, the new sites opened offer health workers adequate case mix necessary for their training as students are able to have access to a wide range of

disease cases for research purposes. Students are able to get a wide range of cases for diseases not affecting residents in Nairobi as the hospital has centres out of Nairobi as well.

#### **4.4.3 Use of Modern Technology**

Modern technology was also cited to be a strategy used by AKUHN to respond to the brain drain phenomenon in the health sector in Kenya. AKUHN brings in medical equipment that are modern and efficient in enabling health workers to work in AKUHN and in Kenya as a whole. Many health care specialists relocate to countries outside Kenya to work in well equipped facilities according to the respondents.

The CEO affirmed that modern technology equipment has helped AKUHN reduce brain drain in the health sector in Kenya. According to the CEO, AKUHN facilities can be accessed by all doctors who have admitting right in AKUHN. The modern equipment has helped Kenya retain its specialists who can now apply their skills locally as they are able to perform procedures using the state of the art equipments.

According to the ICT Manager, the infrastructure of a health facility can help attract and retain health workers. He further explained that physicians prefer to work in a well equipped health facility as this makes their work easier and better. The ICT Manager further asserted that AKUHN has indeed invested heavily in modern medical equipment. He mentioned the magnetic resonance imaging compatible cardiac monitor as one of the equipment uniquely owned by AKUHN. This equipment has unique competence to measure cardiac functions and performing imaging at the same time.

The ICT Manager also explained that apart from having modern medical equipment, the information and communication technology that AKUHN has also enables it prevent brain drain. He further stated that the online courses greatly contribute by enabling more health workers access studies here in Kenya. These sentiments were also shared by the dean of SONAM who approved the online courses for having helped retain mostly nurses in Kenya.

The Finance Manager confirmed to the researcher on further investigation that AKUHN allocates thirty percent of its annual budget to purchase of new medical equipments. According to him, the investment in modern equipment helps the hospital attract health workers since it amounts to a good working condition for health workers.

The Marketing Manager praised modern technology for enabling the hospital be able to market itself to physicians and other health workers working outside Kenya. AKUHN advertises its job offerings through the website to enable health workers abroad get attracted to come back and work in Kenya. The Marketing Manager also explained to the researcher how AKUHN manages to unite its ALUMNI online during annual alumni conference. According to the human resource manager, AKUHN holds annual alumni conferences that include face to face meetings as well as video conferencing to connect with alumni abroad. During these forum, AKUHN markets its products and services as well and directly welcomes health workers who work abroad to return to Kenya.

#### **4.4.4 Product Development Strategy**

Product development strategy is greatly employed by AKUHN as well to prevent brain drain in the health sector in Kenya. AKUHN through its marketing department identifies services and products not offered in Kenya and introduce such services in its centres. The marketing manager explained that this has been possible through opening of specialised centres like the heart and cancer centre, the pain management centre, and the diabetes centre. This move according to the marketing manager has enabled AKUHN to attract back health workers who had relocated to work in other countries as well as retain the health care specialists who are still in Kenya.

The Chair of Anaesthesia Department mentioned the pain management unit as one of the new service in AKUHN as it is the only pain management unit in Kenya run by a specialist. He further explained how the unit serves as a training centre to many health workers in Kenya on internship and generally for knowledge exchange.

The Chair of Obstetrics and Gynaecological department mentioned the water pool birth technology as one of the new technology introduced in Kenya to enable mothers have a less pain delivery .He mentioned uterine fibroid embolisation services as services only performed in AKUHN in Kenya.

The Finance Manager informed the researcher that the introduction of new products and services not only amount to increased income to AKUHN but helps attract health workers to AKUHN

•The Human Resource Manager also seconded the finance managers point adding that most of



the new products and services are introduced as a way to help repatriate health workers working abroad.

#### **4.4.5 Collaborations with Local and Foreign Institutions**

Collaborations have also used by AKUHN as a way to prevent brain drain in the health sector in Kenya. AKUHN has benefitted through online training agreements with foreign organisations for fellowships in foreign universities to sign return to home country agreements. These agreements have enabled to come back to Kenya after training abroad to work in Kenya.

According to the CEO, AKUHN partners with the public institutions in the health sector and other private colleges to enable knowledge exchange. These partnerships are inform of training agreements especially internships and also normal medical doctor rotation arrangements. The partnership enables health workers not employed by AKUHN to access the facilities at AKUHN and also learn the modern technologies introduced at AKUHN. AKUHN has also partnered with public hospitals by purchasing modern medical equipment to the public hospitals and in turn sending their health workers to go work in such hospitals.

Further investigation revealed that collaborations have also enabled AKUHN to form hospital purchasing alliances to purchase medical equipment and pharmaceutical products. These alliances help the small facilities like health centres and other public hospitals to achieve purchasing economies of scale since such alliances reduce transaction costs through commonly negotiated contracts.

The investigation revealed that collaborations with foreign institutions mainly helped in knowledge exchange and training opportunities for health workers. Liverpool University and University of California and San Francisco were cited as examples of foreign universities that partner with AKUHN to allow further training for medical doctors. The School of nursing and midwifery partners with institutions like The Rotary foundation, Johnson and Johnson foundation and Lundin to sponsor nurses and midwives for further training.

"The students in SONAM are partly self sponsored and partly donor sponsored. AKUHN has been able to get donors on behalf of students to make our programs affordable and accessible. The Rotary foundation, Johnson and Johnson foundation and Lundin are our current sponsors for the SONAM."(Dean for SONAM.)

The CEO also reckoned the importance of strong alumni network in preventing brain drain in the health sector in Kenya. Yearly AKUHN alumni conferences for all health workers gives a chance to health workers immigrants to return to Kenya and participate in skills exchange and also encourage return. Through the alumni network AKUHN has been able to repatriate health workers.

#### **4.4.6 Backward Integration**

AKUHN aims at developing its health work force through training health workers and offering the same trained workers a chance to work in the hospital. This strategy enables the trained health workers get job opportunities instead of seeking the jobs out of Kenya According to the

Human Resource Manager, most of the health workers who trained in AKUHN prefer working in AKUHN after their training as well.

The Marketing Manager pointed out that AKUHN was forced to open new centres so that it is able to absorb most of its graduated students as workers after their training. This move creates job opportunities thus reducing brain drain. The marketing manager also confirmed that by developing its own health work force AKUHN is also able to get a motivated staff since the workers feel part of the hospital.

Further investigation revealed that AKUHN offers medical doctors and other health workers who proceed for post graduate studies letters of future job support describing to them future potential positions that will be available to them after training. This letters entice the health workers to come back to Kenya after their training since they are guaranteed employment.

#### **4.5 Discussion**

The researcher noted that the findings of this study can be compared to similar studies that view organizations as open systems. Most of the strategies revealed by the investigation in this study are similar findings of other studies that sought to find out strategic responses by organizations to environmental changes (Kiptugen, 2003; Kupfer et al., 2004; Mwaniki and Dulo, 2008; among others).

In a case study of Kenya Commercial Banks responses to a changing competitive environment, Kiptugen (2003), major business changes notably economic decline, liberalization, legislative changes, increasing level of education and technological advancements had dramatically altered

the banking sector competitiveness. Strategic responses by Kenya Commercial Bank involved restructuring, differentiated marketing strategies, information technology strategy and integration strategies

The findings for this study agree with the findings for the study by Kiptugen (2003). Brain drain is a phenomena which is a challenge in the external environment of the health industry. AKUHN being an organization in the health industry responded to the challenge by using the same strategies as cited by Kiptugen's study.

Mwaniki and Dulo (2008) documented the following as policy options to mitigate or address internal and external migration of health workers, realistic remuneration packages , using a quota system to recruit students from rural and deprived areas ,shifting from bonding of student doctors for a year or two after their training in remote government hospitals, towards incentive systems, government acting as guarantor for car loans and mortgage schemes , job enrichment in the form of in-service training and sending staff on short-term courses, providing rewards or prizes to recognize outstanding job performance ,and ensuring that training institutions are responsive to the skills, competencies and technologies required for health service delivery.

Mwaniki and Dulo (2008) further proposed the following strategies to manage and address the costs of migration on health systems, negotiating bilateral agreements, providing information through the internet and offering tax incentives to encourage emigrants to return and engaging with health professionals in the diaspora who have already emigrated to participate in skills exchanges and encourage return.

The findings for this study reveal that just like Mwaniki and Dulo proposed, AKUHN has a forum that enables its Alumni to meet. AKUHN uses such forums to encourage health professionals in the diaspora who have already emigrated to participate in skills exchanges and encourage return. AKUHN also has a website that it uses to market its job offers and its services to physicians and to other health workers to attract them. A part from the website, AKUHN further advertises through media both local and international and through bill boards.

Kupfer et al. (2004) in their study, listed down the following to encourage scientists to return home after training, ensuring research is responsive to priorities in the home country , Equipment Support to ensure trainees have equipments to facilitate their work back at home after training , Journal and Internet access so that the researcher is still able to communicate and reference anywhere in the world after training, Networks among trainee's current and former fellows and mentors to provide long term support to trainees returning home , and provision of bridge funding to trainee upon returning home to continue their research and to begin to establish themselves as independent researchers. Kupfer et al further cited that issuance of temporary visas, ensuring trainees sign return and repayment agreements, and giving trainees letter of future job support that describes the potential positions that will be available after training will also help mitigate brain drain.

Kupfer et al. (2004) had findings similar to the findings for this study. This study indicates as well that AKUHN offers equipment support to is health workers as they come back to work in

the hospital after training. Use of modern technology strategy and collaborations strategies are common in this study as well as in Kuper et al's study.

## **CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This is a chapter on summary, conclusion and recommendations. The chapter presents summary of key findings based on the research objective which was to determine the strategic responses by AKUHN to brain drain in the health sector in Kenya. Conclusion is then drawn based on key findings and discussion on findings presented in chapter four. The chapter also presents recommendations which are anchored in the key findings and focusing on policy and practice. Finally the chapter highlight limitations of the study and presents suggestions for further studies.

### **5.2 Summary of the Findings**

The following summary of findings can be deduced from the study. First of all brain drain is indeed a phenomenon that has greatly affected the health sector in Kenya. The study found out that brain drain is a phenomenon that affects the health sector in Kenya and AKUHN has equally been affected by it. The study pointed out that brain drain is threatening the very existence of Kenya's health services as medical care and health facilities become available only to the wealthy. Another consequence is that medical colleges are left with insufficient numbers of instructors and loss of mentors for health science trainees. Brain drain according to the study has made AKUHN rely on expatriates to fill in gaps left by the migrated specialists health workers and has also led to overload on existing health workers thus reducing the quality of health care.

The presence of teaching programs for graduate medical education also helped AKUHN differentiate itself among hospitals in other countries competing for the same health workers. By

engaging in graduate medical education AKUHN has affiliations with medical schools that typically provide them with access to clinical specialists. The diversification strategy enabled AKUHN offer additional job opportunities to Kenyan health workers. The university also offers free postgraduate studies to doctors and subsidized degree programs to nurses. The university enrolls health care workers from within and without AKUHN as a part of career advancement to health workers. Health workers who did not get a chance to study in other universities and colleges in Kenya are thus absorbed by Aga Khan University instead of seeking for training opportunities out of Kenya.

The market developments strategy has also been employed by AKUHN as a way to prevent brain drain according to the study. AKUHN has opened up 216 outreach centers and that the opening up of outreach centers created further job opportunities to health workers. These outreach centers also enable health workers to have a wide scope of cases to attend to which is essential for their training and research opportunities in Kenya.

As far as work environment is concerned the study pointed out that AKUHN's use of modern technology strategy that makes the health workers motivated to work. The state of the art equipment makes AKUHN suitable for both working and learning. AKUHN is thus able to train and retain health workers as they feel comfortable to work and the same time to further their training. The Magnetic resonance imaging compatible cardiac monitor machine is one example of modern equipment owned by AKUHN not owned by any other hospital in Kenya.

The heart and cancer center opened in the year 2012 also enabled AKUHN to unveil new Products initially not available in Kenya .These products include: pain management unit which is



the only one in east and central Africa run by a specialist, uterine fibroid embolization services, and also water birth kit to enable water pool birth technology which is equally new in Kenya. The results of the study show that the product development strategy not only attract patients to AKUHN but also offer a chance to health workers to practice their specialties in a friendly and supportive environment. Students in other colleges and universities through exchange programs are able to access and learn how to use the new technologies by visiting AKUHN.

Collaborations with foreign institutions were also pointed out by the study as one of the strategy that has also enabled AKUHN to prevent brain drain in the health sector in Kenya. AKUHN has benefitted through online training agreements with foreign organizations for fellowships and also through policies requiring Kenya students seeking to do fellowships in foreign universities to sign return to Kenya agreements. These agreements ensure that Kenyans studying abroad will return to Kenya for certain duration of time depending on the training to use the skills acquired abroad in Kenya. In other words instead of brain drain AKUHN promotes brain gain.

Finally, the investigation revealed that backward integration strategy was also used as a strategic response by AKUHN to brain drain in the health sector in Kenya. By training its own clinical staff avoids the occurrence and effects of brain drain.

### **5.3 Conclusion**

From the findings of the investigation and discussion above, AKUHN is an open system organization. It highly interacts with its environment and depends on the environment for

survival. Being environment dependent, AKUHN has tailored its strategies to respond to the brain drain issue in the health sector in Kenya in which it operates.

AKUHN responded to brain drain issue in the health sector by diversifying its core business to include introduction of academic programs to clinical services, market development strategy of opening up new sites, use of modern technology, introduction of new products and services, use of collaborations and alliances and finally by backward integration of workforce.

#### **5.4 Recommendations for Policy and Practice**

In order to prevent brain drain in the health sector in Kenya all the players in the health sector should put up strategies to mitigate this phenomena. Health institutions should provide good working environment to health workers, competitive remuneration as well as provide opportunities for training and development.

The government through budgetary allocations should consider allocating funds There are common areas of health worker motivation that should be considered by managers and policy makers, particularly the importance of non -financial motivators such as working environment and skill development opportunities. Managers need also to focus on the importance of locally assessing conditions and managing incentives to ensure health workers are motivated in their work. The government through budgetary allocations should consider allocating funds to the ministry of health to come up with more training centers as well and come up with a forum to try and repatriate health workers who have migrated by offering attractive pay packages.

The public hospitals through the ministry of health should identify health services that need reinvestment as a result of changes to the hospital system and changing needs of the population .Restructuring should include health system redesign to reflect contemporary circumstances and anticipated changes together with better utilization of resources .Restructuring requires people, government of Kenya, and health care organizations to change their attitudes, be open to new approaches and alliances and adapt to different circumstances.

Health institutions should execute vertical integration and horizontal integration to be able to gain economies of scale, expand knowledge and capabilities, increase market share, and generally provide better services to clients and better employment remuneration to health workers. This will also help health care organizations to be able to bargain more effectively with other health organizations, medical equipment suppliers and physicians because of high market share and consequently greater market power.

Since medical equipment's are costly, health care facilities should form hospital purchasing alliances .Hospital purchasing alliances are voluntary consortia of hospitals that aggregate their contractual purchases of supplies from manufacturers. Such alliances reduce transaction costs through commonly negotiated contracts and thus hospitals will be able to purchase the expensive physician preference items and modern infrastructure. Alliances perform a set of services by brokering, negotiating, and aggregating supply contracts between manufacturers and hospitals, thereby enabling hospitals to achieve purchasing economies of scale.

Diversification can assist in the hospitals growth, increase in its assets base, increase in revenue base and lead to the development of a health care delivery system. Marketing to physicians and

developing information systems are also critical strategies that may help prevent brain drain in the health sector in Kenya.

Hospitals also may be able to prevent migration of health workers to other countries by differentiating their services through non price attributes. A primary way for hospitals to pursue this strategy is through investment in medical technology, which can create a perception among patients and physicians that the hospital offers services that are at the cutting edge of medicine. **If** patients and physicians do have this perception, health workers may be attracted to hospitals that make such investments.

Similarly, the presence of teaching programs for graduate medical education may also help a hospital differentiate itself among hospitals in other countries competing for the same health workers. Hospitals that engage in graduate medical education have affiliations with medical schools that typically provide them with access to clinical specialists. Since teaching hospitals are likely to be regarded by patients and physicians as innovators in clinical medicine.

### **5.5 Limitations of the Study**

One of the limitations encountered during the study was the unwillingness of some members of staff to provide answers to the questions. This was mainly due to the culture of fear and mistrust thinking they will be victimized for revealing what they feel was confidential information. This was a major setback as the researcher had to do much probing to get the respondents bring out the answers with confidence. The researcher feels this study would have brought out more results if respondents were fully cooperative.

The study only focused on one institution in the health sector in Kenya. The institution in focus is also a private institution. The researcher is of the opinion that the findings of this study will not be very representative of the situation in the health sector in Kenya.

As much as the study investigated the strategic response by AKUHN to brain drain in the health sector, the researcher did not measure the impact or success of such strategies. It is not clear as to whether such strategies have been successful to enable AKUHN to reduce brain drain in the health sector in Kenya.

### **5.6 Suggestions for Further Research**

While this study was majorly based on assessing the strategic responses employed by AKUHN to deal with brain drain in the health sector in Kenya, the study did not investigate the extent to which these strategies have been successful to prevent brain drain in Kenya; this leaves a lot to be done in this area in order to bridge this knowledge gap. Therefore the researcher recommends future research to be conducted with regard to the success of strategies employed by AKUHN to mitigate brain drain in the health sector in Kenya.

Future research on brain drain should replicate the findings reported here. A similar study should be replicated after a specified duration to determine the sustainability of such strategies and to identify new strategies adopted by AKUHN to mitigate brain drain in the health sector.

A study about challenges faced by AKUHN in implementing the strategies reported in this study will also be useful. The study will be able to inform policy makers of health institutions so that they can plan in advance to prevent such challenges.

The public sector trains and employs majority of the health workers in Kenya. It will be useful therefore that this study be replicated by focusing on an institution in the public sector to see what strategies such institutions have put in place to respond to the issue of brain drain in the health sector in Kenya.

A study of the ministry of health strategic response to brain drain in the health sector in Kenya should also be conducted in future. This is because the ministry is the prime policy maker in the health sector in Kenya.

## REFERENCES

- Adano, U. (2008). The health worker recruitment and deployment process in Kenya. an emergency hiring program. *Human Resources for Health journal* ,32(3) 6:19.  
Aga Khan University  
<http://hospitals.aku.edu/nairobi/Pages/home.aspx?RegionSelected=Nairobi&LanguageSelected=English&saveCookie=yes> Accessed January 2012
- Allyn, L., Taylor, J., Lenias, H., Larsen, M., and Nils, D. (2011). Stemming the Brain Drain — A WHO Global Code of Practice on International Recruitment of Health Personnel. *77ie New England Journal of Medicine* , 2348-2351.
- Andrews, K. (1971). *The Concept of Corporate Strategy*. Irwin: Homewood, IL.
- Ansoff, H.I. (1965). "*Corporate Strategy: An Analytic Approach to Business Policy for Growth and Expansion*." McGraw Hill: New York.
- Ansoff, H.I. (1998). How will strategic management matter in the 21 st century, *paper presented at the Academy of Management. Annual Meeting*, San Diego, CA .
- Ansoff, H. I., and McDonnell, P. (1990). *Implementing strategic Management*. Europe, Prentice Hall.
- Ansoff, H. I., & Sullivan, P. A. (1993). Optimizing Profitability in Turbulent Environments: A Formula for Strategic Success. *Long Range Planning*, 26(5), 11-23.
- Aosa, E. (1992). *An Empirical Investigation of Strategy Formulation and Implementation within large Private Manufacturing Companies in Kenya*. Unpublished PhD thesis, University of Strathcyde, Glasgow, U.K.
- Awases, M., Gbary, A., Nyoni, J., and Chatora, R. (2004). *Migration of health professionals in six countries*. Brazzaville: World Health Organization Regional Office for Africa.

- Cook P. (1998). The creativity advantage - is your organization leader of the pack, *Industrial and Commercial Training. Journal of Strategic Management*, 30 (5), 116-130.
- Chandler, A. (1962). *Strategy and Structure: Chapters in the History of American Industrial Enterprise*. Cambridge Massachusetts, IT Press.
- Chirikos,T.N.(1992).Quality Competition in Local Hospital Markets: Some Econometric Evidence from the Period 1982-1988. *Social Science and Medicine*, 14(9), 1011-1021.
- Drucker, P. (1954). *The concept of the corporation*. Transaction Publishers.
- Government of Kenya (2011) .*Overview of the health system in Kenya*  
<http://www.measuredhs.com/pubs/pdf/SPA8/02Chapter2.pdf> Retrieved 01.03.2012  
 Accessed January 2012
- Grahame, D., and Peter, M. (2012). Corporate Reputations: Built In or Bolted On? *California Management Review*, 54(2),25-42. Doi: 10.1525/cmr.2012.54.2.25
- Hax, A.C., and Majluf,N.S.(1996).*The Strategy Concept and Process. A pragmatic approach*. Upper Saddle River, New Jersey, Prentice Hall.
- Hofer, C., and D. Schendel (1978). *Strategy formulation: analytical concepts*. West: St.Paul, MN.
- Jamah, A., Ndung'u, W., Omoro, J., Omanga, B.and Muchiri, J. (2012, March 6). No reprieve for patients as health workers rejects deal to end strike. *The Standard newspaper*. Retrieved from  
<http://www.standardmedia.co.ke/health/InsidePage.php?id=2000053467&cid=4&currentPage=1>
- Kaba, A. J. (2011). The Status of Africa's Emigration:Brain Drain in the 21st Century. *Western Journal of Black studies*,35C> ) ,187-195.
- Kenya Health Workforce. (2011). *Kenya's Health Workforce Training Capacitys*. Nairobi: Kenya.
- Kirigia, J., Gbary, A., Muthuri, L., Nyoni, J., & Seddoh, A. (2006). The cost of health



- Professionals: brain drain in Kenya. *BMC Health Services Research*.
- Kiptugen, E.J (2003) *Strategic responses to a changing competitive environment: The case Study of Kenya Commercial Bank*. Unpublished MBA project, the University of Nairobi, Kenya.
- Kupfer, L., Hofman, K., Jarawan, R., McDermonne, J., and Bridbord, K. (2004). *Migration and Health workers: Strategies to discourage brain drain*. Brazzaville: World Health Organization Regional Office for Africa.
- Lowell, B.L. and A.M. Findlay (2001). *Migration of highly skilled persons from developing Countries: impact and policy responses*. Geneva: International Labour Office.
- Mbiriri, N.N. (2010). *Responses of Sameer Africa Limited to Changes in the External Environment*. Unpublished MBA project, the University of Nairobi, Kenya.
- Mugenda, M.O., and Mugenda, A. (1999). *Research Methods: Quantitative and Qualitative Approaches*. African Centre of Technology Studies, Nairobi. Kenya.
- Ministry of Health (2010). *Health Management Information System*. Government of Kenya: Nairobi.
- Mintzberg, H (1987). Crafting Strategy. *Harvard Business Review* 65:66-75
- Muthaka, B. (2012, March 5). Community health workers to boost service delivery. *The Standard newspaper*. Retrieved from <http://www.standardmedia.co.ke/health/InsidePage.php?id=2000053419&cid=442&story=Community%20health%20workers%20to%20boost%20service%20delivery>
- Mwaniki, D.L., and Dulo, C.O. (2008). Managing the migration of human resources for health in Kenya: The impact on health service delivery. *Equinet discussion paper*, J5.Equinet: Harare.
- Pearce, J.A. and Robinson, R.B. (1988). *Strategic Management: Strategy Formulation and*

- Implementation*. Richard D.Irwin, Inc.
- Pearce, J. A. and Robinson, R.B. (1997). *Strategic Management: Strategy Formulation and Implementation*. Richard D.Irwin, Inc.
- Pang, T., Lansang, M.A., and Haines, A. (2002). *Brain drain and health professionals*.BMJ, 324: 499-500.
- Peng, M.W, and Chen, H. (2011).Strategic Responses to Domestic and Foreign Institutional Pressures: The case of the Chinese Toy Industry. *International studies of management and organization* 41(2): 88-105
- Peng, M.W., Wang, D., and Jiang, Y. (2008). An Institution-Based View of International Business Strategy: A Focus on Emerging Economies. *Journal of International Business Studies* 39 (5): 920-936.
- Porter, M. E. (1980).*Competitive Strategy: techniques for analyzing industries and Competitors*. New York, Free Press.
- Porter, M. E. (1999). Corporate strategy: the state of strategic thinking. *The Economist*, pp. 212.
- Porter, M.E. (2008) .The Five Competitive Forces That Shape Strategy. *Harvard Business Review*, January 2008, pp. 79-93.
- Ronda-Pupo, G. A., & Guerras-Martin, L. A. (2011). "Dynamics of the Evolution of the Strategy Concept 1962-2008: A co-word Analysis." *Strategic Management Journal*, 33,162-188.
- Rumba, C.K. (2008). *Strategic responses by Mobile Phone Companies in Kenya to Environmental Changes*. Unpublished MBA project, the University of Nairobi, Kenya.
- Tsoukas, H. (1996). The Firm as a distributed knowledge system: a constructionist approach. *Strategic Management Journal*, 17: 11-25.

## **APPENDIX I: INTERVIEW GUIDE**

### **PART A.THE CHIEF EXECUTIVE OFFICE**

1. How would you describe AKUHN in terms of its core business?
2. Briefly explain the organizational profile of AKUHN.
3. What academic programs does AKUHN offer?
4. Why did you introduce the academic programs?
5. Brain drain is a phenomenon that has adversely affected the health sector in Kenya. What effects has brain drain of health workers posed with reference to AKUHN?
6. Are there any measures that have been put to prevent brain drain of health workers by AKUHN?
7. Are you aware of any specific incentives offered by other countries to attract health workers?
8. What measures have AKUHN undertaken with regard to the employment of persons who emigrated but might be interested in being hired by AKUHN again?
9. What key resources do you have that have enabled you to attract and retain health workers?

### **PART B.ACADEMIC HEADS**

1. Brain drain is a phenomenon that has adversely affected the health sector in Kenya. What effects has brain drain of health workers posed with reference to AKUHN?
2. Are there any measures that have been put to prevent brain drain of health workers by AKUHN?
3. Have you lost any graduate students to work in other countries?

4. Which countries do these graduates mainly migrate to?
5. What are some of the reasons that cause such graduates to migrate to other countries?
6. How has AKUHN used technology to prevent brain drain?
7. Have you explored the use of collaborations and alliances with foreign institutions as one of the ways to prevent brain drain? Please explain.
8. Kindly mention any new services or products introduced by AKUHN in the last 10 years and explain its contribution in preventing brain drain in Kenya.

#### **PART C. FINANCE DEPARTMENT**

1. Brain drain is a phenomenon that has adversely affected the health sector in Kenya. What effects has brain drain of health workers posed with reference to AKUHN?
2. With references to brain drain, what initiatives have been undertaken by AKUHN to alleviate it?
3. What effects has brain drain had on AKUHN?
4. Does AKUHN offer any financial assistance to health workers to pursue further studies? Explain.

#### **PART D. MARKETING DEPARTMENT**

1. Brain drain is a phenomenon that has adversely affected the health sector in Kenya. What effects has brain drain of health workers posed with reference to AKUHN?
2. Kindly mention any new services or products introduced by AKUHN in the last ten years.
3. How do you reach the health workers abroad to inform them of the opportunities available to them by AKUHN to attract them back to Kenya?

4 (a). What expansion strategies has AKUHN adopted in the last 10 years? (Please list at least three new sites if any).

4 (b). Do you offer the same products and services in all the sites? Explain

5 (a). How does AKU relate with health care institutions in the international market?

5 (b). Has this relationship helped reduce brain drain? Explain

6. How has AKUHN used technology to prevent brain drain?

#### **PART E. HUMAN RESOURCE DEPARTMENT**

1. What effects has brain drain had on staff attraction and retention in AKUH?

2. Please state any measures to repatriate specialists who had relocated to other countries?

3. What are some of the causes for brain drain in the health sector in Kenya?

4 (a). Do you offer the health workers training opportunities to further their knowledge and skills?

4 (b) Do you offer financial assistance to health workers to undertake the trainings in a above?

5. Are there any bonding agreements between AKUHN and its health workers? Please explain.

6. What incentives do you give to health workers to attract and retain them in AKUHN?

7. Do the senior health workers continue mentoring their juniors even after the juniors resign and relocate to countries out of Kenya? Explain.

8. Does AKUHN provide health workers with career growth opportunities? (Please explain)

#### **PART F. INFORMATION AND COMMUNICATION TECHNOLOGY DEPARTMENT**

1(a). Do you provide your health workers online journals and internet access? If yes, how has this helped reduce brain drain?

J **(b)** In your opinion how has internet helped in reducing brain drain? Explain

2. How do you ensure that the equipments bought by AKUHN are relevant and useful to health workers as their tools of trade?

3. Brain drain is a phenomenon that has adversely affected the health sector in Kenya. How has your department helped in encouraging health workers to work in Kenya?

4. What is the cause of brain drain in the health sector in Kenya?