



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

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ABSTRACT

The aim of this study was to establish the influence of passive continuance commitment on turnover intentions among health professionals of public national referral hospitals in Kenya. The study was supported by theory of equity. 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 finding showed that passive continuance commitment indicated a strong relationship with turnover intentions of health professionals. This indicated that for any public national referral hospital to maintain turnover intentions passive continuance commitment has to be improved. The study indicated that availability of alternative jobs elsewhere, the need of health workers to support their families and the benefits provided to workers stimulates them to leave or stay longer in national referral hospitals in Kenya. The study recommended that the findings can be used by Ministry of Health to enhance universal health care so as to achieve vision 2030 medical and public health targets. The study can be used by healthcare related parastatals or religious based organizations in the health sector to provide public and medical healthcare in Kenya. Measures to improve continuance commitment may include Motivation of employees to achieve self-driven goals by rewarding excellent performers and improvement of working conditions by replacing old and defaced machines, payment of employees prevailing market salaries in time and providing protective gears.

Key Words: *Passive Continuance Commitment, Health, Healthcare, Hospitals*

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INTRODUCTION

Continuance commitment is the employee's understanding of the existing job opportunities and the cost of leaving the current employment (Meyer & Allen, 1991). It was explained by McGhee and Ford (1997), as the workers decision to remain employed in an organization following the discovery of limited job vacancies in the market and the loss that employees are likely to incur if they leave current employer.

Continuance commitment of health professionals is globally affected by Corona Virus disease 2019 (COVID 19) (WHO, 2020). Recent increased downsizing of workforce in many organizations due to this pandemic has reduced number of employees. Surviving employees have realized gain or loss of continuance commitment because of increased workload and terms of recognition, salary increment, fringe benefits and membership by governments and private organizations affecting turnover intentions (Riou & Althaus, 2020).

One of the major continuance commitment outcome of health professionals is turnover intention. Turnover intention is related to employee cognitive thinking, planning and strong desire to voluntarily leave or stay in an organization according to Bothma and Roodt (2013) study (cited in Bonds, 2017). Intention to leave is viewed by researchers as perception that form the most immediate determinant of the actual behavior expressed by workers, which may either be voluntary or forced (Niguse, 2018). However, many researches brought out turnover intentions into limelight as an individual's deep thought to leave an organization or stay (Bonds, 2017).

The 2010 constitution devolved healthcare to Counties (Kimathi, 2017), which is delivered in levels. These levels include level 1 Community Health Centers. Level 2 Dispensaries and Health Clinics. Level 3 Health Centers/ Nursing and Maternity Homes or hospitals. Level 4 Primary Hospital or Sub County Referral hospitals and Level 5 Secondary Hospitals or Regional Hospitals

referred to as County Referral hospital, headed by County Executive Member (CEM) (Marangu *et al.*, 2021; Ouko, 2017).

Healthcare functions in Public national referral hospitals are carried out by health professionals and other subordinate staff. Health professionals are specified in the guidelines highlighted by International Labor Organization ILO (2012) and WHO (2017) as cited by Obiebi *et al.* (2020). Health professionals in Kenya are registered under regulatory agencies (Koon, 2021; MOH, 2015; Owili *et al.*, 2015). Kenyan government has passed Health Act number 21 of 2017 that establishes Kenya Health Professionals Authority. The authority helps stream line health professionals in line with World Health Organization conventions (Republic of Kenya [ROK], 2017).

Statement of Problem

Many researchers' efforts have recorded conflicting and mixed results (Mercurio, 2015; Labraque *et al.*, 2018), which calls for more researches to generalize some of the findings. Researches already done provide limited empirical and theoretical literature, cover limited number of health professionals, have small sample representation done under different cultures, making it hard to use them for benchmarking in Kenya (Bonds, 2017).

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.

Passive 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 provides information on causal-effect of passive continuance commitment influence on turnover intentions and aspect of organizational culture mediation.

Objective of the Study

This study assessed the influence of passive continuance commitment on turnover Intentions among health professionals of national referral hospitals in Kenya.

Hypothesis of the Study

The study will test the following null hypotheses;

H₀: Passive continuance commitment does not significantly influence Turnover intentions of health professionals in national referral hospitals in Kenya.

LITERATURE REVIEW

Theoretical Literature

Equity Theory

This theory stipulates that employees compare the efforts they put in and the returns they get with what others put in and get in a workplace (Adams, 1963). It is concerned with employees' perceived treatment compared with that of others who have the same qualification and are in the same job group. The difference in treatment affects passive continuance commitment and influence turnover intentions (Mwaniki, 2018). Workers evaluate their input in the form of effort, skills and knowledge with their output in terms of salary and wages. They outright compares it with that of others to determine their turnover intentions. Staff evaluate other workers' fringe benefits in the same positions and experience before seeking alternative jobs in the job market (Xuehu, 2016).

The proponents of equity theory demonstrate that passive continuance committed staff, seek training opportunities in order to attain skill level that warrants higher remuneration. This ensures that employees continue working in a particular organization to support their families, which influences their turnover intentions (Mwaniki, 2018; Wainaina, 2015). The theory proposes that staff with families should stick with their current employer in order to meet future family obligations despite existing salary differences that influence their turnover intentions. Lack of alternative Jobs make workers stick to their current jobs, although they may be underpaid, simply because they cannot find a better employer in the job market (Mwaniki, 2018). Expected fringe benefits from the company or management improves individual's gross salary and their passive commitment influencing turnover intentions. Such benefits if not equivalently spread influences positive turnover intentions (Nasurdin *et al.*, 2018).

The Conceptual Framework

It is a structure developed from either theoretical assumptions or intuitions and empirical

incurring high sacrifice as a result of passive continuance commitment, an action that influences turnover intentions.

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

Positivism research ideology supported the study. Positivism separates the observer from what is being observed. It also helps the researcher to use existing objectives in choosing what to study (Jilcha,

2019). The philosophy assists the researcher in constructing knowledge from observed facts that have been researched.

This study adopted a quantitative research paradigm that employed a mixture of research designs. The research designs that were used are descriptive and correlational research designs. Correlation and descriptive research designs were used in this study because they allowed researcher to measure variables and describe the relationship between them, whereby needed information was generated (Mosadeghrad *et al.*, 2007; Mugizi *et al.*, 2015; Wainaina, 2015).

The target population 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 establishment of national referral hospitals varied from one public national referral hospital to the other.

The sampled frame was derived from Kenya's workforce report on health professionals (MOH, 2015). The report contained eight health professional groups and their regulatory agencies in Kenya. The sample frame included 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. Sample size was calculated with the help of a formula cited in Saunders *et al.* (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).

Inferential statistics were generated through correlation and regression analysis. The correlation between variables was measured using Karl Pearson's coefficient of correlation, where 1 is perfect, 0.7–0.9 is strong, 0.4–0.6 is moderate, 0–0.3 is weak and 0 is zero. The association between variables was done using the Pearson moment correlation coefficient. The researcher used correlation and multiple regression analysis to test the hypotheses of the study. Multiple linear regression assisted in determining linear relationships between variables and fitting the equation to the data (Saunders, 2018).

FINDINGS AND DISCUSSION

The target population of health professionals was 3,641, from which a sample of 349 respondents was determined. Out of the 349 questionnaires distributed 308 were returned, which is 88% of the sample. The 308 questionnaires returned were used in the analysis of this study.

The Relationship of the Study Variables

The correlation measured the relationship of passive continuance commitment with the dependent variable turnover intentions. The

correlation is either positive or negative and ranges from Negative one -1 to positive one +1. A zero correlation indicates no relationship between the variables of the study. Negative correlation indicates an increase of one aspect leads to a decrease of the other. Positive correlation indicates a relationship where by an increase of one aspect leads to an increase of the other. Correlation analysis relates the variables under study. The results from variables correlation provides the basis for further analysis to be done, because it could not provide enough information that would be used to predict the causal effects of variables on each other.

Relationship of Passive Continuance Commitment and Turnover Intentions

The Pearson product moment correlation coefficient computed determined the relationship between passive continuance commitment variable, which was correlated with the dependent variable turnover intentions.

The Pearson's product moment correlation coefficient result from Passive continuance commitment correlation with turnover intentions showed that ($r = .850^{**}$, $p = .000$). These findings indicated a strong positive and statistically significant relationship between passive continuation commitment and turnover intentions among health professionals working in public national referral hospitals in Kenya. The results therefore rejected the null hypothesis H_0 that passive continuance 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 passive 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.

Discussion

The study examined the conceptual and empirical connection between passive continuance

commitment and turnover intentions among health professionals in national referral hospitals in Kenya.

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 findings on the relationship of passive continuance commitment and turnover intentions rejected the null hypothesis, which stated that Passive continuance commitment does not significantly influence turnover intentions of health professionals in national referral hospitals in Kenya. The results indicated a positive and significance relationship between passive continuance commitment and turnover intentions. This finding agreed with that of Wong (2014) that passive continuance commitment significantly relates with turnover intentions of information communication and technologists workers in Hong Kong. The effect of passive continuance commitment on turnover intentions indicated a linear positive and significant effect on turnover intentions. This finding disagreed with that of Alzubi (2018) whose results indicated that continuance commitment negatively affects turnover intentions. The findings also agreed with that of Abuga et al., (2015) whose finding was that continuance commitment influences turnover intentions of nurses in Mulango national referral hospital in Uganda. The study agreed with that of Mwangi (2015) that employee's perception of joblessness influence passive continuance commitment in Kenyatta national hospital in Kenya that influenced turnover intentions. This indicated that availability of alternative jobs elsewhere, the need of health

workers to support their families and the benefits provided to workers stimulates them to leave or stay longer in national referral hospitals in Kenya.

CONCLUSIONS AND RECOMMENDATIONS

The objective of the study was to assess the influence of passive continuance commitment on turnover intentions among health professionals of national referral hospitals in Kenya. Passive continuance commitment variable was supported by several sub variables, which include that health professionals prefer to work in referral hospitals because they cannot find a better alternative job, employees can not quite referral hospitals employment because they have to support their families and employees work for this the hospitals because they don't want to lose their fringe benefits. The finding showed that passive continuance commitment indicated a strong relationship with turnover intentions of health professionals. This indicated that for any public national referral hospital to maintain turnover intentions passive continuance commitment has to be improved.

The study concluded that passive continuance commitment strongly influences turnover intentions of health professionals and for any organization to improve negative or positive turnover intentions of its employees, passive continuance commitment practices should be envisaged.

The recommendations were made based on suggestions made by respondents in the current

study. Despite the fact that the study was limited to public national referral hospitals in Kenya, the findings can be used by Ministry of Health to enhance universal health care so as to achieve vision 2030 medical and public health targets. The study can be used by healthcare related parastatals or religious based organizations in the health sector to provide public and medical healthcare in Kenya. Financial institutions and other sponsors may use the study to identify commitment gaps that may need sponsored training and finance them so as to change employee's perception on commitment and turnover intentions.

The study recommended Measures to improve passive continuance commitment and turnover intentions to include defining career ladder where employees may know how they can move up the ladder instead of leaving current employment. Motivation of employees to achieve self-driven goals by rewarding excellent performers. Improvement of working conditions by replacing old and defaced machines, payment of employees prevailing market salaries in time and providing protective gears.

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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