

Critical Analysis of Talent Management Strategies on Medical Employees Retention in Public Hospitals in Kenya: A Case of Kenyatta National Hospital

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Abstract

Hiring a qualified and talented workforce and implementing a program to retain these employees is a key component to successful workforce retention. However, one of the challenges of managers in today's health sector in Kenya lies in building a workplace of choice where employees want to remain for a long time. Any employer's foremost responsibility is retention of the best employees, and this can only be achieved by managing employee talent well to keep them satisfied and motivated. The purpose of this paper was to analyze various programs of managing medical personnel's talent in the public hospitals in Kenya, a case of Kenyatta national hospital. The research objectives elaborated the independent variables which were: Availability of career development opportunities, nature of the workplace climate and learning, levels of training and development opportunities available, and attractiveness of compensation and benefits. These independent variables were assumed to have significant relationships with the dependent variable which was employee retention. Theoretical framework focused on the social exchange theory, cognitive career theory and Herzberg's motivation-hygiene theory. The total population of the study comprised of a total 800 medical doctors and nurses who have been in the service for less than five years and over five years at the Kenyatta national hospital Nairobi, Kenya. The study derived a sample size of eighty (80), arrived at by calculating 10% of the study population. The study's sampling technique that was used was judgemental sampling. The study used mixed methods of data collection. Mean and standard deviation was calculated in data analysis. Regression analysis model was used to determine the relationship between the dependent and the independent variables. This was done using the statistical package for social studies software (SPSS) version 21.

Keywords: Talent management, medical employee, employee retention, Kenyatta national hospital

1.1 Introduction

In the republic of Kenya, qualified doctors graduate every year from public universities, and most of these graduate doctors are absorbed in the ministry of health's public hospitals. But despite the fact that graduate doctors join public service every year, there is still an abject shortage of doctors with a total of about 8000 doctors, of which only 2300 are in the public hospitals to cater for majority of the Kenya's population of approximately 40million (Kenyan population and housing census, 2012). This leaves Kenya in a desperate situation as far as meeting the world health organisation (WHO) recommendation of a doctor to patient ratio of 1:1000 is concerned (Kinфу et al, 2009). Recent statistics have also shown that Kenya is far from achieving the health related millennium development (Hansard, 2012)t goals due to shortage of medical personnel (Hansard, 2012). Majority of Kenyan trained doctors have had to leave the public hospitals to join either the private health sector or travel abroad to seek a better life. According to United Nations Economic Commission for Africa (UNECA), the government of Kenya has also acknowledged that up to three quarters of doctors will have left the government payroll three years after joining the public health sector (Mwenda 2012).

Competition for talented doctors and nurses amongst public and private hospitals in Kenya and in other countries make retention of talented employees a major challenge for public hospitals in Kenya (Mwaniki and Dulo, 2008). Research indicates that the war for talent has become intense due to labour market shortages and growing global competition (Oladapo, 2014). Therefore, to attract and retain the best talent anywhere in the world, an organization must have in place strategies for managing those talents for achieving competitive advantage (Sparrow, 2012). Talent management according to McDonnell (2011) is one of the most important factors in ensuring sustainable employee retention.

A study carried out in North America revealed that employers need to design and execute talent management strategies that satisfy what top talent and critical-skill workers are actually seeking from their

organization (Towers and Watson 2013–2014). The Chattered Institute of Personnel and Development (CIPD) London, (2012) argue that in order for organizations to gain competitive advantage they need to develop a strategic approach to talent management that complements the organization's values and aligns with key business objectives so that staff can achieve their full potential. According to the Manpower group Talent Shortage Survey, (2014) the general consensus is that organizations face intense competition for talent worldwide and confront major challenges in attracting, retaining, and developing people they need in many positions: For example, in the America talent shortages include technicians, sales representatives, and skilled trade workers; in Asia and Pacific countries, talent shortages include sales representatives, technicians and laborers; in Europe, Middle East and Africa talent shortages are in skilled trades workers, technicians, and engineers.

1.2 Background of the study

The concept of talent management first emerged in 1998 in response to a published paper by McKinsey consulting in the USA entitled 'The War on Talent' (McKinsey, 2001). This war for talent was prompted by the realization that talent shortages were increasingly becoming one of the biggest human resource concerns for multinational corporations (Vaiman 2012). Also When The Boston Consulting Group & World Federation of People Management Associations in 2012 asked HR professionals from around the world to rank their most important priorities for success, one of the most pressing areas was found to be managing talent.

The various aspects of talent management include recruitment, selection, on-boarding, mentoring, performance management, career development, leadership development, succession planning, training and development, recognition and reward (Lewis and Heckman, 2006). Research indicates that the war for talent has become intense due to labour market shortages (Harris and Brannick, 1999). Further, Allen (2008) reflects that the lack of talent management leads to lower performance and unhappy staff who do not perform to their full potential and thus would reflect low talent engagement. According to Erickson and Gratton, 2007, employee talent management is a key to the retention of employees. Growing global competition continues to drive the urgency of the attraction, engagement and retention of critical-skill talent: Globalization has not only increased competition among organizations but has created new window of opportunity for the workforce such that a skilled worker like a doctor or a nurse can be engaged anywhere in the world due to increased ease of mobility. The present scenario with abundant opportunities has triggered intentions to look for better opportunities whenever, wherever and however they can. In the views of Muhammad and Shao, (2013), the present economic situation of the world has increased the importance of talent management and retention. She further adds that intellectual capital is always an important asset for any organization; therefore public hospitals here in Kenya must invest in this asset to effectively meet their goals. Melinde and Desiree (2013) highlighted the importance of talent retention by saying that effective talent management and talent retention is a continuous process and it must be part of organizational culture. Martin and Schmidt (2010) gave the example of China, where talented staff is given attention for retention to get the future success. Hunjra et al.(2010) highlighted the employees' voice as a key element for talent retention in the public sector of a developing country like Pakistan.

1.3 Statement of the problem

Migration of qualified doctors and nurses from Kenyatta national hospital to the private sector and other countries has resulted to shortage of medical personnel in this hospital. Research shows that up to three quarters (75%) of doctors do leave the government employment three years after joining the public health sector to join either the private health sector or travel abroad to seek a better employment (Mwenda, 2012). This leaves Kenya in a desperate situation as far as meeting the world health organisation (WHO) recommendation of a doctor to patient ratio of 1:1000 is concerned (Kinфу et al, 2009). Recent statistics have also shown that Kenya is far from achieving the health related millennium development goals due to shortage of medical personnel (Hansard, 2012). Evidence show that Kenya's health care system has lost thousands of nurses to foreign countries in the past years, according to Mwenda, (2012)

1.4 Objective of the study:

To analyze how talent management strategies affect employee retention in Kenyatta national hospital.

1.5 Hypotheses

H₁: Talent management strategies have significant relationship with employee retention in Kenyatta national hospital.

2.1 Theoretical Review

2.1.1 Social Exchange Theory

The exchange theory views employment relationship as consisting of social or economic exchanges (Aryee, et al, 2002; Cropanzano, et al, 2003). Economic exchange relationships involve the exchange of economic benefits in return for employees' efforts and are often dependent on formal contracts which are legally enforceable. On the other hand, social exchanges are 'voluntary actions' which may be initiated by an organization's treatment of its employees with the expectation that the employees will be obligated to reciprocate the good deeds of the

organization (Aryee et al., 2002; Gould and Davies , 2005). The exchange approach view of organizational commitment and engagement posits that individuals attach themselves to their organizations in return for certain rewards from the organizations. According to this view, employees enter the organization with specific skills, desires and goals, and expect to find an environment where they can use their skills, satisfy their desires and achieve their goals. Perception of favorable exchange and rewards from the employees' view point are expected to result in increased engagement to the organization. On the other hand, failure by the organization to provide sufficient rewards in exchange for employees' efforts, is likely to result in decreased organizational engagement. From this perspective, social –exchange theory suggests that employees respond to perceived favorable working conditions by behaving in ways that benefit the organization and or other employees. Equally, employees retaliate against dissatisfying conditions by engaging in negative work attitudes such as absenteeism; lateness of preparing to quit the organization (Haar, 2006; Crede *et al*,2007).The exchange theory has also been used to explain the employees attitudinal engagement to the organization. According to the exchange perspective, employees exchange their identification, loyalty and attachment to the organization, in return for incentives from the organization. This implies that an individual's decision to become and remain a member of an organization is determined by their perception of the fairness of the balance of organizational inducements and the employee contribution. Meyer and Smith, (2000) argue that unless employees believe they have been treated fairly, they will not be committed to the organization.

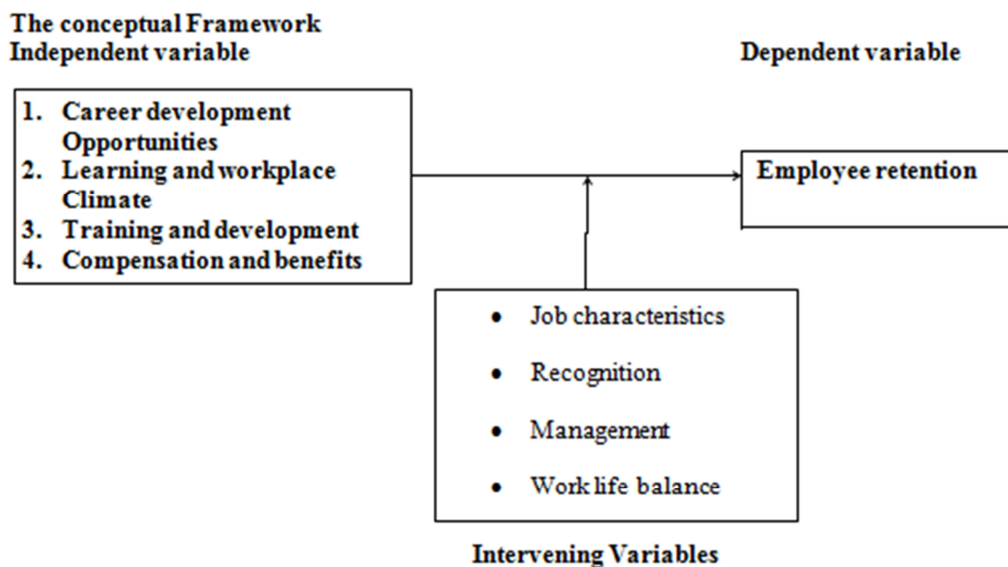
2.1.2 Social Cognitive Career Theory

The social cognitive career theory was conceptualized as a derivative of Bandura's general social cognitive theory in which the intersection of intrinsic and extrinsic factors influences psychosocial learning. This theory has been termed as the most promising career theory that may prove satisfactory in retention and career development. Lent and Brown (2006) expanded the scope of social cognitive career theory, offering a new and related social –cognitive model designed to explain the ways in which previously identified inputs such as self-efficacy and outcome expectations, along with person and contextual variables are related to job satisfaction. The authors cited recent research (Heller, Watson&Llies, 2004), that linked job satisfaction to overall subjective well-being, thus providing a rationale for the use of the theory in the current research. The primary focus is on the central elements of social cognitive namely: self-efficacy and outcome expectations. Self-efficacy can be defined as an individual's sense of control and responsibility for his/her personal environment. It is also defined as the beliefs in ones capability to organize and execute the courses of action required to produce given attainments. Self-efficacy is concerned with the belief in the ability to exercise control over ones actions and events that affect their lives .Beliefs impact life choices, motivation, quality of actions and the ability to overcome adversity. The sources of self-efficacy are derived from three sources mastery experience, vicarious experience and social persuasion. Vicarious experience is observing the model of someone similar managing a task successfully and drawing experience. Outcome expectations refer to the personal belief that successfully performing certain tasks may result in probable response outcomes. Lent et al., (2006) expanded upon Bandura's work to focus exclusively on the development of the individual within the context of career. Managers who wish to retain talent can borrow heavily from this theory. Career behavior is driven by self-efficacy or believes in the ability to accomplish something worthwhile .The degree of achievement depends on two factors: outcome expectations or the idea that initiating a particular behavior will yield the desired results and goals. If a person feels confident of his/her abilities', he/she is more likely to take specific actions to reach them. This is especially so for the young generation of employees popularly known as the millennial. They have grown up with an abundance of role models from parents and other mentors and still expect the same at work. This theory associated individual failure to insufficient skill and knowledge which are deemed as acquirable. It is therefore imperative to provide customized training and development opportunities to the employees. This theory is relevant to the current study in that employee behavior is driven by self-efficacy or belief in the ability to accomplish something worthwhile. The degree of achievement depends on two factors; outcome expectations or the idea that initiating a particular behavior will yield to desired results .Goals are key because if a person feels confident of his/her abilities he's more likely to take specific actions to reach them. If employees feel supported and their goals and career advancement looked into, their intention to stay will be higher.

2.1.3 Herzberg's Motivation-Hygiene Theory

According to Herzberg, the hygiene factors are those if fulfilled remove dissatisfaction; these are basic needs, working conditions and motivators. If these remain unsatisfied, they bring demotivation to work; employees tend to lose interest in work and attempt to find other employment opportunities (Breaugh, et al, .2000). Herzberg concluded that factors which seemed to make an individual feel satisfied with their jobs were associated with the content of the job these were labeled motivators, yet factors that seemed to make individuals feel dissatisfied were associated with the job context; these he labeled hygiene factors. Herzberg argued that two entirely separate dimensions contribute to employee behavior at work. Hygiene factors and motivator hygiene factors refer to the presence or absence of job dissatisfies. When hygiene factors are valued, work is dissatisfying. These are considered maintenance factors that are necessary to avoid dissatisfaction but they do not themselves contribute

to the jobs satisfaction and motivation of personnel. That is, they only maintain employees in the job. Therefore managers should provide hygiene factors to reduce sources of worker dissatisfaction and be sure to include motivators because they are the factors that can motivate workers and lead ultimately to job satisfaction. In line with Herzberg's view, unsafe working conditions or a noisy work environment would cause employees to be dissatisfied with their job but their removal will not lead to a high level of motivation and satisfaction. Other examples of hygiene factors include; salary, status, security, supervision and company policy. On the other hand motivators, leading to job satisfaction are associated with the nature of the work if self. They are those job related practices such as assignment of challenging jobs, achievement, work itself, recognition, and responsibility advancement and opportunities for growth in the job. Herzberg argued that when motivators are absent, workers are neutral towards work, but when motivators are present, workers are highly motivated to excel at their work. According to Cheptoek (2002) while studying factors which affect job satisfaction, and dissatisfaction of employees, came up with the view that the factors, which contribute to their satisfaction are, achievement, recognition and responsibility while those contributing to dissatisfaction were organizational policy and administration, interpersonal relationship, supervision and personal life. These would also apply to the state corporations.



3. Methodology and Design

According to Coopers & schindler (2006), research design is described as a blue print for the collection, measurement, analysis of data and a plan to obtain answers to research questions. This study adopted a mix of research design which included quantitative and descriptive research designs to identify and analyze doctors and nurses talent management strategies in Kenyatta national hospital. Quantitatively, the design quantified the hypothesized relationships between the dependent and the independent variables. Descriptive research design provides an accurate account of characteristics of a particular individual event or group in real life situation, (Kothari, 2008). Descriptive research design is used for the purpose of developing theory, identifying problems with current medical practice, justifying current practice, making judgments' or determining what others in similar situations are doing.

3.2 Sampling Procedure

The sampling technique that was used was judgmental sampling. Judgmental sampling is a type of non-probability sampling technique (Patton, 2012). Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgment of the study. In this study samples were selected based on the judgment of the study to suit her convenience in the matter of location and contact with the units. This sampling method was used because the study needed to get information from individuals who have particular knowledge. This knowledge was required during qualitative and quantitative research. The particular knowledge that was investigated was also to form the basis of the research, and therefore the study required to focus only on doctors and nurses with such specific knowledge as the units in the sample.

3.3 Target Population

The population of interest of this study included the doctors and nurses who have served in Kenyatta national hospital for less than five years and those who have served for more than five years. According to Ngechu (2006), a target population is a well-defined set of people, services or elements that are being investigated. Since it was not practical to involve all the available population it was necessary to define an accessible population. The

total population of the study comprised of 800 doctors and nurses in Kenyatta national hospital, Kenya. The study will derive a sample size of eighty (80), arrived at by calculating 10% of the study population.

Table: 3.1 Target Population

Population Category	Target Population (x)	Percentage of the total population ($X \div 200 \times 100$)
Doctors (with less than five years of service)	50	6%
Doctors (with more than five years of service)	80	10%
Nurses (with less than five years of service)	240	30%
Nurses (with more than five years of service)	430	54%
Total	800	100%

Source, Author (2014)

3.4 Sample Size

A sample is a subject of the target population which the study used to generalize the findings (Cohen and Manion, 1994). The sample size is 20% of the total population which gives a sample of 40 respondents.

Table 3. 2 Sample Size

Category	Target Population	Sample Population (10% of the target Population)	Target population as a % of the total population
Doctors (with less than five years)	50	5	6%
Doctors (with more than five years of service)	80	8	10%
Nurses (with less than five years of service)	240	24	30%
Nurses (with more than five years of service)	430	43	54%
Total	800	80	100%

Source: Author (2014)

3.5 Data Collection

The study used both qualitative and quantitative methods of data collection. The likert scale of 1-5 comprising of self-administered closed and open ended questionnaires were used to evaluate the effects of various variables of employee talent management strategies which were believed to impact on the retention of doctors and nurses at Kenyatta national hospital. The questionnaire was tested before a refined one was administered to the respondents.

3.6 Data Analysis

The data that was collected through questionnaires was edited to get the relevant data from the study. The edited data was coded for easy classification in order to facilitate tabulation. Descriptive data was analyzed qualitatively and the results provided in the form of explanatory notes. The study used statistical package for social sciences (SPSS) version 21.0 to analyze the data. The analytical model of a linear multiple regression equation that was used is of the form shown below.

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e_1 \dots \dots \dots (1)$$

Y= Doctors and nurses retention

X₁= Availability of career development opportunities

X₂= nature of the work place climate and learning

X₃= Levels of training and development opportunities available

X₄= Attractiveness of compensation and benefits

3.7 Validity of Instruments

According to Norland (1990), validity is the accuracy and meaningfulness of inferences which are based on research results. Validity depends on the amount of systematic or built in error in measurement. The questionnaire is said to be valid if it is measuring what it intends to measure, that is if it is comprehensive enough to collect all the information needed to address the purpose and goals of the study. In this study the questionnaires were checked to establish validity in terms of content, construct, criterion, readability, and face so that they could suit the objectives of the study.

3.8 Reliability

According to Mugenda and Mugenda (1999), reliability is the degree to which results obtained from analysis of data actually represent the phenomenon under study. The piloting technique was used to test the reliability of the research instruments. This test involved collecting data from 4 subjects who were not included in the sample. These 8 subjects were selected using a simple random sampling technique from each of the units of analysis. This constituted 10% of the sample size of the study. The questionnaires were checked and corrected before being administered to the respondents. The pilot study was to ascertain the appropriateness of the data collection instruments and hence the reliability of the data collected. Cronbach's alpha was used to test the reliability of the measures in the questionnaires. Cronbach's alpha is the most commonly used coefficient of internal consistency and is computed as:

$$\alpha = Nr / [1 + r(N-1)] \dots \dots \dots \text{Equation 2}$$

Where α denotes alpha, r = mean inter item correlation, N = number of items in the scale.

4. Study Findings

In order to determine the effect of talent management strategies on the doctors and nurses retention, the aggregate mean score of doctors and nurses retention were regressed against the aggregate mean score of talent management strategies measures and the results are presented in table 4.1. From the table, regression results show that talent management strategies had statistically significant relationship with the retention of doctors and nurses at Kenyatta national hospital in that they had p-value that is below the set value of 0.05 (p-value $0.007 < 0.05$). The regression results from table 4.1 shows that on overall, talent management strategies measures had statistically significant effect on the retention of doctors and nurses (p-value = 0.007). At the individual level, talent management strategies measures had positively influenced doctors and nurses retention. Availability of career development opportunities ($\beta = 0.614$, p-value = 0.019), Nature of the work place climate and learning ($\beta = 0.140$, p-value = 0.026), Levels of training and development opportunities ($\beta = 0.497$, p-value = 0.089) and Attractiveness of compensation and benefits ($\beta = 0.433$, p-value = 0.060).

The relationship between talent management strategies and the retention of doctors and nurses in Kenyatta national hospital followed a regression model of the nature $Y = 2.190 + 0.614X_1 + 0.140X_2 + 0.497X_3 + 0.433X_4 + e$ Where:

Y = Doctors and nurses retention

X_1 = Availability of career development opportunities

X_2 = nature of the work place climate and learning

X_3 = Levels of training and development opportunities available

X_4 = Attractiveness of compensation and benefits

ϵ = error term

Table 4.1 Regression Results of Talent management strategies against Doctors and Nurses retention:

Goodness of fit					
Sample size	R	R square	Adjusted R Square	Std. Error of the Estimation	
40	0.282	0.461	0.377	0.707	

Predictors: (Constant), Talent management strategies

Overall significance ANOVA(F- test)					
	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance. (P-value)
Regression	0.037	1	0.027	0.274	0.007(a)
Residual	6.007	39	0.521		
Total	6.044	40			

Individual Significance (T-test)					
	Unstandardized Coefficients		Standardized Coefficients	T	Significance. (P-value)
	B	Std. Error	Beta(R)		
(Constant)	2.190	1.597		1.371	0.095
Availability of career development opportunities	0.614	1.487	0.881	0.263	0.019
Nature of the work place climate and learning	0.140	5.196	0.938	2.694	0.026
Levels of training and development opportunities	0.497	1.488	0.329	0.603	0.089
Compensation and benefits	0.833	2.213	0.638	0.828	0.060

Dependent Variable: Retention of doctors and nurses

Source: Research data, 2014

$Y = 2.190 + 0.614 \text{ Availability of career development opportunities} + 0.140 \text{ Nature of the work place climate and learning} + 0.497 \text{ Levels of training and development} + 0.833 \text{ Attractiveness of compensation and benefits}$.

From the above regression equation it was revealed that holding Availability of career development opportunities, nature of the workplace climate and learning, levels of training and development opportunities available, and attractiveness of compensation and benefits at 95% confidence interval to a constant zero, retention of doctors and nurses at Kenyatta national hospital would stand at 2.190. A unit increase availability of career development opportunities would lead to effects in retention of doctors and nurses by factors of 0.614, and a unit increase in the nature of the work place climate and learning would lead to effects in retention of doctors and nurses by factors of 0.140. A unit increase in Levels of training and development opportunities available would affect retention of doctors and nurses by factors of 0.497 and a unit increase in attractiveness of compensation and benefits would increase the effects on retention of doctors and nurses by factors of 0.833.

5. Summary of the Findings

The data obtained from the study has indicated that talent management strategies impacts positively on the retention of doctors and nurses in Kenyatta national hospital in Kenya. The variables in the talent management process including the availability of career development opportunities, nature of the workplace climate and learning, levels of training and development opportunities available, and attractiveness of compensation and benefits, have had an impact on the retention of doctors and nurses in Kenyatta national hospital in Kenya. Therefore the Kenyatta national hospital in Kenya needs to strategize to retain the best doctors and nurses in order to deliver quality services that can attain a competitive edge with their private sector competitors and other health sectors in the world.

5.1 Conclusion

Globalization has increased competition among organizations and countries of the world especially in the medical sphere. This has created new opportunities for the medical workforce such that a skilled worker like a doctor or a nurse can be engaged anywhere in the world due to increased ease of mobility. For this reason, talent management strategies have had great impact on the retention of doctors and nurses in Kenyatta national hospital in Kenya. Failing to retain key doctors and nurses in the public hospitals is costly for any government due to the costs associated with employee turnover. Talent management strategies can facilitate the development of doctors and nurses, enhance service delivery and also can give the public hospitals in Kenya an enhanced corporate image.

5.2 Recommendation

The present scenario with abundant opportunities for doctors and nurses in the Diaspora has triggered a wave of

doctors and nurses perpetually “on the move”, forever seeking better opportunities whenever, wherever and however they can. In this view the study (council, 2012) recommends that: The government of Kenya must increase the importance of talent management strategies with the purpose of retention of doctors and nurses in all public hospitals to reduce attrition.

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