FACTORS INFLUENCING TURNOVER AMONG
DOCTORS AT THE AGA KHAN HOSPITAL, KISUMU

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A Research Project Submitted in Partial Fulfillment of the Requirements for the
Award of the Degree of Master of Business Administration (MBA), School of
Business, University of Nairobi

2014
DECLARATION

I, Lynette Nangami Ndemaki, declare that this is my original work and has not been submitted to any other college, institution or university other than the University of Nairobi for academic credit.

Signed:……………………………………… Date:……………………………………

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D61/76638/2012

This project has been presented for examination with my approval as appointed supervisor.

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DEDICATION

I dedicate this study to my late parents, Richard and Rose Ndemaki who taught me the true value of education. You are forever in my heart.
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ABSTRACT

The purpose of the study was to determine the factors influencing turnover among doctors at the Aga Khan Hospital, Kisumu. To achieve the objective of the study, the researcher interviewed respondents from each of the 10 major departments at the Aga Khan Hospital, Kisumu. These included Administration, Clinical Heads of Departments in Internal Medicine, Surgery, Paediatrics, Obstetrics & Gynaecology, Pathology, Radiology, Pharmacy, Dental, and Rehabilitation departments. Confirmatory interviews from the doctors in those departments were used as well. The collected data in the study was analyzed and interpreted in line with the objective of the study. The study majorly used primary data which was collected using questionnaires and analyzed using principal component factor analysis. Secondary data was also collected through analysis of documents and records on staff turnover statistics at the human resource unit in the Administration department. The factors affecting doctors’ turnover were grouped into four main categories namely individual factors, job factors, organizational factors and environmental factors. The study established that the hospital had a turnover rate of 67% for doctors. Factors that contributed to this high turnover included low remuneration, lack of attractive benefits, lack of recognition, lack of training and development opportunities and lack of motivation and encouragement for good work. It was however established that the size of organization and location of organization do not influence turnover among doctors at The Aga Khan Hospital, Kisumu. Exit interviews indicated that doctors left for the following reasons 38% better prospects, 10% because of termination of contracts, 10% for further studies and a further 10% for family reasons. The study therefore recommends that the Management should revise the remunerations of the doctors. The Medical Advisory Committee and the hospital’s Management should set up work relations forums where the doctors can freely air their views about their work conditions. The Management also needs to formulate strategies to empower doctors and also create training and development opportunities for the doctors. The study suggests that future researchers should do the same study in other private health care institutions in other areas so as to compare the findings with those of this study. The same study should also be done in the public sector to establish the level of turnover in the public institutions so as to compare with the findings of this study. Future research studies should seek to establish the extent to which the factors leading to job turnover contributed to the turnover by the doctors and lastly the study recommends that a longitudinal study be conducted by future researchers to establish the trends of turnover of doctors and factors that influence them. This is because this study was done at one point in time but turnover occurs time after time.
CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Turnover is defined as the voluntary or involuntary permanent withdrawal from the organization. Voluntary turnover incurs significant cost, both in terms of direct costs and also in terms of indirect costs and the loss of social capital (Dess & Shaw, 2001). Mobley (1977) argued that job dissatisfaction is translated into thoughts of quitting with the expectation that quitting will eventually result in a more satisfying job. Maintenance of human resources is a human resource management function that is concerned with issues of staff turnover and improvement of staff retention in any organization. Bernardin (2007) suggests that employee benefits focus on maintaining or improving quality of life for employees and providing a level of protection and financial security for workers and their families.

The study is anchored on Frederick Herzberg's two-factor theory, also known as the motivation-hygiene theory or intrinsic/extrinsic motivation. Herzberg’s (1959) Motivation-Hygiene Theory established how job satisfaction and dissatisfaction operate separately from one another. He suggested that individuals are encouraged by motivators more than maintenance factors. Motivators include a stimulating vocation, accountability, and providing fulfillment from the profession, such as awards, accomplishment, or individual development. Maintenance influences include position, employment, income and benefits, but these influences do not provide affirmative satisfaction, though dissatisfaction occurs from their deficiency (Hackman & Oldham, 1976).
Voluntary turnover among physicians is a serious problem with grave implications for physicians, the organizations they work for and the patients under their care. The costs of a job change to physicians are significant. According to Buchbinder, Melick, and Powe (1999) as cited by Kaplan, (2009) estimated that a general or family practice physician unemployed between one and three months could lose between $7,531 and $22,593. The Aga Khan hospital, Kisumu just like the other hospitals in Kenya is not an exception. This hospital is perceived to have a high turnover of doctors which impacts negatively on health care delivery to majority of the population in the region.

1.1.1 Staff turnover

Nel, Werner, Haasbroek, Poisat, Sono & Schultz (2008) define staff turnover as the movement of employees in and out of the boundaries of the organization. They also differentiate between controllable and uncontrollable turnover. According to Nel et al. (2008) Controllable turnover refers to turnover that can be controlled by the management in an organization. It includes both voluntary resignations and dismissals. Voluntary resignations are controllable because management can offer better wages, working conditions and opportunities to retain employees, while dismissals are controllable because management can use more constructive strategies, such as training, unambiguous policies on discipline and coaching, to shape an employee’s behavior to a desired level rather than dismissing the employee. Dismissal can also be avoided if due attention is given to the selection of suitable persons and to the encouragement of stable groups through careful induction procedures and proper socialization. Uncontrollable staff
turnover refers to turnover which is outside the control of management, such as those resulting from retrenchments, incapacitation and death.

Worldwide retention of skilled employees has been of serious concern to managers in the face of ever increasing rate of employee turnover. Today’s business environment has become very competitive, thus making skilled employees the major differentiating factor for most organizations. Organizations, both public and private, rely on expertise of their employees in order to compete favorably and indeed gain competitive advantage in the international market. However recent studies have shown that retention of highly skilled employees has become a difficult task for managers as these category of employees are being attracted by more than one organization at a time with various kinds of incentive (Gillingham, 2008).

1.1.2 Factors Influencing Doctors’ Turnover

Doctors’ turnover is a costly problem that will continue as healthcare faces persistent doctors’ shortage, a new generation of doctors enters the workforce, and incentives provided to doctors to work for institutions increase. Cascio (2000) calculated that the cost of replacing 288 employees per year (in a hospital with 200 beds employing 1200 persons with a turnover rate of 2% per month) was $2,888,295.52 when all sources of costs were analyzed. Ter maat, (2013) in her article on Stronger economy stimulates doctor turnover stated that with improving housing and investment markets, physicians are feeling more financially free to make changes they have contemplated because of health reform. The 2012 Physician Retention Survey by the American Medical Group
Assn. and Cejka Search found the physician turnover rate at large practices to be 6.8%, the highest level it ever recorded.

Merritt Hawkins cites a desire for doctors to seek employed positions, rather than practice ownership, as a factor in increased turnover. An Accenture analysis of data from the American Medical Association and MGMA-ACMPE found that only 36% of practicing physicians will hold a practice ownership stake by the end of 2013, a decline from 57% in 2000. Singleton expects about 75% of physicians to be employed in the next few years. That will drive turnover rates even higher, because it's a lot easier for a doctor to leave an employed situation than leave a practice position, Meanwhile, many older physicians are deciding to retire rather than invest time and money at the end of their careers into adapting to the ACA and the electronic health records meaningful use program, said David Butsch, MD, the Vermont representative on the AMA Senior Physicians Governing Council. Guvava (2008) conducted a study on the retention of medical doctors in the public health sector, a case of Port Elizabeth Hospital complex, South Africa. In his findings majority of the respondents who were doctors indicated that they were dissatisfied with their working conditions followed by inadequacy of resources.

According to Mayhew (2014) as cited in Demand Media, when employees lack the training necessary to become more productive, their performance suffers and they will either leave of their own volition for jobs that provide training and employee support or they will be terminated. Poor working conditions due to physical elements lead to low productivity and overall job dissatisfaction. The latter, particularly when left unaddressed
leaves employees feeling unappreciated and they ultimately leave. Mayhew (2014) also states that without leadership training, the supervisor can fail because she did not receive the training she needed and employees who report to her suffer because of potentially poor employee-supervisor relationships. Unresolved workplace conflict has a detrimental effect on employee morale. Neglecting employee concerns about job security through lack of communication or excluding employees from discussions that can affect their job performance, such as policy or procedural changes, negatively impacts the way employees view their employer. Their views transform to dissatisfaction and finally low productivity due to low morale and disengagement.

1.1.3 The Aga Khan Hospital, Kisumu

The health sector is labor intensive and dependent on its workforce for the precise application of knowledge and technical skills in the provision of health care services. Human resources in the sector constitute both strategic capital and a critical resource for the performance of the health system (Ministry of medical services, Strategic plan, 2008). Like many countries in sub-Saharan Africa, Kenya suffers acute shortage of health care workers. Recent figures suggest that there are approximately 18 doctors for every 100,000 people in Kenya, with about 128 nurses per 100,000 which compares favorably with other countries in the Sub-Saharan Africa region. Kenya needs to increase its key professional cadres by about 100% to achieve World Health Organization staffing recommendations (National Human Resources for Health, Strategic Plan, 2009).
With the changing and highly volatile and imbalanced supply of doctors and nurses, competition for these health professionals is growing bigger and is no longer restricted to local or regional boundaries (Leblanc 1999). The situation is worsened by the small but fast growing private health sector. This is the case even though some would argue that this eases pressure on the public health sector, including the drain of doctors to other countries (Alkire and Chin, 2004). The brain drain of doctors has led to increased concern, both within the health profession and the government as the number of health professionals is inadequate to meet the future and present health services needs of majority of the Kenyan population.

On February 26th 1951, His Highness, Prince Aly Khan laid the foundation stone for the His Highness, The Aga Khan Dispensary and Maternity Home which was opened in 1952. The hospital had an 8 bed general ward. In 1960, there was increased demand for services and the hospital was enlarged to two General wards with a capacity of 17-beds and an outpatient department. In 1975 a small laboratory was established and a portable X-ray machine was purchased. Due to further increase in demand, the year 1982 saw the laying of the foundation stone for its extension to the Aga Khan Medical Centre Kisumu, by His Highness Prince Karim Aga Khan. On March 21st 1985, Her Highness the Begum Salima Aga Khan, formally opened the 46 bed General Hospital, which included four Private Rooms in the General Ward, Two Private Rooms in the Maternity Ward and two Operating Theatres. By 1992 the capacity had increased to 76 beds including a Paediatric Ward, a VIP wing and an Acute Care Unit (AKHKisumu Quality Improvement & Safety Manual, 2012).
According to the AKH Kisumu Quality & Improvement Manual, (2012), the 63 bed hospital has 417 staff including 33 (13 Specialists and 20 Senior House Officers) full time resident doctors with a compliment of 40 affiliated consultants, and 117 nursing staff. It also has a well-equipped 24-hour emergency service. The Hospital has undergone major refurbishment that has seen the installation of a Computerized Tomography Scan, expansion and modernization of the laboratory, pharmacy and Physiotherapy Departments and the introduction of a Haemodialysis Unit and training doctor interns. As part of the AKHK Objectives, to enhance access to quality health, the Hospital has eight satellite Medical Centres, in Kisii, Kakamega, Busia, Bungoma, Kericho, Kitale and Homa Bay towns, and one at Kibuye in Kisumu. The Aga Khan hospital, just like the other hospitals in the health sector in Kenya is not an exception. This hospital is perceived to have a high turnover of doctors which impacts negatively on health care delivery, to majority of the population in the region (AKH, Kisumu, Quality Improvement & Safety Manual, 2012).

The Aga Khan Hospital, Kisumu has been selected for this study because it is a private health facility and a major referral hospital in the western Kenya region serving a large population and seeks to provide as many specialty services under one roof. The study of Aga Khan Hospital, Kisumu seeks to help the reader understand the reasons besides monetary issues that contribute to job dissatisfaction and lead to turnover in private healthcare facilities. It will also help Management understand why doctors would leave the private sector which is perceived to be a better employer to go and work for the Government. Statistics indicate that in four years from 2011 to 2014 the hospital has lost
21 senior house officers and 7 Consultants out of the current 44 which is equivalent to 48%.

1.2 Research Problem

Staff turnover has been regarded as an overall measure or indication of organizational functionality. When employees are dissatisfied with their job, they tend to withdraw in order to try to minimize their exposure to the job. Staff turnover is further exacerbated by the fact that losing high performing individuals affect the productivity of the organization, as the organization loses the investment that was made in their development. As the percentage of the workforce in the professional or highly technical work increases, understanding and effective management of the employment relationship between professional employees and their employing organizations becomes increasingly important (Barley, 1996) it is clear that excessive turnover creates an unstable workforce, increases costs and impacts negatively on organizational performance.

Few studies have been conducted on turnover among doctors in healthcare facilities and notably none has been conducted specifically at the Aga Khan Hospital, Kisumu. An example is the study done by Ahmad and Riaz (2011) on “Factors Affecting Turn-Over Intentions of Doctors in Public Medical Sector Colleges and Hospitals. The result of this study will contribute to the guidelines for the policy makers for implementation of better human resource policy. Comparative research between the private to the public sector health organizations, nationally as well as internationally could provide a clearer picture. These findings indicate a gap because studies focus on public health institutions there is
need to conduct similar studies in private health institutions in order to give a clearer
picture, Ahmad and Riaz (2011). Arising from the foregoing, this study will focus on the
following research question: What are the factors influencing turnover among Doctors at
Aga Khan Hospital in Kisumu?

1.3 Research Objective
The objective of the study is to determine the factors influencing turnover of doctors at
the Aga Khan Hospital, Kisumu.

1.4 Value of the Study
This study will help the Management in health institutions use the findings to put in place
effective strategies and policies that will reduce turnover of medical doctors from their
institutions and therefore improve retention in the private health sector. The Government
will benefit by making policy related decisions that influence retention of health staff.
Employees will find a basis of negotiating with their employers for fair terms of
employment. Scholars and researchers in the field of organizational behavior in human
resource management will also find it useful as it would provide a platform for further
research and it may also be used as a reference point when researching on staff turnover
and related topics.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter will focus on literature related to staff turnover. Staff turnover is the movement of employees from an organization. It can take the form of transfers out of the organization, resignations, discharges, retirement or death.

2.2 Theoretical Foundation

According to Herzberg, Mausner & Snyderman (1959) The two-factor theory (also known as Herzberg's motivation-hygiene theory and dual-factor theory) states that there are certain factors in the workplace that cause jobsatisfaction, while a separate set of factors cause dissatisfaction. This theory was developed by psychologist Frederick Herzberg, who theorized that job satisfaction and job dissatisfaction act independently of each other. Herzberg, et. al. (1959) further states that attitudes and their connection with industrial mental health are related to Abraham Maslow's theory of motivation. His findings have had a considerable theoretical, as well as a practical, influence on attitudes toward administration. According to Herzberg, individuals are not content with the satisfaction of lower-order needs at work; for example, those needs associated with minimum salary levels or safe and pleasant working conditions. Rather, individuals look for the gratification of higher-level psychological needs having to do with achievement, recognition, responsibility, advancement, and the nature of the work itself.

According to Herzberg et.al, (1959) the Two-factor theory distinguishes between: Motivators (e.g. challenging work, recognition, responsibility) that give positive satisfaction, arising from intrinsic conditions of the job itself, such as recognition,
achievement, or personal growth, and Hygiene factors (e.g. status, job security, salary, fringe benefits, work conditions) that do not give positive satisfaction, though dissatisfaction results from their absence. These are extrinsic to the work itself, and include aspects such as company policies, supervisory practices, or wages/salary. Essentially, hygiene factors are needed to ensure an employee is not dissatisfied. Motivation factors are needed to motivate an employee to higher performance.

2.3 Maintenance of Human Resources

Maintenance of human resources is a principal human resource management function which encompasses human resources management activities related to employee benefits, safety and health, and worker-management relations. Addict (2012) states that Maintenance of human resources is the human resources management function that is concerned with staff turnover issues and improvement of retention in any organization. Employee benefits are non-incentive-oriented compensation; activities related to safety and health usually entail compliance with laws that protect employees from hazards in the workplace. Regulations emanate from the Occupational Safety and Health Administration and Worker-management relations primarily entail: working with labor unions, handling grievances and devising systems to foster cooperation. (Bernardin, 2007).

2.4 Factors Influencing Staff Turnover

Factors that contribute to employee turnover comprise individual factors, job factors, organizational factors and environmental factors.
2.4.1 Individual factors

Individual factors that have an effect on staff turnover are age, length of service, background, and personality (Grobler et al, 2006). Studies reveal that there is an inverse relationship between age and turnover - young new hirelings are the highest risk factor for turnover. Grobler et al. (2006) state that employees with a propensity to quit are young employees with little seniority who are dissatisfied with their jobs. The relationship between age and turnover may be based on a number of influences such as younger employees may have more entry level access, more job opportunities and fewer family responsibilities, making job mobility easier.

Most literature indicates that turnover is significantly higher for shorter tenure employees. It has been found that employees normally resign during the first three years of employment a large percentage of voluntary turnovers occur in the first few months of employment when a person is still new in the organization (Grobler et al, 2006). According to Van Der Merwe and Miller (1993) it is not only the length of service which affect employee stability but factors such as the formation of group ties, essence of familiarity with the job situation, and other tangible and intangible benefits which are likely to arise from long service. Nel et al. (2003) also state that employees sometimes remain in an organization for a long period because they have built up a good relationship with their co-workers. The usual argument is that the older the employee is the more important job security is due to benefits, such as pension rights, accruing to longer service. As a result turnover for people with a long service is normally lower.
Personality is the dynamic organization within the individual of those psycho-social factors that determine the person’s unique adjustment to his or her environment (Alberts and Motlatla, 1998). Personality variables may influence turnover through a variety of paths, for example, it may influence the perception of the work environment and lead people to believe a job has negative or positive qualities that would not be present in other jobs (Timmerman, 2006).

### 2.4.2 Job factors

Job satisfaction is a set of favourable or unfavourable feelings and emotions with which employees view their work (Luthans, 2002). A satisfied employee may comment that “I enjoy having a variety of tasks to do” (Newstrom and Davis, 1997). Job factors that influence staff turnover include workload, meaningful work, working conditions, remuneration, and relationship with supervisor, relationship with co-workers, empowerment and autonomy.

A consistently heavy workload increases job tension and decreases job satisfaction, which in turn, increases the likelihood of turnover, (Hayes et al, 2006). Empirical evidence suggests that, for each additional patient, a nurse experiences a 23 per cent increase in burnout and a 15 per cent increase in job dissatisfaction, (Aiken et al, 2002). The content of the work itself is a major source of job satisfaction. Feedback from the job itself and autonomy are two important job related motivational factors. Some of the most important ingredients of a satisfying job, uncovered by surveys, include
interesting and challenging work, work that is not boring and a job that provides status (Nel et al, 2004).

Working conditions have a modest effect on job satisfaction. If working conditions are good (clean, attractive) employees will find it easier to carry out their jobs. If working conditions are poor (hot, noisy) personnel will find it more difficult to get things done (Nel et al, 2004). Wages have a significant impact on job satisfaction. Money not only helps people attain their basic needs but is also instrumental in satisfying upper level needs such as esteem and self-actualization. According to Nel et al. (2004), people perceive their remuneration as an indication of what they are worth to the organization. Fringe benefits are also important but are not as influential because employees normally do not know how much they are receiving in benefits (Luthans, 2000).

Supervision is another moderately important source of job satisfaction. There seems to be two dimensions to supervisory style. One is employee centeredness and this is measured by the degree to which a supervisor takes a personal interest in the employee’s welfare. The other dimension is participation or influence, as illustrated by managers who allow their employees to participate in decisions that affect their job (Luthans, 2000). The nature of the work group will have an effect on job satisfaction. Friendly cooperative workers are a modest source of job satisfaction to individual employees. The work group serves as source of support, comfort, advice and assistance to the individual worker. A good work group makes the job more enjoyable (Luthans, 2000). People with strong career orientation may place less emphasis on social relations (Nel et al, 2004). As
mentioned earlier, employees with a longer tenure are less likely to leave their jobs because of the relationships built with co-workers.

Structural empowerment is the presence or absence of empowering conditions in the workplace while psychological empowerment is the employees’ psychological interpretation or reaction to these conditions (Adjei-Appiah, 2008). Larnabee et al (2003) state that job satisfaction is a major predictor of the intention to leave while psychological empowerment is a major predictor of job satisfaction. In other words, employees who experience psychological empowerment will experience more job satisfaction and will be less likely to leave their job. The work schedules associated with different jobs vary. Some jobs may be performed during normal daily work hours and workdays and some jobs require working nights, weekends and extended hours (Mathis and Jackson, 2003). Long shifts, overtime, weekends, nights, holidays and weekend overtime were found to be predictors of anticipated turnover.

2.4.3 Organizational factors

Organizational factors that can potentially impact on staff turnover include; Organizational culture, it refers to a set of assumptions, beliefs, values and norms that are shared by the organization’s members. Culture represents key element of the work environment in which employees perform their jobs (Newstrom& Davis, 1997). Once an organizational culture is established, it will provide employees with identity and stability thus leading to job satisfaction which will in turn reduce the employees’ intent to resign.
Employees that cannot identify with the organizational values, tend to leave the organization soon after employment. According to Jooste (2003) organizational culture serves to integrate organizational members so that they know how to relate to one another and to adapt to the environment. Tappen (2001) reports that employees prefer to work with people of the same race, gender and education which could lead to discrimination. Females also rate their opportunities for advancement lower than men. The presence of these factors can lead to job dissatisfaction and ultimately influence a person’s decision to leave the organization.

Communication is an exchange, not just a giving action, as all parties must participate to complete the information exchange (Bennis, 2002). Due to abnormal circumstances in which healthcare services are sometimes delivered, there can be many barriers to communication (Jooste, 2003). Anything that prevents understanding of the message is a barrier to communication. A lack of communication produces a high level of voluntary turnover (Jooste, 2003). If workers feel that there are too many restrictions placed on them, they do not participate in decision making or their opinions are not considered, the potential to leave increases (Cumper, 2000).

Organizations, private or public engage employees to execute certain activities in order to attain goals and objectives. No matter what these goals are, organizations must have competent employees to perform the tasks and to accomplish them. This is not just a matter of extensive training in task skills, but of completely new ways of thinking about work, and of working and relating with one another (Beardwell & Holden, 2001).
Although well-thought-out strategies and human resource planning, recruitment and selection initially provide an organization with the required workforce, additional training is normally necessary to provide employees with job-specific skills which enable the employees to survive over time (Swanepoel et al, 2003).

Current labour economic thinking on training assumes a negative relationship between turnover and training. It supposes that the investment in training is the result of optimizing decisions made by both workers and employees. The increased skills resulting from general training enables employees to extract higher wages from their current or future employers. Since employers are confronted with the risk of not being able to recoup this investment, they will not be inclined to sponsor general training of employees. Firm-specific training, on the other hand, cannot generate an increased wage with anyone other than the current employer. Therefore organizations can recoup their investment in specific training and they will be willing to share some or all of the costs of specific training rather than of general training (Forrier and Sels, 2003).

2.4.4 Environmental factors

Environmental factors that have an effect on staff turnover are geographical location, environmental turbulence and metropolitan area size, competition in the market place, economic conditions and support organizations’. However, these factors are rarely under the control of the organization (Grobler et al, 2006). Whether the organization is located in a warm or cold climate will impact on its attractiveness to employees and therefore its retention and turnover costs. The size of the metropolitan area or dynamism of the
metropolis may also influence organizational membership and turnover costs. Large metropolitan areas have certain qualities such as professional sports and cultural activities, numerous types of services available to employees and potentially more competition for employee services.

The dynamism of the environment, a factor related to the size of the metropolitan area, could also impact on staff turnover. General economic conditions have an important bearing on the overall availability of jobs. In some instances an organization may have a high rate of turnover not because employees are dissatisfied with any elements of the job, but because there are better job opportunities elsewhere. The availability of support organizations such as good public schools and medical facilities may influence whether an employee remains in the present organization or takes advantage of other opportunities elsewhere.

Many studies have reported a significant association between organizational commitment and turnover intentions (Lum et al, 1998). Tang et al. (2000) study confirmed the link between commitment and actual turnover and (Griffith et al, 2000) analysis showed that organizational commitment was a better predictor of turnover than overall job satisfaction. Researchers have established that there are different types of organizational commitment. Allen & Meyer (1990) investigated the nature of the link between turnover and the three components of attitudinal commitment: affective commitment refers to employees’ emotional attachment to, identification with and involvement in the organization; continuance commitment refers to commitment based on costs that
employees associate with leaving the organization; and normative commitment refers to employees’ feelings of obligation to remain with the organization. Put simply, employees with strong affective commitment stay with an organization because they want, those with strong continuance commitment stay because they need to, and those with strong normative commitment stay because they feel they ought to. Allen and Meyer’s study indicated that all three components of commitment were a negative indicator of turnover. In general, most research has found affective commitment to be the most decisive variable linked to turnover.

The relationship between satisfaction and turnover has been consistently found in many turnover studies (Lum et al, 1998). Mobley et al (1979) indicated that overall job satisfaction is negatively linked to turnover but explained little of the variability in turnover. Griffith et al (2000) found that overall job satisfaction modestly predicted turnover. In a recent New Zealand study, Boxall et al. (2003) found the main reason by far for people leaving their employer was for more interesting work elsewhere. It is generally accepted that the effect of job satisfaction on turnover is less than that of organizational commitment.

Lum et al. (1998) study of paediatric nurses suggested that organizational commitment has the strongest and most direct impact on the intention to quit whereas job satisfaction has only an indirect influence. They suggested that satisfaction indirectly influences turnover in that it influences commitment and hence turnover intentions, Mueller & Price (1990 cited in Lum). Elangovan (2001) noted that the notion of job satisfaction and
organizational commitment being causally related has not been incorporated in most turnover models. His study indicated there were strong causal links between stress and satisfaction (higher stress leads to lower satisfaction) and between satisfaction and commitment (lower satisfaction leads to lower commitment). He further noted a reciprocal relationship between commitment and turnover intentions (lower commitment leads to greater intentions to quit, which in turn further lowers commitment). In summary, only commitment directly affected turnover intentions.

Characteristics of employees can trigger exit decision. It appears from the literature that there are few characteristics that meaningfully predict turnover, the exceptions being age and tenure. Age is found to be negatively related to turnover (i.e. the older a person, the less likely they are to leave an organization). However, age alone explains little of the variability in turnover and as age is linked to many other factors, alone it contributes little to the understanding of turnover behaviour. Tenure is also negatively related to turnover (the longer a person is with an organization, the more likely they are to stay). Mangione in Mobley et al (1979) concluded that length of service is one of the best single predictors of turnover. Griffith et al.(2000) also found that age and tenure have a negative relationship to turnover. Griffith et al. (2000) meta-analysis re-examined various personal characteristics that may be linked to turnover. They concluded that there were no differences between the quit rates of men and women. They also cited evidence that gender moderates the age-turnover relationship (i.e. women are more likely to remain in their job the older they get, than do men). They also found no link between intelligence and turnover, and none between race and turnover.
The link between dissatisfaction with pay and voluntary turnover appears to be inconclusive. Mobley et al (1979) concluded that results from studies on the role of pay in turnover were mixed but that often there was no relationship between pay and turnover. Campion (1991) cited in Tang suggests that the most important reason for voluntary turnover is higher wages/career opportunity. Griffith et al (2000) noted pay and pay-related variables have a modest effect on turnover. Their analysis also included studies that examined the relationship between pay, a person’s performance and turnover. They concluded that when high performers are insufficiently rewarded, they leave.

2.4.5 The measurement of staff turnover

As previously mentioned, recruitment, hiring and induction are costly exercises to any organization, especially to those experiencing high staff turnover. According to Nel et al (2003, p.586), the most commonly used measure for staff turnover is the staff turnover rate (LTR). The LTR is calculated by the means of the following formula:

\[
\text{LTR} = \frac{\text{Number of leavers during a period (V + D)}}{\text{Average of number in employment during period}} \times 100
\]

2.4.6 Recruitment and Selection

As cited in the Recruitment and Retention Strategies Action Plan, (2008) Employee retention is defined as a systematic effort by employers to create and foster an environment that encourages current employees to remain with the organization.
Retention strategies strengthen the ability of businesses to attract and retain their workforce. A strategic approach to employee retention may include adopting effective methods of engagement, safe and healthy workplaces and creating flexible work arrangements. Creative strategies that go beyond pay and benefits can be employed to attract and retain employees,
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter looks at the research methodology that will be used in this study. Leedy (1993) defines research methodology as the framework within which facts are placed so that meaning can be extracted from them. The study covers a period of four years from 2011 to 2014. The target population is clinical heads of departments and doctors who have left the Institution. The focus of this chapter is on research design, data collection and data analysis.

3.2 Research design

The study will take the form of a case study of the Aga Khan hospital, Kisumu. According to Kothari (2009) a case study method is a technique by which individual factors whether an institution or just an episode in the life of an individual or a group is analyzed in its relationship to any other in the group. It is an intensive, descriptive and holistic analysis of a single entity or a bounded case. The purpose of selecting a case study is because the unit of analysis is one entity. In addition, the design will facilitate in depth analysis necessary to gain insight into the larger cases. Another justification for a case study is that it uses smaller samples for in depth analysis.

3.3 Target population

The target population in a study is the entire set of units for which the study data are to be used to make inferences (Cox, 2013). According to Gall, Borg and Gall (2003), a target
population provides a solid foundation and first step upon which to build the validity and reliability of the study. This population helps in determining whether sampled cases are eligible or ineligible for the study. According to the Quality Manual of AKH-Kisumu, (2012) there are 33 doctors (13 specialists and 20 Senior House Officers). The study targeted doctors who have left the organization, between 2011 and 2014 a total of 26 doctors have resigned (8 specialists and 18 Senior House Officers).

3.4 Data collection
The researcher will collect primary and secondary data. The primary data will be collected using a semi-structured questionnaire for section one and a “Likert scale” based on five points for collecting and analyzing the questionnaire: 1- Not at all, to 5- to a very great extent for section two and three. The respondents will be the heads of departments in the fourteen major departments of the hospital, which are: Administration, Medical, Nursing, Clinical Heads of Internal Medicine, Surgery, Pathology, Radiology, Ophthalmology, Obstetrics & Gynaecology, Pharmacy, Dental, Laboratory, Pediatrics, Rehabilitation departments and doctors who have left the hospital. Confirmatory interviews will then be conducted with the medical doctors working in the various departments. The questionnaires will be administered through “drop and pick later” method. Relevant records and other documents on exit interviews and resignation letters will also be examined to establish reasons given by doctors for leaving the organization.
3.5 Data analysis

Before analysis, the data collected will be checked for completeness and consistency. The results will be presented in tables and descriptive statistics. Factor analysis for practical significance will be used to analyze the raw data obtained from the survey.
CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

A quantitative survey with a questionnaire as data collecting tool was used. The aim of this chapter is to present and analyze the data collected. The researcher personally distributed the questionnaires to all the doctors. The completed questionnaires were personally collected by the researcher. The entire process of administering the questionnaire took two weeks.

4.1.1 Response Rate

Thirty three questionnaires were distributed. This covered doctors (32) and the Human Resources Manager (1) at Aga Khan Hospital, Kisumu.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Sample No.</th>
<th>Response</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aga Khan Hospital, Kisumu</td>
<td>33</td>
<td>30</td>
<td>79%</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)

As shown in Table 4.1, 79 per cent was obtained. De Vos et al (2002) indicate that a 60 per cent response rate is good, while a 70 per cent response rate is excellent. The response rate of 70 per cent received for this study was therefore considered as acceptable.

4.1.2 Analysis of Demographic Data

Section one of the questionnaire required that the respondents provide information about themselves, such as gender, age, length of service, position in the organization and
highest education qualification. The information contained in section A is presented and discussed below:

4.2: Gender Analysis

Question 2 required of the respondents to indicate their gender. Table 4.2 presents gender of respondents.

Table 4.2 Distribution of the respondents by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Response Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19</td>
<td>63%</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>37%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)

From Table 4.2 it is observed that more males (63%) than females (37%) participated in the survey. This indicates that the profession of medicine is still dominated by males. However, both genders were represented.

4.3: Analysis by Age

Question 3 required of the respondents to indicate their age. Table 4.3 presents responses received to this question. The table indicates response frequency and percentage.

Table 4.3 Age composition of the Respondents

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Response Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>31-40</td>
<td>14</td>
<td>47%</td>
</tr>
<tr>
<td>41-50</td>
<td>8</td>
<td>27%</td>
</tr>
<tr>
<td>Over 50</td>
<td>6</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)
Majority of the respondents, as indicated in Table 4.3 were between the ages 31-40 (47%) and 41-50 (27%) years. This indicates that most of the respondents were relatively older and thus more experienced. This could also indicate that the hospital in this study is either unable to employ or retain a younger workforce.

### 4.4 Responses with regard to length of service

Question 4 required of the respondents to indicate the number of years employed at the hospital. Responses to this question are presented in Table 4.4

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Response Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>10</td>
<td>33%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>12</td>
<td>40%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>5</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)

The results from Table 4.4 indicate that 40% of the respondents were employed for 2-5 years. Thirty Three per cent (33%) were employed for less than 2 years, while 10% were employed for between 6 years and 10 years and 17% for over 10 years. The results suggest that a total of 73% of the doctors were employed for less than five years, which indicates an unstable work force.
4.5 Respondents positions in the Organization

Question 5 required of the respondents to indicate their position in the organization. Responses to this question are presented in Table 4.5 indicates both the frequency and the percentage.

<table>
<thead>
<tr>
<th>Position</th>
<th>Response Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Leadership Team</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Senior Management Team</td>
<td>9</td>
<td>30%</td>
</tr>
<tr>
<td>Middle Management/Supervisory</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Unionisable</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)

It is evident from Table 4.5 that most of the respondents (50%) were Senior House Officers, Consultants were 30%. There was no unionisable staff. They are all doctors.

4.6 Education levels of the respondents

Question 6 required the respondents to indicate their highest qualification. Table 4.6 presents respondents education levels.

<table>
<thead>
<tr>
<th>Education</th>
<th>Response Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Diploma</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>11</td>
<td>37%</td>
</tr>
<tr>
<td>Post Graduate degree</td>
<td>19</td>
<td>63%</td>
</tr>
</tbody>
</table>

Source: (Ndemaki, 2014)

From Table 4.6 it is clear that the majority of the respondents (63%) had post graduate degree or bachelor’s degree (37%).
4.3 Factors influencing turnover of doctors at the Aga Khan Hospital, Kisumu
This section presents findings on Factors influencing turnover of doctors at the Aga Khan Hospital, Kisumu. The researcher adopted principle component factor analysis method to analyze completed questionnaires.

4.3.1 Descriptive statistics
This section presents descriptive statistics results of the findings.

4.3.2 Percentage distribution of factors
This section presents findings on the percentage distribution of responses. Table 4.7 shows the findings.

Table 4.7 Percentage distribution of factors

<table>
<thead>
<tr>
<th></th>
<th>SD %</th>
<th>D %</th>
<th>N %</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Low remuneration</td>
<td>13</td>
<td>27</td>
<td>13</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>2. Lack of attractive benefits</td>
<td>17</td>
<td>13</td>
<td>20</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>3. Organization is small</td>
<td>50</td>
<td>33</td>
<td>3</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>4. Organization is located in a small town</td>
<td>43</td>
<td>27</td>
<td>7</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>5. The working environment is not good</td>
<td>13</td>
<td>33</td>
<td>20</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>6. Lack of motivation and encouragement for good work</td>
<td>0</td>
<td>33</td>
<td>0</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>7. Lack of opportunities for career advancement</td>
<td>7</td>
<td>33</td>
<td>13</td>
<td>40</td>
<td>7</td>
</tr>
<tr>
<td>8. Style/personality of my boss.</td>
<td>17</td>
<td>40</td>
<td>17</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>9. There is conflict among employees.</td>
<td>47</td>
<td>33</td>
<td>13</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>10. Lack of recognition for my work.</td>
<td>13</td>
<td>13</td>
<td>17</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>11. Lack of training and development opportunities.</td>
<td>13</td>
<td>20</td>
<td>10</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>12. The workload is too much.</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>43</td>
<td>7</td>
</tr>
<tr>
<td>13. My job does not give me enough time for my family.</td>
<td>7</td>
<td>10</td>
<td>40</td>
<td>27</td>
<td>17</td>
</tr>
</tbody>
</table>
Table 4.7 above shows that 50% of the respondents strongly disagree that size of organization contributes to turn over of doctors at Aga Khan Hospital, Kisumu and 43% are of the same view with regard to location of the organization. The study also reveals that 50% of the respondents agree that lack of motivation and encouragement for good work contributes to turnover and 40% are of the same view with regard to Lack of opportunities for career advancement. It is also worth mentioning that 40% of the respondents disagree that management style contributes to turnover, 50% agree that lack of recognition contribute to turnover and another 50% are of the same view with respect to Lack of training and development opportunities.

4.3.3 Descriptive Statistics

This section presents findings on mean and standard deviations, Table 4.8 shows the findings.

Table 4.8 Mean and Standard deviations of the Factors associated with turnover

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>3.07</td>
<td>1.311</td>
<td>30</td>
</tr>
<tr>
<td>Benefits</td>
<td>3.13</td>
<td>1.279</td>
<td>30</td>
</tr>
<tr>
<td>Size</td>
<td>1.80</td>
<td>1.186</td>
<td>30</td>
</tr>
<tr>
<td>Location</td>
<td>2.27</td>
<td>1.507</td>
<td>30</td>
</tr>
<tr>
<td>Environment</td>
<td>2.80</td>
<td>1.186</td>
<td>30</td>
</tr>
<tr>
<td>Motivation</td>
<td>3.50</td>
<td>1.137</td>
<td>30</td>
</tr>
<tr>
<td>Opportunity</td>
<td>3.07</td>
<td>1.143</td>
<td>30</td>
</tr>
<tr>
<td>Boss</td>
<td>2.77</td>
<td>1.357</td>
<td>30</td>
</tr>
<tr>
<td>Conflict</td>
<td>1.80</td>
<td>.925</td>
<td>30</td>
</tr>
<tr>
<td>Recognition</td>
<td>3.23</td>
<td>1.194</td>
<td>30</td>
</tr>
<tr>
<td>Training and Dev</td>
<td>3.17</td>
<td>1.234</td>
<td>30</td>
</tr>
<tr>
<td>Workload</td>
<td>3.07</td>
<td>1.258</td>
<td>30</td>
</tr>
<tr>
<td>Family Time</td>
<td>3.37</td>
<td>1.098</td>
<td>30</td>
</tr>
</tbody>
</table>
Table 4.8 shows the mean score and standard deviations of the factors influencing turnover of doctors from the table. It is evident that lack of family time due to work with a mean score of 3.37 with a standard deviation of 1.098, lack of motivation and encouragement for good work with a mean score of 3.50 which is associated with a standard deviation of 1.137 and lack of recognition with a mean score of 3.23 with a standard deviation of 1.194 are key contributors to turnover by the doctors. It is also worth mentioning that size of organization with a mean score of 3.13 and standard deviation of 1.279 and conflict among employees with a mean score of 1.80 associated with standard deviation of 0.925 in that order are the least causes of turnover by doctors.

4.3.4 KMO and Bartlett's Test
This section presents the KMO and Bartlett's Test for the thirteen factors that were tested in this study.

<table>
<thead>
<tr>
<th>Kaiser-Meyer-Olkin Measure of Sampling Adequacy.</th>
<th>.627</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett's Test of Sphericity</td>
<td></td>
</tr>
<tr>
<td>Approx. Chi-Square</td>
<td>268.514</td>
</tr>
<tr>
<td>df</td>
<td>78</td>
</tr>
<tr>
<td>Sig.</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.10 above shows that Bartlett's test of sphericity is significant. Thus from the perspective of Bartlett's test, factor analysis is feasible. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy for this data set is .627, which is within the acceptable range, so the KMO also supports factor analysis.
4.3.5 Communalities
This section presents findings on communalities

Table 4.10 Communalities

<table>
<thead>
<tr>
<th>Variable</th>
<th>Initial</th>
<th>Extraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>1.000</td>
<td>.947</td>
</tr>
<tr>
<td>Benefits</td>
<td>1.000</td>
<td>.898</td>
</tr>
<tr>
<td>Size</td>
<td>1.000</td>
<td>.763</td>
</tr>
<tr>
<td>Location</td>
<td>1.000</td>
<td>.880</td>
</tr>
<tr>
<td>Environment</td>
<td>1.000</td>
<td>.935</td>
</tr>
<tr>
<td>Motivation</td>
<td>1.000</td>
<td>.862</td>
</tr>
<tr>
<td>Opportunity</td>
<td>1.000</td>
<td>.723</td>
</tr>
<tr>
<td>Boss</td>
<td>1.000</td>
<td>.813</td>
</tr>
<tr>
<td>Conflict</td>
<td>1.000</td>
<td>.832</td>
</tr>
<tr>
<td>Recognition</td>
<td>1.000</td>
<td>.679</td>
</tr>
<tr>
<td>Training and Dev</td>
<td>1.000</td>
<td>.731</td>
</tr>
<tr>
<td>Workload</td>
<td>1.000</td>
<td>.606</td>
</tr>
<tr>
<td>Family Time</td>
<td>1.000</td>
<td>.734</td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis

Table 4.10 shows that the principal Component communalities range from 0.606 and 0.947, indicating that most of the variance in these variables was accounted for by this two dimensional factor solution.
4.3.6 Total Variance Explained

This section presents finding on total variance explained

Table 4.11 Total Variance Explained

<table>
<thead>
<tr>
<th>Component</th>
<th>Initial Eigenvalues</th>
<th>Extraction Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Variance</td>
</tr>
<tr>
<td>1</td>
<td>5.102</td>
<td>39.245</td>
</tr>
<tr>
<td>2</td>
<td>1.607</td>
<td>12.362</td>
</tr>
<tr>
<td>3</td>
<td>1.424</td>
<td>10.956</td>
</tr>
<tr>
<td>4</td>
<td>1.222</td>
<td>9.398</td>
</tr>
<tr>
<td>5</td>
<td>1.047</td>
<td>8.052</td>
</tr>
<tr>
<td>6</td>
<td>.903</td>
<td>6.949</td>
</tr>
<tr>
<td>7</td>
<td>.602</td>
<td>4.634</td>
</tr>
<tr>
<td>8</td>
<td>.511</td>
<td>3.929</td>
</tr>
<tr>
<td>9</td>
<td>.268</td>
<td>2.063</td>
</tr>
<tr>
<td>10</td>
<td>.149</td>
<td>1.145</td>
</tr>
<tr>
<td>11</td>
<td>.112</td>
<td>.859</td>
</tr>
<tr>
<td>12</td>
<td>.031</td>
<td>.235</td>
</tr>
<tr>
<td>13</td>
<td>.023</td>
<td>.174</td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.

Table 4.11 shows that the first factor account for 39.245 of the variance, the second factor accounts for 12.362 % of the variance, the third factor accounts for 10.956 of the variance, the fourth factor accounts for 9.398 % of the variance and the fifth factor accounts for 8.052 of the variance. Figure 4.1 shows the scree plot for the total variance explained based on Eigen values against Component. The curve starts to flatten from component 9 and 10.
Figure 4.1 Total Variance Explained
### 4.3.7 Component Matrix

Table 4.12 shows the loadings of the thirteen variables on the five factors extracted and Table 4.13 show the Rotated Component Matrix

#### Table 4.12 Component Matrix\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>Component 1</th>
<th>Component 2</th>
<th>Component 3</th>
<th>Component 4</th>
<th>Component 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>.960</td>
<td>.074</td>
<td>.056</td>
<td>-.115</td>
<td>.054</td>
</tr>
<tr>
<td>Benefits</td>
<td>.926</td>
<td>.175</td>
<td>.100</td>
<td>-.026</td>
<td>.006</td>
</tr>
<tr>
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Extraction Method: Principal Component Analysis.

a. 5 components extracted.
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Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a Rotation converged in 10 iterations.

4.4 Exit Interviews
The Human Resource department conducts exit interviews and the following secondary data was obtained from those interviews from 2010 to 2014. According to the HR Report on exit interviews for 2013, what worked well for the staff especially clinical staff was the availability of diagnostic services within the hospital which made diagnosing and management of patients easy. There is discipline and team work exhibited across the hospital. What could have worked well included; there was a
feeling from most clinical staff especially doctors that their working hours need to be regulated to avoid overworking themselves. Patient attitudes were a cause for concern for some of them who encountered rude clients.

The hospital needs to consider implementing grading structures for all employees. Their departing messages to leadership included; the need for Senior Leadership to be sensitive to staff complaints. There is need for regular brainstorming sessions on clinical management and there is need to employ more doctors. In conclusion the general feeling of staff leaving the hospital is that of exploring better prospects mainly in terms of better remuneration and benefit packages.

4.5 Discussion of the Findings

The main problem that prompted this study was the high rate of doctors’ turnover at Aga Khan Hospital, Kisumu. The results indicate a significant trend on job factors contributing greatly to turnover. This is evident from the fact that 50% of respondents agree that lack of motivation and encouragement for good work, low remuneration and lack of opportunities for career advancement are some of the major factors influencing turnover. Another set of factors that contribute significantly to doctors’ turnover are the organizational factors which include; lack of training and development opportunities. They contribute 50% to doctors’ turnover. Environmental factors such as size and location of the organization also contribute to a small extent to doctors’ turnover.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section presents findings on the summary, conclusion and recommendations of the study.

5.2 Summary

The study established that 50% of the respondents strongly disagree that size of organization contributes to labour turnover, 50% agree that lack of recognition contributes to labour turnover and another 50% are of the same view when it comes to Lack of training and development opportunities. The study further shows that 50% of the respondents agree that lack of motivation and encouragement for good work contributes to labour turnover.

The study reveals that family time due to work has a mean score of 3.37 with a standard deviation of 1.098, size of organization and conflict among employees has a mean score of 1.80 associated with standard deviations of 1.186 and 0.925 in that order. It also reveals that that there is a positive correlation among the first six factors, which include low Remunerations, lack of Benefits, Size of organization, work Environment, lack of motivation and Location of the organization.

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy for this data set, is 0.627. The principal component communalities for this data set ranges from 0.606 and 0.947.
Moreover, the first factor accounts for 39.245 of the variance and the fifth factor accounts for 8.052 of the variance. The scree plot reveals that the curve starts to flatten from component 9 and 10. The component matrix shows five components are extracted and the rotated components matrix shows Rotation converged in 10 iterations.

5.3 Conclusion

The study was concerned with establishing factors influencing turnover among doctors at The Aga Khan Hospital, Kisumu. It was established that lack of recognition, lack of training and development opportunities, lack of motivation and encouragement for good work influences turnover among doctors at The Aga Khan Hospital, Kisumu. However, size of organization and location of organization do not influence turnover among doctors at The Aga Khan Hospital, Kisumu. Only five factors can be used to explain labour influencing turnover among doctors at The Aga Khan hospital, Kisumu.

5.4 Recommendations

The study was concerned with establishing factors influencing turnover among doctors at The Aga Khan Hospital, Kisumu. For the findings the study recommends that to control labour turnover; The Aga Khan Hospital’s Management should address the issue of low remuneration for its doctors. This will go a long way in motivating them. The study also recommends that the Management should look into ways of providing training and career development opportunities for the doctors. This can be done by partnering with University teaching hospitals such as the Aga Khan University Hospital in Nairobi. The hospital should motivate and encourage doctors for their work by appreciating them and
acknowledging exceptional performance. The study therefore recommends that the Medical Advisory Committee and the hospital’s Management should set up work relations forums where they can recognize doctors for their work, allow them to openly and fairly air their views about their work conditions and empower them to give opinions on what affects them. These measures if implemented would go a long way in enhancing doctors satisfaction hence reduce the turnover rate.

5.5 Limitations of study

The study had several limitations that may have affected the findings of the study. The limitations included the fact that the study was conducted in only one institution. The findings of this study may therefore not be used to generalize for the situation in all private health care institutions in the country. Another limitation was that the study was conducted at one point in time. Since labour turnover is not constant but varies with time according to what happens at different times, the study findings may not be used to explain the situation at different points in time. Some respondents may have given information that was biased as influenced by their own judgment and not according to the real situation.
5.6 Suggestions for further study

The study suggests that future researchers should do the same study in other private health care institutions so as to compare their findings with the findings of this study. Future researchers should do a longitudinal study to establish the trends of turnover of doctors and factors that influence them over time. This is because this study was done at one point in time but turnover occurs time after time. Similar studies should also be conducted in the public sector seeking to obtain reasons for job turnover from the doctors who have left the public sector.
REFERENCES


APPENDIX 1: INTRODUCTION LETTER

University of Nairobi,
School of Business
P. O. Box 30197,
Nairobi.
July 30, 2014

Dr. Sam Oula, Medical Director
The Aga Khan Hospital,
P.O.BOX 530-40100,
Kisumu
Dear Sir,

RE: REQUEST TO CONDUCT RESEARCH IN YOUR INSTITUTION

I am a Master of Business Administration student at the University of Nairobi. As part of the requirements, am expected to carry out a research study on the ‘Factors influencing turnover of doctors at the Aga Khan Hospital, Kisumu. The study is purely academic and all responses will be kept anonymous and treated with utmost confidentiality. A copy of the final paper will be availed to your organization.

Your assistance will be highly appreciated.

Sincerely

Lynette Ndemaki
MBA Student,
University of Nairobi
APPENDIXII: QUESTIONNAIRE

The following questionnaire is designed to analyze and measure factors influencing turnover among doctors at Aga Khan Hospital, Kisumu. The information gathered through this questionnaire will be kept confidential and will only be used for research purposes. Please give answers in the spaces provided and tick ( ) the box that matches your response to the questions where applicable.

Section one: Demographic Data

1. Name of Interviewee : (Optional) __________________________

2. Gender? (Tick as applicable)
   a) Female (   )
   b) Male (   )

3. What is your age bracket? (Tick as applicable)
   a) 21-30 years (   )
   b) 31-40 years (   )
   c) 41-50 years (   )
   d) Over 50 years (   )

4. How many years have you served in this organization?
   a) Less than 2 years (   )
   b) 2-5 years (   )
   c) 6-10 years (   )
   d) Over 10 years (   )

5. Position in the Organization:
   a) Senior Leadership (   )
   b) Senior Management (   )
   c) Middle Management/ Supervisory (   )
   d) Union sable (   )

6. What is your highest education level?
   a) Certificate (   )
   b) Diploma (   )
   c) Graduate (   )
   d) Post Graduate (   )
SECTION TWO: What are the factors that influence doctors to leave Aga Khan Hospital, Kisumu?

Rate the extent to which the following state correctly:

1- Strongly disagree  
2- Disagree  
3- Neither agrees nor disagrees  
4- Agree  
5- Strongly agree

**Tick on the right against each statement**

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<th>Statement</th>
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<td></td>
</tr>
<tr>
<td>2. Because of lack of attractive benefits.</td>
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<tr>
<td>3. Because the organization is small</td>
<td></td>
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<td>4. Because the organization is located in a small town that lacks good</td>
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<td>support organizations such as schools, recreational facilities and</td>
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<td>medical facilities.</td>
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<td>5. Because the working environment is not good.</td>
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<td>6. Lack of motivation and encouragement for good work.</td>
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<td>7. Lack of opportunities for career advancement.</td>
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<td>opportunities.</td>
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<td>12. The workload is too much.</td>
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<tr>
<td>13. My job does not give me enough time for my family.</td>
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