HUMAN RESOURCE PRACTICES THAT INFLUENCE LABOUR TURNOVER OF NURSES IN PUBLIC AND PRIVATE HOSPITALS. A CASE OF NAIROBI.

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D53/CE/10183/04

THIS PROJECT IS SUBMITTED IN PARTIAL FULFILMENT OF THE AWARD OF MASTERS DEGREE IN BUSINESS ADMINISTRATION OF KENYATTA UNIVERSITY.

DATE: NOVEMBER 2007
DECLARATION
This is my original work and has not been presented for a Masters Degree in any other university.

Name : .................................................
Sign : .................................................
Date : .................................................

This Project has been submitted for examination with my approval as a University Supervisor.

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Date
DEDICATION

This Research Project is dedicated to my husband John, Sila and my son, Victor for the support they have given me during the research.
ACKNOWLEDGMENT

Special gratitude goes to my University Supervisor, Mrs. P.A. Genga for her professional advice given and valuable comments.

I wish to thank the Principal, Tututha Secondary School, Mr. H. Muthama, for his co-operation.

Much appreciation goes to Titus Kivuitu for his support.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>(ii)</td>
</tr>
<tr>
<td>Dedication</td>
<td>(iii)</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>(iv)</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>(v)</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>(viii)</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>(ix)</td>
</tr>
<tr>
<td>Abstract</td>
<td>(x)</td>
</tr>
</tbody>
</table>

CHAPTER ONE

1.0 Introduction 1
1.1 Background of the study 1
1.2 Statement of the Problem 3
1.3 Objectives of the Study 4
1.4 Research Questions 4
1.5 Significance of the Study 5
1.6 The Scope of the Study 5
1.7 Limitations of the Study 5

(v)
CHAPTER TWO
2.0 Literature Review 6
2.1 Introduction 6
2.2 Theoretical Framework 6
2.3 Main Review of Related Literature 15
2.4 Conceptual Framework 20
2.5 Summary and gaps to be filled by the study 21

CHAPTER THREE
3.0 Research Methodology 22
3.1 Research Design 22
3.2 Target Population 22
3.3 Sample Size and Sampling Procedures 22
3.4 Research Instruments/Data Collection Procedures 23
3.5 Data Analysis 24
3.6 Expected Output 25

CHAPTER FOUR
4.0 Introduction 26
4.1 Summary 26
4.2 Gender of the Respondents 27
4.3 Duration of working in the hospital 29
4.4 Reward and Compensation 29
4.5 Opportunities for further Training and Development 30
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>Money employees receive for work done</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Able to bring about the results intended/goals</td>
</tr>
<tr>
<td>Investment</td>
<td>Spent money on something in order to make it better or more successful.</td>
</tr>
<tr>
<td>Migration</td>
<td>The movement of large number of people from one place to another.</td>
</tr>
<tr>
<td>Motivation</td>
<td>The reasons that cause people to act in a certain way.</td>
</tr>
<tr>
<td>Optimum</td>
<td>The best possible result, set of conditions</td>
</tr>
<tr>
<td>Orientation</td>
<td>Training or information given before starting a new Job.</td>
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<td>Labour turnover</td>
<td>The extent to which people enter and leave employment in a business during a year.</td>
</tr>
</tbody>
</table>
**ABBREVIATIONS**

The following are the definitions of some of the terms that have been used in this study:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>A.N.A</td>
<td>American Nurses Association</td>
</tr>
<tr>
<td>H.I.V</td>
<td>Human Immuno Deficiency Virus</td>
</tr>
<tr>
<td>I.C.N</td>
<td>International Council of Nurses</td>
</tr>
<tr>
<td>I.M.F</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>I.O.M</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>K.E.M.R.I</td>
<td>Kenya Medical Research Institute</td>
</tr>
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<td>K.M.A</td>
<td>Kenya Medical Association</td>
</tr>
<tr>
<td>K.M.T.C</td>
<td>Kenya Medical Training College</td>
</tr>
<tr>
<td>K.N.H</td>
<td>Kenyatta National Hospital</td>
</tr>
<tr>
<td>M.D.Gs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>M.O.H</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>N.C.K</td>
<td>Nursing Council of Kenya</td>
</tr>
<tr>
<td>U.N.C.T.A.D</td>
<td>United Nations Commission on Trade and Development</td>
</tr>
<tr>
<td>W.H.O</td>
<td>World Health Organization</td>
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ABSTRACT

This study investigated human resource practices that influence labour turnover of nurses in both private and public hospitals in Kenya. Kenya is losing specially trained nurses. According to the nursing council of Kenya, Kenya has lost over 3000 specially trained nurses to foreign countries during the past five years. Health care systems cannot function without human resources for health. Nurse migration has led to a loss of scarce human resources and loss of investment in education (Kline, 2003). It has also compromised the quality of health services in public hospitals. International migration threatens global health because the loss of human resources through migration of professional health staff to developed countries usually results in a loss of capacity of health systems in developing countries to deliver health care equitably (ICN, 2004).

Nurse migration has challenged policy makers and other experts to address the ethical, financial, social, political and health implications surrounding the issue (Kingma, 2006). A high level of staff turn over will mean that there will be high additional cost of staff replacement and recruitment, additional training costs and disruption to the quality of service or to production (Needham, 2000).

The research used descriptive research design. The study population consisted of nurses working in public and private hospitals in Nairobi. The hospitals were sampled using multistage stage sampling technique. The research used stratified random sampling to get the sample for nurses and simple random sampling to get the sample for the administrators.
CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Employees are the most valuable assets to any organization. In order to retain them they must be highly motivated (Gary, 2005). Medical workers, in this study the nurses, are quite valuable to this country. Good health is critical in enhancing human development. Improving health condition improves productivity of workers as they fall ill less often (Kaba, 2006). Nurses play a critical role in provision of health services. Their migration to the other countries has had a negative impact on service delivery. This is reflected by the inefficiency and low quality of services in public hospitals. Infant mortality rates and maternal mortality rates are still high (Ministry of Health, 2007). According to the Ministry of Health (2007), the health sector today requires ten thousand nurses to operate at optimum level. If the migration is not addressed this gap is likely to increase to unmanageable levels.

Kenya also needs a healthy population in order to achieve the millenium development goals. Three of the eight millenium development goals are related to the health sector.

These three are:-

- Reduction of child mortality by two thirds between 1990-2015
- Improvement of maternal health by three quarters in the same period.
- Combating H.I.V/AIDS, Malaria and other diseases like tuberculosis.

(Ministry of health, 2006).
Hence the attainment of MDG's requires sustained investment and implementation of intervention in the core programme areas. Nurses play a critical role in these. The management must, therefore, make sure that these employees are satisfied with their jobs and motivated to perform well. It must be concerned about their safety, conditions and terms of service, wages and benefits.

A high level of staff turnover will mean that there will be high additional training costs and disruption to the quality of service or to production (Needham, 2000).

The compensation that employees receive can also be an important factor in determining whether an employee will continue to work for the company, will be satisfied with the work and will do a good job (Rudelis, 2004). The management must therefore develop a compensation system that is fair to all employees, satisfies them and encourages them to do a good job for the hospital.

According to the ministry of health, the health sector today requires additional staff for it to operate at optimum level. The migration of nurses is certainly increasing this gap. The issues surrounding this migration need to be seriously identified and addressed.
1.2. Statement of the Problem

In Kenya today many highly qualified and experienced nurses have left the country to work elsewhere in Africa and other countries while others have joined NGOs (Njau, 2006). The nurses migration has affected staffing levels, which has contributed to the low quality of health service provision and has led to ineffectiveness in service delivery in most public hospitals in Kenya (Karani, 2006). Kenya national goal at independence to eradicate diseases is now highly challenged. The shortage is a result of migrations of nurses to rich countries (Njau, 2006). This critical problem is highlighted in a W.H.O synthesis report (Awases et al., 2003), which presents the findings of a study on the migration of health care workers out of several African countries. The remaining nurses are left faced with low staffing levels that hinder their ability to provide safe care.

According to study conducted by Karani (2006) at K.N.H, nursing shortages was cited as one of the factors that hinder them from achieving quality nursing care. After rich nations recruit the experienced nurses, they leave the health sector struggling with in experienced young graduates and those without much in service upgrading training (Njau, 2006). The gross loss of expertise after senior and experienced nurses leave their jobs is in proportion of a serious disaster (Njau, 2006). Maternal mortality rates are high, currently at 590/100,000 live births (Ministry of Health, 2007).

The level of infant and child mortality rates has shown a steady increase in Kenya between 1988-2004, (Jada, 2000). Canadian Federation of nurses Union (2005), notes strong empirical evidence demonstrating the link between inadequate nurse staffing and a range of adverse patient outcomes including medication errors. This research therefore aims at investigating the human resource practice that influence labour turnover of nurses in both public and private hospitals in Nairobi.
1.3. **Objectives of the Study**

1. To establish the human resource practices that influence labour turnover of nurses in public and private hospitals.

**Specific Objectives**

1. To investigate the types of benefits / allowances that the nurses get.
2. To investigate the available facilities at work.
3. To establish the existence of the government’s policy on safety of nurses while on duty.
4. To find out the development opportunities available to the nurses.
5. To find out if there are opportunities for further training and other motivating factors/incentives.
6. To investigate on working hours of every nurse.

1.4 **The Research Work is aimed at answering the following Questions**

1. What benefits, allowances and incentives are the nurses entitled to and are they adequate.
2. How adequate are the available work facilities.
3. What is the government policy regarding the safety of nurses while on duty.
4. What development opportunities are available, and are there opportunities for career advancement.
5. Are there opportunities for upward mobility.
6. What are the working hours for every nurse at KNH.
1.5 **Significance of the Study**

This study will be useful to the administration of the hospitals since they will better understand and address the problems facing their employees. The nurses will benefit from the information gathered. The government will also benefit as its findings will give insight into why the nurses are migrating and how this can be managed. It will also be of benefit to the Kenyan public through possibly improved service delivery and to all the stakeholders in the health sector who include private hospitals, clinics, private doctors and pharmacists.

1.6 **The Scope of the Study**

The study will investigate the human resource practices that influence labour turnover in both private and public hospitals in Nairobi.

1.7 **Limitation of the Study**

The study is limited to few hospitals because of financial reasons. It will be difficult to meet the total cost of the study of many hospitals because the research is fully sponsored by the researcher. It will also involve travelling to Nairobi.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

Kenya has lost over 3,000 specially trained nurses to other countries during the past three years (Nursing council of Kenya, 2007). The professionals such as nurses and doctors that Kenya needs the most are the ones migrating out of the country in substantial numbers.

The migration of nurses is a clear indication that all is not well. They are not satisfied with working in Kenya. According to Arthur Okwemba (2003), evidence that some 400 local nurses were preparing to move to the US that year alone caused concerns in the Ministry of Health. As of 2005, Kenya was short of 48,000 nurses (Remington, 2005).

2.2 Theoretical Framework

According to W.H.O report of June (2003), a healthy, active population is a pre-requisite for economic development. In addition, equitable and efficient delivery of quality health services depends on many factors including the appropriate combination of resources available on domestic as well as international market. Besides essential drugs and medical supplies there are several other critical resources including highly qualified and motivated health personnel and well equipped facilities. A rise in the brain-drain of health professionals leaving low income countries to work in the highest income countries can increase health personnel shortages in developing countries leading
to problems in access to quality health services (Grondin, 2005). This research will investigate if this is the case in Kenya. The loss on investment on doctors who subsequently emigrate has been estimated at tens of millions of dollars for South Africa alone (Bundred, 2000). This study will confirm the effect of this problem in Kenya.

In a key address by Grondin (2005), the director of the migration health department, International Organization for migration, U.S, during a conference, he noted that of all the professionals lost to source countries the most frequent ones are health professionals (Grondin, 2005).

Although the same pull and push factors that drive general migration trigger and sustain the migration of health care workers, active international recruitment by industrialized countries has been the solution to their shortage of health professionals. According to Grondin (2005), the problems in developing countries attributed to migration of health care workers have been recognized for nearly fifty years, since the 60’s with the large-scale emigration of doctors from the U.K. to the large scale U.S. The resulting vacuum in the U.K pool of physicians was filled to some extent by the migration of doctors from Asia, particularly from Indian. Between 1956 and 1980 the all Indian Institute of medical sciences in New Delhi saw 56% of its output of graduate doctors leaving for better career opportunities abroad.

Historically, Nurse migration has been mostly opportunistic or based on individual motivation and contacts (Bunchan, 2001). During the past decade,
however active large scale planned international recruitment has occurred with developed countries recruiting nurses from both developed countries and developing countries (Huston, 2006). In addition developing countries are recruiting from each other even within the same geographic region (ICN, 2002). As a result foreign educated health professionals represent more than a quarter of the medical and nursing work forces of Australia, Canada, The UK and the United States (Halton, 1998). This nurse migration has occurred primarily as a result of push/pull factors. Push factors are those things that push or drive a nurse to want to leave their country to go to another. Pull factors are those things that draw the nurse towards a different country. This research will investigate the push/pull factors at hospitals in Nairobi.

The literature suggests that different countries have experienced different impacts as result of the push-pull of international nurse migration. Donor countries report “brain drain”, the loss of skilled personnel and the loss of investment in education (Kline, 2003), that is experienced when scarce human resources migrate elsewhere. International migration threatens global health because the “loss of human resources through migration of professional health staff to developed countries usually results in a loss of capacity of health systems in developing countries to deliver health care equitably” (ICN, 2004). Migration of health workers also undermines the ability of countries to meet global, regional and national commitments and even their own development (ICN, 2004). For these reasons, the common wealth code of practice for the international recruitment of health workers (2003), discourages the targeted recruitment of health workers
from countries which are experiencing shortages. Buchan (2004), concur, arguing that developing countries need to do all they can to create a sustainable professional nurse work force that meets their own needs.

Kingma (2001), suggests that the negative effects of international migration on source countries are beginning to be recognized but that they have not been effectively addressed. Certainly there must be some sort of a balance between the right of individual nurses to choose to migrate (autonomy), particularly when push factors are overwhelming and the more utilitarian concern for a donor nations' health as result of losing scarce nursing resources (Huston, 2006).

International migration poses potential negative consequences for the individual migrating nurses. Due to the lack of regulatory oversight of agencies and practices of global nurse migration contracting, nurses who have migrated are at increased risk for employment under false pretences and may be misled as to the conditions of work, possible remuneration and benefits (Huston 2006). Thus they are placed at risk for unethical, if not illegal employment practices in their host country. Haddad (2002), also voices her concern that nurses from donor countries may not be given the respect they deserve in the work place due to negative bias and prejudice by their peers who regard them as outsiders.

Huston (2006) suggests that, “one must at least consider whether recruiting nurses from other countries to solve acute staffing shortages is simply a poorly thought out, quick fix to a much greater problem and in doing so, not only are donor nations harmed, the issues that led to the shortage in the first place are never
addressed. He further argues that large-scale recruitment of nurses from other countries would be less necessary if both importer and exporter nations made a more concrete effort to improve the working conditions, salary empowerment and recognition of the native nurses they already employ. Sigma Therata Tau International, recognizes international nurse migration as a serious issue impacting nurses worldwide since nurses and the nursing profession are a vital and integral partners in every health care system (Hazard 2004), global health is dependent upon all nations having the human resources to provide nursing care.

Both the guiding principles established by the common wealth code of practice for the international recruitment of health workers and the ICN position statements support the right of nurses to migrate and confirm the potential beneficial outcome of multicultural practice and learning opportunities supported by migration, but acknowledge potential adverse impacts on the quality of health care in donor countries. They suggested that importer countries have an obligation to ensure that importer resources have been dedicated to the recruitment and retention of their own nurses before recruiting nurses from other countries; since nurse migration is often a symptom of more deep-seated problem in a country’s nursing labour markets relating to long-term relative under-investment in the profession and its career structure and failed policies (Buchan, 2001).

In addition, the documents denounce unethical recruitment practices that exploit or mislead nurses into accepting employment and working conditions that are incompatible with their qualifications, skills and experience.
Kigma (2006), brings up an excellent point regarding the "need" and "demand" for nurses. In the United States, there are over 5000,000 qualified nurses who are not active or employed. The number is about 35,000 in South Africa yet both countries are facing a shortage. Need, she says, is determined by professional associations who understand that patient care is affected when there are not enough nurses to meet the health requirement of a patient population while demand is an economic consideration that limit the number of positions open to nurses based on financial constraints.

According to her, the economic cut-backs on public health spending that were a direct result of the restrictions placed on the developing world by the international monetary fund and the world bank, for example, often decimated health care systems and forced many nurses out of jobs and placed greater strain on those that remained. The situation was exacerbated by the mistaken, but common notion that a "nurse is a nurse" and that as a result you could "substitute" a nurse with less qualified personnel.

The good news, says Kingma is that institutions like the World Bank and the IMF have a greater awareness that human resources are not only a cost but an investment and that they are critical in the delivery of care. However, recovery from cut backs in health care-which happened in both the developing and industrialized world- is a slow process at best.

Kigma notes that, most of the migratory flows occur from one industrialised country to another. She further notes that the united kingdom and Canada are
quite concerned about the shortage of nurses in the U.S. and its potential implications on the recruitment of their health care staff. Additionally migration can also occur internally when nurses move from rural areas to urban areas. This is particularly occurring in developing countries.

While Kigma emphasizes that nursing ratios don't always provide an accurate depiction of quality of care, they can certainly point to deficiencies in health care systems.

Rather than addressing the underlying problems that drive nurses to seek opportunities elsewhere some countries have tried to implement bans on nursing emigration or in the case of many industrialized countries, have turned to the world market to supply their demand. Kigma argues that the challenges of nurse migration are not just those that drive the travelling nurse to leave her home country. There are also questions surrounding her journey and her new country of employment. Once they have arrived, they have new health care systems and new cultural expectations. “This is a critical issue,” says Kigma. “These nurses have a license to practice but they are unfamiliar with the health system or some of them may have problems with communication. Although you may be fluent in a language, you may not be at ease with its slang or medical terminologies”.

Worse, she adds, is that many nurses are denied an orientation period even when they are promised one. Part of the concern surrounding the international migration of nurses is that it opens the door for potential exploitation, for example, says Kingma, it can start off by the fact that nurses are asked to pay recruitment agencies a fee to find them employment abroad. In some cases this fee can extend
up to six months salary from a nurse and worse, just provide access to employment information rather than a position. Another concern, she adds is contract substitution. In this situation, a nurse arrives in her destination country and because she has to trust others to deal with her immigration papers, customs and other matters, she hands her travel document to agency representatives. The agencies tell the nurse that unless she signs a new contract “she won’t get her documents back,” says Kingma. “In some cases this can mean that having signed up to work for an acute hospital at $100,000 a year, for example, the nurse has to accept a job at $30,000 at a nursing home.

There is also a great deal of fraud and abuse in accommodation. Because many times new migrants don’t know any better, they are made to live in particular apartments where the rent is doubled and they have to pay additional “fees” and “surcharges” to the landlord. According to Kingma (2006), they are bound to their employer at this point since their entire salary has essentially been paid in rent.

Addressing nurse migration, Kingma stresses, means addressing the need to migrate and monitoring the process of migration, a basic human right. Furthermore, addressing the shortage also requires that health care systems everywhere addresses the concerns that lead nurses to migrate or leave the profession.

According to WHO (2003), the loss of health workers from Africa is severally limiting the ability of health infrastructure to combat the HIV/AIDS epidemic and achieve any substantial progress towards attaining the millenium
development goals. This research will investigate if this is true at hospitals in Nairobi and Kenya in general. The ability of a country or region to cope with acute and chronic health conditions like malaria and aids and to deliver quality care depends on all health sectors. However this ability has been severally compromised in many developing countries mostly in Africa by the immigration of its health professionals (Grondin 2005). This could be true for Kenya and this research will confirm if this is so in the Kenyan situation. The migration is an increasing challenge for management of health care systems and more so long term care. Particularly for developing countries which face public health crisis as HIV/AIDS tuberculosis and malaria. Its also a challenge for developed countries which are facing demographic challenges due to an aging population with increasing needs for long term care.

During a seminar on health and migration that brought together for the first time health & migration officials for an informed exchange of views on health and migration policy concern, the participants observed that a truly sustainable solution to the uneven migration of health professional must address the issue of an expression of global shortages of health care professionals. To develop effective migration health policies and management strategies, it was agreed that more research that will produce comparable data was needed to better understand the complex connection between health & contemporary migration (Grondin 2005).
2.3. **Main review of related literature**

According to a study by Everett (1996), the conditions under which the nurses worked was directly related to their job satisfaction. This study was entitled, "twenty thousand nurses tell their story." It was part of five years research project that was conducted by the A.N.A. The study looked at nurses, what they were doing, their attitude towards their job and their job satisfaction. This study will establish the case of Nairobi.

One of the major studies of nursing conducted in the 1990's in the U.S. was that of national commission on nursing. The group was composed of a forum of 30 commissions. It was concerned about the current nursing related problems in the health systems especially the apparent shortage of nurses. Some of the objectives of this research was to explore the motivation and incentive for nursing education and nursing practice. Some of the issues identified by the study were:

1. The effective management of nursing resources including such factors as job satisfaction, recruitment & retention.

2. The relationship among nursing medical staff and hospital administration including nurses participation in decision-making.

A two-year study was conducted in 2000 by the institute of medicine committee on nursing and nursing education in the US and was funded by the department of health and human services. The objectives of the study were to identify why more nurses do not work in medically under served areas and to find out if and why nurses do not stay in the profession, and to recommend the public and private
measures for improving the supply and effective use of nursing resources. Lack of incentives was cited as one of the reasons why the nurses left the profession. This research will investigate if this could be a reason why the nurses at hospitals in Nairobi leave their jobs. According to the work of Simi Arora (2004), who researched the data on the migration of health care workers, over 13,000 nurses and 4,000 doctors migrated to the UK in 2002. According to research by Ross (2005), greater than 50% of new nurse registrants in 2001 in the UK were foreign-trained. The research found out that the classification of nursing as a "shortage occupation" in the UK had encouraged the liberal issues of work permits to foreign nurses seeking migration.

A study by Meija et al (1990), represents the most recent attempt to collect and analyse data describing the migration of nurses around the world. Meija and colleagues identified the USA, the UK and Canada as the major hosts countries for foreign nurses, while the Philippines, the UK and Australia were primary source countries for foreign nurses. According to a study by Buchan et al (2003), many foreign nurses reported improved professional development opportunities and not necessarily higher wages caused them to migrate. This research will establish the case in Nairobi. A research conducted by Kingma (2006), a consultant for nursing and health policy with the ICN established that many ministers of health in developing countries claim that they cannot hope to compete with salaries offered in places like the U.S. and Canada and as such, they can not stem the tide of nurses leaving their countries. Nurses in Canada, Kingma states, earn about fourteen more times than what most nurses earn in Ghana, a country in the developing world, even after adjusting for purchasing power.
She adds, "you find that when questioned, these nurses don't necessarily want nor need those kinds of salaries. They would just like pay equity within their national context. This research will find out what nurses in Kenya particularly K.N.H. regard as good pay. According to the research by Simi Arora (2004), in 2003 about 10,000 new full registrants on the U.K. general medical council were from countries outside the European Union representing two thirds of all registrants, 31% of its doctors and 13% of its nurses are foreign born. More than 150,000 Filipino Nurses and 18,000 Zimbabwean nurses worked abroad in 2000 and 2001. According to the researcher, Africa is an important supplier of doctors and nurses for the International markets with an estimated 23,000 qualified academic professionals emigrating annually. South Africa medical school report that a third to half of its graduates emigrate to the developed world every year. Yet South Africa is at the receiving end of intra-regional migration of health care workers, for example from Kenya. This study will establish the number of nurses migration from Kenya to other countries annually.

The research further states that, in Australia the No of nurses migrating from S. Africa to Australia tripled between 1993 –2000 and the number of temporary resident overseas trained nurses who arrived to work in rural and remote under serviced areas has more than quadrupled over the last decade with 2899 such doctors arriving in 2001 – 2002. Between two-five thousand overseas trained nurses enter Australia annually. This study will find out how many of these are from Kenya.
The research by Arora further observes that poor retention of health care professionals is not a problem observed only in the developing world shortages in developed countries are also acute. While Canada recruits doctors from South Africa, about 8,000 Canadian doctors practice in the U.S. Nurses are migrating back and forth between wealthy countries such as Australia, the U.K, the U.S, New Zealand, Canada, Ireland and Norway. The Gulf states have also become an important destination which recruits health professionals from all parts of the world including Europe. This research will establish the push factors that draw nurses to these destinations. The loss of health professionals in a given country is not due entirely to the international mobility of health professionals, but also to their internal migration. In most countries, both developed and developing countries health workers move from rural areas to urban ones. Internal migration can be the first step towards international migration (Grodin 2005). Another type of “loss” associated with migration is the “brain waste (Grodin 2005), which is associated with the “Cross – Industry” Migration of qualified health care professionals leaving their profession to work in non-health related occupation. This research will establish if this trend exists in Kenya and to what extend. The research attributes this to unethical practices such as relegating highly skilled nurses to care assistants and non- nursing tasks.

Not only is the emigration of health professionals a human resource loss in itself but its financial cost implication are significant for the country e.g. there are 600 South Africa medical graduates registered in New Zealand, which cost South
Africa an estimated 37 million. The U. N.C.T.A.D. has estimated that each migrant African health professional represents a loss of $184,000 to Africa. Yet Africa spends $4 billion on the salaries of 100,000 foreign experts. This research will establish the cost in the Kenyan case.

According to the nursing council of Kenya (2007), 50% of Kenyan nurses leaving the country go to Britain, 45% to the U.S. and the remaining 5% to other countries. According to research conducted by Onyango et al. (2004), entitled "Health workers for change study," in Kenya, provision of adequate health services in developing countries is adversely inhibited by factors such as demoralized staff.

The study suggests that the basic problems within the health system need to be addressed in order to improve health care and achieve health for all. The study came up with recommendations such as workshops conducted more than once; it also stated that health workers in Kenya need external support for their initiatives because they are already working under stressful conditions and facing numerous problems, ranging from lack of equipment to low morale. Support such as the workshop series acts as a catalyst to rekindle a positive spirit. The paper concludes that external support would improve the nurses job satisfaction, which can lead to better health worker-client relation.

According to a study "problems encountered by middle level nurses manager in ensuring quality nursing care in K.N.H", conducted by Karani, nursing shortages was cited as one of the factors that hinder nurses from achieving quality nursing care.
Sheldon et al (2005), reviewed 22 studies that confirmed that adequate staffing and skill mix associated with improved patient outcomes. Canadian federation of nurses union (2005), notes strong empirical evidence demonstrating the link between inadequate nurse staffing and a range of adverse patient outcomes including pressure, ulcers, medication errors, among others patient satisfaction, decreased with reduced nurse staffing.

A study on factors influencing the quality of nursing in Kenya at K.N.H stated that nurses at the Hospital have been observed to be spending very little time with patients (Karani, 2006) and interaction was superficial and routinized.

According to Ondime (2004), there is a shortage of trained staff expected to give effective care from prenatal, delivery to postnatal.

2.4. Conceptual Frame Work.
To retain employees, the organization requires high levels of employee commitment & morale. Therefore the management must come up with H.R related practices that promote employee commitment by making the organization a place in which employees want to work and feel like partners.

2.5. **Summary and gaps to be filled by the study**

The information on the reasons why the nurses are migrating from Kenya and its financial and social implications is scanty. There is scanty documented data on the impact of nursing shortage in Kenya. This research intends to fill such gaps and find out what is missing in their present jobs and what attracts them to those countries and therefore come up with comprehensive data. During a seminar on health and migration that I.O.M organized in 2004 that brought together health and migration officials for an informal exchange of views on health and migration concerns, it was felt that to develop effective migration health policies and management strategies, more research that will produce good comparable data is needed. This research intends to fill such gaps.
CHAPTER THREE

3.0. RESEARCH METHODOLOGY

This chapter is organized under the following sections, the research design, target population, sample size and sampling procedures, research instruments, data collection procedures and data analysis.

3.1. Research design

The research adopted a descriptive research design. A descriptive design brought about deeper insights and better understanding of the human resource practices that influence labour turnover of nurses in both private and public hospitals.

3.2. Target population

The target population were the nurses working at public and private hospitals in Nairobi. There are thirty six hospitals in Nairobi, 26 are private while ten are public. This area was chosen because it has a variety of both public and private hospitals.

3.3. Sample size and Sampling procedure

Cohen and Manion (1994) states that a sample of 30 subjects is minimum. For the purpose of this study twenty percent of the number of hospitals were sampled. This means that eight hospitals were sampled. Four were private while four public.

The eight hospitals were selected through multistage sampling whereby Nairobi was sub-divided into four zones and then from each zone simple random sampling...
was used to select one private and one public hospital. This ensured that all the hospitals stood a chance of being selected.

The sampling of the nurses was done using stratified random sampling by taking 20% of the nurses in each category. This method was used since there are three categories of Nurses: Kenya registered Nurses, Enrolled Community Nurses and Enrolled Nurses. This percentage was used inorder to ensure the sample was representative and was adopted from a previous study by Onyango (2004).

To get the actual number in each category, simple random sampling was used taking into consideration gender and years of service. Sampling of the administrators was done by simple random sampling.

3.4. Research instruments/ data collection procedure.

- Self-completion questionnaires

The study used two types of self-completion questionnaires, one type was designed for use by the nurses while the other by the administrators.

- Personal interview

This involved personal interview of the administrators.

- Tables

The study also used tables. According to Herper (1988), use of tabular layout would enable any desired figure to be located more easily.

The first step in the procedure was to request permission to collect data from the relevant authorities. Then, the other step was to send an advance letter to the sample respondents explaining the purpose of the study.
The third step was a pre-test of the research instrument. A pre-test was a pilot study i.e. the questionnaire was piloted with a small representative sample. This was to find out if everything worked well and detect any potential misunderstanding or biasing effects of different questions. It also helped test the feasibility of the study techniques and to perfect the questionnaire concepts and wording.

3.5. Data analysis

The data collected from primary source was processed with the aid of a statistical package for social sciences software.

Descriptive statistics was used to analyse qualitative data. Frequency distribution tables, proportions and percentages was used to determine the percentage number of respondents who answer Yes or No. Frequency distribution was used to establish the number of respondents giving a certain response.

The measure for the independent variables was determined by the use of likerts scales which will rank how strongly each independent variable affects the dependent variable (Saunders, 2003). The data was edited and tabulated. Editing was done to improve the quality of data for coding. After the tabulation of the data, further analysis was based on the computation of percentages.

To analyse the qualitative data, the responses were categorised into various classes (categorical variables).

The other techniques were use of Impressionist summary to summarise key findings. Content analysis was also used. Here the frequency with which an idea appeared was interpreted as a measure of importance.
3.6. **Expected output**

The research expects to collect comprehensive information on the human resource practices that influence labour turnover of nurses in both the private and public hospitals in Nairobi.
CHAPTER FOUR

4.0 INTRODUCTION

This chapter gives a summary, discussion and conclusions drawn from the findings of the study. A pilot study was done before the actual research. The questionnaires were given to twenty Nurses and four administrators to complete and to indicate if it was easily understood to them. The aim was to identify and improve questions that were not clear. The pilot subjects completed the questionnaires without difficulties. They indicated that the questionnaire was simple and understandable. After obtaining permission to conduct the study from the relevant authorities at the different hospitals, a qualified professional nurse who has experience in research and data collection methods was appointed as a research assistant. She introduced the study to the nurses and then requested for their voluntary participation. Data was collected within a month.

4.1 Summary

The ultimate aim of this study was to generate answers to specific questions. The findings of this study are specific to the hospitals where data was collected but can also be used to highlight and illuminate issues of more general significance and concern for nurses in Kenya and other developing countries.

The research sought to investigate the human resource practices that influence labour turnover of nurses in both private and public hospitals. It was a case of Nairobi. The province was purposely chosen because it has a variety of both public and private hospitals that are easily accessible by road. Eight hospitals were sampled. Four were private and the other four were public. A 96% response
rate was achieved. The total sample was 450 nurses. Two hundred and thirty nurses were from public hospitals while two hundred and twenty nurses were from private hospitals. Thirty administrators were sampled. Fifteen were from public hospitals while the other fifteen were from public hospitals. This chapter presents the findings of the study as organized under the following headings:-

4.2 Gender of the respondents

4.3 Duration of working in the hospitals

4.4 Reward and compensation

4.5 Opportunities for further training and development

4.6 Challenges faced in the job

4.7 Policy on work safety

4.8 Safety reinforcement

4.9 Risk assessment

4.10 Types of allowances

4.11 Facilities/equipment in hospitals

4.12 Employee turnover over the last two years

4.13 Factors contributing to nurse migration to seek jobs in other countries

4.14 Working schedule

4.15 Relationship between labour turnover and human resource practices

4.2 Gender of the Respondents

60% of the nurse respondents were female while 40% were male. This is a reflection of the general trend in Kenya, where a majority of the nurses are female.
Figure 4.2

Gender of the respondents

![Gender Pie Chart]

Table 4.2

Educational Qualifications of Nurses

<table>
<thead>
<tr>
<th>Educational Qualification</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters Level</td>
<td>8</td>
<td>1.85%</td>
</tr>
<tr>
<td>Degree Level</td>
<td>65</td>
<td>15.05%</td>
</tr>
<tr>
<td>Diploma Level</td>
<td>209</td>
<td>48.38%</td>
</tr>
<tr>
<td>Certificate</td>
<td>150</td>
<td>34.72%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>432</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the table above only 1.85% of the nurses had masters level qualifications.

This is attributed to the fact that masters degree programmes for nursing were introduced recently.
4.3 Duration of Working in the Hospital

Majority of the nurses, 52% had worked in the respective health facility between 1-5 years. 30% had worked there between 6-10 years. The least number, 18 %, had worked there for over ten years. For the administrators, 62% had worked in the respective hospitals for over 10 years while 38% below 10 years.

4.4 Reward and Compensation

The table below shows the responses of the nurses when asked how they rated their total reward and compensation.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Highly Satisfactory</th>
<th>Satisfactory</th>
<th>Not Satisfactory</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospital Nurses</td>
<td>5.2%</td>
<td>7.9%</td>
<td>37.8%</td>
<td>50.9</td>
</tr>
<tr>
<td>Private Hospital Nurses</td>
<td>10.5%</td>
<td>22.7%</td>
<td>15.9%</td>
<td>49.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15.7%</td>
<td>30.6%</td>
<td>53.7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the table above, 15.7% of the respondents indicated that they rated their total reward and compensation as highly satisfactory. 5.2% were from public hospital while 10.5% were from private hospitals. 30.6% rated their total reward compensation as satisfactory, 7.9% were from public hospitals while 22.7% were from private hospitals. 53.7% of the respondents indicated their total reward and compensation was not satisfactory, 37.8% were from public hospitals while 15.9% were from private hospitals. More than half of the respondents rated that their total reward and compensations was not satisfactory. The nurses from private hospitals also rated their total reward and compensation more highly than
public hospital nurses. It seems that the private hospital nurses are better compensated than the public hospital nurses.

When interviewed, 56% of the administrators from both private and public hospitals indicated that they thought that the incentives that the nurses received were not adequate while 44% indicated that they were adequate. Those who gave their response as not adequate, indicated that plans were underway to improve the amounts attached to these incentives such as uniform and risk allowance. A good compensation plan improves employees morale, contributes to employee commitment and reduces employee turnover, Gary (2005).

4.5 Opportunities for Further Training and Development

The table 4.5 below shows the response of the nurses when asked whether their jobs offered opportunities for further training and development.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>No. of nurses</th>
<th>Percentage (%)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Hospital nurses</td>
<td>80</td>
<td>140</td>
<td>18.5</td>
</tr>
<tr>
<td>Private hospital nurses</td>
<td>122</td>
<td>90</td>
<td>28.3</td>
</tr>
<tr>
<td>Total</td>
<td>202</td>
<td>230</td>
<td>46.8</td>
</tr>
</tbody>
</table>

46.8% of the respondents indicated that their jobs offered them opportunities for further training and development. 18.5% were from public health hospitals while 28.3% were from private hospital. 53.2% of the respondents indicated that their
jobs did not offer them opportunities for further training and development, 32.4% were from public hospitals while 20.8% were from private hospitals. 99% of those who said that their jobs offered opportunities for further training and development, indicated that the training was local. Only 1% indicated that it was overseas. A good training programme should help elicit the required employee competencies and behaviour. It also helps to elicit employee commitment and morale. While training can be expensive, there are many costs to organizations that do not have good training programmes. These costs come from employee turnover, low levels of speed and quality in performance, wastage, damage to equipment and even injury to employees when errors occur. Employees receiving training are more satisfied with their work and want to do a better job for their company. These employees believe their company is interested in them and they have greater job security.

4.6 Challenges faced in the Job

The respondents were asked to indicate the challenges that they faced in the job. The challenges highlighted were: overworking, shortage of staff, lack of equipment, lack of clear policies on safety and poor remuneration. 65% of the respondents indicated overworking as their main challenge in the job. They said that they handled a very high number of patients than the number that they were required to handle each day. The low staffing levels caused the nurses to work more. This, they said, hindered them from delivering efficient and effective services. one of the nurses commented that lack of enough staff is almost “grounding service delivery”. 20% of the respondents indicated poor
remuneration as their main challenge in the job. 10% stated lack of equipment while 5% of the respondents indicated unclear policies on safety as their main challenge.

Table 4.6 Challenges that the nurses faced in their jobs

<table>
<thead>
<tr>
<th>Challenges</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over working</td>
<td>65</td>
</tr>
<tr>
<td>Poor remuneration</td>
<td>20</td>
</tr>
<tr>
<td>Lack of equipment</td>
<td>10</td>
</tr>
<tr>
<td>Unclear policies on safety</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Figure 4.6 challenges that the nurses face in their jobs
4.7 Policy on work Safety

The respondents were asked whether their employer had put in place a policy regarding their safety while on duty. 95% of the respondents stated that there was a policy regarding safety while on duty while 5% said no.

Figure 4.7

Has the government put in place a policy regarding your safety while on duty.

4.8 Safety Reinforcement

The respondents were asked how they rate the reinforcement of safety in their departments, the table below shows the ratings.

Table 4.8 Safety reinforcement ratings

<table>
<thead>
<tr>
<th>Responses</th>
<th>No. of respondents</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Excellent</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good</td>
<td>20</td>
<td>50</td>
<td>4.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>200</td>
<td>162</td>
<td>46.3%</td>
</tr>
<tr>
<td>Total</td>
<td>220</td>
<td>212</td>
<td>50.9</td>
</tr>
</tbody>
</table>
No respondent stated the reinforcement of safety as excellent. 16.2% of the respondents indicated the reinforcement as good while 83.8% stated that it was poor. From the table 4.7% above, the hospitals have policies on safety but from the table 4.8 above, there is no reinforcement of the policy on safety. International labour organization (2002) identifies poor safety culture as a main contributing factor to occupational related accidents, diseases and infections. Staff shortage may lead to ignorance in adherence to laid down policies regarding safety at work (well, et al 1990).

This is because the workers are too busy due to the excess workload such that they cannot pay due attention to instructional information.

It is the management’s responsibility to reduce health hazards and to protect workers from risks in the working environment. The respondents were also asked whether they have encountered any incidence of injury, or diseases at the work place. 99% of the respondents indicated that they had, while only 1% indicated that they had not. Figure 4.8 shows the responses

**Figure 4.8 Have you encountered any accident, injury or diseases at your work place**
When asked if they were compensated after an accident or any form of injury, all the respondents said no. They stated that any accidents that they encountered are treated as regular incidence hence no compensation. The main cause of accidents were stated as needle pricks when stitching patients, steam burns from sterilizers and skin infections from infected patients, beddings, cuts and bruises from sharp equipment like razors, scalpels and respiratory infections from certain wards and especially tuberculosis wards.

4.9 Risk Assessment

The respondents were asked whether their supervisors did risk assessments often. 90% of the respondents said no while 10% said yes

Figure 4.9 Does your supervisor undertake risk assessments often

To enhance safety at work, risky equipments, materials and dangerous working zones need to be identified. This will help nurses protect their health when handling materials, equipment or when performing duties in risky places such as
tuberculosis wards and equipment that may expose them to harmful radiation. Risk assessment are thus critical in achieving quality care.

4.10 Types of Allowances

When asked to state the types of allowance that the nurses received, the allowances stated were medical allowances, uniform allowances, house allowance, travelling allowance and risk allowance. However, when asked to comment on these allowances, 70% of the respondents stated that the amounts allocated were far from satisfactory.

During interview, 80% of the administrators indicated that the allowances were not adequate and there were plans to them and make them more competitive.

4.11 Facilities / Equipment in Hospitals

The ratings of the administrators on the adequacy of facilities / equipment is shown in the table below

Table 4.11 Ratings on facilities/equipment in hospitals.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public (%)</td>
<td>Private (%)</td>
</tr>
<tr>
<td>Very adequate</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Adequate</td>
<td>23.3</td>
<td>26.7</td>
</tr>
<tr>
<td>Fairly adequate</td>
<td>13.3</td>
<td>6.6</td>
</tr>
<tr>
<td>Inadequate</td>
<td>3.4</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td><strong>50</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
20% of the respondents (administrators) rated the medical facilities in their hospitals as very adequate. 10% were from the public hospitals while 20% were from private hospitals. 50% of the respondents rated them as adequate, 19.9% as fairly adequate while 10.1% rated the facilities as inadequate. Only 20% of the respondents indicated that the facilities are very adequate. The hospitals management should therefore improve their facilities to be very adequate. This way, the nurses will be able to effectively deliver their services.

4.12 Employee Turnover over the last two Years

The table below shows the responses of the administrators when asked to rate their employees turnover over the last two years.

Table 4.12 How do you rate your employee turnover over the last two years.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Percentage (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Very high</td>
<td>0</td>
<td>33.3</td>
</tr>
<tr>
<td>High</td>
<td>13.3</td>
<td>13.3</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>3.4</td>
</tr>
<tr>
<td>Very low</td>
<td>6.7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

From the table above, labour turn over in public hospitals is rated to be higher than that of the private hospitals. 33.3% of the respondents (administrators) rated the labour turn over as very high. Zero percent are from private hospitals while 33.3% from public hospitals. 26.6% of the respondents rated the labour turn over
of the nurses to be high, 13.3% from private hospitals while 13.3% from public hospitals. 33.4% of the respondents rated the turnover to be low, while 6.7% rated the turnover to be very low. Generally labour turnover is higher in public hospitals than in private hospitals.

4.13 Factors Contributing to Nurse Migration to Seek Jobs in Other Countries.

The nurses were asked to assess the contribution of certain factors in nurse migration to seek jobs in other countries. The responses are presented in the table 4.13 below

Table 4.13 Assess the contribution of the following factors in nurse migration to seek jobs in other countries.

<table>
<thead>
<tr>
<th>Factors</th>
<th>No. of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Attractive salary and incentives</td>
<td>170</td>
<td>160</td>
</tr>
<tr>
<td>Development and career advancement opportunities</td>
<td>32</td>
<td>50</td>
</tr>
<tr>
<td>Working conditions</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>220</td>
</tr>
</tbody>
</table>

77.4% of the respondents indicated that attractive salary and incentives contributed to nurse migration to other countries while 18.5% stated that development and career advancement opportunities contributed to their migration. Only 4.1% the respondents stated working conditions as a factor. The figure 4.13 below illustrates this.
4.14 Working Schedule

When asked if they were comfortable with working schedule, 70% of the respondents said no while only 30% said yes. For those who said no, 80% were female while 20% were male. When asked to state the reasons why they were not comfortable, the reasons stated were that sometimes one was required to work throughout the weekend. This led to an imbalance between week and family life. One of the nurses stated that this led to family separation. Other reasons stated were that some female nurses were required to be on night shifts especially when they had young infants who required their care. Other reasons were inflexible working hours and also working longer than required.

Flexible work schedule have positive effects on employees productivity, job satisfaction and satisfaction with work schedule. Gary, (2005). The figure 4.14 shows the response of the nurses when asked whether they were satisfied with the work schedule.
Figure 4.14

Are you comfortable with your working schedule?

4.15 **Relationship between Labour turnover and Human Resource Practices**

Hospitals that reported better reward and compensation for their nurses have a relatively lower employee turnover than those that reported unsatisfactory reward and compensation. 5.2% of the nurses in public hospitals rated their compensation as highly satisfactory while 10.5% from private hospitals rated it to be highly satisfactory. 7.9% of nurses from public hospitals rated their total reward and compensation as satisfactory while 22.7% from private hospitals rated it as satisfactory. 37.8% of the nurses from public hospitals rated their total reward and compensation as not satisfactory while 15.9% of private hospital nurses rated it as not satisfactory. The private hospitals therefore seem to compensate their nurses better than the public hospitals. There is a strong link between reward and compensation and labour turnover. Labour turnover is higher in public hospitals, whose nurses reported unsatisfactory reward and compensation compared to private hospitals whose reward and compensation is
betters. Private hospitals also reported better training and development opportunities, better facilities and better reinforcement of safety policies. They have a relatively lower labour turnover. Generally, better human resource practices led to lower labour turnover.
5.1 Introduction

This chapter gives a summary, discussion, conclusion and recommendations drawn from the findings of the study.

5.2 Discussion

This study was intended to investigate the human resources practices that influence labour turnover of nurses in public and private hospitals. It was a case of Nairobi. The study revealed the following.

i) There is a serious shortage of nurses especially in public hospitals. This was revealed by some of the nurses when asked about the main challenges that they faced in their jobs. 65% of the respondents indicated overworking as their main challenge. One of the factors attributed to this was the low staffing levels of the nurses. This hampered affective and efficient delivery of services. Staff shortage has led to ignorance on adherence to laid down policies regarding safety at work. This is because the workers are too busy due to the excess work load such that they cannot pay due attention to instructional information. It has also led to medication errors and delays in operations, prolonged and unnecessary stay in hospitals by in-patients leading to higher hospital bills.

ii) The total reward and compensation for nurses is still low. 53.7% of the respondents indicated that their total reward and compensation as not satisfactory. Of these, 37.8% were from public hospitals while 15.9% were from private hospitals. The incentives are also not attractive. Although the
nurses are given a range of incentives, the amounts attached to these are still low. A good reward and compensation plan should aim at bringing out the best in the employees by eliciting their commitment and desire to do their jobs well. The hospitals should have a policy to pay the employees a competitive salary in order to retain them. Competitive reward and compensation helps to create an extra-ordinary service-oriented work force.

When asked to assess the contribution of certain factors in nurses migration to seek jobs in other countries, 77.4% of the respondents indicated that attractive salary and incentives was a major factor. This means that the nurses are migrating to get jobs that offer competitive salaries and benefits. The management must therefore come up with a strategic compensation plan that should aim at improving employee morale, contribute to employee commitment and consequently reduce turn over.

iii) Most of the training and development opportunities that four the nurses received were local. Only 1% of the respondents indicated that it was overseas. There is need to offer overseas training for the nurses in order to give them international exposure. The nurses should also be given opportunities to advance themselves, since only 1.8 % of the nurse respondents had masters level qualifications.

iv) Although there is policy on safety at work, these policies are not reinforced. 95% of the respondents stated that their employers had put in place a policy regarding safety while on duty. However, when asked about
the reinforcement of the policies, 83.8% of the respondents indicated that it was poor. The management must therefore reduce health hazards and protect workers from risks in the working environment by reinforcing safety policies and undertaking risk assessments regularly.

v) The working schedule of the nurses is not flexible. When asked if they were comfortable with the working schedule, 70% of the respondents said no while only 30% said yes. Those who said no stated reasons such as working throughout the weekend, or working during the night shift all the time even when the female nurses had infants to take care of. The administration should introduce family-friendly benefits in order for the employees to balance work and family life. This includes flexible work schedules that will enable them to better meet the demands of their family and work lives.

vi) Facilities/equipments in hospitals

Although the facilities at the hospitals were, on average, rated as adequate, they need to be upgraded in order to make them very adequate and hence world class. This will enable the nurses to effectively and efficiently deliver quality and world class health care.

vii) The main factor contributing to nurse migration to other countries is attractive salary and incentive. 77.4% of the respondents indicated that this factor contributed to nurse migration to other countries.

viii) Nurses turnover in public hospitals is relatively higher than in private hospitals. Generally, there is high labour turn over of nurses in Kenyan hospitals. This is one of the factors that has led to low staffing levels in the
hospitals and has consequently hampered the effective and efficient delivery of health services. When these highly qualified and experienced nurses leave, the health sector is left struggling with young, in experienced nurses. Due to shortage of staff, the remaining nurses are not able to deliver safe and quality care due to the high number of patients they have to handle each day. The over-worked nurse cannot deliver, is demoralized and lacks commitment in the job.

5.3 RECOMMENDATIONS

In view of the discussion above, the following recommendations are offered.

1) The government and the private sector should employ more nurses to help address the problem of staff shortages in Kenyan hospitals.

2). Issues of retention needs to be addressed. To retain the health workers, they should:

- Competitively reward and compensate their employees.
- Provide the nurses opportunities for further training and development.
- Give the nurses competitive incentives.
- Provide their employees with a safe and congenial working environment.
- Provide the nurses with family friendly benefits such as flexi-time that will enable them balance between work and family life.

3) To enhance safety in our hospitals, risk assessments need to be carried out on a regular basis to minimise accidents and avoid incidences where the nurses get contagious infections such as tuberculosis.
5.4 SUMMARY/CONCLUSION

Nurses play critical and distinctive roles in society. They need to be well remunerated, trained and developed, given competitive incentives, provided with safe and congenital work environment in order to motivate them to offer safe and quality care. The various hospitals should embrace these human resource practices to ensure employee commitment and morale and consequently reduce labour turn over.

5.5 Recommendations for further research

The following are recommendations for further research:-

1) The impact of nurse shortages in the Kenyan hospitals.

2) The financial implications of nurse migration to other countries.
REFERENCES


Johnson, S (2003). *Tackling the UN Millennium development goals, MA Thesis, University of Newcastle, UK.*


Meija, K (1990). *Economic development and international migration in comparative Perspective. 12(2), 400-410*


Nursing Council of Kenya,(2007). *Nurse migration and International Recruitment. 5(3) :180-185*


APPENDIX A

NURSES QUESTIONNAIRE

NB: The information given in this questionnaire will be treated as very confidential. Please give your options as honestly and accurately as possible.

SECTION A

1. Gender
   - Male
   - Female

2. Please indicate your qualifications
   - Masters level
   - Degree Level
   - Diploma Level
   - Certificate
   - Other, Specify

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

SECTION B

4. How do you rate your total reward and compensation package (total salary)?
   - Highly Satisfactory
   - Satisfactory
   - Not Satisfactory

5. Does your job offer you opportunities for further training and Development
   - Yes
   - No
   - If Yes, is it
     - Local
     - Overseas
     - Other, Specify

6. Please indicate the main challenges that you face in this job

.................................................................................................................................
7.a) Please indicate the type of allowances that you get?

b) Comment on the above allowances, whether you are satisfied or dissatisfied with them giving reasons why.

8.a) Please assess the contribution of the following factors in Nurse migration to seek jobs in other countries.

**Use the Scale:**

<table>
<thead>
<tr>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>4     - Highly Significant</td>
</tr>
<tr>
<td>3     - Significant</td>
</tr>
<tr>
<td>2     - Less Significant</td>
</tr>
<tr>
<td>1     - Not at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors</th>
<th>Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attractive salaries and incentives</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Working conditions</td>
<td></td>
</tr>
<tr>
<td>Attractive incentives</td>
<td></td>
</tr>
<tr>
<td>Development and Career advancement opportunities</td>
<td></td>
</tr>
</tbody>
</table>

b) In your opinion what is the main factor contributing to nurse migration?

9. Has your employer put in place a policy regarding your safety while on duty?
   - Yes
   - No

10. a) How do you rate the safety reinforcement in your department?
    - Excellent
    - Good
    - Poor

b) Have you encountered any incidence of injury or disease at the workplace?
   - Yes
   - No
If Yes, have you been given any form of compensation?

☐ Yes
☐ No

c) Does your department undertake risk assessment often?

☐ Yes
☐ No

11. Are you comfortable with your working schedule?

☐ Yes
☐ No. Why?

How many nurses do you have in your department?

How do you rate the medical facilities / equipment in this hospital?

☐ Very Adequate
☐ Adequate
☐ Fairly Adequate
☐ Inadequate

How do you rate your employee turnover over the last two years?

☐ Very High
☐ High
☐ Medium
☐ Low
☐ Very Low

How often does your department meet to discuss patient care issues?

☐ Once in a
☐ More than Once
☐ Not at All
☐ Other, Specify
APPENDIX B

ADMINISTRATOR’S QUESTIONNAIRE

NB: The information given in the questionnaire will be treated as confidential. Please give your answer / option as honestly and accurately as possible.

SECTION A

1. Gender
   - Male
   - Female

2. How long have you been an administrator in this hospital?

3. Please indicate the position you hold.

SECTION B

4. How many Nurses do you have in this hospital and what are their qualifications?

5. How do you rate the medical facilities / equipment in this hospital?
   - Very Adequate
   - Adequate
   - Fairly Adequate
   - In Adequate

6. How do you rate your employee turnover over the last two years?
   - Very High
   - High
   - Low
   - Very Low

7. How often do your Nurses attend Seminars / Workshops in a year?
   - Once in a year
   - More than Once
   - Not at All
   - Other, Specify
8. How many nurses have left your Organization in the last two years?

   2006
   2005

Why do you think they left?

9. Do you feel that the Nurses migration is alarming, as has recently been reported? Please indicate why you feel so.

10. Please indicate the various incentives / allowances that your Nurses receive.

Do you think they are adequate?

   Yes
   No

If No, what improvement can you suggest?
## APPENDIX C

### Table 1: Foreign nurses registration in the UK

<table>
<thead>
<tr>
<th>Country</th>
<th>2004 registrations</th>
<th>2004 registrations as a percentage of source country nurse stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>75</td>
<td>11.63</td>
</tr>
<tr>
<td>South Africa</td>
<td>2114</td>
<td>1.01</td>
</tr>
<tr>
<td>Kenya</td>
<td>300</td>
<td>1.07</td>
</tr>
<tr>
<td>Uganda</td>
<td>18</td>
<td>0.41</td>
</tr>
<tr>
<td>Nigeria</td>
<td>432</td>
<td>0.49</td>
</tr>
</tbody>
</table>


### Table 2: Nurses migration trends in Kenya over the last three years.

<table>
<thead>
<tr>
<th>Destination country</th>
<th>Numbers</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britain</td>
<td>1500</td>
<td>50</td>
</tr>
<tr>
<td>US</td>
<td>1350</td>
<td>45</td>
</tr>
<tr>
<td>Other countries</td>
<td>150</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3000</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

APPENDIX D
SAMPLE SIZE DETERMINATION

<table>
<thead>
<tr>
<th>ZONE</th>
<th>NO. OF HOSPITALS</th>
<th>NO. TO BE SAMPLED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PRIVATE</td>
</tr>
<tr>
<td>A</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>D</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>36</td>
<td>4</td>
</tr>
</tbody>
</table>

APPENDIX E

<table>
<thead>
<tr>
<th>Item</th>
<th>Approximate Shs Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travelling Expense</td>
<td>8,000</td>
</tr>
<tr>
<td>Subsistence</td>
<td>10,000</td>
</tr>
<tr>
<td>Stationary</td>
<td>8,000</td>
</tr>
<tr>
<td>Typing Expenses</td>
<td>7,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33,000</strong></td>
</tr>
</tbody>
</table>