

Influence of Monetary Incentives Being Applied By Different Institutions on Retention of Health Workers in Mbagathi District Hospital

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ABSTRACT

The shortages of health workers constitute a significant barrier to achieving health related millennium development goals and expanding health intervention in developing countries. A key constraint to achieving millennium development goals is the absence of properly trained and motivated workforce. Health worker loss can compromise health system capacity to deliver adequate care as the more experienced workers migrate because their skills are highly desired. Staff shortages increase workloads and stress levels, further demotivating remaining staff. The study aimed to analyze to determine influence of monetary incentives being applied by different institutions on retention of health workers in public health hospitals in Kenya. The population under study comprised of a sample of 196 health workers drawn using fisher's formula. Each respondent was expected to fill and submit a structured questionnaire given to them by the researcher. The researcher used statistical data analysis program (SPSS) to carry out data analysis to describe the relationship between the dependent variable (monetary incentives applied by different institution for health workers retention). The findings revealed that paid leave contributed to job satisfaction in work, $\chi^2 = 2.725$, $p = 0.025$. Health workers can be motivated more by the institution by ensuring leave days are respected and easily accessible. It was also established that house to office allowances were associated with job satisfaction to work, $\chi^2 = 5.630$, $p = 0.05$. House to office allowance, referred to as transport allowance was very important to health workers. The result of this study can be useful for the managers of the health institutions and the ministry concerned.

Keywords: Monetary incentives, Retention, Health workers, Millennium Development Goals

INTRODUCTION

Background of Study

According to the WHO (2006), there are 59.8 million health workers worldwide. About two-thirds of them (39.5 million) provide health services; the other one-third (19.8 million) are management and support workers. Without them, prevention and treatment of disease and advances in health care cannot reach those in need.

Retention of health workers is particularly critical in the health care field as the need for workers is immense and continues to increase (De Vries *et al.*, 2023). Demand for the services of top health care has intensified as the country's population has aged, rates of chronic diseases like cancer and diabetes have increased and public budgets have shrunk, making it more difficult for many facilities to hire and train more personnel. On top of that, ever-advancing medical technologies mean the current health care work force needs to constantly update its skills. The result is a healthcare system facing crisis-level demands (14% health workers per 1000 people). Decision makers in health care organizations find themselves in a difficult position. Failing to meet increasing service demands literally means putting patients at risk of death, but pushing existing staff to take on expanded duties can lead to burnout and mistakes (Kelly, 2020).

International migration is widely blamed for the current crisis and it is certainly the case that significant numbers are moving to developed countries (Hongoro *et al*, 2006). Nurse migration has been shown to be motivated by the need for professional development, better quality of life and personal safety (Villamin, *et al.*, 2025). An estimated \$500 million is spent annually on medical education of workers from Africa who will eventually emigrate (Mills *et al*, 2011).

In Kenya internal migration of workers from rural to urban areas is a serious problem. Shortages in health workforce are aggravated by unequal distribution of health workers as a result of economic, social, professional and security factors that all sustain a steady internal migration of health personnel from rural to urban areas. Kenya's health system faces a variety of human resource problem, primarily an overall lack of personnel in key, which is worsened by high numbers of trained personnel leaving the health sector to work overseas. Furthermore, those personnel who remain are inequitably distributed between urban and rural areas (Dambisya, 2007).

Health workers in Kenya are employed by the Ministry of Health, by semi-autonomous government institutions (national hospitals, research institutions and training institutions), by non-governmental organization (NGO) health facilities, missionary hospitals, nursing homes, consultants and by the private sector. Non-state organizations employing health workers include NGOs like AMREF, UN organizations, health management organizations (HMOs), pharmacies and clinical dispensing chemists. The availability of health personnel in Africa is considerably worse than in other regions of the world and it is one of the major stumbling blocks to the delivery of adequate healthcare (Chankova, *et al*, 2006). Health workers are vitally important for the effective functioning of healthcare system (Ndeti *et al*, 2007).

An inadequate health workforce contributes to the general deterioration of health indicators. (Dolvo, 2005). Health workers retention is critical for health system performance and a key problem is how best to motivate and retain health workers. This study therefore was out to determine the factors that influence health care workers retention in the workforce

Problem Statement

In response to the crisis in health services, the Kenya government has attempted to develop new standards to improve working conditions in the health sector and retain staff by offering salary increases, providing them with opportunities to engage in private practice and giving them training. Despite these incentives, there is a continued loss of many qualified professionals to other occupations and to international migration, driven by 'push' factors such as poor pay, limited career growth due to lack of educational opportunities and concerns about safety and security.

Complicating this situation is a high level of unemployment among nurses and clinical officers in the country, causing 'mismatches' in planning the health worker force (Ndeti *et al*, 2007). The country finds itself in a paradoxical situation: many nurses and clinical officers are unemployed and there is a desperate need for more health workers. At the same time, the government continues to retrench staff and freeze newly vacant positions so that they are not replaced. It is important to investigate the factors that affect health workers retention to enable governments to tailor policies to alleviate the current human resource crisis and that will in turn assist policy makers to manage human resources for health. It is due to this background that the purpose of this study was set.

Justification of Study

Mbagathi District Hospital was selected because it has a greater number of the workforce hence has the larger turnover of the health workers among public hospital. The government has been working towards improvement of working conditions of the health workers e.g. through improvement of salaries yet there has been a high turnover of the workers. This study was intended to find out the reasons for this trend.

Research objectives

The objective of this study was to determine influence of monetary incentives being applied by different institutions on retention of health workers in Mbagathi District Hospital.

Significance of Study

This study was useful to Mbagathi District Hospital management to know the factors that affect the retention of its health workers hence this helped them to attract and retain more of their workers in future. In addition, it benefited Ministry of Health in increasing retention of health workers in public hospitals in Kenya, various institutions in dealing with issues of placement of health workers and applying the right incentives to ensure health worker retention.

The Scope of Study

The scope of this study was Mbagathi District Hospital. It targeted the Human resource department which dealt with the recruitment and selection of workers. A sample however, was used in this study.

The Limitation of Study

The limitation of the study included the following: funds, area coverage, time and uncooperative respondents. There were limited funds which hindered the effectiveness and the coverage of the study. There was limited time for the study to be carried out. The time allocated was not adequate; however, this limitation was mitigated by selecting a substantive number of health workers to be questioned. Another limitation was uncooperative respondents.

Introduction

This chapter reviewed in details the factors that affect retention of health workers in public health hospitals. This was done by looking at an overview of health workers retention around the world, in Africa and finally in Kenya. This chapter also looked at four independent variable which include: placement of health workers, policies of health worker retention, monetary incentives to retain health workers in different institution and non-monetary incentives to retain health workers in different institution.

An Overview of Health Workers Retention in Africa

The countries that experience retention and migration of its health workers made their presentation during (EQUINET) Regional policy and research meeting on Health worker migration and retention in east and southern Africa March on 17th to 19th 2007 Arusha, Tanzania. The following findings were found in that meeting include the following: In South Africa, rural allowances were found to have a limited effect on retaining workers (Reid, 2004). The limited effect of financial allowances was also found in Cameroon and Zimbabwe where incentives have been perceived as unequally distributed between health workers. However, the fact that Uganda has the lowest level of those intending to migrate may be an indication that efforts to increase salary are working (Nguyen, *et al*, 2008).

Most of the studies identified the need for financial and non-financial incentives, which is consistent with evidence from additional articles was concluded that the best retention strategies combine both non-financial and financial incentives (Wibulpolprasert, *et al*, 2003). According to Seetasewa G, (2006), Ministry of Health Botswana some of the factors that affect health workers retention include the human resources for health situation especially in relation to doctors and nurses is a problem of out migration, especially to overseas countries. There is also a problem of recruitment and retention that are further affected by the lack of a local medical school to train health workers nationally, since nowadays some young doctors are not willing to come back home after completion of their studies.

According to Dr Kimani (2006), Human Resource for Health in Kenya some of the factors that affect health workers retention include inequitable distribution of health workers and human resource development, which

builds capacity for health, early retirement, illnesses and deaths, dismissal from service, resignation and ending of contract. He pointed to the need for effective data management on human resources, and to making clear the terms and condition for health workers.

The Ministry of Health has expanded the training of nursing assistants and reintroduced nurse clinician course in response to immediate needs for scaling up HIV and AIDS, prevention, care and support. While welcome, the scale does not yet meet the size of the problem remains a priority to meet nurse shortages. Further training needs to be linked to remuneration and working condition incentives. HR in Lesotho remains a challenge and an area of focus.

According to Asiimwe B.R. (2006) Ministry of Health, Uganda, there is the need to understand costs associated with incentives and that they should come as a package already budgeted for in the financing for health system so that costs associated with the HRH plan are projected and met. She suggested that non-financial incentives and improvements to structural conditions were the approach that best fits most ESA countries. Health workers based in remote areas of Uganda, despite lack of financial incentives and hard-working conditions, frequently exhibited a high level of motivation to perform well. This motivation can be traced to good leadership and supportive management, among other factors. Her analysis suggests that certain non-financial incentives can have a beneficial effect on motivation, even under adverse conditions of insufficient pay and equipment, understaffing. There is need to address “how” to develop incentive structures.

Retention strategies have been put in place to deal with these, including rural allowances, relocation support for spouses and strategies to equip rural health facilities. There is also a provision of suitable living environment, improvements in road networks as well as educational allowances and low interest loans. Push factors for public to private sector include lower remuneration, poor allowances, no rewards for high performances, no provision of compensation for extra work; lack of recognition vis a vis academic qualification, bureaucracy in appointments promotions and procurement, burnout from vacant posts and many others.

Efforts for retention include a regular review of salaries and allowances, housing and transport allowances, rewarding of high performers, reduction of bureaucracy by decentralizing responsibilities and authority and management training. The push factors for migration to other countries combine the above factors.

In Kenya, the hiring freezes that began in 1994 eventually led to the unemployment of trained nurses (Adano, 2008). Public-private partnerships can facilitate the hiring of trained but unemployed health-care workers while national governments create the budgetary space necessary to increase hiring in the public sector.

The placement of employed health-care workers between urban and rural areas exacerbates inequitable health-care provision.(Dussalt, *et al*, 2006; Munga, 2009) Like many countries in Africa, Kenya has a displacement of health-care workers that has a negative impact on achieving global health-care goals, including goals for rural primary health services and for the prevention and treatment of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).(Chankova *et al*, 2006; Gondi, 2006; Gupta *et al*, 2003)

Whereas international migration and the “brain drain” have received considerable attention,(Kingma, 2006; Mullan, 2003; Witt, 2009) there is less awareness about the negative impact of internal health workforce migration from rural to urban areas.(Campbell J *et al*, 2008; Ndeti *et al*, 2007; MOH, 2007) Among the factors contributing to staff imbalances in the rural workforce are individual preferences for particular working and living conditions, the desire for professional opportunities not typically found in remote areas, financial incentives and weak deployment practices. (Dussalt, *et al*, 2006, MOH, 2007) Recently, Kenya’s National Health Sector Strategic Plan II noted disparities in health services among the country’s eight provinces and stated an intention to rectify these disparities and “shift resources from relatively well-served areas to areas of extreme poverty” (MOH, 2007).

One way the Government of Kenya is attempting to remediate acute nursing shortages in remote and underserved areas is through an emergency hiring programme. This programme, referred to as the Emergency

Hiring Plan (EHP), focuses on speeding up hiring and deployment and upgrading training. It is supported by five donor organizations: the Clinton Foundation jointly with the Danish International Development Agency (DANIDA); the United States Agency for International Development (USAID)-funded Capacity Project; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the International Center for AIDS Care and Treatment Programs (ICAP); and the United Nations Children’s Fund (UNICEF).

The aim of the EHP is to increase nursing staff in public health facilities through donor-supported 1- to 3-year contracts. (Global Health Workforce Alliance; 2008) Donors’ support covers workforce recruitment, employment contracts, and salary subsidies and staff deployment.(Global Health Workforce Alliance; 2008)

Monetary Incentives Applied by Different Institutions for Health Worker Retention

Different institutions have policies that govern the award of incentives to the health workers. Institutions report that they review these strategies regularly to meet market demands. Most of the retention strategies have been implemented.

Information on incentives is drawn from institutional records and from policy documents published by the institutions, namely those by the Ministry of Health, Kenyatta National Hospital and Nairobi Hospital. These indicate a range of incentives being applied, shown in the table .1 below.

Medical institution	Financial incentives
Ministry of Health (National public Health sector)	Implemented by the Directorate of personnel Management Paid leave and overtime pay Allowances include: acting, special duty, hardship, responsibility, non-practicing, commuter, risk, security, extraneous duty, field, entertainment, telephone, mileage, subsistence, settlement and uniform allowances
National referral and teaching hospitals	Positions have competitive salary packages, according to level of qualification, as well as similar incentives to those offered by the Ministry of Health
Kenya Medical Training College	Similar incentives to those offered by the Ministry of Health
University of Nairobi (College of Health Sciences)	Implemented by the University Governing Council Paid leave and overtime pay Allowances include: acting, special duty, hardship, responsibility, non-practicing, commuter, risk, security, extraneous duty, field, honoraria, entertainment, telephone, mileage and subsistence allowances

Sources: Directorate of Personnel Management, 2005a, 2006; Kenyatta National Hospital, 2006;Nairobi Hospital, 2007

Table 1: Incentives Offered in Different Medical Institutions in Kenya, 2005–2007

From the above table, financial incentives for health workers in Kenya are: Paid leave and overtime pay, access to loans at lower negotiated market rates from financing institutions for highly skilled public sector workers to purchase houses, cars or farms, an acting allowance payable to members of staff formerly appointed to act in a higher post, paid for no more than six months, after which arrangements are made to substantively

fill the post, a commuter allowance paid to all staff, an entertainment allowance paid to senior members, such as institutional heads, a field allowance for staff on duty who are sent out into the field on special missions.

A hardship allowance paid to members of staff who are stationed in the designated hardship areas, paid at the rate of 30% of an officer's basic salary, an honoraria allowance for staff offering services beyond their job descriptions, such as nurses who act as professional counselors, a medical risk allowance paid to staff who are exposed to medical risks in the course of their duties, a mileage allowance paid to physicians attending to emergency calls at their medical facility, a non-practicing allowance paid to doctors and dentists who are not practicing.

A responsibility/duty allowance paid to officers who are required to handle tasks beyond their job descriptions, such as acting as head of a department, a special duty allowance, a settlement allowance paid to all staff that are transferred, a subsistence allowance paid to staff that travel on official duties and need money for boarding and lodging, a telephone allowance paid to departmental heads of different medical facilities; and uniform allowance paid to all nurses.

Gaps to be Filled by Study

Health worker loss can compromise health system capacity to deliver adequate care as the more experienced workers migrate because their skills are highly desired. Staff shortages increase workloads and stress levels, further de-motivating remaining staff. To cope with increased workload staffs are sometimes lowering their standard of care. The study hopes to fill the gaps of how health centers can attract and retain their health workforce. The factors that will be found in this study will enable various health institutions curb health worker loss in future.

Conceptual Framework

Independent variable

Dependent variable

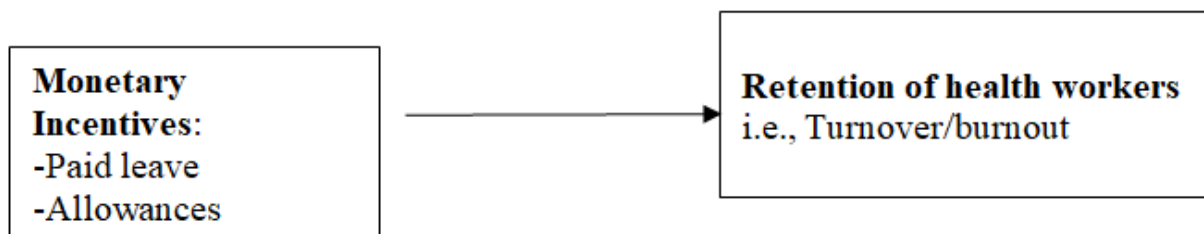


Figure 1: Conceptual Framework

Source: Researcher (2025)

Theoretical Framework

The study expects that placement of health workers will influence the retention of health workers. The factors contributing to this placement (push factors) may include: poor pay, particularly if one considers that less skilled staff in rural district hospitals do not qualify for various allowances; poor working conditions; limited career opportunities; poor communication facilities; limited educational opportunities and the absence of medical services for conditions such as HIV and AIDS.

The policies that different institutions have will also affect the retention of workers favorably or unfavorably. The incentives applied by different institutions to retain health workers will affect the retention of health workers. Unfortunately, the implementation of incentives depends on the facility, so facilities that are better organized, often in higher-income areas, are more successful in providing incentives. The absence of incentives and a desire for further training motivates these junior workers to leave.

RESEARCH METHODOLOGY

Research Design

The study to used descriptive cross-sectional design and employs both quantitative and qualitative methods to make research more conclusive. The researcher went to the population of interest and observed the subjects in their places of work so that they can provide information related to factors that affect health worker retention in Nairobi. The researcher applied qualitative research design since the design is advantageous because it has factual information with minimum bias and maximum reliability (Dubey and Kothari, 2022). Semi structured interviewer schedule and observation was used for data collection. This helped to highlight the factors affecting health workers retention in Mbagathi District Hospital.

Target Population

The study population was health workers in Mbagathi District Hospital, Nairobi. The health workers targeted constituted of nurses and clinicians. There are 42 clinician and 150 Nurses at Mbagathi District Hospital. The study population was sampled from this target population.

Sampling Design

Probability proportional to size sampling technique was used to sample the clinicians and the nurses (Table 2). Individual nurses and clinicians were conveniently sampled since they are not all usually available at the health facility. Only those available were interviewed until the required number is obtained.

Table 2: Targeted Population

Health workers	Total population	N (%)
Nurses	150	117 (78%)
Clinicians	42	33 (78.5%)
Total	192	150 (78%)

Determination of the Sample Size

Sample size was determined using the formula by Fisher *et al* (1998) as follows

$$n = \frac{z^2 pq}{d^2}$$

n = desired sample size

Z = standard normal deviate at 95% confidence level (1.96)

p = proportion of the target population (All workers) of Mbagathi District Hospital representing Health workers (11%)

q = 1 – p, d = degree of accuracy desired (0.05)

$$n = 1.96^2 \times 0.105 \times 0.89 / 0.05^2 = 150$$

The sample size represented statistical analysis to be applied, acceptable precision levels and the magnitude of practical significance difference that is effect size. The proportion represented 33 clinicians and 117 nurses from a target population of 192 workers.

Data Collection Methods

The study used both primary and secondary data sources. Primary data was collected using questionnaires that consisted of both structured and unstructured questions. Unstructured questionnaire was used to obtain data on health worker's perception about retention in public hospitals. The questionnaires were both open ended and close ended.

To confirm the effectiveness of the questionnaire, a pilot study was carried out. It was important to ensure that instruments were piloted to determine their validity and reliability since they had not been used before. According to Mugenda and Mugenda (2003) a pretest sample of a tenth of the sample respondents with homogenous characteristics were selected for the pilot study. This assisted the researcher in correcting ambiguities in the questionnaire and to establish the validity and reliability.

Validity was tested by representativeness of the target population and by consensual judgments by experts (Almanasreh, et al., 2019). During the pilot study, the researcher focused on objective of the study and in determining any particular parameter which could be included in the actual administration. According to Mugenda and Mugenda (2003) defines reliability as a measure of the degree to which a research instrument yields the same results on repeated trials. Secondary data was obtained from existing literature, books, journals and internet. Key informant interviews were done with health workers and administrators to explain more on issues of financial incentives which affect retention of health workers.

Data Analysis and Presentation

After collecting data from the field, coding was done followed by data entry using Statistical Package of Social Sciences (SPSS). After this, data was cleaned to ensure reliability of results. Chi-square analysis was used to test for association between variables. Data was presented using charts, graphs and frequency tables.

Logistical and Ethical Consideration

Ethical clearance was sought from the Kenyatta University School of Business. The study objectives were explained to the participants and anonymity as well as confidentiality was guaranteed. No names were used which ensured confidentiality of the participants. The participants were provided with a consent form to sign.

Expected Output

At the end of this study the researcher expected placement of health workers, policies of health worker retention, monetary and non-monetary incentives being applied by different institution on health worker retention affected health worker retention in Mbagathi District Hospital.

RESULTS AND DISCUSSION

Demographic and Socioeconomic Characteristics of Respondents

This section dealt with questions regarding gender, age, education, monthly income, job cadre, religion and marital status.

Response rate

A response rate was established to be 100% since all the target health workers participated

Age Distribution

The age distribution of the health workers was as follows: 16.1% age 19-24, 38.9% between 25 and 30, 21.6% were between 31 and 35, 11.2% were between 36 and 40, 4.9% were between 41 and 45 while 7% were between 46 and 50 and 0.7% was between 51 and 55 as shown in table 3.

Table 3: Age Distribution

Variable	Category	Frequency (n = 150)	Percent
Gender	Male	59	39.3
	Female	91	60.7
Age	19-24	23	16.1
	25-30	56	38.9
	31-35	31	21.6
	36-40	16	11.2
	41-45	7	4.9
	46-50	10	7.0
	51-55	1	0.7

Monthly Income

In this study, 10.4% of the health workers earned between 1,000-20,000, 50% earned between 21,000-40,000, 26.4% earned between 41,000-60,000, 10.5% earned between 61,000-80,000, 1.8% earned between 81,000-100,000 while 0.9% earned between 121,000 - 140,000. (Figure 2)

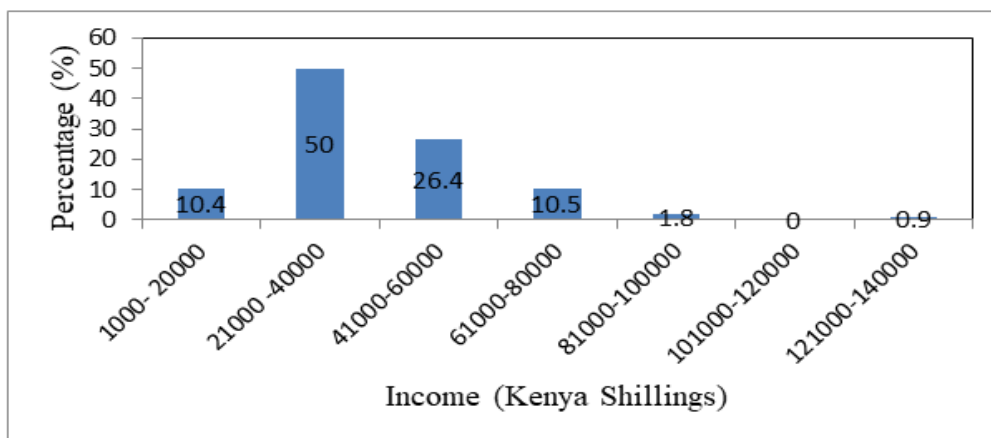


Figure 2: Income level of the population sampled

Health workers sampled

Table 4 shows the respondents job cadre. The results show that 8.7% work as physicians, 10.7% work as community health workers, 59.7% work as nurses, 12.1% work as clinical officers, 3.4% work as record officers, 1.3% work as social workers and occupational therapist while the rest 0.7% work as medical technicians, counselor, medical officers, accountant, and ophthalmologist respectively.

Table 4: Job Cadre

Job Type	Frequency (n = 150)	Percentage
Physician	13	8.7

Community Health Workers	16	10.7
Nurse	89	59.7
Clinical Officer	18	12.1
Records Officer	5	3.4
Medical Technician	1	0.7
Counselor	1	0.7
Medical Officer	1	0.7
Accountant	1	0.7
Social Worker	2	1.3
Occupational Therapist	2	1.3
Ophthalmologist	1	0.7

Influence of Placement on Retention of Health Workers

Retention of health workers was measured in terms of job satisfaction in work. There were several factors that were examined to determine their influence on job satisfaction in work.

This included availability of a functional telephone communication, unfavorable working conditions, lack of career growth, inadequate hospital facilities and supplies, inadequate personnel, inadequate protective devices and increased workload and overtime. The following factors were associated with job satisfaction in work for example functional telephone communication was significant at 0.005 where 73% of the respondents sometimes did not have a functional telephone communication which delayed supply of equipment's to other parts of the hospital. Key informant interview with nurse in charge revealed that inadequate working telephone led to wastage of time moving from one section to the other get assistance from other health workers.

The study also revealed that unfavorable working conditions were associated with job satisfaction in work (retention). This was significant with a p value of 0.002 as shown in Table 4. In this case 71.9% of the respondents indicated that unfavorable working conditions contributed to job satisfaction.

Table 4: Association between Placement and Retention of Health Workers

Variable	Category	Experiencing job satisfaction in work		χ^2 test
		Yes	No	
Live in an institutional house	Yes	7(7.9%)	6(9.8%)	$\chi^2 = 0.178$ df= 1 p = 0.673
	No	82(92.1%)	55(90.2%)	
Opportunity to advance study	Yes	37(41.6%)	28(45.9%)	$\chi^2 = 0.276$ df= 1
	No	52(58.4%)	33(54.1%)	

				p = 0.599
Functional telephone communication	Sometimes	65(73.0%)	40(65.6%)	$\chi^2 = 5.790$ df= 2 p = 0.051
	Never	12(13.5%)	4(6.6%)	
	Always	12(13.5%)	17(27.9%)	
Unfavorable working conditions	Highly contributed	64(71.9%)	4(44.4%)	$\chi^2 = 12.894$ df= 2 p = 0.002
	Contributed	22(24.7%)	2(22.2%)	
	Not Contributed	3(3.4%)	3(33.3%)	
Lack of career growth	Highly contributed	56(63.6%)	2(28.6%)	$\chi^2 = 5.326$ df= 2 p = 0.040
	Contributed	26(29.5%)	3(42.9%)	
	Not Contributed	6(6.8%)	2(28.6%)	
Inadequate hospital facilities and supplies	Highly contributed	54(60.7%)	3(42.9%)	$\chi^2 = 8.609$ df= 2 p = 0.014
	Contributed	28(31.5%)	1(14.3%)	
	Not Contributed	7(7.9%)	3(42.9%)	
Poor communication	Highly contributed	51(58.0%)	2(28.6%)	$\chi^2 = 7.427$ df= 2 p = 0.024
	Contributed	29(33.0%)	2(28.6%)	
	Not Contributed	8(9.1%)	3(42.9%)	
Inadequate personnel	Yes	75(84.3%)	40(67.8%)	$\chi^2 = 5.557$ df= 1 p = 0.018
	No	14(15.7%)	19(32.2%)	
Inadequate protective devices	Yes	30(34.1%)	6(9.8%)	$\chi^2 = 11.567$ df= 1 p = 0.001
	No	58(65.9%)	55(90.2%)	
Increased workload and overtime	Yes	60(68.2%)	36(59.0%)	$\chi^2 = 1.321$ df= 1 p = 0.025
	No	28(31.8%)	25(41.0%)	

Interview with one of the key informants (health workers) mentioned that work overload and poor remuneration were some of the unfavorable working conditions that influenced job satisfaction in work.

The study also revealed that lack of career growth highly contributed to job satisfaction in work. This was significant with a p value of 0.04. This study found that 63.6% of the respondents indicated that lack of career growth contributed to job satisfaction (Table 4.4). Lack of career growth de-motivated health workers from

being interested in work. Inadequate hospital facilities and supplies were also associated with job satisfaction in work. This was significant with a p value (0.014). The study found that 60.7% of the respondents reported that inadequate hospital facilities and supplies highly contributed to job satisfaction. Interview with one of the key informants indicated that inadequate hospital facilities and supplies affected significantly their work operation as patients are not treated properly and efficiently.

The study showed that inadequate personnel were associated with job satisfaction in work. This was significant with a p value of 0.018 whereby 84.3% of the respondents agreed that inadequate personnel led them to experiencing job satisfaction in work. Another variable that was associated with job satisfaction was increased workload and overtime. This was significant with a p value (0.025). The study found that 68.2% of the respondents agreed that increased workload and overtime led them to experiencing job satisfaction in work (Table 4).

Other factors that influenced placement of health workers but did not significantly lead health workers to job satisfaction at work include: living in an institutional house, supervised during execution of duty, opportunity to advance study, provision for paid study leave and working in different sections of the institution.

Table 5: Influence of Monetary Incentives applied by different institutions on Retention of Health Workers in Mbagathi District Hospital

Variable	Category	Experiencing job satisfaction at work		χ^2 test
		Yes	No	
Paid leave	Satisfied	29(32.6%)	28(45.9%)	$\chi^2 = 2.725$ df= 2 p = 0.025
	Not Satisfied	49(55.1%)	27(44.3%)	
	Not applicable	11(12.4%)	6(9.8%)	
Overtime pay	Satisfied	16(18.0%)	8(13.1%)	$\chi^2 = 0.644$ df= 2 p = 0.725
	Not Satisfied	38(42.7%)	28(45.9%)	
	Not applicable	35(39.3%)	25(41.0%)	
Access to house or car loans at lower negotiated market price	Satisfied	12(13.5%)	8(13.1%)	$\chi^2 = 0.010$ df= 2 p = 0.995
	Not Satisfied	30(33.7%)	21(34.4%)	
	Not applicable	47(52.8%)	32(52.5%)	
House to office allowances	Satisfied	7(7.9%)	9(14.8%)	$\chi^2 = 5.630$ df= 2 p = 0.050
	Not Satisfied	49(55.1%)	22(36.1%)	
	Not applicable	33(37.1%)	30(49.2%)	
Entertainment	Satisfied	5(5.6%)	4(6.6%)	$\chi^2 = 5.692$ df= 2 p = 0.060
	Not Satisfied	51(57.3%)	23(37.7%)	
	Not applicable	33(37.1%)	34(55.7%)	
Paid for their studies but	Satisfied	8(9.0%)	16(26.2%)	$\chi^2 = 8.005$

have to work for a specific number of years	Not Satisfied	43(48.3%)	24(39.3%)	df= 2
	Not applicable	38(42.7%)	21(34.4%)	p = 0.118

On incentives applied by different institution for health workers retention, a number of questions were asked regarding satisfaction of financial incentives applied by different institution for health workers retention, table 5.

The study revealed that paid leave contributed to job satisfaction in work. This was significant with a p value of 0.025. In this case 55.1% of the respondents indicated that they were not satisfied with the paid leave that they are provided by the institution. Interview with one of key informant indicated that health workers can be motivated more by the institution giving them sufficient paid leave.

The study also revealed that house to office allowances were associated with job satisfaction to work. This was significant with a p value of 0.05. In this case 55.1% of the respondents indicated that they were not satisfied with the house to office allowance provided by the institution. Interview with one key informant indicated that house to office allowance commonly referred to as transport allowance was very important to health workers as it caters for transport expenses especially those who live in far away from the workplace. Hence when the organization does not give adequate allowance the workers interest diminishes.

Other factors that influenced monetary incentives being applied by different institution on retention of health workers but did not significantly lead to experiencing job satisfaction in work include the following: overtime pay, access to house or car loans at lower negotiated market price, entertainment, hardship, responsibility and uniform allowances.

The four variables namely placement of workers, monetary incentives applied by different institution, non-monetary incentives applied by different institution on retention among health workers and existing policies employed to retain health workers.

Placement of Health Workers

The study found that placement of health workers was influenced by unfavorable working conditions, lack of career growth, inadequate hospital facilities and supplies and functional telephone communication. This agrees with other studies done in the past for example Dussalt *et al*, (2006) indicated that placement of employed healthcare workers between urban and rural areas exacerbates inequitable healthcare provisions.

In addition, the study established there is a relationship between placements of workers and retention among health workers. This concurs with the findings of Chankova *et al*, (2006) who indicated that like many countries in Africa, Kenya has a displacement of healthcare workers that has a negative impact on achieving global healthcare goals.

Monetary Incentives Applied by Different Institutions on Retention of Health Workers

The study findings were that monetary incentive that the institution applies influenced the retention among health workers. The study found out that monetary incentive plays a major role in retention of health workers.

This concurs with the finding of Rockers *et al.*, (2011) who indicated that monetary incentive was the most appropriate attraction and retention package for medical of officers, nursing officers, pharmacists and laboratory technicians in Uganda's rural areas.

In addition, this study found that monetary incentives drive most health workers to be retained in their workplaces. Eastwood *et al*, (2005) indicated that a 'medical carousel' whereby health workers move to countries offering attraction such as better salaries and training opportunities typically leaves the poorest countries with all drain and no gain.

CONCLUSION AND RECOMMENDATIONS

Monetary Incentives influencing Health Workers Retention

The monetary incentives that significantly led to health workers to experience job satisfaction in work include: paid leave and house to office allowances. The study found out that level of wages paid to its workers is a crucial element of attracting and retaining workers to consider a career in health service delivery. Monetary incentives provide a key means of competing with other potential employers in domestic and international labor markets.

Monetary Incentives Applied by Different Institution on Retention of Health Workers

Majority of the respondents indicated that paid leave and house to office allowances were the major variables that influenced retention among health workers. The study recommends that the institution should provide sufficient paid leave and house to office allowance to decrease turnover of its health workers.

Further Research

More research needs to be done on monitoring and evaluation of incentives applied by institution regarding retention of health workers in public hospitals in Kenya.

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