



**INFLUENCE OF ACTIVE CONTINUANCE COMMITMENT ON TURNOVER INTENTIONS AMONG HEALTH PROFESSIONALS OF NATIONAL REFERRAL HOSPITALS IN KENYA**

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**ABSTRACT**

*This study established the influence of active continuance commitment on turnover intentions among health professionals of public national referral hospitals in Kenya. The study was supported by psychological ownership theory. Descriptive and correlational research designs were used and positivistic research philosophy followed. A target population of 3,641 health professionals was used to determine a sample of 349 respondents. Multistage sampling and proportionate stratified sampling techniques were used. Questionnaire was used to collect data. The findings indicated that active continuance commitment demonstrated strong positive and statistically significant relationship with turnover intentions. A positive and significant effect of active continuance commitment on turnover intentions were established. The study recommended that human resource managers and those of national referral hospitals could use the study to develop human resource policies, guidelines and code of conduct that can be followed by Health professionals. The findings can be used to develop training programs and performance service charters of organizations to deal with active continuance commitment issues. Ministry of Health leadership in the country can use the findings to enhance universal health coverage goals in Kenya. Health related parastatals and financial institutions may use the findings to develop appropriate training and development programs on continuance commitment.*

**Key Words:** Health, Turnover, Continuance Commitment

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## INTRODUCTION

Continuance commitment directs individual employees towards a given economic setup (Bonds, 2017). Two attributes of continuance commitment developed by researchers in Western Europe and advanced by those in South East Asia include active continuance commitment and passive continuance commitment (Wong, 2014). The approaches were first referred as economic and choice commitments, which evolved later to active and passive commitment adopted in this study (Wang 2004; Wong, 2014). The two attributes of continuance commitment observed outcome in work setup includes turnover intentions, job satisfaction and absenteeism (Aghimien et al 2019)

Health professionals diminishing Continuance commitment has forced human resource practitioners to call for fresh evaluation of continuance commitment in public national referral hospitals (Bonds, 2017). This is because health staff need to support their families. Individual perception on level of commitment has continued to change due to changing individual attitude and behavior (Sow, 2015). The evidence of diminishing continuance commitment include: poor service delivery, continuous industrial actions, brain drain, tiredness and absenteeism in the world economies (Armstrong & Taylor, 2017).

Kenya's health sector is not highly funded compared with other sectors like education, which affects continuance commitment to a great extent. This economic gap is greatly felt in County health facilities, which receive 45% of the national health budget and treat 80% of patient cases. However, it is not greatly felt in the public national referral hospitals because 55% of national budget is allocated to all public national referral hospitals and institutions, which are relatively few in number (Owino, 2018). Despite level six hospitals being public national referral hospitals these hospitals treat 20% of all patient cases and record 80% of patient complains in Kenya (Akolo, 2001; Ouko, 2016). Continuance commitment of health professionals is believed to

stagnate due to increased standard of living and erosion of purchasing power of health professionals in the country caused by inflation Koon (2021).

Kenya health policy 2014-2018 MOH (2014), identifies public national referral hospitals as level six tertiary institutions, managed by national government. The 2010 constitution fourth schedule number 23 assigns national government management of level six public national referral hospitals. It also authorizes it to draft health policy and providing technical assistance to Counties according to Kimathi (2017). Kenyatta National Hospital (KNH), Moi Teaching and Referral hospital and Kenyatta University Teaching and Referral Hospitals are level six Semi-Autonomous Government Agencies (SAGAs), which operates as parastatals under state corporations act (Kenya Gazette, 2019; MOH, 2016a; MOH, 2018). Mathari National Teaching and Referral Hospital, Mwai Kibaki Othaya referral hospital and National Spinal Injury Referral hospital are level six hospitals without defined autonomy (MOH, 2016b). Mathari is supported through MTRH, where else Mwai Kibaki and Spinal cord Injury hospitals are supported through KNH.

### Statement of Problem

Continuance commitment has been studied in different corners of the world but less attention has been focused in healthcare sector (Labraque *et al.*, 2018). Kenya's situation is worse because limited researches on health sector provides scanty information. This situation leaves information gap on knowledge management among health professionals leading to their lack of institutional memory. COVID 19 and other viral infections increased patients for curative medical attention. This resulted to an increase of level 6 public national referral hospitals from the initial four to six. The inadequate manpower rises the need to consider continuance commitment of existing employees (GOK, 2019).

The existing information on continuance commitment influence on turnover intention was

researched in the background of Western first world economies (Bonds, 2017; Sow, 2015). First world countries research findings cannot explain continuance commitment of health professionals in any third world country like Kenya, because these researches were done in different environments and contexts creating a cultural information gap.

The Kenya Medical Practitioners, Pharmacists and Dentist union (KMPPDU) (KMPPDU, 2017), strike demands on continuance commitment related issues, could not be solved. This is because of limited existing literature on continuance commitment in Kenya, leading to a more than 100 days of health professionals strike (Kimanthi, 2017; Koon, 2021; Ouko, 2018). Lack of information on continuance commitment in Kenya's health sector remains a challenge that has to be solved through more researches.

The Government Auditor General reports on Kenyatta National Hospital 2012, Moi Teaching and Referral Hospital 2014 and Mathari Teaching and Referral Hospital 2017, identified delayed patient treatment, use of outsourced poor services and delayed diagnosis of ailments respectively (Ouko, 2012; Ouko, 2014; Ouko, 2017). National Spinal Cord Injury and Referral Hospital and Mwai Kibaki Referral Hospitals displayed high staff turnover, deficient information system, weak staff development and inadequate performance management framework at all levels (Njoroge, 2015), that need more information to solve.

Active continuance commitment information gap makes it hard for managers to unlock reasons why health professionals are leaving Kenyan employment. This is witnessed by declining number of Medical Doctors population in the recent past, from the initial 11,000 to about 8,000 in the last 6 years in Kenya (Koon, 2021). This study provided information on causal-effect of active continuance commitment influence on turnover intentions.

### **Objective of the Study**

This study determined the influence of active continuance commitment on turnover Intentions

among health professionals of national referral hospitals in Kenya.

### **Hypotheses of the Study**

The study tested the following null hypothesis;

H<sub>0</sub>: Active continuance commitment does not significantly influence Turnover intentions of health professionals in national referral hospitals in Kenya

## **LITERATURE REVIEW**

### **Psychological Ownership Theory**

The psychological ownership theory was developed by Pierce et al. (2001). They suggested that things are substantially or not substantially owned by individuals. The American Nurses Credentialing Center (2017) describes psychological ownership as individuals believe that what they target belongs to them and can be used for future project planning or investment. This explanation describes active continuance commitment and related cost incurred when jobs are changed. Ownership theory is either objective or psychological. Objective ownership according to Wainaina (2015), is what is contained in a job description or material wealth, whereas psychological ownership is the individual's belief that something belongs to someone else. Psychological ownership include the right to be promoted and rewarded for self-efficacy in achieving goals and autonomy through training. On-the-job training helps individuals get opportunities that help them achieve their goals and gain active commitment through salary increments (Trenck, 2015).

Psychological ownership helps individual's creativity, whereby training helps them create future income that increases active continuation commitment and influences their turnover intention (Trenck, 2015). Psychological ownership increases the desire to achieve challenging goals and acquire knowledge that helps increase the ability to create value of money. Training prepares staff psychologically to assume promotion opportunities that increase salaries and statutory deductions, resulting in increased active continuation commitment (Barasa *et al.*, 2021).

## The Conceptual Framework

It is a structure developed from either theoretical assumptions or intuitions and empirical observations (Mishra & Alok, 2017). This research

conceptualized active continuance commitment (Independent Variable) and the dependent variable turnover intention as shown in the figure below.



Figure 1: Conceptual Framework

## Empirical Literature Review

### Active Continuance Commitment

Employees' continued participation in a line of activity and the related costs associated with discontinuing the activity is what explains active continuance commitment (Xuehu, 2016). It involves benefits from on job training, availability of promotion opportunities, realization of company goals bonuses, knowledge use and the level of job challenge rewards that change individual's income (Wong, 2014).

Investigation on commitment of nurses in Mulago national referral hospital in Uganda (Abuga *et al.*, 2015), aimed at knowing what efforts were in place to improve commitment of nurses. 809 research population was targeted and 264 respondents were questioned. Its findings showed that nurses' are committed to work depending on their beliefs, goals and values such as pension and employee development. It also indicated that continuance commitments exhibited by the hospital staff influence their turnover intentions.

Study on organizational commitment effects on turnover intentions of employees in the four sub counties of Nakuru County in Kenya was carried out by Obwoyere (2016). The study aimed at finding out how employees' psychological attachment to organizations affect their turnover intentions. The findings showed that active continuance commitment to a large extend influence turnover

intentions of county officers and normative commitment influences it to a lesser extent.

Research on the evaluation of organizational commitment models and their components in Asian cities was done by Wong (2014). The study covered 310 information communication technology staff in Hong Kong. The finding is that active continuance commitment component performed well in Hong Kong than in other cities among information communication technologists.

Investigation on determinants of commitment among academic staff in Kenya's public and private universities was carried out by Wainaina (2015). The population of the study was of 9258 staffs. The study sample was of 347 respondents. A major finding was that continuance commitment was high as it was determined by retirement benefits, relationships and other non-transferable investments. A study on organizational commitment and turnover intentions of clinical Laboratory scientists in Ghana was carried out by Mensah and Kosi (2016). A target population of 141 and sample of 141 respondents was used. The findings indicated that there was significant relationship between continuance commitment and turnover intention of clinical and laboratory scientists in Ghana.

Study carried out by Tosun and Ulusoy (2017), helped find out the relationship of organizational commitment, job satisfaction and burnout of

physicians and nurses. Target population of 735 Physicians and Nurses was used. One of the major finding was that continuance commitment among physicians and Nurses was high.

### **Turnover Intentions**

Turnover intentions is a perceived probability of staying or leaving an organization in which one is employed (Sow, 2015). It is explained as a conscious and deliberate need to leave an organization by an employee voluntarily or involuntarily (Weldeyohannes, 2016). Intentions forms the most immediate determinants of actual behavior expressed by an employee, when reacting to the existing level of job satisfaction (Mensah, & Kosi, 2016; Mwangi, 2015). Factors influencing turnover intentions of workers include work load, complex work relations, lack of opportunities for career progression and prolonged work shifts (Sow, 2015; Xuehu, 2016).

Turnover intention is either voluntary or involuntary like employee turnover. Voluntary turnover intention is the employees' perceived decision to join alternative job opportunity that has a higher pay and creates more recognition or is more accessible than the current position (Hashmi et al., 2020). It also occurs when employees' leave due to family issues, health reasons or retirement on mandatory age limit (Niguse, 2019). Involuntary turnover intention occurs after employees are technologically disadvantaged, qualification knocked out of their jobs and change of site of the employer which is hard to accommodate.

Employee turnover is said to be functional when organizations profits increase after new employees replace outgoing employees in an organization. It is also experienced if it is easy to replace outgoing employees without increasing costs in selection, training or development of the new ones (Riaz et al., 2017). It is also functional if those employees who leave organization experience burn-out or are having negative ideologies on their jobs and organizations (Ikatinasaria et al., 2018). Turnover intentions is said to be dysfunctional if employees who leave organizations are performers and highly

skilled (Riaz et al., 2017). It is also dysfunctional when it results to indirect costs like reduced morale, increased work overload, pressure on the remaining staff and loss of social capital according to Bosomtwe and Obeng (2018).

Turnover intentions result to employee turnover that increases brain drain of low and high cadre employees, kills competitive advantage and makes it hard to acquire high performers (Ikatinasaria et al., 2018). Turnover intentions adverse effects are experienced on financial impact of most public national referral hospitals budgetary allocations and service delivery throughout the world. It also affects planning in both regional and national hospitals (Mwangi, 2015).

Turnover intentions in Kenya is reduced by bonding policy that curbs uncontrolled employee turnover through holding of employees for certain period of time. Bonding is the attachment of a public servant to a health facility for a given period of time, to recover money spent on training the officer through government sponsorship, before one is allowed to leave for greener pastures (Kinyili, 2015).

Increased turnover intentions is due to Psychological aspects that include high expectations, employee's attitudes, emotions and perceptions, which drive less committed employees to increase their turnover intentions (Bonds, 2017). It is also due to economic factors that includes cost and benefit analysis, high performer's compensation, labor supply and available promotion opportunities (Bonds, 2017). Demographic factors affecting turnover intentions include service tenure, better job offers and high mobility due to education, globalization and skill transfer of committed employees (Bothma & Roodt, 2004). These aspects are disrupted by industrial actions such as strikes and go slows (Mwaniki, 2018; Omboki 2018).

### **METHODOLOGY**

The study was supported by Positivism research ideology. It helps the researcher to generate and develop new knowledge. The adopted philosophy

helped the researcher take inputs without expected output.

This study adopted a quantitative research paradigm that employed a mixture of research designs. The research designs that were used were descriptive and correlational research designs.

The target population was comprised of 3,641 health professionals from five different public national referral hospitals in Kenya, in the year 2023 (GOK, 2019; MOH, 2014; MOH, 2016; Ouko, 2017). The staff strengths of the five public national referral hospitals were used. Kenyatta University Teaching, Research and Referral Hospital (KUTRRH) was excluded and used in the pilot study.

The sampled frame was derived from Kenya's workforce report on health professionals (MOH, 2015). The report contains eight health professional groups and their regulatory agencies in Kenya. The sample frame include medical doctors and dentists; nurses; clinical officers; medical laboratory technicians and technologists; pharmacists; public health officers; radiographers; dieticians and nutritionists.

A multistage sampling and proportionate stratified sampling techniques were used. Multistage sampling technique was used to identify sample of the five national referral hospitals and their target population identified as N, where N is 3,641. The N1-N5 represents the five public national referral hospitals (PNRH). Each hospital target population was purposefully identified and samples calculated (Saunders *et al.*, 2009, 2019). The determined sample size was 349

Data collection instrument was the questionnaire. Questionnaire was used because it helps the researcher to get valid information and produce quick results. It also covers large geographical area when administered within a given time (Saunders *et al.*, 2019).

The questionnaire had background information that captured the demographic data of the respondents, whereby each respondent profession

was captured. Organizational commitment scale adjusted from that of Wong (2014) was used. This tool helped in finding continuance commitment identified behaviors or attributes relationship and effects on turnover intentions among health professionals. The related indicators determined employees' commitment levels.

The filled and returned questionnaires information was entered using a Statistical Package for Social Scientists study tool on a computer. The questionnaire with missing information were not included (Jackson, 2016; Saunders *et al.*, 2019). The analysis tool that was used was the Statistical Package for Social Scientists (SPSS), version 25. The researcher used descriptive statistics to measure the central tendency and spread of the data, which were denoted by frequencies, means, percentages and standard deviation (Shone, 2015).

## FINDINGS AND DISCUSSION

### Relationship of Active Continuance Commitment and Turnover Intentions

The Pearson product moment correlation coefficient computed determined the relationship between active continuance commitment and the dependent variable turnover intentions.

The Pearson's product moment correlation coefficient result from active continuation commitment correlation with turnover intentions indicated ( $r = .880^{**}$ ,  $p = .000$ ). These findings revealed a strong positive and statistically significant relationship between active continuance commitment and turnover intentions, among health professionals working in public national referral hospitals in Kenya. Therefore, the results reject the null hypothesis  $H_0$  that active continuation commitment does not significantly influence turnover intentions of health professionals in national referral hospitals in Kenya, thus failing to reject the alternative hypothesis.

From the results of correction analysis observed between active continuance commitments and turnover intentions, it was confirmed that null

hypotheses  $H_0$  was rejected and the study accepted their alternative hypotheses because their p values were less than 0.05.

A unit increase of active continuance commitment improves turnover intentions rate by 98.4%

### Discussion

The research was guided by the research objectives, which was pinned on independent variable: active continuance commitment and the dependent variable turnover intentions.

The descriptive statistics showed that male and female genders were well represented in the study. Large and active workforce was of those aged between 30 and 50 years of age. Most of the respondents were married with family responsibilities. All respondents were well educated, with the least qualified being a diploma holder and two thirds of health professionals being degree holders. All health professionals groups were well represented in the study, with the majority being nurses who assisted other professionals in their work stations.

The objectives of the study were discussed in relation to results. The relationship of active continuance commitment and turnover intentions was the first null hypothesis. This hypothesis stated that Active continuance commitment does not significantly influence turnover intentions of health professionals in national referral Hospitals in Kenya. The results agreed with alternative hypothesis indication that there is positive and significance relationship between active continuance commitment and turnover intentions. The findings agrees with that of Abuga et al., (2015) study that continuance commitment relates significantly with turnover intentions among nurses in Mulango National referral hospital in Uganda. It also agrees with the findings of Wong (2014) that active continuance commitment significantly relates with turnover intentions of information communication technology workers in Hong Kong.

The effect of active continuance commitment on turnover intentions indicated that there is linear

positive relationship between active continuance commitment and turnover intentions. This finding agrees with that of Israel *et al.*, (2017), which indicates that an increase in continuance commitment enhances turnover intentions. This shows that health professionals expect training opportunities, realization of individual and organizational goals, acquiring of the required knowledge, doing challenging tasks and expected promotion opportunities help them accumulate wealth, which makes them not likely to leave their hospitals and vice versa.

### CONCLUSIONS AND RECOMMENDATIONS

The study determined the influence of active continuance commitment on turnover intentions among health professionals of national referral hospitals in Kenya. Investigation was done to find out whether or not empirically identified active continuance commitment influences turnover intentions of health professionals. Active continuance commitment variable was supported by several sub-variables, which included referral hospitals provision of training opportunities to health professionals and chances to realize their goals. Health professionals' prefer to work in referral hospitals because they are able to make use of their acquired knowledge that enables them do challenging jobs. They also prefer to work in hospitals because of existence of many promotion opportunities. The finding revealed that active continuance commitment displayed a strong relationship with turnover intentions of health professionals. This means that for any public national referral hospital to maintain turnover intentions active continuance commitment has to be promoted.

It was therefore concluded that active continuance commitment strongly influences turnover intentions of health professionals and any organization that enhances active continuance commitment improves negative or positive turnover intentions among its employees.



The recommendations were made based on suggestions made by respondents in the current study. These recommendations are based on policy and management areas.

**Policy Recommendations:** Human resource practitioners may use the study to come up with policies and code of conduct that provides direction on how service can be efficiently delivered in referral hospitals and other institutions. Guidelines deduced from the study can help bring out standard operating procedures that are rich in continuance commitment and organizational culture aspects. Training programs may be developed from continuance commitment literature. Board of directors, managers and team leaders in public national referral hospitals may use the information to evaluate competing values framework of organizational culture to come up with high performance culture in hospitals. Human resource Managers may use the literature to develop strategies that uses continuance commitment and organizational culture in coming up with practical service charters, missions and visions of public national referral hospitals in Kenya.

**Managerial Recommendations:** Managers in public national referral hospitals can improve service delivery through evaluation of employee's perceptions on continuance commitment behaviors of active continuance commitment and passive continuance commitment or organizational culture. The evaluation should be followed by solution based approach that uses theoretical literature of this study. Board members of public national referral hospitals may borrow ideas from competing

values framework to enhance culture of high performance in their hospitals.

**Measures for improvement:** Measures to improve continuance commitment that can be deduced from this study include: Provision of funds for continuous learning and training of personnel in organizations. Payment of wages and salaries according to market rate to realize personal goals. Putting in place approved government policies and guidelines that help healthcare workers make full use of what they had learned. Supervision of employees to inspire and improve their concern so as to undertake challenging goals. Doing training needs assessment to equip employees with ideas on how to meet their goals and climb the promotion ladder. Drawing of work plans that identify what to do, the time to do it and work life balance so as to meet personal and support families. Introduction of proper rewarding system and provision of fringe benefits that enhances employee's motivation so as not to seek alternative employment. Putting in place measures to operationalize service charters in public national referral hospitals by intermarrying them with individual and organizational work plans.

#### **Areas for Further Research**

Study on organizational culture and turnover intentions is needed so as to establish the attributes that may not have been exhausted. Studies on other outcomes of health professional's continuance commitment such as absenteeism, career development, job satisfaction and performance.

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