# INFLUENCE OF REGULAR PROMOTION ON HEALTH CARE WORKERS RETENTION IN PUBLIC HEALTH FACILITIES IN GARISSA COUNTY, KENYA

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## ABSTRACT

This study sought to investigate the influence of regular promotion on health care workers retention in public health facilities in Garissa County, Kenya. The study was anchored on two theories namely: Maslow's Needs Hierarchy Theory and Herzberg's two-factor theory. The study employed a descriptive research design and Self-Administered Questionnaire to collect data from 134 healthcare workers. Stratified sampling and Simple random sampling techniques were used to sample the Sub-Counties, Primary healthcare facilities, and respondents respectively. Data were analyzed using SPSS version 26 and the relationships between the variables were determined using correlation and multiple regression analysis. The correlation results showed that regular promotion was positively correlated to retention of healthcare workers in primary healthcare facilities in Garissa County. Regression analysis also showed that regular promotion influenced retention of health care workers in the County (ß = 0.239, p = .000 <p = 0.05). The study concluded that regular promotion, influenced retention of healthcare workers in primary healthcare facilities in Garissa County. It was recommended that the county government management should ensure that every health care worker receives their salary on time all time.

Keywords: *Regular promotion and Retention*

## 1.0 INTRODUCTION

### 1.1 Background

There is wide recognition of the importance of health workers to the effective functioning of healthcare systems. Health workers in every country and without them have been defined as the center of the health system; the health care system does not function. Retention of health workers is vital to the success of the health care system and a major challenge is how best to inspire and attract health workers. Several factors, including deteriorating socio-economic conditions in much of sub-Saharan Africa, the health workers' mobility and migration, and the lack of strategies to train and maintain sufficient supplies of suitable health workers, contribute to resource depletion (Mukherjee et al., 2020). Many Sub Sahara Africa Kenya countries are suffering from acute shortages of health care workers. Acute shortages, inequitable distribution, and inadequate health workers' skills have contributed to the country's negative trend. The north-Eastern region faces massive human resource for health (HRM) challenges characterized by severe shortages of clinical and non-clinical staff, low productivity, high attrition rates, and low in-service and pre-service training capacity (Kundu & Lata, 2017). The human resource for health (HRH) challenges stem from previous political instability, geographical isolation, and chronic underinvestment in the region. The fact that a large proportion of the population is nomadic or semi-nomadic complicates health service delivery and staffing. The reduction of health workers is particularly acute at the districts and rural facilities at community levels where health workers are needed most (Fahim, 2019).

Health services in Kenya suffer from urban-rural and regional imbalances, lack of investment, and a shortage of staff, such as 1 doctor to 10,150 people (Ministry of Health 2005-2007). The north-eastern province (NEP) had fewer facilities that also make accessibility difficult while the province is underserved with health facilities per 100,000 population with a 10/100,000 ratio (Davis et al., 2019). Retention of health workers is a major issue, particularly for health personnel posted to the NEP from other regions within the country. This is a critical limitation in achieving the MDGs. The shortage of adequately trained and motivated workers is a problem for the entire country (Oxford Analytica, 2017).

Garissa County borders Wajir County in the north, Tana River, and Isiolo Districts in the west, and has an international border with Somalia in the east. Garissa covers 33,620 square kilometers an estimated population of 412,320 people. Garissa County has seven sub-counties which include: Fafi, Garissa, Ijara, Hulugho Lagdera Balambala, and Dadaab. The county is further divided into 30 wards as indicated in Table 1.

**Table 1**

*Land Sizes and Administrative Wards of Sub-Counties*

| Sub-county | Area ,(Km$^2$) | Wards |
|---|---|---|
| Garissa | 2,538.5 | 4 |
| Balambala | 3,049.2 | 5 |
| Lagdera | 6,519 | 6 |
| Dadaab | 6,781 | 6 |

| | | |
|---|---|---|
| Fafi | 15,469 | 5 |
| Ijara | 2770.4 | 2 |
| Hulugho | 7047 | 2 |
| **Total** | **44,174.1** | **30** |

**Source: Garissa County Health Strategic Plan 2013-2018**

**Table 2**

*Population Projection 2013 – 2018*

| Sub-county | Census | Annual Population Trends | | | | | |
|---|---|---|---|---|---|---|---|
| | **2009** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Garissa | 116953 | 136608 | 142017 | 147641 | 153488 | 159566 | 165885 |
| Balambala | 73109 | 85395 | 88777 | 92292 | 95947 | 99747 | 103697 |
| Lagdera | 92636 | 108204 | 112489 | 116943 | 121574 | 126389 | 131394 |
| Dadaab | 152487 | 178113 | 185167 | 192499 | 200122 | 208047 | 216286 |
| Fafi | 95212 | 111213 | 115617 | 120195 | 124955 | 129903 | 135048 |
| Ijara | 43849 | 51218 | 53246 | 55355 | 57547 | 59825 | 62195 |
| Hulugho | 48814 | 57017 | 59275 | 61622 | 64063 | 66600 | 69237 |
| **Total** | **623,060** | **727,768** | **756,588** | **786,547** | **817,696** | **850,077** | **883,744** |

Garissa town is the biggest municipality in the former north eastern province (NEP) and served as its provincial headquarters. The town accounts for 20 percent of the district population and 3.5percent of the total population in the province.  It lies 360 km from Nairobi and 220 km from the Somali border and has relatively easy access to areas outside the province. Factors contributing to the rural-urban migration to Garissa town have been the severe drought and insecurity of the past years.  Substantial numbers of Internally Displaced People, (IDPs) live in makeshift houses in the peri-urban areas.  Garissa town has a major livestock market, to which 20,000 animals are brought every week.  Buyers come from Somalia and Ethiopia to purchase cattle, (Borana type), and from Sudan and Egypt to purchase camels.

Dadaab sub-county in Garissa has three refugee camps, (Dagahaley, Hagadera, and Ifo) with a total of 275,000 refugees from Somalia, (97.5percent) and other countries, (2.5percent). This is 62 percent of the total refugee population in Kenya.  The refugee camps have existed since 1991, (since the collapse of the Siad Barrés regime) and will remain until the political situation in Somalia improves.  Opportunities for the refugees to return are limited.  A small number have been allowed to settle in the United States.  The refugee camps are supported – under the umbrella of UNHCR – by humanitarian aid organizations such as UNICEF, CARE, GTZ, LWF, IRC, MSF, NRC, HI, SCF, and the World Food Programme.

**1.2 Problem Statement**

Retaining staff deployed in hard-to-reach and remote parts of the county have been a challenge since they do not get any special packages that are commensurate with the level of hardship they face in that part of the county (Arasanmi & Krishna, 2019). While it has been a challenge with the

National government on retention of staff, devolving the health sector was seen as the best intervention for this problem in Northern Kenyan. However, staff turnover stands at 20% since devolution compared to the previous rates of 21% before devolution. While it's not known what motivates the stay of the few who have worked for a long period in those areas considered to be a hard ship, the turnout is huge and demanding for the county government of Garissa (Davis et al., 2019). As part of plans to overcome human resource challenges, the county government of Garissa proposed certain measures to reduce staff turnover among them was the county employment of 100 more nurses immediately after devolution to reduce workload and reduce pressure from the staff. The county also constructed several new health facilities to decongest highly populated areas again with intention of reducing workload from staff in busy centers. Despite these efforts, more than 35% of the devolved and newly recruited staff sought for transfer from the county health human resource. The study sought to investigate the influence of regular promotion on health care workers retention in public health facilities in Garissa County, Kenya.

## 2.0 LITERATURE REVIEW
## 2.1 Theoretical Review

A theoretical structure will demonstrate an understanding of the theories and principles important for the research subject (Pålsson & Sandberg, 2020). In this review, the theoretical research was founded on Maslow's Needs Hierarchy Theory and will explain the effect of career development on the retention of employees. Maslow (1943) believed that people are motivated by the desire to obtain or maintain the different conditions under which certain basic satisfactions rest and by other more abstract desires because the average number of society is most often partially satisfied and partially unsatisfied with all one's wishes (Alajmi & Alasousi, 2019). Chullen et al (2015) argued that Maslow had implemented a hierarchy of needs in which at least five sets of requirements form the system. The five sets of requirements were divided into two categories: basic requirements and higher-order requirements. Defined by food, water, shelter, and health, the most basic human needs are deemed important for human life.

Motivation theories emphasize specific factors that contribute to job satisfaction. All intrinsic and extrinsic-driven actions demonstrate the different hypotheses that can be applied to explain motivational behavior. Maslow (1946) and Herzberg (1968) are material scientists, who emphasize the importance of fulfillment. Maslow's theory (1946) and Herzberg's theory (1968) concentrate on the issue of what awakens, sustains, and governs goal-directed behavior which is what motivates people particularly. There is the idea that everyone responds to motivational stimuli in much the same way, and that there is one best way to motivate everyone, and that it focuses on the needs of one person.

### *Herzberg's two-factor theory*

Employment status is a big driver of job satisfaction; the factors in motivational theory that dissatisfy employment people are different from those that motivate them to do a good job (Ashraf, 2019). Small pay, poor career opportunities and training rewards, unsatisfactory access to equipment and support facilities, and inadequate personal contact with colleagues and managers all contribute to unhappiness (Gordon, 2017). Unlike these motivating extrinsic factors, intrinsic motivation is related to the actual quality of work, feelings of success, self-esteem, and self-confidence; it leads to job satisfaction and productivity increases (Hagqvist et al., 2018).

Limiting dissatisfiers, Herzberg said, motivates a worker to live but not perform better. In keeping with this theory, some authors propose that avoiding dissatisfiers in fostering longevity is more important than maintaining especially high rates of job satisfaction. But others dispute that view and claim that turnover is more a result of low intrinsic job satisfaction than experiencing stressful work environments, especially for professionals (Dipboye, 2018). Many middle and low-income countries still suffer from extreme worker shortages and/or misallocation of health services, exacerbated more recently by the disintegration of the health care system in low-income countries and the environment of global policy. Low wages, poor working conditions, lack of preparedness, lack of facilities and equipment, and HIV/AIDS all lead to health workers being displaced from remote areas (Matthews et al., 2018).

### *Maslow's Hierarchy of Needs and Motivation*

Maslow's hierarchy can be used to describe the type of knowledge that people seek at various stages of growth. For instance, people at the lowest level consider dealing with knowledge to meet their basic needs. Information that is not specifically related to helping a person in a very short time fulfill his or her needs is often left unattended (Chullen et al., 2015). The details require safety-level assistance from individuals. We are finding ways in which they can be safe and protected. Persons in need of their belonging need to seek insightful knowledge. Several times this can be found in books or other articles on the nature of relationships. Individuals at the confidence stage want to empower knowledge. They are seeking information about how to develop their egos. Additionally, people seeking enriching awareness in the growth stages of cognitive, psychological, and self-actualization. While Toshav-Eichner and Bareket-Bojmel (2021) do not explicitly address the stage of transcendence, it is fair to conclude that individuals will sort out information on how to respond to something outside themselves or how to edify others at this level.

### 2.2 Empirical Review

The growth of the health sector in Kenya faces a range of challenges. Amid the health workers' multitude of challenges and opposition, "devolution to county administration occurred. To date, the country has witnessed numerous strikes by health workers in various counties as well as the resignation of some health workers, particularly doctors. This has also seen an unfair distribution of qualified health workers due to health staff leaving some counties to support those with better working conditions (Busari et al., 2017). Other issues include, but are not limited to, the shortage of healthcare staff, the loss of qualified employees in the private sector and other countries that have better financial incentives, the lack of employment opportunities and educational opportunities, the lack of continuity in the proper process of transferring healthcare workers between counties, the recruitment of healthcare professionals, the transfer (Behera et al., 2019).

Before the devolution, the National Public Services Commission (PSC) had served as the overall employer of all state employees in the country, including health workers. Its purpose was to provide overall guidance and oversight for the strategic creation and management of human resources in the public sector, while routine operational human resource management functions including recruitment, evaluation, promotion, discipline, in-service training, and payment of salaries were transferred to the mini-tries of the respective government, including the national MoH for all (Wickramasinghe & Samaratunga, 2016). The PSC is required to provide employment for national government employees within the devolved government system and to supervise the entire national and county public service. At the county level, the constitution provided for the

establishment in each county of County Public Service Boards (CPSBs) to serve as the ultimate employer of all the county public servants (Tsofa et al., 2017).

Agyepong et al. (2018) describe retention as an ongoing effort to engage in business with a particular organization. Retention is' customer love, reputation, loyalty, confidence, willingness to recommend and repurchase intentions, with the first four being emotionally-cognitive retention mechanisms and the last two being behavioral intentions. According to Ellapen et al. (2018), retention is motivated by several key factors that should be treated cohesively: organizational culture theory, policy, rewards, and benefits. The economic implications will be detrimental to a company if businesses cannot keep their workers.

Movement within an organization is typically classified as advancement in a position where responsibilities and prestige are increased. Promotional incentives impact individual acts within the organization and encourage individuals to move forward with expanded potential. Promotion is used as a reward and incentive for successful work outcomes and other behavioral styles that are embraced organizationally. If they feel that will lead to promotion, people will work harder. They have little motivation if they feel reserved for outsiders to get better jobs. The promotion method helps companies to balance their need for skilled workers with the willingness of employees to apply their expertise. There is a strong link between the prospects for promotion and high rates of work satisfaction. An effective system of promotion will result in more organizational efficiency and high morale for employees (Akinwale & George, 2020).

Promotion is a cause of employee happiness and the company is more committed to happy employees. During the assessment of an employee's promotional performance, an appropriate communication mechanism should be developed to know where the employee who may not be eligible for promotion is absent and where the hat can be made to yield results. Regular reviews on employee performance can encourage workers to boost their performance and get a promotion. This means the employees are involved in company progress (Lichtenthaler & Fischbach, 2018). Employee advancement should also rely on factors such as competence, performance, and experience and should be justified in preventing workers from engaging in politics to place pressure on managers for bonuses and promotion (Lichtenthaler & Fischbach, 2016).

In Garissa County, after devolution, the seconded national government staff had huge backlogs promotion. Some staff was not promoted for more than ten years devolution was seen as a blessing by the health care providers. The county government of Garissa made some good progress in promoting 70% of staff who were due for promotion, with some staff getting two Job groups up.
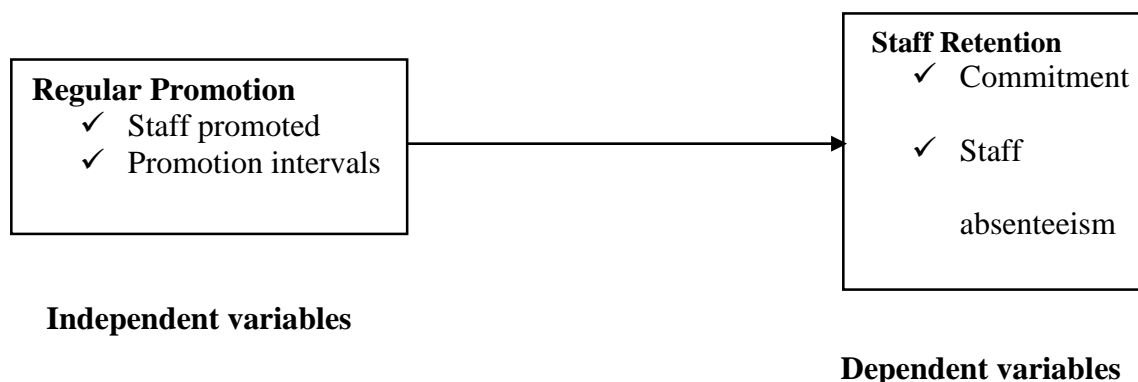
**Conceptual Framework**
The following conceptual structure was used in the analysis and helped to explain how the variables interrelate. A conceptual structure is a scheme of variables that are operationalized by a researcher to achieve the objectives set (Pålsson & Sandberg, 2020).

**Figure 1**

*Conceptual Framework*

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┌─────────────────────────────┐              ┌──────────────────────────────┐
│ Regular Promotion           │              │ Staff Retention              │
│   ✓ Staff promoted          │─────────────▶│   ✓ Commitment               │
│   ✓ Promotion intervals     │              │                              │
│                             │              │   ✓ Staff                    │
│                             │              │                              │
│                             │              │     absenteeism              │
└─────────────────────────────┘              └──────────────────────────────┘
      Independent variables

                                                    Dependent variables
```

### 3.0 METHODOLOGY

**Research Design**

This study adopted a descriptive research design, which is a kind of research conducted to describe variable characteristics in a situation.

**Target Population**

This research targeted all health care workers in public health facilities in Garissa County available at their workstations during the study. The targeted health care workers in the county are 957 who are working at service delivery points.

**Sampling Procedure and Sample Size**

The number of health care workers in Garissa County in level 3 and level 4 facilities is 957 as per the Garissa County Ministry of Health. To obtain the required sample size from these target population study adopted the formula by Nassiuma (2000).

$$n = \frac{Nc^2}{c^2 + (N-1)e^2}$$

Where n = sample size, N = population size, and e = error margin (= 4%), c = coefficient of variation (= 50%) by substituting the formulae, therefore, we obtain;

$$n = \frac{957 * 0.5^2}{0.5^2 + (957 - 1)0.04^2}$$

$$n = 134.4$$

Since Garissa County is made up of six Sub-Counties, this study used stratified random sampling to select 12 health facilities from the 6 Sub-Counties. Facilities were stratified based on regions (Sub-County). The features of stratified random sampling provided each health care worker with an equal chance of inclusion while on the same note, keeping the manageable size (Uribe-

Bohorquez et al., 2018). Respondents were selected by use of simple random sampling from the healthcare facilities. Simple random sampling was used to enhance the generalization of data obtained in the study (Helfrich et al., 2020). The sample size was then proportionally allocated according to the targeted population in respective Sub-counties as shown in Table 3.

**Table 3**

*Allocation of sample size according to targeted population in respective sub-counties*

| Sub-Counties | Facilities (Both level 3 & 4) | Target population | Percentage | Sample size |
|---|---|---|---|---|
| Township | 15 | 221 | 14 | 31 |
| Ijara | 12 | 167 | 14 | 23 |
| Dadaab | 11 | 187 | 14 | 26 |
| Lagdera | 10 | 144 | 14 | 20 |
| Fafi | 9 | 115 | 14 | 16 |
| Balambala | 10 | 123 | 14 | 17 |
| **Total** | **67** | **957** | **14** | **134** |

**Instrumentation and Pretesting**

Questionnaires were used in this study as the data collection instrument. They were preferred because of their ability to reach a wide population such as those normally encountered in survey studies easily and conveniently. Questionnaire also reduces interviewer bias significantly. The researcher carried out pre-testing of the questionnaires at 5 selected health facilities in Tana River County, in the Galole sub-county on 14 respondents within five days, one week before the actual data collection exercise. According to Mugenda and Mugenda (2003) a pilot group should be 10% of the study sample. This was equivalent to 14 respondents. The respondents were randomly picked from Haroresa, Bura nomadic, Charidende dispensary (CDF) Chewele dispensary, and Galili dispensary and filled the structured questionnaire, which was hand-delivered to them. The data was coded and fed into the system and analyzed in SPSS version 26. During the pilot study, irrelevant, confusing, or ambiguous questions were identified and the questions rephrased without losing meaning. The challenges experienced in collecting the data, coding, and analyzing the data, were used as the basis for refining and improving the final questionnaire used in the study and the pertinent issues required to explore to research problem.

According to Nicolella et al. (2018) study reliability in determining whether the research will truly measure that which it was intended to measure or how truthful the research results will be. Cronbach's alpha reliability test was used to determine the internal consistency of the question items that measured the variables of interest for this study. A Benchmark of Cronbach's coefficient value of greater than 0.7 indicates the tool was reliable to measure the variable.

**Data Analysis and Presentation**

All the questionnaires and key informant schedules were edited for the purposes of ensuring that they are field completely and consistently by the respondents. Qualitative data was first analyzed using content analysis by categorizing it into various themes, and the responses coded and

classified into various categories. The quantitative and the coded qualitative data were analyzed by use of Statistical Package for the Social Sciences (SPSS) version 26. The descriptive statistics were then used for establishing the frequencies and percentages of the responses provided. The results were summarized, and then presented in frequency tables. Bivariate analysis was also performed using Chi-square and Spearman's R tests to establish the significance, strength, and nature of the association between the factors under study and retention of health care workers. Regression analysis was used to determine the direction and strength of the relationship between the variables under study. The p- values derived from the regression analysis enabled the study to establish the statistical significance of the individual independent variables in influencing health workers' retention. Analysis of Variance (ANOVA) was used to determine the statistical significance of the overall model and the variables under study. Results were presented in tables for easier presentation. The regression model used was;

$$Y = \beta_0 + \beta X_1 + \varepsilon$$

Where: $\beta_0$ is the constant and $\beta_1$...is the regression coefficients; $X_1$ = Regular Promotion; and $\varepsilon$ = error term.

## 4.0 FINDINGS

**Response Rate**

Out of the 134 questionnaires that had been distributed to healthcare workers in primary health care facilities in Garissa County, 112 were completed and returned indicating an 83.58% response rate as shown in Table 4.

**Table 4**

*Response Rate*

| Response rate | Frequency | Percent |
|---|---|---|
| Returned | 112 | 83.58 |
| Unreturned | 22 | 16.42 |
| **Total** | **134** | **100.00** |

The result shows an overall response rate of 83.58% which was a very good response rate. According to the recommendations by Baruch and Brooks (2008) that a 50% response rate is acceptable while a 70% response rate indicated a very good response. The researcher instituted effective research techniques and data collection strategies hence an overall good response rate.

**Demographic Characteristics of the Respondents**

The study determined the demographic characteristics of the respondents as they were considered categorical variables which give some basic insight into the respondents. The characteristics considered in the study were; a range of ages of the respondents; gender; level of education attained and; duration worked in the current health facility. The findings on these are summarized in Table 5.

**Table 55**
*Demographic Characteristics of the Respondents*

| Variable (n = 112) | Category | Frequency (F) | Percentage (%) |
|---|---|---|---|
| Age in Years | 22-26 | 20 | 17.9 |
| | 27-31 | 20 | 17.9 |
| | 32-36 | 44 | 39.3 |
| | 37-41 | 16 | 14.3 |
| | 42-47 | 12 | 10.7 |
| Gender | Female | 63 | 56.3 |
| | Male | 49 | 43.8 |
| Level of Education | Certificate | 12 | 10.7 |
| | Diploma | 62 | 55.4 |
| | Bachelor's degree | 23 | 20.5 |
| | Master's degree | 12 | 10.7 |
| | Ph.D. | 3 | 2.7 |
| Number of years practiced | Less than 5 years | 53 | 47.3 |
| | 6-10 years | 25 | 22.3 |
| | 11- 15 years | 15 | 13.4 |
| | 16 – 20 years | 12 | 10.7 |
| | 21 – 25 years | 7 | 6.3 |
| Work setting categorization | Level 3 | 27 | 24.1 |
| | Level 4 | 85 | 75.9 |

The findings in Table 5 suggest that majority 44 (39%) of the respondents were aged between 32 and 36. Most of them were female 63 (56%) although the proportion of males (43.8%) indicated that there was gender parity in the hiring of medical personnel in the healthcare facilities in the area. Further, the findings indicate that majority 62 (55%) of the respondents had a diploma level of education as their highest level of education and had practiced for less than five years 53 (47%).

Most of the respondents interviewed were from Level 4 healthcare facilities 85 (76%). The results also indicate that most 40 (36%) of the respondents were young and aged between 22 – 31 years. These findings imply that majority of the respondents were recent graduates and had a reasonable level of experience in their practice and were, therefore, expected to give valid opinions about the factors influencing their willingness to stay at their respective health facilities. Abere and Muturi (2015) explained that to reliably conduct a study, then background characteristics of respondents

such as; gender, age, work experience, and educational qualifications ought to be established to ensure a reliable sample from the targeted population that gives a valid answer for the study.

**Professions of the Medical Personnel**

The study further examined the respective professions of the respondents. The findings are given in Table 6.

**Table 6**

*Professions of the Medical Personnel*

|  |  | Frequency | Percent |
|---|---|---|---|
| Valid | Nutritionists | 1 | .9 |
| | Pharmacists | 13 | 11.6 |
| | Officers | 14 | 12.5 |
| | Medical Doctors | 12 | 10.7 |
| | Social Workers | 9 | 8.0 |
| | Dentists | 7 | 6.3 |
| | Nurses | 14 | 12.5 |
| | Physiotherapists | 14 | 12.5 |
| | Medical lab technologists | 19 | 17.0 |
| | Clinical Officers | 9 | 8.0 |
| | **Total** | **112** | **100.0** |

The findings in Table 7 shows that the majority of the medical personnel interviewed in the study were medical lab technologists 19 (17%), this was followed by Officers, Nurses, and Physiotherapists 14 (13%) respectively. Other professionals were also interviewed although their proportion was small compared to the four. Consequently, the study sought to establish the distribution of the healthcare professionals across the six sub-counties sampled in Garissa County. The results are summarized in Table 7.

**Table 7**

*Distribution of the Medical Professionals across the Four Sub-Counties*

| | | | Township | Ijara | Dadaab | Lagdera | Fafi | Balambala | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | Professional * Sub-county Cross tabulation | | | | | | |
| | | | Sub-county | | | | | | |
| Professional | Nutritionists | n | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| | | % | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| | Lab Technologists | n | 4 | 1 | 0 | 5 | 1 | 2 | 13 |
| | | % | 30.8% | 7.7% | 0.0% | 38.5% | 7.7% | 15.4% | 100.0% |
| | Officers | n | 4 | 3 | 0 | 1 | 1 | 5 | 14 |
| | | % | 28.6% | 21.4% | 0.0% | 7.1% | 7.1% | 35.7% | 100.0% |
| | Medical Doctors | n | 4 | 3 | 3 | 0 | 1 | 1 | 12 |
| | | % | 33.3% | 25.0% | 25.0% | 0.0% | 8.3% | 8.3% | 100.0% |
| | Social Workers | n | 2 | 2 | 0 | 2 | 0 | 3 | 9 |
| | | % | 22.2% | 22.2% | 0.0% | 22.2% | 0.0% | 33.3% | 100.0% |

| | | SD | D | N | A | SA | | Total |
|---|---|---|---|---|---|---|---|---|
| Dentists | n | 4 | 0 | 0 | 2 | 0 | 1 | 7 |
| | % | 57.1% | 0.0% | 0.0% | 28.6% | 0.0% | 14.3% | 100.0% |
| Nurses | n | 4 | 2 | 2 | 0 | 2 | 4 | 14 |
| | % | 28.6% | 14.3% | 14.3% | 0.0% | 14.3% | 28.6% | 100.0% |
| Pharmacists | n | 4 | 1 | 2 | 4 | 0 | 3 | 14 |
| | % | 28.6% | 7.1% | 14.3% | 28.6% | 0.0% | 21.4% | 100.0% |
| Physiotherapists | n | 1 | 4 | 7 | 0 | 1 | 6 | 19 |
| | % | 5.3% | 21.1% | 36.8% | 0.0% | 5.3% | 31.6% | 100.0% |
| Clinical | n | 0 | 0 | 2 | 2 | 2 | 3 | 9 |
| Officers | % | 0.0% | 0.0% | 22.2% | 22.2% | 22.2% | 33.3% | 100.0% |
| **Total** | **n** | **28** | **16** | **16** | **16** | **8** | **28** | **112** |
| | **%** | **25.0%** | **14.3%** | **14.3%** | **14.3%** | **7.1%** | **25.0%** | **100.0%** |

The results in Table 7 suggest that Garissa Township and Balambala Sub-County had the highest number of medical professionals (56/112) across the healthcare facilities sampled in this study. This was followed by Ijara, Dadaab, and Lagdera respectively. These findings suggest that the six sub-counties had a healthy mix of medical professionals and thus underscored the importance of inter-professional collaboration to deliver quality healthcare.

**Descriptive analysis results – Regular promotion**
The objective of the study sought to investigate the influence of regular promotion on health care workers' retention in Garissa County. A 5-point Likert scale was used to rate responses of this variable and it ranged from; 1 = strongly disagree to 5 = strongly agree. The closer the mean score was to 5, the more the agreement concerning the statement. A score around 3.0 would indicate uncertainty while scores significantly below 2.4 would suggest disagreement regarding the statement posed. The findings are presented in Table 8.

**Table 8**

*Regular Promotion*

| Statements | | SD | D | N | A | SA | Mean | STD Dev |
|---|---|---|---|---|---|---|---|---|
| I receive my salary on time all the times | % | 8.0 | 20.5 | 39.3 | 11.6 | 20.5 | 3.2 | 1.20 |
| | n | 9 | 23 | 44 | 13 | 23 | | |
| I am satisfied with my current remuneration that positively affects my desire to stay | % | 10.7 | 11.6 | 15.2 | 37.5 | 25.0 | 3.5 | 1.28 |
| | n | 12 | 13 | 17 | 42 | 28 | | |
| | % | 6.3 | 17.9 | 38.4 | 20.5 | 17.0 | 3.2 | 1.13 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| I am satisfied with civil service benefit program (e.g. pension, leave and housing) | n | 7 | 20 | 43 | 23 | 19 | | |
| I get automatic promotions at standard duration. | % | 3.6 | 17.0 | 31.3 | 28.6 | 19.6 | 3.1 | 1.10 |
| | n | 4 | 19 | 35 | 32 | 22 | | |

Regarding whether the respondents received their salary on time all the times, 44(39.3%) were neutral, however, 23(20.5%) strongly agreed and disagreed respectively over the sentiment. The item had a mean score of 3.2 and a standard deviation 1.20. This implied that majority of the health workers pay delayed in many occasions. It was clear that some respondents were satisfied with their current remuneration that affect their desire to stay as indicated by 42(37.5%) of the respondents who agreed. The item had a mean score of 3.5 and a standard deviation 1.28. According to researchers', compensation helps to increase retention and decreases absenteeism. Similarly, Harris and Brannick (1999) also highlighted that compensation is the main factor in keeping employees retained for longer period of time. Pay is the key feature of compensation that affects employees' retention and attraction (Williams & Dreher, 1992). Similarly, it has been posited by March and Simon (1958) that when organizations do not provide sufficient compensation, the employees leave the organization.

It also emerged that the respondents were neutral about them being satisfied with civil service benefit program (e.g. pension, leave and housing) as indicated by 43(38.4%), 23(20.5%) were in agreement while 24.2% disagreed over the same sentiment. This indicated that most of the health workers in Garissa County are not satisfied with the benefits that they receive as civil servant.

There was also lack of consensus on whether the respondents got automatic promotions at standard duration 35(31.3%) were neutral 32(28.6% agreed while 20.6% disagreed over the same statement. This implied that in Garissa county health workers do not get promoted at standard duration. These findings underscore the influence of staff promotion on retention of workers, Miller and Wheeler (1992) stated that lack of promotion opportunity affects employees' decision to stay with the institute. Availability of promotion opportunities makes employees to feel; though social exchange theory (Blau, 1964) postulates that when employees are promoted they feel honored by the organization so they repay the institute through their loyalty, commitment and involvement. Morris and Quarles (2004) empirically studied intent to stay. Survey method was used for data collection. The results revealed a significant positive relation between promotional opportunities and intention to stay.

**Bivariate analysis**

Bivariate analysis was performed using Chi-square and Spearman's correlation tests at a significance level of *alpha=0.05* to establish the significance, strength and the nature of association between the independent variables and the dependent variable.

**Table 9**

*Bivariate Analysis Results*

|  | Tests of association | Retention of health care workers | | |
|---|---|---|---|---|
|  |  | Value | df | Sig. |
| Regular promotion | N | 112 | | |
|  | Chi-Square $(\chi 2)$ | 414.612[a] | 252 | .000 |
|  | Spearman's Correlation $(R)$ | .451 | | .000[c] |

The results in Table 9 indicated that regular promotion had significant association ($\chi^2$ = 414.612, df = 252, p < 0.05) and positive relationship (Spearman's R = 0.451, p < 0.001) with retention of health care workers. This means that staff promotion and promotion intervals contributed significantly to health workers retention in Garissa County. This finding agreed with the observations by Williams, et al. (2013), which issues such as: promotion of employees is critical for higher job satisfaction and consequently employee retention. The findings are also in line with Yang et al. (2018) who found a close and positive correlation between promotions and job satisfaction and which in turn helps in retaining employees. Research by Cicekli and Kabasakal (2017) has shown internal career development of employees was often the best predictor of an employee's effective commitment. Geng et al. (2018) argued that talented employees are required for maintaining a competitive advantage and employees want career growth opportunities to develop and rise in their career ladder. Such plans include advancement plans, internal promotion and accurate career previews at the time of hiring.

**Regression Analysis**

Multivariate regression analysis was used to determine how the independent variables influenced the dependent variable collectively. The analysis was also meant to establish the extent to which each independent variable affected the dependent variable in such a collective set up and which the more significant factors were. The results are summarized in Table 10.

**Table 106**

*Multiple Linear Regression Analysis Model Summary*

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .770[a] | .593 | .578 | 4.46668 |

The regression analysis in Table 10 shows that the relationship between the dependent variable and all the independent variables pooled together had a model correlation coefficient = 0.770. The adjusted r-square (Adj. $R^2$ = 0.578), further, indicates that a combined model with all the independent variables could explain up to 57.8% of the variations in the health care workers' retention in Garissa County. It also suggests that the model could improve when more predictive variables were incorporated into the model. Sen and Srivastava (2011) state that for multiple regression models to be appropriate as a whole then it should be tested using F-test. Therefore, the

study also performed an ANOVA on the independent and dependent variables and the results are summarized in Table 11.

**Table 11**

*ANOVA*

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| 1 Regression | 3113.078 | 4 | 778.269 | 39.009 | .000[b] |
| Residual | 2134.780 | 107 | 19.951 | | |
| Total | 5247.857 | 111 | | | |

a. Dependent Variable: Retention
b. Predictors: (Constant), Special financial package, Regular promotion, Essential package, Work and living environment

The results in Table 12 indicate that there is a significant difference between means of variables predicting the retention of healthcare workers in Garissa County (Fo' = 39.009> F c = 2.45; a < 0.05; df = 4, 107; p = 0.000). This finding confirms that the model predicted by Table 31 is indeed significant in explaining the retention of healthcare workers in Garissa County on the basis of the identified independent variables.

In order to determine which of the variables was more important when it came to retention of health workers in healthcare facilities in Garissa County, the beta value was used. The results are given in Table 12 provides a summary of the multiple linear regression analysis correlation coefficients.

**Table 12**

*Multiple Linear Regression Coefficients*

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| 1 (Constant) | .831 | .284 | | 2.930 | .004 |
| Living and working environment | .405 | .130 | .283 | 3.111 | .002 |
| Essential Supplies | .625 | .156 | .355 | 4.011 | .000 |
| Special financial packages | .122 | .144 | .185 | 1.938 | .055 |
| Regular promotion | .239 | .153 | .120 | 1.561 | .121 |

The study obtained the regression outcome as follows:

$Y = 0.831 + 0.405X_1 + 0.625X_2 + 0.279X_3 + 0.239X_4$

From the model, holding constant regular promotion, work and living environment, essential package and special package, retention of health care workers will 0.831. Holding other factors constant, a unit increase in regular promotion will lead to 0.239 units increase in retention of health care workers in health care facilities in Garissa County.

## 4.0 CONCLUSION

The study conclude that regular promotion had a positive and significant influence on retention of health care workers in Garissa County. Most of the health care workers did not receive their salary on time all the times, some were satisfied with their current remuneration that affected their desire to stay. Majority were not satisfied with civil service benefit program (e.g. pension, leave and housing).

## 5.0 RECOMMENDATIONS

The study concluded that regular promotion influenced the retention of health workers in primary health facilities in Garissa County, promotion within the organization is healthy for the employees as this helps them to become more competent and skillful at their place of work through increased productivity and improved organization performance and also to promote employee growth and sustained competitive advantage which increases retention rate of the employees within the organization. This study recommends that Garissa County should ensure that every health care worker receive their salary on time all the times that is at the end of every month, ensure all the workers are satisfied with their current remuneration and with civil service benefit program (e.g. pension, leave and housing).

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