UGANDA MANAGEMENT INSTITUTE

MANAGEMENT PRACTICES AND RETENTION OF EMPLOYEES IN PUBLIC

HEALTH FACILITIES: A CASE S OF MBALE REGIONAL REFERRAL

HOSPITAL

BY

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DECLARATION

I, **Damalie Bajunga Nabweteme**, Reg. No. **10/MBA/4/004** hereby declare that, this dissertation entitled "**Management Practices and Retention of Employees in Public Health Facilities: A Case of Mbale Regional Referral Hospital**" is my original work and has never been presented to any university or institution of higher learning for any academic award.

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APPROVAL

This dissertation entitled "**Management Practices and Retention of Employees in Public Health Facilities: A Case of Mbale Regional Referral Hospital**" is an original work of **Ms. Damalie Bajunga Nabweteme**, Reg. No. **10/MBA/4/004** and was done under our supervision and has been submitted for examination with our approval as supervisors.

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DEDICATION

To dedicated to my husband, Fred Kato and only son Ethan Kiyaga

ACKNOWLEDGEMENT

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ABSTRACT

The study sought to establish the relationship between management practices and employee in Mbale Regional Referral Hospital. The study was guided by three specific objectives which included establishing the relationship between (i) management control, (ii) staff development (iii) rewards and employee retention in Mbale Regional Referral Hospital. A co-relational research design was employed using both qualitative and quantitative research approaches. A sample of 215 respondents participated in the study by answering the questionnaire and interview guide. Questionnaires and interview guides were used to collect quantitative and qualitative data. Frequencies and percentages were used to show the distribution of respondents on different items. Pearson's Linear Correlational Coefficient (r) was used to determine the level of correlation between the variables. The study findings showed that; there is a relationship between (i) controls, (ii) staff development (iii) rewards and employee retention in Mbale Regional Referral Hospital. The researcher concluded that in every organization it is important to have established control measures. (ii) organizations must have clear staff development programs and (iii) in every workplace, employees must be rewarded for any work done. The researcher recommended that (i) Mbale Regional Referral Hospital should design proper control practices to enhance employee retention. (ii) Mbale Regional Referral Hospital should come up with more clear staff development strategies to enhance employee retention and (iii) Mbale Regional Referral Hospital should pay attention to employee rewards as a way of enhancing employee retention.

CHAPTER ONE

INTRODUCTION

1.1   Introduction

In any organization, the goal of employers is usually to decrease employee turnover, thereby decreasing training costs, recruitment costs and loss of talent and organisational knowledge. By implementing lessons learned from key organizational behavior concepts employers can improve retention rates and decrease the associated costs of high turnover. However, this is not always the case. Employers can seek "positive turnover" whereby they aim to maintain only those employees who they consider to be high performers. The study examined the relationship between management practices and employee retention in Mbale Regional Referral Hospital. Management practices are conceived as the independent variable while employee retention is the dependent variable. Management practices were measured in form of controls, staff development and employee rewards while employee retention was measured in form of psychological satisfaction, commitment to work, intention to stay for more time and job stability as illustrated in the conceptual framework. This Chapter therefore, presents the background of the study, the statement of the problem, purpose, specific objectives of the study, research questions, hypotheses, scope of the study, significance, justification and operational definitions of the study.

1.2   Background to the study

The background was broken into four systematically linked perspectives namely; a historical perspective which gives a past overview of the study variables, theoretical perspective which gives a theory which underpins the study, conceptual perspective which gives definitions of key

variables and contextual perspective which shows the problem at the ground that prompted the researcher to go for the study.

1.2.1   Historical Perspective

The twenty first century saw a paradigm shift in the employment relationship moving from the mutual obligation contract that paired an employee "doing a good job," with the employer "I will take care of you." However, this was with a bias of power in favour of the employer in determining the terms of employment to a relationship where both the employer and employee negotiate the employment terms with balance of power (Decenzo & Robbins, 2002). It is now common for individuals to decline taking up employment opportunities if they are not satisfied with what the employment has to offer, or exit the organization when they are no longer satisfied with what the job offers. Likewise employers may terminate services of an employee whose skills are considered inadequate overtime (Bhambra, 1999). This kind of relationship has posed a very big challenge for many organizations in recruiting, selecting and retaining skilled, experienced employees and management practices.

Since the time of scientific management, the concept of employee retention has been studied extensively. Right from the Hawthorne experiments of Elton Mayo and Ruthlisberg, administrators and managers have come to believe that employee retention is the short cut to meeting individual and organizational objectives, which is the sole reason for existence of any organization (Christopher & Smith, 1999). In fact, organizations of all forms, purpose and sizes are faced with the continuing problem of efficiently and effectively integrating employees into working environments resulting from high rates of employee turnover and continuous

recruitment (Armstrong, 2001). For example, employee retention practices in Mbale Referral Hospital have been reported to be poor with most employees leaving for Private health facilities and Non-Governmental Organisations with in Mbale district or other districts. Despite the many endeavours management has made towards staff retention for example by providing career opportunities, training and trying to improve on the social welfare of the employees through provision of housing and savings schemes, the turnover rates in the hospital have remained high exceeding 20% for the senior staff (Bhambra, 1999). Therefore, to an increasing extent, it is true to say that the success in retaining staff begins with the recruitment, selection and management processes (Aswathappa, 2002). These are crucial elements in human resource management irrespective of size, structure and sector.

Employees make their decisions to leave or stay with the organization basing on their "referents" in the market place. They make subjective perception of what constitutes a fair balance between their inputs (energy, commitment, integrity, heart and soul) and outputs (rewards, perks, development). They are also guided by their own responses to them in relation to their perceived ratio of inputs and outputs (Balton, 2001). If they feel that the inputs are fairly and adequately rewarded by the outputs, then they are happy with their work and motivated to continue working with the same employer and the reverse is true. While individuals respond differently to this feeling, generally the decision to stay or quit the organization is proportional to the perceived disparity between inputs and expected outputs. The feeling of inequity extends to career opportunities, job satisfaction, training and available social welfare. In fact, organizations of all forms, purpose and sizes are faced with the continuing problem of efficiently and effectively integrating employees into working environments resulting from high

rates of employee turnover and continuous recruitment (Armstrong, 2001). For example, employee retention practices in Mbale Referral Hospital in Uganda have been reported to be poor (Muganga, 2006; Mbale Referral Hospital personnel office, 2006/2007) with most employees leaving for greener pastures elsewhere.

Despite the many endeavours Mbale Regional Referral Hospital has made towards staff retention for example by providing career opportunities, training and trying to improve on the social welfare of the employees through provision of housing and savings schemes, the turnover rates of employees in Mbale Referral Hospital have remained high exceeding 20% for the senior staff. As a result of that, several past researchers have had interest in employee retention in different contexts. For example, Mabonga (2009), Bataringaya (2006), Mukasa (2008) and Nyiiro (2007) all looked at employee retention in different contexts. However, none of the studies was conducted on employee retention in Mbale Regional Referral Hospital in Uganda which gap the study wishes to fill. Therefore, it was against this background that researcher set out to establish the relationship between management practices and retention of employees in public health faculties using Mbale Regional Referral Hospital as a case study with the view of proposing possible remedies.

1.2.2 Theoretical Perspective

The study was guided by Vroom's Expectancy Theory (Vroom, 1964) which is based upon the idea that work effort is directed toward behaviors that people believe will lead to desired outcomes. The theory assumes that an individual is a rational being constantly predicting ones likely future by creating expectations about future events. According to Vroom, if one's

expectations seem reasonably likely and attractive, one knows how to get there and believes that one can 'make the difference' then this will motivate the person to act in such a way as to make this future come true hence an individual will choose either to stay or leave for an alternative which will give the most benefit. Underpinning this theory were concepts like expectancy, valence and instrumentality which were hence exploited in the study in explaining employee retention in Mbale Referral Hospital. It was on the basis of this theory that the study proposed that employee retention in the said hospital could be influenced by management practices.

1.2.3   Conceptual Perspective

The dependent variable in the study was employee retention. Retention is the function of satisfaction in a sense that it depends on the organization; ability to give the employees the satisfaction they desire at any particular time of their stay in the organization. According to Giri (2008), employee retention is the process in which employees are encouraged to remain with the organisation for the maximum period of time or until the completion of the project. According to Ivanovic (2000), employee retention refers to the practice of keeping employees on the staff, such that they are not lost to rival firms. In the study employee retention referred to intention to stay for more time, consistency of job status, job stability, psychological satisfaction, motivation to work, and commitment to work and to the job. The independent variable in the study was management practices. According to Terry (1968) cited in Bolta (2001) management is a distinct process of planning, organizing, actuating and controlling to determine and accomplish the objectives by the use of people and resources. In this study, Management is conceptualized in terms of controls, staff development and rewards.

1.2.4 Contextual Perspective

The study was conducted in Mbale Regional Referral Hospital where employee retention was reported to be low and/ or poor. For example, according to the human resource report (2010) reported that most senior staffs were not willing to retain their jobs in the hospital since most of them were not motivated to work for more years. The report also added that most employees think their job status in Mbale Regional Referral Hospital was unstable and are not satisfied with the management practices. The human resource reports indicate that the hospital had a weakness of poor job retention among the medical staffs. Odongo (2010) explained that the general shortfall of 21% concealed worse situations in some departments in 2006/ 2007. For example, in the Departments of Medical and Pharmacy, in the years 2006/2007 and 2008/2010, had deficits of 44% and 47% respectively for the senior staff. The lack of staffs in these departments was due to poor job retention practices. While there could be several contributory factors leading to low employee retention in the said hospital, management practices could have played a major role. Therefore, in this study, it was hypothesizes that management and employee retention in Mbale Regional Referral Hospital are positively co-related.

1.3   Statement of the Problem

No organization is better than its employees. Therefore, organizations wishing to achieve excellence, they have to retain their staff through decreasing employee turnover, thereby decreasing recruitment and training costs and loss of talent and organizational knowledge (Burke and Watson, 2002). Unfortunately, however, employee retention in Mbale Regional Referral Hospital has been reported to be low and/ or poor (Human Resource Report, 2010 and Odongo, 2010) which explained that the general shortfall of 21% concealed worse situations in

some departments in 2006/ 2007. The hospital has a weakness of poor job retention of senior staff. For example, the departments of Medical and Pharmacy in the years 2006/2007 and 2008/2010, had turnover rate of 44% and 47% respectively of the senior staff. While there could be several factors contributing to low employee retention in the said hospital, management practices could have played a major role. Hence, the need for the study to establish the relationship between management practices and employee retention in Mbale Regional Referral Hospital.

1.4   Purpose of the study

The study sought to establish the relationship between management practices and employee retention in Mbale Regional Referral Hospital.

1.5   Objectives of the study

The specific objectives of the study included the following:

(i)   To establish the relationship management controls and employee retention in Mbale Regional Referral Hospital.

(ii)   To investigate the relationship between staff development and employee retention in Mbale Regional Referral Hospital.

(iii)   To explore the relationship between employee rewards and employee retention in Mbale Regional Referral Hospital.

1.6   Research Questions

The research sought answers to the following questions;

(i)   What is the relationship between Management controls and employee retention in Mbale Regional Referral Hospital?

(ii)   What is the relationship between staff development and employee retention in Mbale Regional Referral Hospital?

(iii)   What is the relationship between employee rewards and employee retention in Mbale Regional Referral Hospital?

1.7   Hypotheses of the study

The research sought validity and/ or otherwise of the following hypotheses;

(i)   There is a relationship between Management controls and employee retention in Mbale Regional Referral Hospital.

(ii)   There is a relationship between staff development and employee retention in Mbale Regional Referral Hospital.

(iii)   There is a relationship between employee rewards and employee retention in Mbale Regional Referral Hospital.

1.8   Conceptual Framework or Model

The independent variable in the study is management practices while the dependent variable is employee retention. Therefore, Figure 1 provides a conceptual framework relating the variables in the study:

Independent Variable: **Dependent Variable**

(Management Practices) **(Employee Retention)**

Control
• Establishing standards of performance
• Measurement of performance
• Comparison of performance with standards

Staff Development
• Training
• Coaching and mentoring
• Employee promotion
• Job enrichment
• Job rotation

Rewards
-**Monetary rewards**
Salary
Bonus pays
Allowances
- Non-monetary rewards
Promotion
Working conditions
Recognition

• Commitment to work and to the job
• Psychological satisfaction
• Consistency to job status
• Motivation to work
• Job stability
• Intention to stay for more time

Fig. 1.1: **Conceptual framework relating the variables in the study**

Source: **Adopted from (Amutuhaire, 2010; Bataringaya, 2001; Mukasa, 2008)**

The framework in Figure 1 suggests that the independent variable (management practices) were

conceptualized as management controls (establishing standards of performance, measurement of

performance and comparison of performance with standards), staff development (training,

coaching and mentoring, employee promotion, job enrichment and job rotation) and rewards.

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Rewards were conceptualized monetary (salary, bonus pays and allowance) and non-monetary rewards (working conditions and promotions). The dependent variable (employee retention) was conceptualized as intention to stay for more time, consistency of job status, job stability, psychological satisfaction, motivation to work, and commitment to work.

1.9   Significance of the study

It was hoped that the study would yield data and information that would be used by the hospital management as an indicator as to where and how much emphasis might be put to these specific management practices in order to strengthen its capacity to retain its quality employees. It was also hoped that the findings of the study shall generate further literature on staff retention in Mbale Regional Referral Hospital and further prompt other researchers into this area of study.

1.10   Justification of the Study

There seems to be controversy as to what really motivates employees and enables them retain their jobs. In reality, different employees tend to have preference for different motivational factors and therefore perceive them as being motivational to their performance. Many scholars have conducted studies relating to management practices and employee retention however, none of them in the context of Mbale Regional Referral Hospital hence leaving a research gap for the study. Therefore, the study sought to get more understanding about the relationship between management practices and employee retention in Mbale Regional Referral Hospital.

1.11   Scope of the study

1.11.1 Geographical scope

Geographically, the study was conducted in Mbale Regional Referral Hospital, commonly known as Mbale Hospital is a hospital in Mbale, eastern Uganda which is a referral hospital for the districts of Busia, Bududa, Budaka, Bukwa, Butaleja, Manafwa, Mbale, Pallisa, Sironko and Tororo. Mbale Hospital is located on Pallisa Road, in the City of Mbale, approximately 245 kilometers by road, northeast of Kampala, Uganda's capital and largest metropolitan area. Mbale Hospital is a public hospital, funded by the Uganda Ministry of Health and general care in the hospital is free. The hospital is one of the thirteen Regional Referral Hospitals in Uganda. It is also designated as one of the three public clinical paramedical teaching hospitals and as one of the fifteen Internship Hospitals in Uganda, where graduates of Ugandan medical schools can serve a one year of internship under the supervision of qualified specialists and consultants.

1.11.2 Time scope

The study covered a period between 2006 to 2011. It was during this period that more than 20% senior staff in the Departments of Medicine, Laboratory, Administration, Pharmacy and Obstetrics and Gynecology left the hospital for other jobs elsewhere.

1.11.3 Content Scope

In content, the study focused on controls, staff development, and employee rewards respectively and their relationship with employee retention (intention to stay for more time, consistency of job status, career development, job stability, psychological satisfaction,

motivation to work, financial benefits, and commitment to work and to the job) in Mbale Regional Referral Hospital.

1.12   Operational Definitions

Employee retention is the process in which employees are encouraged to remain with the organisation for the maximum period of time or until the completion of the project.

Management is a distinct process of planning, organizing, actuating and controlling to determine and accomplish the objectives by the use of people and resources.

Controlling is one of the managerial functions like planning, organizing, staffing and directing. Controlling is the process of ensuring that actual activities conform to the planned activities.

Staff development refers to skills and knowledge attained for both personal development and career advancement and encompasses all types of facilitated learning opportunities, ranging from colleges degrees to formal coursework, conferences and informal learning opportunities situated in practice.

Staff rewards refers to either monetary or non-monetary payments to employees

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter presents the theoretical orientation of the study and literature related to the respective objectives. The related literature is presented in line with the objectives that guide the study. It is presented in subheadings of; controls and employee retention, staff development and employee retention, rewards and employee retention.

2.2 Theoretical Review

The study was guided by Vroom's Expectancy Theory (Vroom, 1964 cited in Kawemba, 2010) which is based upon the idea that work effort is directed toward behaviors that people believe will lead to desired outcomes. According to Vroom, an employee's performance is based on individual's factors such as personality, skills, knowledge, experience and abilities. The Expectancy theory is based upon three major beliefs namely; expectancy, valence and instrumentality as illustrated in Figure 2.1:

Fig. 2.1:   Vroom's Expectancy Theory illustration

Source: Aswathappa (2002). Human resource and personnel management

Vroom (1964) point's outs as Figure 2.1 suggests, that people prefer certain outcomes from their behaviour to others. They anticipate feelings of satisfaction should the preferred outcome be achieved. According to Vroom, the three components (i.e. expectancy, instrumentality and valence) have their own distinct meanings. Expectancy is a person's perception of the likelihood that a particular outcome will result from a particular behavior or action. Instrumentality is a factor that relates to a person's belief and expectation that performance will lead to a particular desired reward; the belief that upon completion certain actions will achieve a specified outcome. Valence is the value a person assigns to a given reward. The theory is relevant to this study in as much as it tries to identify ways in which management can increase staff motivation so as to encourage employees retain their jobs through each of the model's three components; to manage medical staff expectations by making their jobs desirable, indicating to them how the hospital management can help them achieve these expectations so as to influence them to retain their jobs.

2.3   Related Literature

The Section reviewed literature related to the respective three specific objectives in this research. However, the literature was not confined to only employee retention in Mbale Regional Referral Hospital but also employee retention in other organizations as and when necessary.

2.3.1   Controls and employee retention

Controlling is one of the managerial functions like planning, organizing, staffing and directing. According to Curtris and Cook (1994), controlling is the process of ensuring that actual

activities conform to the planned activities. It helps managers to measure the effectiveness of their planning, leading, and organizing. It involves establishing standards of performance, measuring current performance, comparing these standards of performance to established standards and taking corrective actions (Alvesson, 2004). Controls are conceptualized as establishing standards of performance, measurement of performance, comparison of performance with standards and corrective action. It is an important function because it helps to check the errors and to take the corrective action so that deviation from standards are minimized and stated goals of the organization are achieved in desired manner (Govindarajan, 2007). Therefore, in the study, it was hypothesized that controls have a negative relationship with employee retention.

Several past researchers have attempted to relate controls to employee retention in different contexts. For example, Bataringaya (2006) in a study about factors that affect staff attraction and retention in local governments using Ntungamo District Local Government as the case study came to the finding that in organizations where management employs strict control measures on employees, the chances of them leaving are high. Bataringaya therefore established negative relationship controls and staff retention. Eisenberger, et al. (2002) in their study about perceived supervisor support: contributions to perceived organizational support and employee retention, empirically established a negative relationship between perceived supervisor support (control) and employee turnover. Mabonga (2009) researching on employee attraction and retention in donor funded HIV-AIDS NGOs in Uganda using TASO as a geographical scope came to the finding that employing authoritative controls on employees increases the turnover rates. Mabonga concluded that there is a negative relationship between controls and staff

retention. While the above studies showed negative correlation between controls and employee retention, none of them was specifically on employee retention in Mbale Regional Referral Hospital. To contribute to the closure of such gaps, the study considered controls as a factor having a negative influence on employee retention in Mbale Regional Referral Hospital since no earlier study had done so. This study came to the finding that there is a positive relationship between management controls and employee retention.

2.3.2   Staff development and employee retention

Staff development refers to skills and knowledge attained for both personal development and career advancement and encompasses all types of facilitated learning opportunities, ranging from colleges degrees to formal coursework, conferences and informal learning opportunities situated in practice (Armstrong, 2001). There are a variety of approaches to staff development, including consultation, coaching, lesson study, mentoring, reflective supervision and technical assistance. Staff development is important for employees to feel like valued members of an organization. Good staff development can de-emphasize salaries and benefits, in part by building a positive work environment and by giving employees advancement opportunities. This in turn leads to increased loyalty and performance and reduces employee turnover (Aswathappa, 2002). Therefore, in the study, it was hypothesized that there is a positive relationship between staff development and employee retention.

A few past studies that attempted to relate staff development to retention are now given. Eileen (1999) in a study about perceived workplace conditions and first-year teachers' morale, career choice commitment, and planned retention in the Long Island University-C.W. Post Campus,

Brookville came to the finding that there is a positive relationship between employee training and retention. Dale, et al. (2005) in their study about training, transfer, and turnover established that is a significant positive co-relation between training and staff retention. According to VanOyen (2005) in a research about the relationship between effective nurse managers and nursing retention, argued that managers who allow their staff to go for further studies have low levels of employees turnover in their organizations. VanOyen therefore found a positive relationship between training and staff retention.

Kleinman (2010) in the research about the relationship between managerial leadership behaviors and staff nurse retention came to the finding leaders who allow their staff to attend seminars and workshops have low levels of turnover. Kleinman concluded that there is a positive relationship between staff development and staff retention. Burke (2002) in the study about retaining employees advised managers that staff development raises retention levels in organizations. Similarly, Chew (2004) in a study about the influence of human resource management practices on the retention of core employees of Australian organization concluded that staff development and retention are positively related. While the above studies showed positive correlation between staff development and staff retention, none of them was specifically on employee retention in Mbale Regional Referral Hospital. To contribute to the closure of such gaps, the study considered staff development as a factor having a positive influence on staff retention in Mbale Regional Referral Hospital since no earlier study had done so. This study came to the finding that there is a positive relationship between staff development and employee retention.

2.3.3 Staff rewards and employee retention

Starting an employee rewards program can be overwhelming at first. The task can seem impossible when you are trying to figure out how to incentivize employees to perform well while staying within a tight budget. In tough economic times, however, small and mid-sized organizations must keep in focus what they want to reward while being creative in coming up with ways to keep the troops happy (McShane, 2009). It's a widely known statistic that staff reward is the most common reason given for leaving a job, which is surprising, given the many opportunities to reward employees that regularly arise. Rewarding staff can be a difficult task at the best of times, but in a period of global economic uncertainty, it becomes even harder.

Rewards can be intrinsic (non-monetary) or extrinsic (monetary) in nature. Intrinsic (non-monetary) rewards are internal such as contributing to a common good, mentorship or 'giving feedback'. Extrinsic (monetary) rewards are external such as payments and promotions (tangible) or praise and public recognition (intangible) (Giri, 2008). A Reward system is composed of all organizational components, which include people, processes, rules and procedures, together with the decision-making activities, which involved the process in allocating compensation and benefits to employees, in exchange for their contribution to the organization (Griffin, 2009). In the study, it was hypothesized that staff rewards have a positive relationship with employee retention.

Attention now turns to a few past studies that attempted to relate rewards to employee retention. Bataringaya (2006) researched on factors affecting staff attraction and retention in Local Government using Ntungamo District Local Government as the case study and found that

employee rewards inform of payment positively correlates with staff retention. Tettey (2006) in the study about staff retention in African universities came to the finding that one way of reducing employee turnover in African universities is through improving the rewarding system. Tettey concluded that rewards and staff retention in any university are positively co-related. Similarly, Mihyo and Windhoek (2008) in their study about staff retention in African universities and links with the diaspora study found a positive relationship between non-monetary rewards and staff retention. Mukasa (2008) studied rewards and human resource retention using selected private secondary schools in Wakiso and Masindi Districts and established that both monetary and non-monetary rewards positively co-relate with staff retention. While the above studies showed positive correlation between rewards and employee retention, none of them was specifically on employee retention in Mbale Regional Referral Hospital. To contribute to the closure of such gaps, the study considered rewards as a factor having a positive influence on employee retention in Mbale Regional Referral Hospital since no earlier study had done so. This study came to the finding that there is a positive relationship between staff rewards and employee retention.

2.4   Summary of the Literature Review

Several scholars have attempted to research on various study objectives for example, Curtris and Cook (1994), Alvesson (2004), Govindarajan (2007), Bataringaya (2006), Eisenberger, (2002) and Mabonga (2009) attempted to relate management controls to employee retention. These scholars found a positive relationship between management controls and employee retention. Scholars such Armstrong (2001), Aswathappa (2002), Eileen (1999), Dale (2005), VanOyen (2005), Kleinman (2010), Burke (2002) and Chew (2004) researched on staff

development and employee retention and established a positive relationship between the study variables while scholars, say, McShane (2009), Giri (2008), Griffin (2009), Bataringaya (2006), Tettey (2006), Mihyo and Windhoek (2008) and Mukasa (2008) tried to relate rewards to employee retention. They established a positive relationship between two variables. While those several scholars empirically established that management practices are positively related to employee retention, none of them was on employee retention in Mbale Regional Referral Hospital. It was on the basis of such gaps, that the study hypothesized that there was a positive relationship between management practices and employee retention since no earlier study had done so. The study came to the finding that there was a positive relationship between management and employee retention.

CHAPTER THREE

METHODOLOGY

3.1   Introduction

This Chapter presents the design, study population and sampling, data collection methods and instruments, validity and reliability of the instrument, research procedure and data analysis techniques to be used in the study.

3.2   Research Design

The study adopted a correlational and cross-sectional design. The correlational design was adopted to explain the relationship between management practices (controls, staff development and rewards) and employee retention in Mbale Regional Referral Hospital (Charles, 1995). The study took a cross-sectional design because pertinent data was collected from a large number of respondents on the time and costs involved (Creswell, 2003). The study employed both the quantitative and qualitative approaches. The quantitative approach was because it involved the collection of numerical data in order to explain, predict, and control phenomena of interest, data analysis being mainly statistical (Amin, 2005). The study employed the qualitative approach to obtain more detailed data from respondents to supplement the quantitative questionnaires.

3.3   Study Population

The target population in the study constituted 312 employees in the various departments of Mbale Regional Referral Hospital (Mbale Referral Hospital Human Resource Department, 2013). Of these, five were heads of department, 10 specialists, 13 Medical officers, 72 Allied Health professionals, 189 nurses, and 23 administrative staff. All these employees were involved because they constantly involved in sit down strikes a sign that they are not satisfied.

3.4   Determination of the Sample Size

Of the target population in Mbale Regional Referral Hospital, Krejcie and Morgan (1970)'s Table of Sample Size Determination, suggested a minimum sample size of respondents as shown in Table 3.1:

Table 3.1:   Summary of the sample size and selection as modified by the researcher

Category of respondents	Target population	Sample size	Sampling Technique
Heads of Department	5	5	Purposive Sampling
Specialists	10	10	Purposive Sampling
Medical officers	13	12	Simple Random Sampling
Allied Health professionals	72	60	Simple Random Sampling
Nurses	189	125	Simple Random Sampling
Administrative staff	23	20	Purposive Sampling
Total	**312**	**232**	

Source: Primary data

A sample of 232 respondents was selected from Mbale Regional Referral Hospital. These included; 20 administrative staff, 125 nurses, 60 allied health professionals, 12 medical officers, 10 specialists and five heads of department.

3.5   Sampling Techniques and Procedure

Sampling techniques are procedures to be used that enabled the Researcher to obtain accurate and reliable samples that helped in collecting quantitative and qualitative data (Mugenda and Mugenda, 1999). The Researcher used stratified sampling technique which involved dividing the population into mutually exclusive groups that are relevant, appropriate and meaningful in

the context of the study (Sekaran, 2003). Random and non-random sampling techniques was used in this study. The sample of the study was stratified according to each category of employees. This enabled each category of employee in Mbale Regional Referral Hospital to be represented in the sample. The goal of random sampling was to achieve desired representative from various sub-groups in the population of the study. Purposive sampling was used to select the administrators and head of departments as key informants during the interviews. According to Amin (2005), purposive sampling is where the researcher uses his or her judgment or common sense regarding the participant from whom information was collected. The technique was used to select respondents with specialized experience on management practices and staff in Mbale Regional Referral Hospital.

3.6   Data Collection Methods

Like any other studies, the study used both secondary and primary data collection methods;

3.6.1   Secondary data collection methods

Secondary data was gathered from textbooks and dissertations published journals, newspapers, internet on the issue at hand, at minimal cost. This enabled the research to trace scholars who have attempted to relate the study variables. The researcher also identified knowledge gaps for the study.

3.6.2   Primary data collection methods

However, because of the usual shortcomings of secondary sources such as out datedness and inadequacy in terms of coverage, the study went beyond secondary sources and contact

respondents for first hand data. Therefore, the researcher contacted respondents for first hand data using the survey method involving use of a self-administrated questionnaire (SAQs) and interview guide. The SAQ approach enabled the researcher cover a large population quickly. Further, SAQs are very suitable for the target respondents on account of their high levels of English literacy. The researcher also used the interview method to obtain data form respondents. This enabled the researcher to gather information from respondents beyond the SAQs. Interviews provide in-depth information about a particular research issue or question.

3.7 Data Collection Instruments

The instruments used in data collection included structured questionnaire and interview guide.

3.7.1 Self-administrated questionnaire

A questionnaire is a formulated written set of questions used to obtain information about the study subject or hypotheses from the study population and can either be open ended, thus respondents are left to express opinions or close ended thus alternatives are given from the respondents to choose (Amin, 2005). A comprehensive questionnaire covering all the aspects of the study variables was designed covering demographic information of the respondents and consideration of dependent and independent variable attributes. The questionnaire was close ended, scored on a 5 point Likert scale ranging from 1for strongly disagree to 5 for strongly agree. According to Jill and Rogers (2003), Likert scale turns the questions into different statements which respondents select according to their judgment. This guides the respondents and reduces subjectivity. The Likert scale also allows the respondent freedom to fill the questionnaires as he or she wishes because options are given and he or she is not supervised.

3.7.2 Interview guide

Formal interviews were conducted using an interview guide that were administered to five heads of department in order to capture the policy issues and the status of the hospital in relation to management practices and staff retention. According to Mugenda and Mugenda (1999), interviews are appropriate for probing and seeking explanation from key informants regarding the study variables.

3.8 Data Quality Control

Validity and reliability of the research instrument were ensured as follows:

3.8.1 Validity of instruments

The validity of the instruments (Section 3.7) was determined by sending the constructed items to the supervisors for their personal opinion and to give the necessary guidelines. Supervisors were given the instruments to study them on the scale of relevant or irrelevant. After judgment, the researcher computed the content validity index. The instrument was revised until the content validity index was at least 0.7. This is because 0.7 is the least content validity index recommended in survey studies (Amin, 2005). According to Amin (2005), content validity index was computed by;

$$\text{Content Validity Index (CVI)} = \frac{\text{Number of items declared valid}}{\text{Total number of items}}$$

Valid items = 38

Total number of items = 40

Therefore, CVI = $\dfrac{38}{40}$

$= 0.95$

Therefore, the Content Validity Index of the instrument was 0.95. Since according to Amin (2005), any instrument with CVI above 0.7 is considered to be valid, the research instrument was valid for the study.

3.8.2 Reliability of instrument

Regarding reliability of the instrument, a pilot study was done so as to show the degree of consistence of the instrument to be used. Reliability of the instruments on multi-item variables was tested via the Cronbach Alpha Method (α).The instrument was revised until the alpha value was at least 0.5 which is the recommended reliability value for educational researches (Kaplan and Saccuz, 1993). This will obtained by;

$$\alpha \ = \ \frac{k}{k-1} \left(\frac{| \ - \ \sum \sigma^2_k}{\sigma^2} \right)$$

Where; $\sum \sigma^2_k$ is the sum of variances of the k parts or sections σ is the standard deviation of the test (Amin, 2005). Table 3.2 shows pertinent results

Table 3.2: Reliability indices for the respective sections of the questionnaire

Variable	Description	Construct	No of items	Cronbach alpha
Dependent	Employee retention		6	0.893
Independent	Management	Controls	7	0.784
		Staff development	10	0.901
		Monetary rewards	7	0.861
		Non-monetary rewards	10	0.912

According to Table 3.2 all constructs had their Cronbach alpha values above 0.5 for example employee retention (0.893), controls (0.784), staff development (0.901), monetary rewards (0.861) and non-monetary rewards (0.912). This suggests that questionnaire was highly reliable (Appendix C).

3.9 Procedure of Data Collection

Upon approval of the proposal, an introductory letter was obtained from the School of Management Science, Uganda Management Institute to introduce the researcher to the administrators in Mbale Regional Referral Hospital. This helped in seeking permission to carry out the study in their departments. The researcher chose an employee in each selected department who was trained as a research assistant because this assistant was readily available in the department. Testing the instruments for validity and reliability followed, then modifying the items that were not relevant. Thereafter, the selection exercise followed, administering the questionnaires. The researcher ensured that the filled questionnaires are collected as soon as they get filled after a period of two weeks to avoid loss and misplacement. Then interviews will also be conducted. The researcher kept on jotting down the major points during the interviewing exercise. Data obtained was then be analyzed and report on the findings made.

3.10   Data Analysis

3.10.1 Quantitative data analysis

The collected data on the SAQs was prepared for analysis by editing, then categorizing and entering it into a computer using the Statistical Package for Social Sciences (SPSS) for generation of summary frequency tables and graphics. The actual data analysis at univariate level was based on relative frequencies from frequency tables and descriptive statistics. At bivariate level, management controls, staff development and rewards was correlated with employee retention using Pearson's Linear Correlation Coefficient methods as deemed appropriate. At multivariate level, the dependent variable (employee retention) was regressed on all the three independent variables (controls, staff development and rewards) at a go using multiple linear regression to rank-order the independent variables in terms of influence on the dependent variable.

3.10.2 Qualitative data analysis

Each interview was summarized under one page contact summary sheet, capturing the main themes, sub themes, major events, and critical information on the objectives. Data were organized and summarized using descriptive statistics in a way that it yielded answers to each research question and objective. Data were interpreted and analyzed into themes that were suitable for the set objectives. This helped the researcher draw conclusions concerning the relationships and differences found in the research results.

3.11   Measurement of Variables

Employee retention, the dependent variable was measured using a retention self-constructed questionnaire with items on a five-point scale coded as; 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. All items were reversed and coded during analysis to appear as if they are positive. The respondents indicated the extent of satisfaction by circling the appropriate answer on the scale. The researcher used nominal scale of measurement which applies to some common set of characteristics such as age, level of education, category of respondent. A number was assigned to each category for identification only. The ordinal measurement was used to categorize and rank the variable being measured by using statements such as "greater than", "less than" or "equal to" (Amin, 2005:109 – 110). The Likert scale was used to collect opinion data and this was used to measure the respondents beliefs on the contribution of management practices to employee retention using a five point scale; 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree, 1 = strongly disagree (Amin, 2005: 265).

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1   Introduction

The study established the relationship between management practices (controls, staff development and rewards) and employee retention (intention to stay for more time, consistency of job status, job stability, psychological satisfaction, motivation to work, and commitment to work and to the job) in Mbale Regional Referral Hospital. The data collected was analyzed using the Statistical Package for Social Sciences (SPSS) computer program. This Chapter therefore presents the description of background of respondents, dependent variable, independent variable, moderating variable and ends with testing of pertinent hypotheses.

4.2   Response Rate

In the study, the sample size was 232 respondents, of these sampled respondents a total of 215 respondents returned the completed instruments of which 200 respondents returned the questionnaires fully completed and 15 answered interviews, implying a response rate of almost 93% while only 15 respondents (7%) did not return their questionnaires and interviews. Table 4.1 provides a summary of response rates:

Table 4.1:   Response Rates

Category of respondents	Expected	Returned	% of returned
Heads of Department	5	5	2.2
Specialists	10	9	3.9
Medical officers	12	10	4.3
Allied Health professionals	60	55	23.7
Nurses	125	118	50.9
Administrative staff	20	18	8
Total	**232**	**215**	**93%**

Source: Primary data

4.3 Results on the Background Characteristics of Respondents

The researcher collected data on the background characteristics of the respondents. This information was assumed to be valuable to the study because it would help in determining whether the data collected is appropriate to the study population. Therefore, in this Section, distribution of respondents by category (department, age, gender, marital status, academic qualification, length of working, and job status) is reported.

4.3.1 Description of respondents by department

Table 4.2 presents descriptive statistics of respondents by their departments. Respondents' departments included; medicine, laboratory, pharmacy and administration.

Table 4.2:   Respondents by departments

Department	Frequency	Percentage
Medicine	46	23.5
Laboratory	84	42.9
Pharmacy	50	25.5
Administration	16	8.2
Total	**196**	**100.0**
None response	4	
Total	**200**	

Source: Primary data

Table 4.2 shows that of the 200 respondents who returned the questionnaires, 196 of them (almost 98%) declared their departments while only 4 respondents (2%) did not respond to the question. According to Table 4.2, many respondents (almost 43%) were from the Laboratory department, almost 26% were from the Pharmacy Department, almost 24% from the Medicine

Department and very few respondents were from Administration Department. This means that almost all departments were equally represented in the study.

4.3.2 Description of respondents by age

Table 3 presents descriptive statistics of respondents by their ages. Respondents' ages were grouped as those below 30 years, between 30 and 40 years and those over 40 years.

Table 4.3:   Respondents by age

Age of respondent	Frequency	Percentage	Cumulative percentage
Below 30 years	48	32.0	32.0
Between 30 and 40 years	100	66.7	98.7
Over 40 years	2	1.3	100.0
Total	**150**	**100.0**	
None response	50		
Total	**200**		

Source: Primary data

Table 4.3 shows that of the 200 respondents who returned the questionnaires, 150 of them (75%) declared their ages while 25 respondents (25%) did not respond to the question. According to Table 4.3, the majority, 100 of the respondents (almost 67%) were between 30 and 40 years while 48 respondents (32%) were below 30 years. Only 2 respondents (over 2%) were over the age of 40. Cumulatively, the majority (almost 99%) of the respondents were 40 years and below. This implies that the majority of the medical workers Mbale Regional Referral Hospital are below retirement age.

4.3.3 Description of respondents by gender

Table 4.4 presents descriptive statistics of respondents by their gender.

Table 4.4:   Respondents by gender

Gender	Frequency	Percentage
Male	132	68.8
Female	60	31.3
Total	**192**	100.0
None response	8	
Total	**200**	

Source: Primary data

Table 4.4 shows that of the 200 respondents who returned the questionnaires, 192 of them (96%) declared their gender while only 8 respondents (4%) did not respond to the question. According to Table 4.4, 132 respondents, the majority (almost 69%) were males while 60 respondents (over 31%) were females. This implies that Mbale Regional Referral Hospital is dominated by male employees. This is surprising because in the Uganda, the boy child has dominated the education sector as justified by the 1.5 points given to girls which joining the university.

4.3.4   Description of respondents by marital status

Table 4.5 presents descriptive statistics of respondents by their marital status. Respondents' marital status was categorized as married and single.

Table 4.5:   Respondents by marital status

Sex	Frequency	Percentage
Married	132	70.2
Single	56	29.8
Total	**188**	100.0
Non response	12	
Total	**200**	

Source: Primary data

Table 4.5 shows that of the 200 respondents who returned the questionnaires, 188 of them (94%) declared their marital status while only 12 respondents (6%) did not respond to the question. According to Table 4.45, the majority, 132 of respondents (over 70%) were married while the singles were the minority, 56 respondents (almost 30%), suggesting that the majority (over 70%) of Mbale Regional Referral Hospital employees are married.

4.3.5   Description of respondents by academic qualification

Table 4.6 presents descriptive statistics of respondents by their academic qualification. Respondents' academic qualifications were categorized as Bachelor's degree, Master's degree and other qualifications.

Table 4.6:   Respondents by academic qualification

Academic qualification	Frequency	Percentage	Cumulative percentage
Bachelor's degree	29	17.9	17.9
Master's degree	46	28.4	46.3
Others	87	53.7	100.0
Total	**162**	**100.0**	
None response	38		
Total	**200**		

Others includes those with Certificates, Diplomas and PhDs

Source: Primary data

Table 4.5 shows that of the 200 respondents who returned the questionnaires, 162 of them (81%) declared their academic qualifications while 38 respondents (19%) did not respond to the question. From Table 4.6, the majority (almost 54%) of the medical workers in Mbale Regional Referral Hospital were of other qualifications (Certificates, Diplomas and PhDs). Over 28% were Master's degree holders while 29 respondents (almost 18%) had Bachelor's degree.

Cumulatively, the many of the medical workers in Mbale Regional Referral Hospital (over 46%) were Master's degree holders and below implying that most respondents were qualified.

4.3.6 Description of respondents by period of working

Table 4.7 presents descriptive statistics of respondents by their time of service in Mbale Regional Referral Hospital. Respondents' time of service was categorized as those who have serviced for a period of below five years, between five and ten years and over ten years.

Table 4.7:   Respondents by period of service

Length of service	Frequency	Percentage	Cumulative percentage
Below five years	70	42.7	42.7
Between five and ten years	88	53.7	96.3
Over ten years	6	3.7	100.0
Total	164	100.0	
None response	36		
Total	200		

Source: Primary data

Table 4.7 shows that of the 200 respondents who returned the questionnaires, 164 of them (almost 82%) declared their length of service in Mbale Regional Referral Hospital while only 36 respondents (almost 18%) did not respond to the question. According to Table 4.7, the majority, 88 respondents (almost 54%) had served the hospital for a period between five and ten years, while 70 respondents (almost 43%) had worked for a period below 5 years yet only 6 respondents (almost 4%) had serviced for a period of over 10 years. Cumulatively, over 96% of the respondents had been in service in Mbale Regional Referral Hospital for a period of ten years and below.

4.3.7 Description of respondents by job status

Table 4.8 presents descriptive statistics of respondents by job status in Mbale Regional Referral Hospital. Respondents' job status was categorized as those who on part time, full time and contract.

Table 4.8:   Distribution of respondents by job status

Job status	Frequency	Percentage	Cumulative Percent
Part time	64	35.2	35.2
Full time	114	62.6	97.8
Contract	4	2.2	100.0
Total	**182**	**100.0**	
None response	18		
Total	**200**		

Source: Primary data

Table 4.8 shows that of the 200 respondents who returned the questionnaires, 182 of them (91%) declared their job status in Mbale Regional Referral Hospital while only 18 respondents (9%) did not respond to the question. According to Table 4.8, the majority of the medical workers in the said hospital, almost 63% are full time employees while over 35% are part time employees. Table 4.8 also suggests over 25% are on contract with the Hospital. The findings suggest the hospital has more full time employees compared to part time and/ or contract employees.

4.4   Description of the Dependent Variable: Employee Retention

Employee retention, the dependent variable was conceptualized as intentions to stay on the job, career development, psychological satisfaction, motivation to work, commitment to work and job stability. Thus using six questions, respondents rated themselves on employee retention

based on Likert's scale ranging from 1 = strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, 5 = strongly agree. Table 4.9 shows pertinent frequency tables and means:

Table 4.9:   Descriptive statistics on respondents' self-rating on employee retention

Indicators of employee retention	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard Deviation	Remark
I have intentions of staying as a worker in this hospital	6 (4.1%)	32 (21.6%)	48 (32.4%)	42 (28.4%)	20 (13.5%)	3.26	1.07	Fair
I am satisfied with the career development I get from my job in this hospital	6 (3.3%)	46 (25.6%)	54 (30.0%)	44 (24.4%)	30 (16.7%)	3.26	1.11	Fair
My job in Mbale Hospital is psychologically satisfying to me	4 (2.3%)	32 (18.2%)	72 (40.9%)	44 (25.0%)	24 (13.6%)	3.30	0.99	Fair
I am motivated to work for many more years in this hospital	6 (3.7%)	32 (19.5%)	48 (29.3%)	50 (30.5%)	28 (17.1%)	3.38	1.09	Fair
I am very much committed to my job in Mbale Hospital	4 (2.2%)	44 (24.7%)	54 (30.3%)	44 (24.7%)	32 (18.0%)	3.31	1.10	Fair
I never think that my job status in Mbale Hospital can be unstable	12 (6.2%)	44 (22.7%)	42 (21.6%)	50 (25.8%)	46 (23.7%)	3.38	1.24	Fair

Source: Primary data

Table 4.9 shows pertinent frequency tables and means about respondents' self- rating on employee retention. Regarding item "I have intentions of staying as a worker in this hospital," cumulatively, many of the respondents (almost 42%) have intentions of staying as a worker in Mbale Regional Referral Hospital as compared to almost 26% who disagreed with the statement. A total of 48 respondents (over 32%) were undecided. This fair rating is confirmed by the fair mean value = 3.26 and a small standard deviation = 1.07 thus corresponding to fair

intentions of staying. Looking at item "I am satisfied with the career development I get from my job in this hospital," Table 4.9 shows many of the workers in Mbale Regional Referral Hospital, over 41% agreed being satisfied with the career development program as compared with almost 29% who disagreed. A total of 54 respondents (30%) did not show a side about the statement. This fair rating is confirmed by the fair mean value = 3.26 and a small standard deviation = 1.11 thus corresponding to fair career development practices.

About item "My job in Mbale Regional Referral Hospital is psychologically satisfying to me," Table 4.9 reveals that almost 39% of the medical workers agreed or strongly agreed their jobs are psychologically satisfying as compared to almost 21% of them who either disagreed. A total of 72 respondents (almost 41%) remained undecided about the matter. This average rating is confirmed by the fair mean value of 3.30 and a small deviation of 0.99 corresponding to fair satisfaction practices. Focusing on item "I am motivated to work for many more years in this hospital," Table 4.8 shows that almost 48% of the medical workers in Mbale Hospital agreed that they motivated to work for many more years in the said hospital compared to over 23% who either disagreed. A total of 48 respondents (over 29%) were undecided. This fair rating is confirmed by the average mean value of 3.38 and a small standard deviation = 1.09 thus congruent to the fair motivation practices.

On item "I am very much committed to my job in this hospital," Table 4.8 suggests that almost 48% of the respondents agreed that they much committed to their jobs as opposed to almost27% who disagreed. A total of 54 respondents (over 30%) were neutral. This average rating is confirmed by the fair mean value of 3.31 and a small standard deviation = 1.10 corresponding to

the fair commitment practices. Regarding item "I never think that my job status in Mbale Hospital can be unstable," Table 4.8 reveals that many of the respondents agreed as opposed to almost 29% who disagreed. A total of 42 respondents (almost 22%) were undecided. This average rating is confirmed by the fair mean value of 3.38 and a small standard of 1.24 corresponding to fair job stability practices in Mbale Regional Referral Hospital.

To give an overall picture of how medical workers in Mbale Regional Referral Hospital rated themselves on the intention to retain their jobs, an average index ("EmployeeR" to imply employee retention) was computed from the six questions in Table 4.9 and Table 4.10 giving pertinent descriptive statistics:

Table 4.10:   Common summary descriptive statistics on respondents' self-rating on employee retention

Statistic		Value
Mean		3.39
95% Confidence Interval	Lower	3.23
	Upper	3.56
Median		3.50
Standard Deviation		0.89
Minimum		1.00
Maximum		5.00
Range		4.00
Skewness		-.176

 Source: Primary data

According to Table 4.10, respondents ratings on employee retention was average with (mean = 3.39 and median = 3.50) with opinions ranging from 3.23 to 3.56 at the 95 percent confidence level. Despite the average rating, Table 4.10 reflects that some respondents scored very poor

that is a minimum 1.00 while others scored best that is a maximum of 5.00. This gave a wide

disparity as reflected by a high range of 4.00. Secondly, there was similarity in respondents‟

opinions regarding their employee retention (small deviation value = 0.89) suggesting that

respondents‟ views regarding employee retention do not differ so much from one respondent to

another. The difference in opinion as regards low and high levels employee retention was at

4.00 and is supported by the aforementioned standard deviation (0.89). Also from Table 4.10,

we find that there was almost no skew, suggesting that the respondents opinions were almost

normally distributed (Skewness = -0.176) that is to say their opinions were centrally located.

The average rating regarding employees' intentions to retain their jobs is also supported by the

views obtained qualitatively. For example, some employee revealed that;

> *"Psychologically, I am satisfied working in Mbale Regional Referral*
> *Hospital,"; "I will stay in this hospital for more years"; "I am very much*
> *committed"; "My job is satisfying"; "I would love staying"; "I am*
> *motivated to work for many years in this hospital"; "I intend to stay for*
> *career growth despite very poor pay"; "I have intentions of staying in this*
> *hospital"; "If conditions allow, I can stay here permanently"; "Presently,*
> *the conditions are not that bad to send me away"; "Working in this*
> *hospital is psychologically satisfying";*

Such views clearly show that intentions to retain jobs among medical workers in Mbale

Regional Referral Hospital are somewhat average. However, some respondents responded

otherwise. To check whether the index "EmployeeR" was normally distributed, a histogram

thereof was constructed as shown in Figure 4.1:
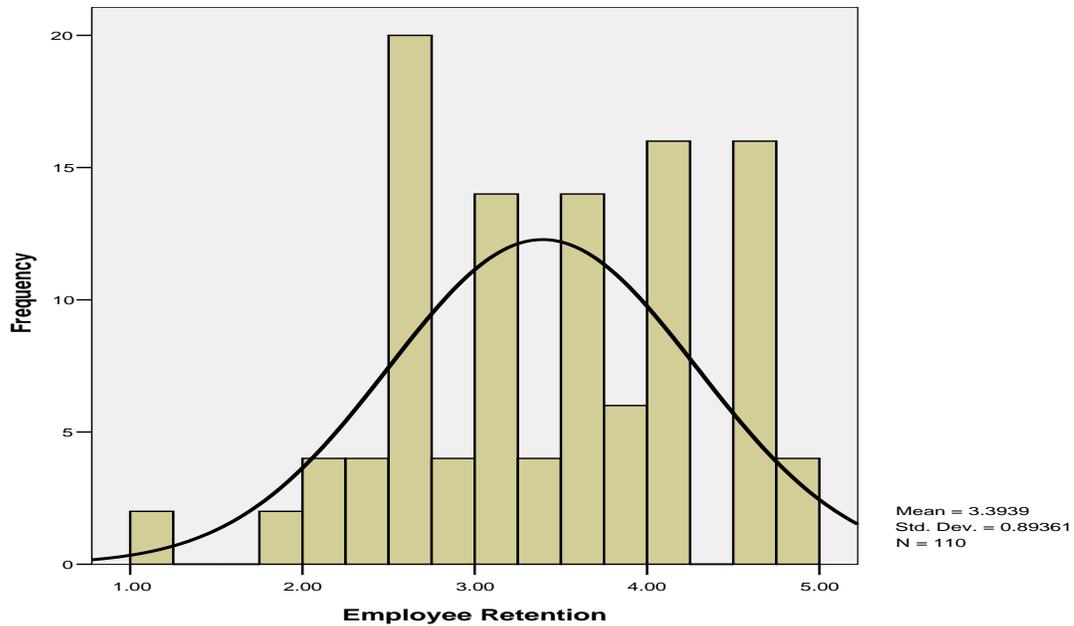
Fig. 4.1:   **Histogram and curve showing normal distribution on employee retention**

Figure 4.1 confirms the normality suggested when all items in Table 4.9 were aggregated into one average index (EmployeeR).

4.5   Description of the Independent Variable: Management

The independent variable, management was conceptualized as controls, staff development and rewards.

4.5.1 Controls

Controls were further conceptualized as measuring performance against established standards, ensuring standards for assessment of performance, drawing of performance plans, taking corrective actions and ensuring attendance and assessment of patients. Thus using seven questions, respondents rated themselves on the eight aspects based on Likert's scale ranging

from 1 = strongly disagree, 2 = disagree, 3 undecided, 4 = agree and 5 = strongly agree. Table

4.11 shows pertinent frequency tables and means:

Table 4.11:   Descriptive statistics on respondents' self-rating on controls

Indicators of controls	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard Deviation	Remark
The head of department measures my performance against established standards	30 (18.3%)	94 (57.3%)	12 (7.3%)	22 (13.4%)	6 (3.7%)	2.27	1.03	Poor
The head of department ensures standards are predetermined as a criteria for assessing my performance	6 (3.3%)	68 (37.4%)	76 (41.8%)	18 (9.9%)	14 (7.7%)	2.81	0.94	Fair
The head of department ensures that I draw up performance plans every month	10 (5.4%)	56 (30.4%)	86 (46.7%)	24 (13.0%)	8 (4.3%)	2.80	0.89	Fair
The head of department takes corrective action on me to correct deviations on performance from the agreed standard	12 (7.0%)	46 (26.7%)	58 (33.7%)	46 (26.7%)	10 (5.8%)	2.98	1.03	Fair
The head of department compares my actual performance with pre-determined standards	14 (7.5%)	28 (15.1%)	80 (43.0%)	48 (25.8%)	16 (8.6%)	3.13	1.02	Fair
The head of department knows exactly my schedules where corrective action needs to be applied	10 (5.6%)	46 (25.6%)	58 (32.2%)	50 (27.8%)	16 (8.9%)	3.09	1.05	Fair
The head of department ensures my attendance and assessment of patients.	12 (6.3%)	38 (20.0%)	68 (35.8%)	56 (29.5%)	16 (8.4%)	3.14	1.04	Fair

Source: Primary data

Table 4.11 shows pertinent frequency tables and means about respondents' self- rating on controls. Looking at item "The head of department ensures standards are predetermined as criteria for assessing my performance," many of the employees, almost 42% disagreed as compared to almost 18% who agreed. A total of 76 medical workers in Mbale Regional Referral Hospital (almost 42%) were undecided. This poor rating is underpinned by a lower mean value of 2.27 and a small standard deviation of 1.03 corresponding to poor employee performance assessment criteria. As regards item "The head of department ensures that I draw up performance plans every month," many employees, almost 36% disagreed as compared to 32 respondents (over 17%) who agreed that the head of department ensures that they draw up performance plans every month. A total of 80 respondents (43%) remained silent. This fair rating is underpinned by a fair mean figure of 2.81 corresponding to fair employee performance in terms of preparation every month.

Table 4.11 shows that almost 34% of the respondents disagreed that the head of department takes corrective action on me to correct deviations on performance from the agreed standard as compared to almost 33% who agreed. A total of 58 respondents (almost 34%) remained neutral. This fair rating is underpinned by an average mean figure of 2.98 and a small standard deviation of 1.03 corresponding to fair corrective action taken whenever performance deviates from agreed standards. On item "The head of department measures my performance against established standards," the majority of respondents (almost 76%) disagreed their heads of department measuring their performance against established standards. This poor rating is underpinned by a poor mean figure of 2.27 corresponding to poor corrective action taken whenever performance deviates from agreed standards.

Looking at item "The head of department ensures my attendance and assessment of patients," 50 respondents (over 26%) disagreed with the statement as compared to 72 respondents (almost 38%) who agreed. A total of 68 respondents (almost 36%) were undecided. This fair rating is underpinned by an average mean figure of 3.14 and a small standard deviation of 1.04 corresponding to fair attendance and assessment practices. Referring to item "The head of department knows exactly my schedules where corrective action needs to be applied," 66 respondents (almost 37%) supported the matter as compared to 56 respondents (over 31%) who disagreed while a total of 58 respondents (over 32%) remained silent. This fair rating is underpinned by an average mean figure of 3.09 and a small standard deviation of 1.05 corresponding to fair application of corrective action.

On item "The head of department compares my actual performance with pre-determined standards," many respondents, 64 respondents (over 34%) were in line with the statement as compared to 42 respondents (almost 23%) who disagreed with the matter while 80 respondents (43%) never took a side. This fair rating is underpinned by an average mean figure of 3.13 and a small standard deviation of 1.25 corresponding to fair control practices. The average rating regarding control practices in Mbale Regional Referral Hospital is also supported by the views obtained qualitatively. For example, some employees revealed that;

> *"I love my job, that's why I attend to all my duties"; "The head of department ensures that I report for work"; "Control measures are put in place to ensure that I perform all my duties"; "The head of department is not hard on me"; "the appraisal system would be good if feedback is*

provided timely"; "I draw up performance plans every month; "the control

practices in the hospital are very good."

Such views clearly show that employee in Mbale Regional Referral Hospital are satisfied with the control practices in their departments. However, some respondents responded otherwise. Below are some of the negative views regarding controls;

"the head of department behaves like an animal"; "the head of

department is not cooperative."

Such views and many others clearly show that some improvements are needed in the control system to enhance employee retention. To give an overall picture of how medical workers in Mbale Regional Referral Hospital rated themselves on the controls, an average index ("Cont" to imply controls) was computed from the seven questions in Table 4.11 and Table 4.12 giving pertinent descriptive statistics:

Table 4.12:   Common summary descriptive statistics on respondents' self-rating on controls

Statistic		Value
Mean		2.83
95% Confidence Interval	Lower	2.72
	Upper	2.95
Median		2.86
Standard Deviation		0.65
Minimum		1.00
Maximum		4.14
Range		3.14
Skewness		-0.23

Source: Primary data

According to Table 4.12, respondents ratings on controls was average with (mean = 2.83 and median = 2.86) with opinions ranging from 2.72 to 2.95 at the 95 percent confidence level. Despite the average rating, Table 4.12 reflects that some respondents scored very poor that is a minimum 1.00 while others scored best that is a maximum of 4.14. This gave a wide disparity as reflected by a high range of 3.14. Secondly, there was similarity in respondents" opinions regarding their controls (small deviation value = 0.65) suggesting that respondents" views regarding controls do not differ so much from one respondent to another. The difference in opinion as regards low and high levels controls was at 3.14 and is supported by the aforementioned standard deviation (0.65). Also from Table 4.12, we find that there was almost no skew, suggesting that the respondents opinions were almost normally distributed (Skewness = -0.23) that is to say their opinions were centrally located. To check whether the index "Cont" was normally distributed, a histogram thereof was constructed as shown in Figure 4.2:
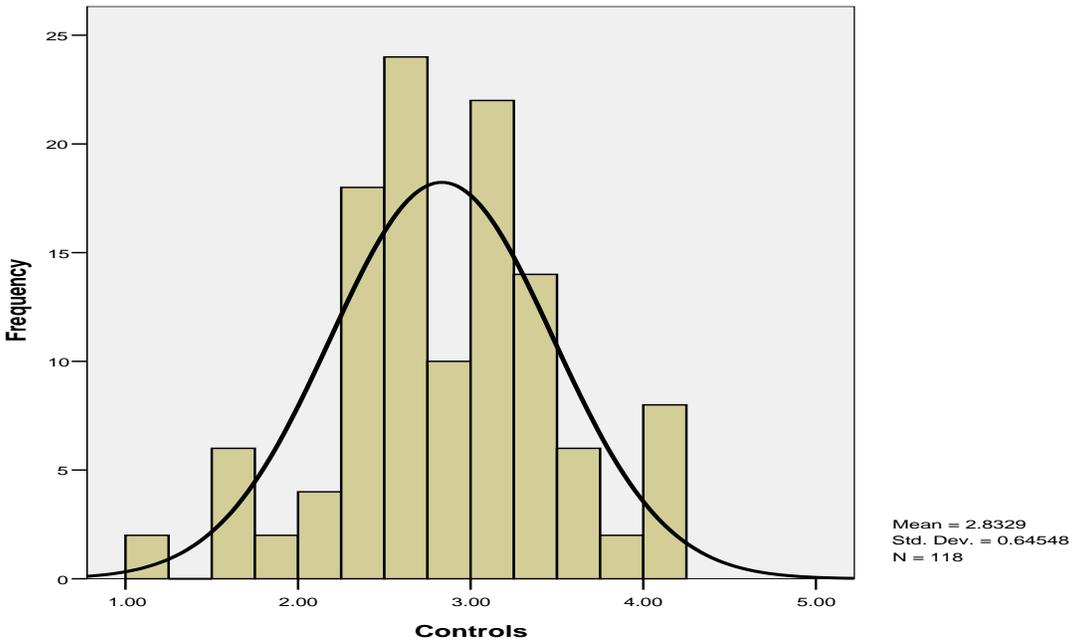
Fig. 4.2:   **Histogram and curve showing normal distribution on controls**

Figure 4.2 confirms the normality suggested when all items in Table 4.10 were aggregated into one average index (Cont). To test whether management controls positively relates to t employee retention, the two indexes, namely; controls (Cont) and employee retention (EmployeeR) were graphical correlated using a scatter or dot graph as shown in Figure 4.3:
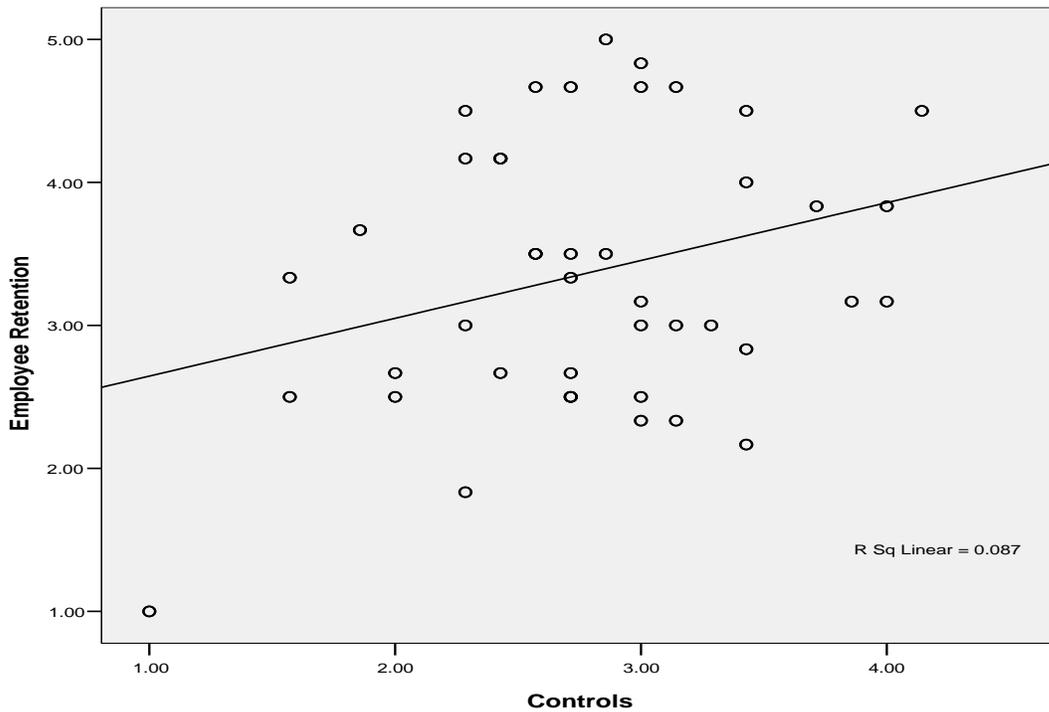
Fig. 4.3:   **Scatter graph showing correlation between controls and employee retention**

The scatter graph in Figure 4.3 suggests that there was a positive linear co-relation between controls and employee retention. To confirm this, the two indexes (Cont and EmploteeR) were co-related using Pearson's linear co-relation co-efficient as shown in Table 4.13:

Table 4.13: **Pearson's linear correlation coefficient between controls and employee retention**

		Controls	Employee retention
Controls	Pearson's correlation	1	0.295**
	Sig. (2-tailed)	-	0.006
	N	200	200
Employee retention	Pearson's correlation	0.295**	1
	Sign. (2-tailed)	0.006	-
	N	200	200

** **Correlation is significant at the 0.05 level (2-tailed)**

Table 4.13 shows that the correlation between the two indices yielded r = 0.295 whose Sig. = 0.006 which is less that than α = 0.05. Hence the null hypothesis is rejected and the research hypothesis that there is a relationship between Management controls and employee retention in Mbale Regional Referral Hospital is accepted at the five percent level of significance. However, these were preliminary results pending use of a more powerful multivariate tool (regression). Table 4.14 gives Fisher's ratio (F) and its significance (p) value:

Table 4.14: ANOVA results on regression of management controls on employee retention

Model	Sum of squares	df	Mean square	F	Sig.
Regression	6.260	1	6.260		
Residual	65.833	84	.784	7.987	0.006
Total	**72.093**	**85**			

Basing on Table 4.14, the F is high that is 7.987 accompanied by a Sig. value 0.006 which was less than 0.05. These ANOVA results indicate a positive relationship between employee

training and job satisfaction. Table 4.15 gives the respective regression results and their corresponding significances or p values.

Table 4.15:   Regression of employee retention on management controls

Independent variable	Standardized coefficient Beta (β)	Significance (p)
Management controls	0.295	0.006

According to Table 4.15 the first objective (management controls), is accompanied with a positive beta (0.295) suggesting a positive correlation between management controls and the dependent variable (employee retention). However, the observed Sig. (p) which was given as 0.006 which was far lower than the benchmark Sig. (p) value of 0.05, suggesting significant correlation at the 5% level. Therefore, there is positive relationship between management controls and employee retention.

4.5.2   Staff Development

Staff development was conceptualized as induction training, sharing important lessons, identifying gaps in skills and experience, coaching and mentoring, career development and counseling. Thus using ten questions, respondents rated themselves on the ten aspects based on Likert's scale ranging from 1 = strongly disagree, 2 = disagree, 3 undecided, 4 = agree and 5 = strongly agree. Table 4.16 shows pertinent frequency tables and means:

Table 4.16   Descriptive statistics on respondents' self-rating on staff development

Indicators of staff development	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard Deviation	Remark
Mbale Regional Referral Hospital organizes on-the-job training for newly recruited staffs	12 (6.7%)	92 (51.1%)	34 (18.9%)	26 (14.4%)	16 (8.9%)	2.68	1.09	Fair
The head of department routinely identify gaps in skills of staff.	12 (6.7%)	88 (49.4%)	38 (21.3%)	26 (14.6%)	14 (7.9%)	2.67	1.06	Fair
The head of department routinely reassigns me to offer new challenges	10 (5.7%)	64 (36.4%)	66 (37.5%)	26 (14.8%)	10 (5.7%)	2.78	0.96	Fair
My department supports my training and ensures that I remain interested	6 (3.4%)	40 (23.0%)	66 (37.9%)	54 (31.0%)	8 (4.6%)	3.10	0.93	Fair
My department provides me with training simulations.	-	28 (19.7%)	52 (36.6%)	48 (33.8%)	14 (9.9%)	3.34	0.91	Fair
My career development plans have been supported by my dept.	2 (1.3%)	50 (31.3%)	60 (37.5%)	36 (22.5%)	12 (7.5%)	3.04	0.94	Fair
My department provides the opportunity to develop my knowledge.	6 (3.4%)	64 (36.8%)	66 (37.9%)	26 (14.9%)	12 (6.9%)	2.85	0.96	Fair
The head of department influences staff development significantly	10 (5.7%)	46 (26.1%)	62 (35.2%)	22 (12.5%)	36 (20.5%)	3.16	1.19	Fair
My supervisor creates time to discuss my future career plans.	12 (7.9%)	38 (25.0%)	52 (34.2%)	26 (17.1%)	24 (15.8%)	3.08	1.17	Fair
My supervisors are very supportive of my career plans.	14 (9.0%)	40 (25.6%)	50 (32.1%)	30 (19.2%)	22 (14.1%)	3.04	1.17	Fair

Source: Primary data

Table 4.16 shows pertinent frequency tables and means about respondents' self- rating on staff development. Regarding item "Mbale Regional Referral Hospital organizes and promotes orientation, on-the-job training for newly recruited staffs," Table 4.16 reveals that the majority, almost 59% of the respondents disagreed as opposed to their counterparts; over 239% who agreed. A total of 34 respondents (almost 19%) remained undecided about the matter. This fair rating of receiving induction training by newly recruited staff in Mbale Hospital is confirmed by a low mean of 2.68 and a small standard deviation of 1.09 congruent to fair induction training for newly recruited staff.

With particular regard to item "The head of department routinely identify gaps in skills and experience of staff, and provide support through training, coaching or mentoring," Table 4.16 reveals that the majority of the respondents, over 56% disagreed with the issue as opposed to 40 respondents, almost 23% who agreed. A total of 38 respondents (over 21%) remained silent regarding the question. This fair rating of routinely identifying gaps in skills and experiences is confirmed by a mean of 2.67 and a small standard deviation of 1.06 which is fairly congruent to identification of gaps. Referring to item "My department supports my training and ensures that I remain interested, attending, and engaged in my work," Table 4.16 shows that almost 36% of the respondents agreed while their counterparts, over 26% considered the rating as disagreed. A total of 66 respondents (almost 38%) were undecided. This fair rating of supporting staff training is confirmed by a mean value of 3.10 and a small standard deviation of 0.93 congruent to fair staff training practices in Mbale Regional Referral Hospital.

Looking at item "The head of department routinely reassigns me to offer new challenges and encourage the development of different skills," cumulatively, 74 respondents (over 42%) disagreed with the statement as compared to their counterparts, almost 21% who agreed with the matter. A total of 66 respondents (almost 38%) did not take a side about the issue. This fair rating of routinely reassigning duties to staffs is confirmed by a mean value of 2.78 and a small standard deviation of 0.96 congruent to fair assigning duties to staffs in Mbale Regional Referral Hospital. On item "My department provides me with training simulations," cumulatively, many respondents (almost 44%) supported the matter while cumulatively, 28 respondents (almost 20%) disagreed being provided with training simulations. A total of 52 respondents (almost 37%) neither agreed nor disagreed. This fair rating of training simulations to staffs is confirmed by a mean value of 3.34 and a small standard deviation of 0.91 congruent to fair training simulations in Mbale Regional Referral Hospital.

Focusing on item "My career development plans have been supported by my department," Table 4.16 reveals that almost 33% of the respondents disagreed as compared to 30% who agreed. A total of 60 respondents (almost 38%) did not take a side. This fair rating of career development plans is confirmed by a mean value of 3.03 congruent to fair career development practices in Mbale Regional Referral Hospital. On item "My department provides the opportunity to develop my knowledge and skills without necessarily leaving work," Table 4.16 reveals that over 40% of the respondents disagreed with the statement while only 30% agreed. A total of 66 respondents (almost 38%) neither disagreed nor agreed with the issue. This fair rating is confirmed by a mean value of 2.85 and a small standard deviation of 0.96 which is congruent to fair skill development practices.

Focusing on item "The head of department influences staff development significantly through assigning new responsibilities to staff," cumulatively, many respondents, 58 of them (33%) were in line with the statement while cumulatively, 56 respondents (almost 32%) disagreed with the matter. Over 35% of the respondents remained neutral. This fair rating is confirmed by a mean value of 3.16 and a small standard deviation of 1.19 which is congruent to fair staff development practices. Cumulatively, 50 respondents (almost 33%) agreed that their supervisors create time to discuss their future career plans while almost the similar percentage disagreed with the matter. Over 34% neither disagreed nor agreed with the matter. Cumulatively, almost 35% of the respondents agreed that their supervisors are very supportive of their career plans. The average rating regarding staff development in Mbale Regional Referral Hospital is also supported by the views obtained qualitatively. For example, some employees revealed that;

> "I am counseled while at work"; staff development practices in the hospital are promising"; "the hospital pays my fees at master's program"; "on my recruitment, I received induction training"; "I share important issues with my boss"; "the head of department routinely identifies gaps in my skills and experience as an academic staff in the school"; "The head of department approves my study leave programmes"; "my career development plans are supported by the head."

Such views clearly show those employees are averagely satisfied with the staff development practices in their hospital. However, some respondents responded otherwise. Below are some of the negative views regarding staff development;

"no chances of staff development"; "not okay"; "staff development

practices are very poor"; "the head of department does not support my

training programs"; "promotional policies are not clear."

Such views and many others clearly show that some improvements are needed in the staff

development system to enhance employee retention. To give an overall picture of how medical

workers in Mbale Regional Referral Hospital rated themselves on the staff development, an

average index ("StaffDevelop" to imply staff development) was computed from the ten

questions in Table 4.16 and Table 4.17 giving pertinent descriptive statistics:

Table 4.17:   Common summary descriptive statistics on respondents' self-rating on staff

development

Statistic		Value
Mean		3.02
95% Confidence Interval	Lower	2.85
	Upper	3.18
Median		3.00
Standard Deviation		0.74
Minimum		1.70
Maximum		5.00
Range		3.30
Skewness		0.31

Source: Primary data

According to Table 4.17, respondents ratings on staff development was average with (mean =

3.02 and median = 3.00) with opinions ranging from 2.85 to 3.18 at the 95 percent confidence

level. Despite the average rating, Table 4.137reflects that some respondents scored very poor

that is a minimum 1.70 while others scored best that is a maximum of 5.00. This gave a wide

disparity as reflected by a high range of 3.30. Secondly, there was similarity in respondents"

opinions regarding their staff development (small deviation value = 0.74) suggesting that

respondents" views regarding staff development do not differ so much from one respondent to

another. The difference in opinion as regards low and high levels staff development was at 3.30

and is supported by the aforementioned standard deviation (0.74). Also from Table 4.17, we

find that there was almost no skew, suggesting that the respondents opinions were almost

normally distributed (Skewness = 0.31) that is to say their opinions were centrally located. To

check whether the index "StaffDevelop" was normally distributed, a histogram thereof was

constructed as shown in Figure 4.4:
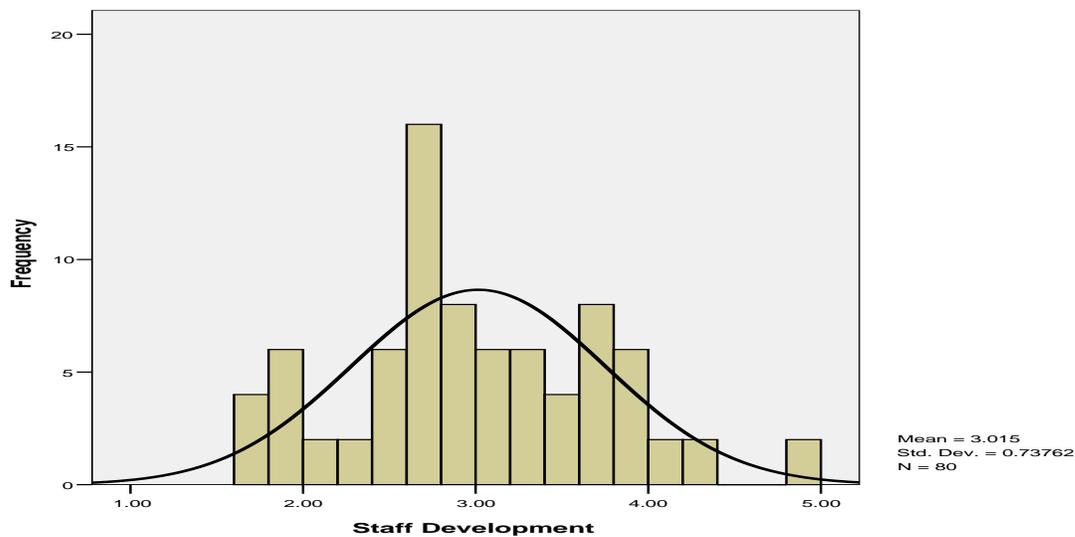
Fig. 4.4: **Histogram and curve showing normal distribution on staff development**

Figure 4.4 confirms the normality suggested when all items in Table 4.16 were aggregated into

one average index (SstaffDdevelop). To test whether staff development positively relates to

employee retention, the two indexes, namely; controls (StaffDevelop) and employee retention (EmployeeR) were graphical correlated using a scatter or dot graph as shown in Figure 4.5:
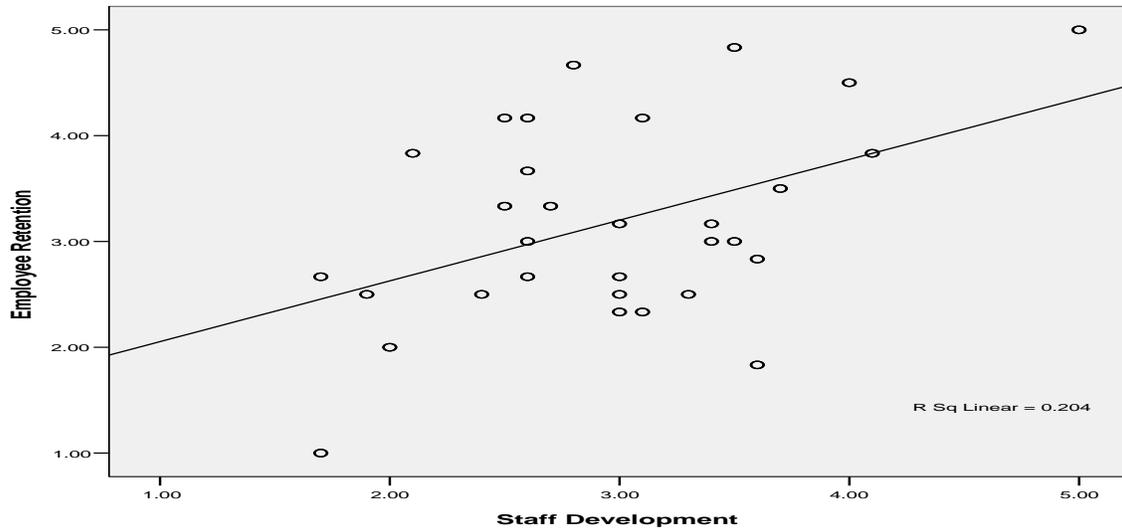
Fig. 4.5:   **Scatter graph showing correlation between staff development and employee retention**

The scatter graph in Figure 4.5 suggests that there was a positive linear co-relation between staff development and employee retention. To confirm this, the two indexes (StaffDevelop and EmploteeR) were co-related using Pearson's linear co-relation co-efficient as shown in Table 4.18:

Table 4.18:   **Pearson's linear correlation coefficient between staff development and employee retention**

	Rewards	Employee retention

Rewards	Pearson's correlation	1	0.452**
	Sig. (2-tailed)	-	0.000
	N	200	200
Employee retention	Pearson's correlation	0.452**	1
	Sign. (2-tailed)	0.000	-
	N	200	200

** Correlation is significant at the 0.05 level (2-tailed)

Table 4.18 shows that the correlation between the two indices yielded r = 0.452 whose Sig. = 0.000 which is less that than α = 0.05. Hence the null hypothesis is rejected and the research hypothesis that there is a relationship between staff development and employee retention in Mbale Regional Referral Hospital is accepted at the five percent level of significance. However, these were preliminary results pending use of a more powerful multivariate tool (regression). Table 4.19 gives Fisher's ratio (F) and its significance (p) value:

Table 4.19:   ANOVA results on regression of staff development on employee retention

Model	Sum of squares	df	Mean square	F	Sig.
Regression	10.771	1	10.771		
Residual	42.047	60	.701	15.369	0.000
Total	**52.817**	**61**			

Basing on Table 4.19, the F is high that is 7.987 accompanied by a Sig. value 0.000 which was less than 0.05. These ANOVA results indicate a positive relationship between staff development and job satisfaction. Table 4.20 gives the respective regression results and their corresponding significances or p values.

Table 4.20:   Regression of employee retention on staff development

Independent variable	Standardized coefficient Beta (β)	Significance (p)
Staff development	0.452	0.000

According to Table 4.20 the second objective (staff development), is accompanied with a positive beta (0.452) suggesting a positive correlation between staff development and the dependent variable (employee retention). However, the observed Sig. (p) which was given as 0.000 which was far lower than the benchmark Sig. (p) value of 0.05, suggesting significant correlation at the 5% level. Therefore, there is positive relationship between staff development and employee retention.

4.5.3   Rewards

Rewards, one of the aspects of the independent variable (management) were conceptualization in terms of monetary and non-monetary rewards.

4.5.3.1 Monetary rewards

Monetary rewards were conceptualized as salary, bonus pay, loans and fringe benefits. Thus using six questions, respondents rated themselves on the six aspects of monetary rewards based on Likert's scale ranging from 1 = strongly disagree, 2 = disagree, 3 undecided, 4 = agree and 5 = strongly agree. Table 4.21 shows pertinent frequency tables and means:

Table 4.21:   Descriptive statistics on respondents' self-rating on monetary rewards

Indicators of monetary rewards	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard Deviation	Remark
I am satisfied with the salary I get.	18 (9.7%)	56 (30.1%)	54 (29.0%)	50 (26.9%)	8 (4.3%)	2.86	1.06	Fair
I am given bonuses for extra- work done in my department.	12 (6.5%)	46 (24.7%)	74 (39.8%)	42 (22.6%)	12 (6.5%)	2.98	1.0	Fair
The loans I am offered by the hospital boost my salary.	6 (3.3%)	56 (31.1%)	68 (37.8%)	38 (21.1%)	12 (6.7%)	2.97	0.96	Fair
The department provides me with fringe benefits.	6 (3.2%)	46 (24.5%)	78 (41.5%)	34 (18.1%)	24 (12.8%)	3.13	1.03	Fair
The department gives me holiday allowances.	10 (5.3%)	46 (24.5%)	60 (31.9%)	58 (30.9%)	14 (7.4%)	3.11	1.03	Fair
The hospital is prompt in salary payment.	22 (11.7%)	46 (24.5%)	60 (31.9%)	44 (23.4%)	16 (8.5%)	2.93	1.14	Fair
There are chances of salary increase in the hospital.	14 (7.3%)	46 (24.0%)	64 (33.3%)	46 (24.0%)	22 (11.5%)	3.08	1.11	Fair

Source: Primary data

Table 4.21 shows pertinent frequency tables and means about respondents' self- rating on monetary rewards. According to Table 4.21, many of the respondents, almost 40% to being satisfied with the salary they get compared to their counterparts, over 31% who agreed. A total

of 54 respondents (29%) remained undecided. This fair rating regarding satisfaction with salary is confirmed by a very fair mean value of 2.86 and a small standard deviation of 1.06 which is congruent to fair satisfaction levels. Focusing on item "there are chances of my salary increasing in the hospital," Table 4.21 reveals that over 36% disagreed while their counterparts, almost 36% agreed. This rating regarding increasing salary is confirmed by a mean of 3.08 and a small standard deviation of 1.11 congruent to fair expectations of increasing salary following good performance.

Table 4.21 also reveals that many of the employees in Mbale Regional Referral Hospital, over 31% disagreed being given bonuses for extra- work done in their departments as opposed to their counterparts, over 29% who agreed. A total of 74 respondents (almost 40%) remained silent about the matter. This fair rating on bonuses given or extra-work is confirmed by a fair mean value of 2.98 and a small standard deviation of 1.00 which is congruent to fair degree of satisfaction with bonuses given for extra-work done. Looking at item "The department provides me with fringe benefits," Table 4.21 shows that many employees, almost 31% agreed while almost 28% disagreed. Almost 42% of the respondents were undecided. This fair rating concerning fringe benefits is confirmed by a fair mean of 3.13 and a small standard deviation of 1.03 congruent to fair satisfactions with fringe benefits.

Regarding item "The loans I am offered by the hospital boost my salary," Table 4.21 reveals that many over 34% of the respondents disagreed as opposed to their counterparts, almost 28% who agreed. Almost 40%, 68 of the respondents neither agreed nor disagreed with the matter. This fair rating regarding loans is confirmed by a fair mean of 2.97 and a small standard

deviation of 0.96 congruent to fair satisfactions with loans. To give an overall picture of how medical workers in Mbale Regional Referral Hospital rated themselves on the monetary rewards, an average index ("MoRe" to imply monetary rewards) was computed from the seven questions in Table 4.21 and Table 4.22 giving pertinent descriptive statistics:

Table 4.22:   Common summary descriptive statistics on respondents' self-rating on monetary rewards

Statistic		Value
Mean		3.01
95% Confidence Interval	Lower	2.89
	Upper	3.13
Median		3.00
Standard Deviation		0.77
Minimum		1.29
Maximum		5.00
Range		3.71
Skewness		0.26

Source: Primary data

According to Table 4.22, respondents ratings on monetary rewards was average with (mean = 3.01 and median = 3.00) with opinions ranging from 2.89 to 3.13 at the 95 percent confidence level. Despite the average rating, Table 4.22 reflects that some respondents scored very poor that is a minimum 1.29 while others scored best that is a maximum of 5.00. This gave a wide disparity as reflected by a high range of 3.71. Secondly, there was similarity in respondents" opinions regarding their monetary rewards (small deviation value = 0.77) suggesting that respondents" views regarding monetary rewards do not differ so much from one respondent to

another. The difference in opinion as regards low and high levels monetary was at 3.71 and is supported by the aforementioned standard deviation (0.77). Also from Table 4.22, we find that there was almost no skew, suggesting that the respondents opinions were almost normally distributed (Skewness = 0.26) that is to say their opinions were centrally located. To check whether the index "MoRe" was normally distributed, a histogram thereof was constructed as shown in Figure 4.6:
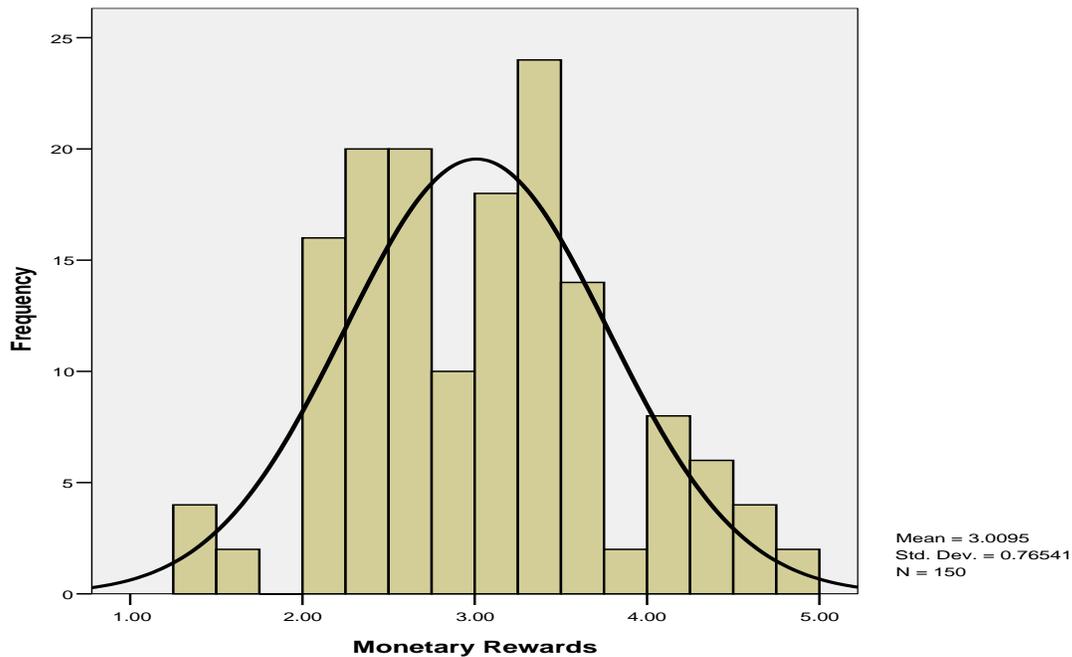
Fig. 4.6: **Histogram and curve showing normal distribution on monetary rewards**

Figure 4.6 confirms the normality suggested when all items in Table 4.21 were aggregated into one average index (MoRe).

4.5.3.2 Non-Monetary Rewards

Non-monetary rewards were further conceptualized as promotion, recognition, communication, working conditions, responsibilities and job status. Thus using nine questions, respondents rated

themselves on the nine aspects of non-monetary rewards based on Likert's scale ranging from 1 = strongly disagree, 2 = disagree, 3 undecided, 4 = agree and 5 = strongly agree. Table 4.23 shows pertinent frequency tables and means:

Table 4.23:   Descriptive statistics on respondents' self-rating on non-monetary rewards

Indicators of non-monetary rewards	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard Deviation	Remark
My boss recommends promotions for staff to positions of greater responsibility	16 (9.2%)	40 (23.0%)	56 (32.2%)	46 (26.4%)	16 (9.2%)	3.03	1.11	Fair
I get recognition for work done in the department.	2 (1.8%)	36 (31.6%)	34 (29.8%)	32 (28.1%)	10 (8.8%)	3.11	1.01	Fair
The head of department clearly communicates to employees rewards programs	14 (7.7%)	64 (35.2%)	52 (28.6%)	42 (23.1%)	10 (5.5%)	2.84	1.04	Fair
The value of rewards given to me is commensurate with the amount of effort placed to attain them.	6 (3.4%)	52 (29.9%)	64 (36.8%)	32 (18.4%)	20 (11.5%)	3.05	1.04	Fair
I feel secure in my job.	6 (3.8%)	46 (28.8%)	54 (33.8%)	30 (18.8%)	24 (15.0%)	3.13	1.10	Fair
My working conditions are favorable.	8 (4.7%)	44 (25.9%)	56 (32.9%)	48 (28.2%)	14 (8.2%)	3.09	1.03	Fair
I am satisfied with the hospital administration.	4 (2.5%)	38 (24.1%)	44 (27.8%)	50 (31.6)%	22 (13.9%)	3.30	1.06	Fair
I am satisfied with my status in the hospital.	6 (3.5%)	36 (20.9%)	64 (37.2%)	42 (24.4%)	24 (14.0%)	3.24	1.05	Fair
I am satisfied with my responsibilities in this hospital.	12 (7.4%)	22 (13.6%)	56 (34.6%)	44 (27.2%)	28 (17.3%)	3.33	1.14	Fair
Sabbatical leaves have helped me to upgrade.	4 (2.3%)	28 (16.1%)	48 (27.6%)	50 (28.7%)	44 (25.3%)	3.59	1.10	Fair

Source: Primary data

Table 4.23 shows pertinent frequency tables and means about respondents' self- rating on non-monetary rewards. Regarding item "My boss recommends promotions for staff to positions of greater responsibility to reward good performance," Table 4.23 reveals that almost 36% of the respondents agreed as compared to over 32% who disagreed. Over 32% of the respondents were undecided. This fair rating is confirmed by the fair mean value of 3.03 and a small standard deviation of 1.11 corresponding to fair promotional practices in Mbale Regional Referral Hospital.

Table 4.23 reveals that almost 43% of the respondents disagreed with the idea that the head of department clearly communicates to employees rewards programs while almost 29% of them agreed with the matter. A total of 52 respondents (almost 29%) did not take a side. This fair rating regarding communication is confirmed by the mean value of 2.84 and a small standard deviation of 1.04 corresponding to good communication practices in Mbale Regional Referral Hospital. On item "I get recognition for work done in the department," Table 4.23 reveals that over 33% of the employees disagreed while almost 37% of the respondents agreed. A total of 34 respondents (almost 30%) remained silent. This fair rating regarding recognition is confirmed by the mean value of 3.11 and a small standard deviation of 1.01 corresponding to fair recognition practices in the hospital.

Regarding item "I feel secure in my job," Table 4.23 reveals that almost 34% disagreed with the statement while almost 33% of the respondents agreed. A total of 54 respondents (almost 34%) did not take a side about the question. This fair rating is confirmed by a mean of 3.13 and a

small standard deviation of 1.10 corresponding to the fair job security practices. According to Table 4.23, over 33% of the respondents disagreed on the idea that the value of rewards given to them for performance are commensurate with the effort they place to attain them as compared to almost 30% who agreed that the value of rewards given to them for performance is commensurate with the effort they place to attain them. Almost 37% of the respondents were undecided. This fair rating is confirmed by a fair mean value of 3.05 and a small standard deviation of 1.04 corresponding to the fair reward value to employees in Mbale Hospital.

Looking at item "I am satisfied with the hospital administration," Table 4.23 reveals that almost 46% of the respondents agreed while almost 27% agreed. Regarding item "I am satisfied with my status in the hospital," Table 4.23 shows that the majority, almost 56% of the employees in Mbale Hospital disagreed while over 38% agreed. On item "My working conditions are favorable," Table 4.23 reveals that almost 31% of the respondents disagreed having favorable working conditions while almost 31% agreed while almost 33% neither agreed nor disagreed. This fair rating is confirmed by a mean of 3.09 and a small standard deviation of 1.03 corresponding to the fair favorable working conditions in the said hospital. To give an overall picture of how employees rated themselves on non-monetary rewards aspects of management, an average index (NonMoRe to mean non-monetary rewards) was computed from the ten questions in Table 4.23 and Table 4.24 gives pertinent descriptive statistics:

Table 4.24: **Common summary descriptive statistics on respondents' self-rating on non-monetary rewards**

Statistic		Value
Mean		3.12
95% Confidence Interval	Lower	2.94
	Upper	3.30

Median	3.00
Standard Deviation	0.79
Minimum	1.20
Maximum	4.70
Range	3.50
Skewness	0.12

Source: Primary data

According to Table 4.24, respondents ratings on non-monetary rewards was average with (mean

= 3.12 and median = 3.00) with opinions ranging from 2.94 to 3.30 at the 95 percent confidence

level. Despite the average rating, Table 4.24 reflects that some respondents scored very poor

that is a minimum 1.20 while others scored best that is a maximum of 4.70. This gave a wide

disparity as reflected by a high range of 3.50. Secondly, there was similarity in respondents"

opinions regarding their non-monetary rewards (small deviation value = 0.79) suggesting that

respondents" views regarding non-monetary rewards do not differ so much from one respondent

to another. The difference in opinion as regards low and high levels non-monetary was at 3.50

and is supported by the aforementioned standard deviation (0.79). Also from Table 4.24, we

find that there was almost no skew, suggesting that the respondents opinions were almost

normally distributed (Skewness = 0.12) that is to say their opinions were centrally located. To

check whether the index "NonMoRe" was normally distributed, a histogram thereof was

constructed as shown in Figure 4.7:
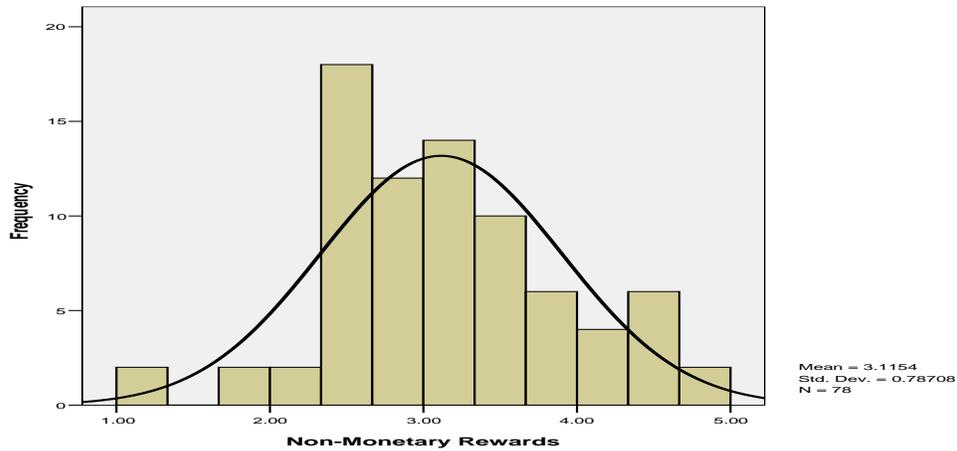
Fig. 4.7: **Histogram and curve showing normal distribution on non-monetary rewards**

Figure 4.7 confirms the normality suggested when all items in Table 4.23 were aggregated into one average index (NonMoRe).

4.5.3.3 Overall Rewards Index

To give an overall picture on how employees in Mbale Regional Referral Hospital rated themselves on rewards in totality, an average index ("Rew") to mean rewards was computed from two measures of rewards that is monetary rewards (MoRe) and non-monetary rewards (NonMoRe) and Table 4.25 gives pertinent descriptive statistics:

Table 4.25: **Common summary descriptive statistics on respondents' self-rating on rewards**

Statistic		Value
Mean		3.12
95% Confidence Interval	Lower	2.96
	Upper	3.28
Median		3.06

Standard Deviation	0.70
Minimum	1.24
Maximum	4.65
Range	3.41
Skewness	-0.15

Source: Primary data

According to Table 4.25, respondents ratings on rewards was average with (mean = 3.12 and median = 3.06) with opinions ranging from 2.96 to 3.28 at the 95 percent confidence level. Despite the average rating, Table 4.25 reflects that some respondents scored very poor that is a minimum 1.24 while others scored best that is a maximum of 4.65. This gave a wide disparity as reflected by a high range of 3.41. Secondly, there was similarity in respondents" opinions regarding their rewards (small deviation value = 0.70) suggesting that respondents" views regarding rewards do not differ so much from one respondent to another. The difference in opinion as regards low and high levels non-monetary was at 3.41 and is supported by the aforementioned standard deviation (0.70). Also from Table 4.25, we find that there was almost no skew, suggesting that the respondents opinions were almost normally distributed (Skewness = -0.15) that is to say their opinions were centrally located. To check whether the index "Rew" was normally distributed, a histogram thereof was constructed as shown in Figure 4.8:
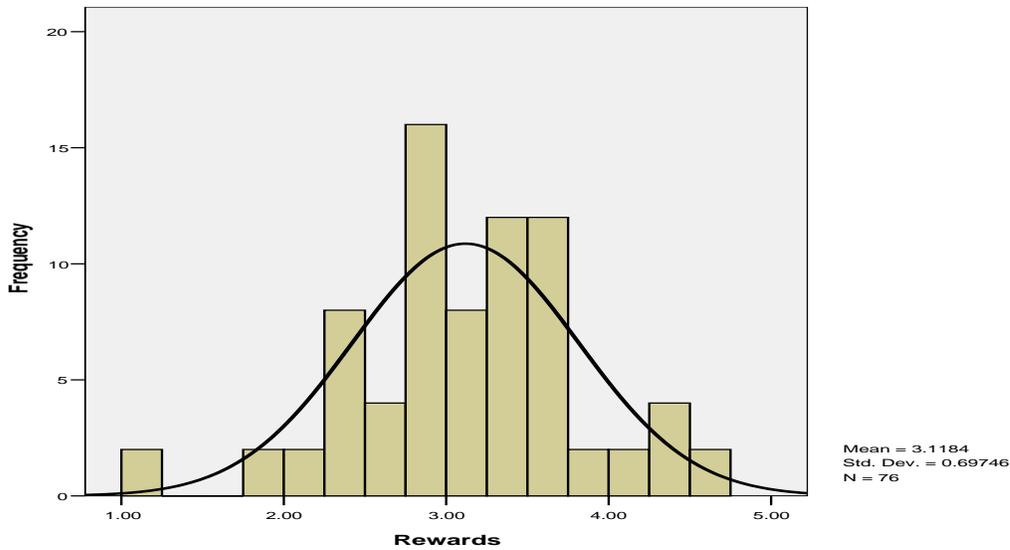
Fig. 4.8:   **Histogram and curve showing normal distribution on rewards**

Figure 4.8 confirms the normality suggested when all items in Table 4.18 were aggregated into one average index (Rew). To test whether rewards positively relates to employee retention, the two indexes, namely; controls (Rew) and employee retention (EmployeeR) were graphical correlated using a scatter or dot graph as shown in Figure 4.9:
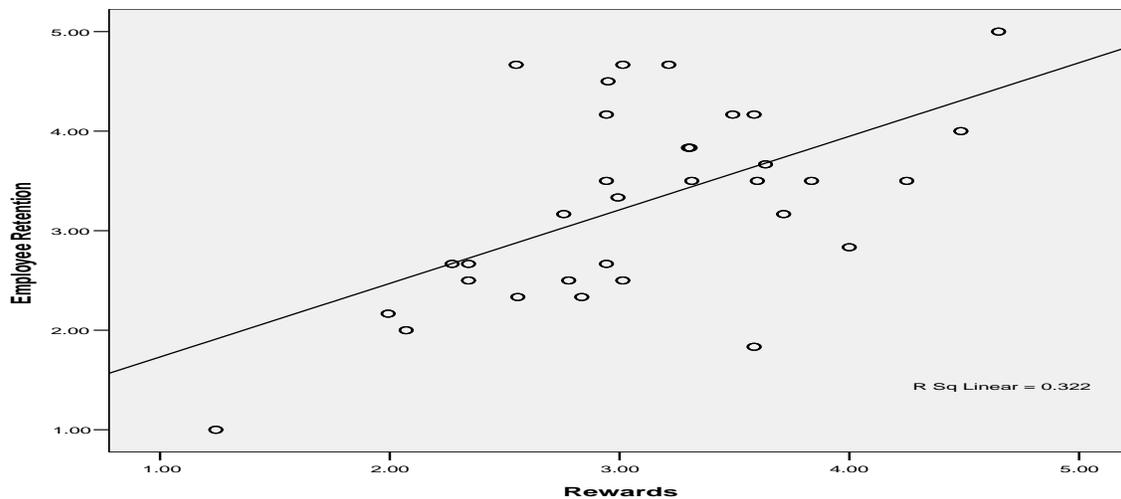
Fig. 4.9:   **Scatter graph showing correlation between rewards and employee retention**

The scatter graph in Figure 4.9 suggests that there was a positive linear co-relation between rewards and employee retention. To confirm this, the two indexes (Rew and EmploteeR) were co-related using Pearson's linear co-relation co-efficient as shown in Table 4.26:

Table 4.26:   **Pearson's linear correlation coefficient between rewards and employee retention**

		Rewards	**Employee retention**
Rewards	Pearson's correlation	1	0.568**
	Sig. (2-tailed)	-	0.000
	N	200	200
Employee retention	Pearson's correlation	0.568**	1
	Sign. (2-tailed)	0.000	-
	N	200	200

** Correlation is significant at the 0.05 level (2-tailed)

Table 4.26 shows that the correlation between the two indices yielded r = 0.568 whose Sig. = 0.000 which is less that than α = 0.05. Hence the null hypothesis is rejected and the research hypothesis that there is a relationship between rewards and employee retention in Mbale Regional Referral Hospital is accepted at the five percent level of significance. However, these were preliminary results pending use of a more powerful multivariate tool (regression). Table 4.27 gives Fisher's ratio (F) and its significance (p) value:

Table 4.27: ANOVA results on regression of rewards on employee retention

Model	**Sum of squares**	**Df**	**Mean square**	**F**	**Sig.**
Regression	18.841	1	18.841		

				30.423	0.000
Residual	39.634	64	.619		
Total	**58.475**	**65**			

Basing on Table 4.27, the F is high that is 30.423 accompanied by a Sig. value 0.000 which was less than 0.05. These ANOVA results indicate a positive relationship between rewards and job satisfaction. Table 4.28 gives the respective regression results and their corresponding significances or p values.

Table 4.28: Regression of employee retention on rewards

Independent variable	Standardized coefficient Beta (β)	Significance (p)
Rewards	0.452	0.000

According to Table 4.28 the third objective (rewards), is accompanied with a positive beta (0.452) suggesting a positive correlation between rewards and the dependent variable (employee retention). However, the observed Sig. (p) which was given as 0.000 which was far lower than the benchmark Sig. (p) value of 0.05, suggesting significant correlation at the 5% level. Therefore, there is positive relationship between rewards and employee retention.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1   Introduction

This Chapter presents the summary of the study findings, results on hypotheses, draws conclusions from the study findings and gives recommendations based on conclusions, recommendations, limitations of the study, contributions of the study and ends with areas for future research.

5.2 Summary of the Main Study Findings

This sub-section presents the summary on the study finding objective by objective. The main findings of the study revealed that there is a positive relationship between management practices and employee retention in Mbale Regional Referral Hospital.

5.2.1 Objective One: Management Controls and Employee Retention

The first objective of the study was to establish the relationship management controls and employee retention in Mbale Regional Referral Hospital. The corresponding hypothesis of the study stated that there is a relationship between management controls and employee retention in Mbale Regional Referral Hospital. Management controls was conceptualized as establishing standards of performance, measurement of performance and comparison of performance with standards. Pearson Linear Co-relation Coefficient Index was used to determine the magnitude and significance of the relationship. The analysis yielded $r = 0.295$ whose Sig. $= 0.006$ which is less that than $\alpha = 0.05$. This means that the relationship between management controls and employee retention was significant at the five percent significance level. These results indicate that management controls has a positive relationship with employee retention in Mbale Regional Referral Hospital.

5.2.2 Objective Two: Staff Development and Employee Retention

The second objective of the study was to investigate the relationship between staff development and employee retention in Mbale Regional Referral Hospital. The corresponding hypothesis of the study stated that there is a relationship between staff development and employee retention in

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Mbale Regional Referral Hospital. Staff development was conceptualized as training, coaching and mentoring, employee promotion, job enrichment and job rotation. Pearson Linear Co-relation Coefficient Index was used to determine the magnitude and significance of the relationship. The analysis yielded r = 0.452 whose Sig. = 0.000 which is less that than α = 0.05. This means that the relationship between staff development and employee retention was significant at the five percent significance level. These results indicate that staff development has a positive relationship with employee retention in Mbale Regional Referral Hospital.

5.2.3   Objective Three: Staff Rewards and Employee Retention

The third objective of the study was to explore the relationship between employee rewards and employee retention in Mbale Regional Referral Hospital. The corresponding hypothesis of the study stated that there is a relationship between employee rewards and employee retention in Mbale Regional Referral Hospital. Staff rewards was conceptualized as monetary (salary, bonus pays and allowances) and non-monetary rewards (promotions, working conditions and recognition) Pearson Linear Co-relation Coefficient Index was used to determine the magnitude and significance of the relationship. The analysis yielded r = 0.568 whose Sig. = 0.000 which is less that than α = 0.05. This means that the relationship between staff rewards and employee retention was significant at the five percent significance level. These results indicate that staff rewards have a positive relationship with employee retention in Mbale Regional Referral Hospital.

5.3   Discussion

This section deals with the discussion of results hypothesis by hypothesis;

5.3.1 Controls and employee retention

The first hypothesis of the study stated that controls are negatively related to staff retention. Data analysis and interpretation using Pearson's linear correlation coefficient and multiple regressions revealed that the relationship between controls and employee retention was positively significant at the five percent significance level. This was a finding in agreement with those of Bataringaya (2006) in a study about factors that affect staff attraction and retention in local governments using Ntungamo District Local Government as the case study came to the finding that in organizations where management employs strict control measures on employees, the chances of them leaving are high. Bataringaya therefore established a negative relationship between controls and staff retention.

This was a finding in agreement with McShane (2009) who states that effective control policies and practices improve knowledge, skills and abilities of a firm's current and potential employees, increase their motivation, reduce shirking and enhance retention of quality employees while encouraging non-performers to leave the firm. McShane notes that control processes where managers measure performance, comparing performance against goals, take corrective action and provide support, and reinforcement help to ensure that everyone is moving in the right direction, reducing the need for close supervision and intrusive control methods. McShane adds however that successful control requires creating incentives. With the right incentives in place employees will work productively and control their own behavior.

The study finding on the other hand disagreed with those of Eisenberger, et al. (2002) in their study about perceived supervisor support: contributions to perceived organizational support and employee retention, empirically established a negative relationship between perceived supervisor support (control) and employee turnover. Similarly, the study finding also disagreed with Mabonga (2009) who researched on employee attraction and retention in donor funded HIV-AIDS NGOs in Uganda using TASO as a geographical scope came to the finding that employing authoritative controls on employees increases the turnover rates and came to finding that there is a negative relationship between controls and staff retention. Even if, the literature reviewed showed differing findings on the relationship between controls and academic staff retention, in my own view controls in many times results into job dissatisfaction which later increases academic staff turnover. However, the study therefore concludes that controls have a positive relationship with employee staff retention in Mbale Regional Referral Hospital.

5.3.2   Staff development and employee retention

The second hypothesis of the study stated that staff development is positively related to employee retention. Data analysis and interpretation using Pearson's linear correlation coefficient and multiple regressions revealed that the relationship between staff development and staff retention was positively significant at the five percent significance level. This implied that employees who were given chances to train while on-job or off-the-job have higher levels of retaining their jobs. This was a finding in agreement with those of Eileen (1999) who researched on perceived workplace conditions and first-year teachers' morale, career choice commitment, and planned retention in the Long Island University-C.W. Post Campus, Brookville and came to the finding that there was a positive relationship between employee

training and retention. The study is also supported by Dale, et al. (2005) who looked at training, transfer, and turnover and established that is a significant positive co-relation between training and staff retention.

The study finding is also in agreement with those of VanOyen (2005) in a research about the relationship between effective nurse managers and nursing retention in Chicago Nursing College. VanOyen established that managers who allow their staff to go for further studies have low levels of employees' turnover in their organizations. VanOyen therefore found a positive relationship between training and staff retention. The finding is line with Kleinman (2010) who researched about the relationship between managerial leadership behaviors and staff nurse retention in the College of Nursing, South Orange, New Jersey came to the finding leaders who allow their staff to attend seminars and workshops have low levels of turnover. Kleinman concluded that there is a positive relationship between staff development and staff retention. The finding is also in agreement with Burke (2002) who advised managers that staff development raises retention levels in organizations. Similarly, the finding is line with Chew (2004) who examined the influenced of human resource management practices on the retention of core employees of Australian organization and established that staff development and retention are positively related. The study, therefore, concludes that staff development has a significant positive relationship with employee retention in Mbale Regional Referral Hospital.

5.3.3   Employees Rewards and Employee Retention

The third hypothesis of the study stated that employee rewards are positively related to employee retention. Data analysis and interpretation using Pearson's linear correlation

coefficient and multiple regressions revealed that the relationship between employee rewards and employee retention was positively significant at the five percent significance level. This study finding is supported by Bataringaya (2006) who researched on factors affecting staff attraction and retention in Local Government using Ntungamo District Local Government as the case study and found that employee rewards inform of payment positively correlates with staff retention. The finding is also in line with Tettey (2006) in the study about staff retention in African universities came to the finding that one way of reducing employee turnover in African universities is through improving the rewarding system. Tettey concluded that rewards and staff retention in any university are positively co-related.

Similarly, the finding is in agreement with Mihyo and Windhoek (2008) in their study about staff retention in African universities and links with the diaspora study found a positive relationship between non-monetary rewards and staff retention. The finding is also with the support of Mukasa (2008) who studied rewards and human resource retention using selected private secondary schools in Wakiso and Masindi Districts and established that both monetary and non-monetary rewards positively co-relate with staff retention. The study, therefore, concludes that employee rewards have a significant positive relationship with academic staff retention in Mbale Regional Referral Hospital.

5.4   Conclusions

The following conclusions were derived from the findings of the three objectives.

5.4.1 Controls and employee retention

From objective one, it was revealed that controls have a positive relationship with employee retention in Mbale Regional Referral Hospital. Therefore, the researcher came to the conclusion that in every organization it is important to have established control measures. This enhances their effectiveness and efficiency which in return reduces the levels of turnover.

5.4.2 Staff development and employee retention

From objective two, it was empirically established that staff development is positively related to employee retention in Mbale Regional Referral Hospital. Therefore, the researcher came to the conclusion that organizations must have clear staff development programs. Satisfaction with training may allow employees to be better able to do exactly that, which ties into job satisfaction leading to employee retention.

5.4.3 Employees Rewards and Employee Retention

From objective three, it was established that employee rewards are positively related to employee retention in Mbale Regional Referral Hospital. Therefore, the researcher came concluded that in every workplace, employees must be rewarded for any work done. This can be through monetary (salary, bonus pays and allowances) and non-monetary rewards (promotions, working conditions and recognition).

5.5 Recommendations

The following recommendations are suggested as per the three hypotheses.

(i)   Mbale Regional Referral Hospital should design proper control practices to enhance employee retention.

(ii)   Mbale Regional Referral Hospital should come up with more clear staff development strategies to enhance employee retention.

(iii)   Mbale Regional Referral Hospital should as of now pay attention to employee rewards as a way of enhancing employee retention.

5.6   Contributions of the Study

The most important contribution of the study is the awareness of the relationship between management practices (controls, staff development and rewards) and employee retention since the study came to finding that there is a positive relationship between the study variables. Therefore, ministry administrators and managers can use the recommendations suggested to improve the employee retention in various fields. This study can also provide a basis of future research in the field of controls, staff development, rewards and employee retention.

5.7   Areas Recommendations for Future Research

Due to financial and time constraints, the study was centered on controls, staff development and employee rewards as potential variables relating to employee retention in Mbale Regional Referral Hospital. However, there were other variables like administrative policies, resource availability and utilization which may relate to employee retention. Therefore, research needs to be carried on those factors to see how relate to employee retention. Again in the study, it was the medical and administrative staffs that served as respondents but it would be of help to have a related study on non-academic staffs like support staff. From the contextual perspective, it was

also deemed necessary to carry out a similar research in other health institutions for comparison of the said results and if possible improve thereafter.

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APPENDICES

APPENDIX A

SELF-ADMINISTERED QUESTIONNAIRE FOR EMPLOYEES IN MBALE

REGIONAL REFERRAL ON MANAGEMENT AND EMPLOYEE

RETENTION

Higher Degrees Department

Uganda Management Institute

May 2013

Dear Mr./ Mrs./ Miss.,

I am a student of Uganda Management Institute carrying out a survey on the Relationship between Management and Employee Retention in Mbale Regional Referral Hospital in partial fulfillment of the requirements for the award of a Master's degree in Business Administration of Uganda Management Institute. It is against this background that you have been selected to participate in the research by completing the questionnaire. The information sought is required only for academic purpose, so it will be treated with maximum confidentiality.

Thank you.

Yours faithfully,

………………………….

Damalie Bajunga Nabweteme

 (Researcher)

Section A: Background Variables: Classification of Respondents

In this Section, you are kindly requested to provide factual information about yourself. Kindly

tick (✔ the best alternative that fits your opinion.

A1.   Your department

        1 = Medicine; 2 = Laboratory; 3 = Pharmacy; 4 = Administration

A2.   Age of respondent

        1 = Below 30 years;   2 = Between 30 and 40 years;   3 = Over 40 years.

A3.   Sex of respondent   1 = Male;   2 = Female

A4.   Marital status: 1 = Married;   2 = Single

A5.   Academic qualification

        1 = Bachelor's; 2 = Master's;   3 = Others (specify)…………….

A6.   Time of service in Mbale Regional Referral Hospital

        1 = Below five years; 2 = Between five and ten years; 3 = Over ten years

A7.   Job status

        1 = Part time; 2 = Full time; 3 = Contract………….

Section B: Independent Variable: Management

In this Section, the independent variable (Management) is divided into three management

practices namely; controls, staff development and rewards.

B1:   Controls

Please rate each of the following control practices as applied to you in your department using a

scale where;

1 = strongly disagree, 2 = disagree, 3 undecided, 4 = agree and 5 = strongly agree

	Indicators of Controls	1	2	3	4	5
B1.1	The head of department measures my performance against established standards	1	2	3	4	5
B1.2	The head of department ensures standards are predetermined as a criteria for assessing my performance	1	2	3	4	5
B1.3	The head of department ensures that I draw up performance plans every month	1	2	3	4	5
B1.4	The head of department takes corrective action on me to correct deviations on performance from the agreed standard	1	2	3	4	5
B1.5	The head of department compares my actual performance with pre-determined standards	1	2	3	4	5
B1.6	The head of department knows exactly my schedules where corrective action needs to be applied	1	2	3	4	5
B1.7	The head of department ensures my attendance and assessment of patients.	1	2	3	4	5

B2. Staff Development

Please rate each of the following staff development practices as you view them in your college using a scale where; 1 = Very rarely; 2 = Rarely; 3 = Neither rarely nor regularly; 4 = Regularly; 5 = Very regularly.

	Indicators of Staff Development	1	2	3	4	5
B2.1	Mbale Regional Referral Hospital organizes and promotes orientation, on-the-job training for newly recruited staff	1	2	3	4	5
B2.2	The head of department routinely identify gaps in skills and experience of staff, and provide support through training, coaching or mentoring.	1	2	3	4	5
B2.3	The head of department routinely reassigns me to offer new challenges and encourage the development of different skills	1	2	3	4	5

B2.4	My department supports my training and ensures that I remain interested, attending, and engaged in my work.	1	2	3	4	5
B2.5	My department provides me with training simulations.	1	2	3	4	5
B2.6	My career development plans have been supported by my department.	1	2	3	4	5
B2.7	My department provides the opportunity to develop my knowledge and skills without necessarily leaving work or the workplace.	1	2	3	4	5
B2.8	The head of department influences staff development significantly through assigning new responsibilities to staff.	1	2	3	4	5
B2.9	My supervisor creates time to discuss my future career plans.	1	2	3	4	5
B2.10	My supervisors are very supportive of my career plans.	1	2	3	4	5

B3.   Rewards

Rewards are divided into monetary and non-monetary rewards. Please rate each of the following reward practices as you view them in your college using a scale where;

1 = Strongly disagree; 2 = Disagree; = Undecided; 4 = Agree; 5 = Strongly agree.

B3.1   Monetary Rewards

	Indicators of Monetary Rewards	**1**	**2**	**3**	**4**	**5**
B3.1.1	I am satisfied with the salary I get.					
B3.1.2	I am given bonuses for extra- work done in my department.					
B3.1.3	The loans I am offered by the hospital boost my salary.					
B3.1.4	The department provides me with fringe benefits.					
B3.1.5	The department gives me holiday allowances.					
B3.1.6	The hospital is prompt in salary payment.					
B3.1.7	There are chances of salary increase in the hospital.					

B3.2   Non-monetary rewards

	Indicators of Non-Monetary Rewards	1	2	3	4	5
B3.2.1	My boss recommends promotions for academic staff to positions of greater responsibility to reward good performance					
B3.2.2	I get recognition for work done in the department.					
B3.2.3	The head of department clearly communicates to me rewards programs.					
B3.2.4	The value of rewards and recognition given to me for performance is commensurate with the amount of effort placed to attain them.					
B3.2.5	I feel secure in my job.					
B3.2.6	My working conditions are favorable.					
B3.2.7	I am satisfied with the hospital administration.					
B3.2.8	I am satisfied with my status in the hospital.					
B3.2.9	I am satisfied with my responsibilities in this hospital.					
B3.2.10	Sabbatical leaves have helped me to upgrade.					

Section C: Dependent Variable: Staff Retention

Provide your opinion by writing in the space provided or circling the option that corresponds to your opinion. Use the following keys to the given options:

1= Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, 5 = Strongly agree

	Indicators of Staff Retention	1	2	3	4	5
C1.	I have intentions of staying as a worker in this hospital.	1	2	3	4	5
C2.	I am satisfied with the career development I get from my job in this hospital.	1	2	3	4	5
C3.	My job in Mbale Hospital is psychologically satisfying to me.	1	2	3	4	5
C4.	I am motivated to work for many more years in this hospital.	1	2	3	4	5
C5.	I am very much committed to my job in Mbale Hospital.	1	2	3	4	5
C6.	I never think that my job status in Mbale Hospital can be unstable.	1	2	3	4	5

Thank you very much

INTERVIEW SCHEDULE FOR MBALE HOSPITAL EMPLOYEES

TOPIC: **Management Practices and Retention of Employees in Public Health**

                Facilities: a case Study of Mbale Regional Referral Hospital-Uganda

Interviewer: Damalie Bajunga Nabweteme

Interviewees: Mbale Hospital Employees

Date of interview…………………………...…………………….………….. Time ………………

Name of interviewee …………………………………….…..……… Position ………….……..

Venue …………………………….......…………………………………………….………..

Step I: Self-introduction

Step II: Questions and discussions

1. Give a brief profile about Mbale Regional Referral Hospital.

2. Comment on the management control practices as you view them in Mbale Regional Referral Hospital.

3. What is your view on the staff development practices as you view them in Mbale Regional Referral Hospital?

4. Comment on the reward practices in Mbale Regional Referral Hospital.

5. What is your view on the level of employee retention in Mbale Regional Referral Hospital?

Thank you for your time and assistance.

RELIABILTY ANALYSIS – CRONBACH ALPHA

Reliability Statistics for controls

Cronbach's Alpha	Number of Items
.784	7

Reliability Statistics for staff development

Cronbach's Alpha	Number of Items
.901	10

Reliability Statistics for monetary rewards

Cronbach's Alpha	Number of Items
.861	7

Reliability Statistics for non-monetary rewards

Cronbach's Alpha	Number of Items
.912	10

Reliability Statistics for employee retention

Cronbach's Alpha	Number of Items
.893	6

APPENDIX D

DATA OUTPUT

Your department

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medicine	46	23.0	23.5	23.5
	Laboratory	84	42.0	42.9	66.3
	Pharmacy	50	25.0	25.5	91.8
	Administration	16	8.0	8.2	100.0
	Total	196	98.0	100.0	
Missing	System	4	2.0		
Total		200	100.0		

Age of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 30 years	48	24.0	32.0	32.0
	Between 30 and 40 years	100	50.0	66.7	98.7
	Over 40 years	2	1.0	1.3	100.0
	Total	150	75.0	100.0	
Missing	System	50	25.0		
Total		200	100.0		

Sex of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	132	66.0	68.8	68.8
	Female	60	30.0	31.3	100.0
	Total	192	96.0	100.0	
Missing	System	8	4.0		
Total		200	100.0		

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	132	66.0	70.2	70.2
	Single	56	28.0	29.8	100.0
	Total	188	94.0	100.0	
Missing	System	12	6.0		
Total		200	100.0		

Academic qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor's degree	29	14.5	17.9	17.9
	Master's degree	46	23.0	28.4	46.3
	Others (Specify)....	87	43.5	53.7	100.0
	Total	162	81.0	100.0	
Missing	System	38	19.0		
Total		200	100.0		

Time of service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below five years	70	35.0	42.7	42.7
	Between five and ten years	88	44.0	53.7	96.3
	Over ten years	6	3.0	3.7	100.0
	Total	164	82.0	100.0	
Missing	System	36	18.0		
Total		200	100.0		

Job status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Part time	64	32.0	35.2	35.2
	Full time	114	57.0	62.6	97.8
	Contract	4	2.0	2.2	100.0
	Total	182	91.0	100.0	
Missing	System	18	9.0		
Total		200	100.0		

The head of department measures my performance against established standards

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	30	15.0	18.3	18.3
	Disagree	94	47.0	57.3	75.6
	Undecided	12	6.0	7.3	82.9
	Agree	22	11.0	13.4	96.3
	Strongly agree	6	3.0	3.7	100.0
	Total	164	82.0	100.0	
Missing	System	36	18.0		
Total		200	100.0		

The head of department ensures that standards are predetermined

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.3	3.3
	Disagree	68	34.0	37.4	40.7
	Undecided	76	38.0	41.8	82.4
	Agree	18	9.0	9.9	92.3
	Strongly agree	14	7.0	7.7	100.0
	Total	182	91.0	100.0	
Missing	System	18	9.0		
Total		200	100.0		

The head department ensures that I draw up performance plans every month

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	5.0	5.4	5.4
	Disagree	56	28.0	30.4	35.9
	Undecided	86	43.0	46.7	82.6
	Agree	24	12.0	13.0	95.7
	Strongly agree	8	4.0	4.3	100.0
	Total	184	92.0	100.0	
Missing	System	16	8.0		
Total		200	100.0		

The head of department takes corrective action

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	7.0	7.0
	Disagree	46	23.0	26.7	33.7
	Undecided	58	29.0	33.7	67.4
	Agree	46	23.0	26.7	94.2
	Strongly agree	10	5.0	5.8	100.0
	Total	172	86.0	100.0	
Missing	System	28	14.0		
Total		200	100.0		

The head of department compares my actual performance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	14	7.0	7.5	7.5
	Disagree	28	14.0	15.1	22.6
	Undecided	80	40.0	43.0	65.6
	Agree	48	24.0	25.8	91.4
	Strongly agree	16	8.0	8.6	100.0
	Total	186	93.0	100.0	
Missing	System	14	7.0		
Total		200	100.0		

The head of department knows exactly

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	5.0	5.6	5.6
	Disagree	46	23.0	25.6	31.1
	Undecided	58	29.0	32.2	63.3
	Agree	50	25.0	27.8	91.1
	Strongly agree	16	8.0	8.9	100.0
	Total	180	90.0	100.0	
Missing	System	20	10.0		
Total		200	100.0		

The head of department ensures my attendance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	6.3	6.3
	Disagree	38	19.0	20.0	26.3
	Undecided	68	34.0	35.8	62.1
	Agree	56	28.0	29.5	91.6
	Strongly agree	16	8.0	8.4	100.0
	Total	190	95.0	100.0	
Missing	System	10	5.0		
Total		200	100.0		

Mbale Regional Referral Hospital organizes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	6.7	6.7
	Disagree	92	46.0	51.1	57.8
	Undecided	34	17.0	18.9	76.7
	Agree	26	13.0	14.4	91.1
	Strongly agree	16	8.0	8.9	100.0
	Total	180	90.0	100.0	
Missing	System	20	10.0		
Total		200	100.0		

The head of department routinely

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	6.7	6.7
	Disagree	88	44.0	49.4	56.2
	Undecided	38	19.0	21.3	77.5
	Agree	26	13.0	14.6	92.1
	Strongly agree	14	7.0	7.9	100.0
	Total	178	89.0	100.0	
Missing	System	22	11.0		
Total		200	100.0		

The head of department routinely reassigns

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	5.0	5.7	5.7
	Disagree	64	32.0	36.4	42.0
	Undecided	66	33.0	37.5	79.5
	Agree	26	13.0	14.8	94.3
	Strongly agree	10	5.0	5.7	100.0
	Total	176	88.0	100.0	
Missing	System	24	12.0		
Total		200	100.0		

My department supports my training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.4	3.4
	Disagree	40	20.0	23.0	26.4
	Undecided	66	33.0	37.9	64.4
	Agree	54	27.0	31.0	95.4
	Strongly agree	8	4.0	4.6	100.0
	Total	174	87.0	100.0	
Missing	System	26	13.0		
Total		200	100.0		

My provides me with training simulations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	28	14.0	19.7	19.7
	Undecided	52	26.0	36.6	56.3
	Agree	48	24.0	33.8	90.1
	Strongly agree	14	7.0	9.9	100.0
	Total	142	71.0	100.0	
Missing	System	58	29.0		
Total		200	100.0		

My career development plans have been

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	2	1.0	1.3	1.3
	Disagree	50	25.0	31.3	32.5
	Undecided	60	30.0	37.5	70.0
	Agree	36	18.0	22.5	92.5
	Strongly agree	12	6.0	7.5	100.0
	Total	160	80.0	100.0	
Missing	System	40	20.0		
Total		200	100.0		

My department provides

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.4	3.4
	Disagree	64	32.0	36.8	40.2
	Undecided	66	33.0	37.9	78.2
	Agree	26	13.0	14.9	93.1
	Strongly agree	12	6.0	6.9	100.0
	Total	174	87.0	100.0	
Missing	System	26	13.0		
Total		200	100.0		

My head of department influences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	5.0	5.7	5.7
	Disagree	46	23.0	26.1	31.8
	Undecided	62	31.0	35.2	67.0
	Agree	22	11.0	12.5	79.5
	Strongly agree	36	18.0	20.5	100.0
	Total	176	88.0	100.0	
Missing	System	24	12.0		
Total		200	100.0		

My supervisor creates time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	7.9	7.9
	Disagree	38	19.0	25.0	32.9
	Undecided	52	26.0	34.2	67.1
	Agree	26	13.0	17.1	84.2
	Strongly agree	24	12.0	15.8	100.0
	Total	152	76.0	100.0	
Missing	System	48	24.0		
Total		200	100.0		

My supervisors are very supportive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	14	7.0	9.0	9.0
	Disagree	40	20.0	25.6	34.6
	Undecided	50	25.0	32.1	66.7
	Agree	30	15.0	19.2	85.9
	Strongly agree	22	11.0	14.1	100.0
	Total	156	78.0	100.0	
Missing	System	44	22.0		
Total		200	100.0		

I am satisfied with the salary I get

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	18	9.0	9.7	9.7
	Disagree	56	28.0	30.1	39.8
	Undecided	54	27.0	29.0	68.8
	Agree	50	25.0	26.9	95.7
	Strongly agree	8	4.0	4.3	100.0
	Total	186	93.0	100.0	
Missing	System	14	7.0		
Total		200	100.0		

I am given bonuses for extra-work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	6.5	6.5
	Disagree	46	23.0	24.7	31.2
	Undecided	74	37.0	39.8	71.0
	Agree	42	21.0	22.6	93.5
	Strongly agree	12	6.0	6.5	100.0
	Total	186	93.0	100.0	
Missing	System	14	7.0		
Total		200	100.0		

The loans I am offered

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.3	3.3
	Disagree	56	28.0	31.1	34.4
	Undecided	68	34.0	37.8	72.2
	Agree	38	19.0	21.1	93.3
	Strongly agree	12	6.0	6.7	100.0
	Total	180	90.0	100.0	
Missing	System	20	10.0		
Total		200	100.0		

The department provides me with fringe benefits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.2	3.2
	Disagree	46	23.0	24.5	27.7
	Undecided	78	39.0	41.5	69.1
	Agree	34	17.0	18.1	87.2
	Strongly agree	24	12.0	12.8	100.0
	Total	188	94.0	100.0	
Missing	System	12	6.0		
Total		200	100.0		

The department gives me holiday allowances

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	5.0	5.3	5.3
	Disagree	46	23.0	24.5	29.8
	Undecided	60	30.0	31.9	61.7
	Agree	58	29.0	30.9	92.6
	Strongly agree	14	7.0	7.4	100.0
	Total	188	94.0	100.0	
Missing	System	12	6.0		
Total		200	100.0		

The hospital is prompt in salary payment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	22	11.0	11.7	11.7
	Disagree	46	23.0	24.5	36.2
	Undecided	60	30.0	31.9	68.1
	Agree	44	22.0	23.4	91.5
	Strongly agree	16	8.0	8.5	100.0
	Total	188	94.0	100.0	
Missing	System	12	6.0		
Total		200	100.0		

There are chances of salary increment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	14	7.0	7.3	7.3
	Disagree	46	23.0	24.0	31.3
	Undecided	64	32.0	33.3	64.6
	Agree	46	23.0	24.0	88.5
	Strongly agree	22	11.0	11.5	100.0
	Total	192	96.0	100.0	
Missing	System	8	4.0		
Total		200	100.0		

My boss recommends

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	16	8.0	9.2	9.2
	Disagree	40	20.0	23.0	32.2
	Undecided	56	28.0	32.2	64.4
	Agree	46	23.0	26.4	90.8
	Strongly agree	16	8.0	9.2	100.0
	Total	174	87.0	100.0	
Missing	System	26	13.0		
Total		200	100.0		

I get recognition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	2	1.0	1.8	1.8
	Disagree	36	18.0	31.6	33.3
	Undecided	34	17.0	29.8	63.2
	Agree	32	16.0	28.1	91.2
	Strongly agree	10	5.0	8.8	100.0
	Total	114	57.0	100.0	
Missing	System	86	43.0		
Total		200	100.0		

The head clearly communicates

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	14	7.0	7.7	7.7
	Disagree	64	32.0	35.2	42.9
	Undecided	52	26.0	28.6	71.4
	Agree	42	21.0	23.1	94.5
	Strongly agree	10	5.0	5.5	100.0
	Total	182	91.0	100.0	
Missing	System	18	9.0		
Total		200	100.0		

The value of rewards

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.4	3.4
	Disagree	52	26.0	29.9	33.3
	Undecided	64	32.0	36.8	70.1
	Agree	32	16.0	18.4	88.5
	Strongly agree	20	10.0	11.5	100.0
	Total	174	87.0	100.0	
Missing	System	26	13.0		
Total		200	100.0		

I feel secure in my job

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.8	3.8
	Disagree	46	23.0	28.8	32.5
	Undecided	54	27.0	33.8	66.3
	Agree	30	15.0	18.8	85.0
	Strongly agree	24	12.0	15.0	100.0
	Total	160	80.0	100.0	
Missing	System	40	20.0		
Total		200	100.0		

My working conditions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	4.0	4.7	4.7
	Disagree	44	22.0	25.9	30.6
	Undecided	56	28.0	32.9	63.5
	Agree	48	24.0	28.2	91.8
	Strongly agree	14	7.0	8.2	100.0
	Total	170	85.0	100.0	
Missing	System	30	15.0		
Total		200	100.0		

I am satisfied with the hospital administration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	2.0	2.5	2.5
	Disagree	38	19.0	24.1	26.6
	Undecided	44	22.0	27.8	54.4
	Agree	50	25.0	31.6	86.1
	Strongly agree	22	11.0	13.9	100.0
	Total	158	79.0	100.0	
Missing	System	42	21.0		
Total		200	100.0		

I am satisfied with my status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.5	3.5
	Disagree	36	18.0	20.9	24.4
	Undecided	64	32.0	37.2	61.6
	Agree	42	21.0	24.4	86.0
	Strongly agree	24	12.0	14.0	100.0
	Total	172	86.0	100.0	
Missing	System	28	14.0		
Total		200	100.0		

I am satisfied with my responsibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	7.4	7.4
	Disagree	22	11.0	13.6	21.0
	Undecided	56	28.0	34.6	55.6
	Agree	44	22.0	27.2	82.7
	Strongly agree	28	14.0	17.3	100.0
	Total	162	81.0	100.0	
Missing	System	38	19.0		
Total		200	100.0		

Sabbatical leaves have helped me to upgrade

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	2.0	2.3	2.3
	Disagree	28	14.0	16.1	18.4
	Undecided	48	24.0	27.6	46.0
	Agree	50	25.0	28.7	74.7
	Strongly agree	44	22.0	25.3	100.0
	Total	174	87.0	100.0	
Missing	System	26	13.0		
Total		200	100.0		

I have intentions of staying

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	4.1	4.1
	Disagree	32	16.0	21.6	25.7
	Undecided	48	24.0	32.4	58.1
	Agree	42	21.0	28.4	86.5
	Strongly agree	20	10.0	13.5	100.0
	Total	148	74.0	100.0	
Missing	System	52	26.0		
Total		200	100.0		

I am satisfied with the career development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.3	3.3
	Disagree	46	23.0	25.6	28.9
	Undecided	54	27.0	30.0	58.9
	Agree	44	22.0	24.4	83.3
	Strongly agree	30	15.0	16.7	100.0
	Total	180	90.0	100.0	
Missing	System	20	10.0		
Total		200	100.0		

My job in Mbale

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	2.0	2.3	2.3
	Disagree	32	16.0	18.2	20.5
	Undecided	72	36.0	40.9	61.4
	Agree	44	22.0	25.0	86.4
	Strongly agree	24	12.0	13.6	100.0
	Total	176	88.0	100.0	
Missing	System	24	12.0		
Total		200	100.0		

I am motivated to work for many more

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	3.0	3.7	3.7
	Disagree	32	16.0	19.5	23.2
	Undecided	48	24.0	29.3	52.4
	Agree	50	25.0	30.5	82.9
	Strongly agree	28	14.0	17.1	100.0
	Total	164	82.0	100.0	
Missing	System	36	18.0		
Total		200	100.0		

I am very much committed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	2.0	2.2	2.2
	Disagree	44	22.0	24.7	27.0
	Undecided	54	27.0	30.3	57.3
	Agree	44	22.0	24.7	82.0
	Strongly agree	32	16.0	18.0	100.0
	Total	178	89.0	100.0	
Missing	System	22	11.0		
Total		200	100.0		

I never think

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	12	6.0	6.2	6.2
	Disagree	44	22.0	22.7	28.9
	Undecided	42	21.0	21.6	50.5
	Agree	50	25.0	25.8	76.3
	Strongly agree	46	23.0	23.7	100.0
	Total	194	97.0	100.0	
Missing	System	6	3.0		
Total		200	100.0		