
**INFLUENCE OF WORK SCHEDULES ON STAFF RETENTION IN
PUBLIC LEVEL FIVE HOSPITALS IN KENYA: MODERATING EFFECT
OF PERCEIVED ORGANIZATIONAL SUPPORT**

Susan Ndumba Nkanata¹, Dennis Muchangi², Grace Kiiru³

¹Kirinyaga University, School of Business and Education
P.O. Box 143-10300, Kerugoya

²Senior Lecturer, School of Business and Education, Kirinyaga University
P.O. Box 143-10300, Kerugoya

³Lecturer, School of Business and Education, Kirinyaga University
P.O. Box 143-10300, Kerugoya

Abstract

Work schedules refers to days per week, hours and breaks in between that employees both work and enjoy. Retention of employees refers to those approaches and policies that an organization practices to retain vital and highly competent employees from preferring employment in a different organization. The general objective of the study was to investigate the influence of Work schedules on staff retention in public level five hospitals in Kenya. The specific objectives of the study were; to establish the influence of flexitime arrangements and teleworking arrangements on staff retention. The study embraced descriptive and correlational research designs. The study target population was 472 doctors, 3318 nurses and 449 clinical officers from the 11 available public level five hospitals in Kenya. The study also used proportionate stratified random sampling to select eight (8) public level five hospitals, and a total sample size of 40 doctors, 278 nurses, and 37 clinical officers. To select the study participants in each stratum, Simple random sampling was used. Data was collected using a semi-structured questionnaire through drop and pick approach. Cronbach alpha was used to test the reliability of the research instruments. Data was analyzed using SPSS, with descriptive and inferential statistics being used to discuss study findings based on the objectives. The study found out that the availability of work schedules was not a motivating factor that could influence medic's decision to leave their current workplace. Further, perceived organizational support did not significantly influence these work schedules on staff retention. The study concludes that work-schedules do not significantly exert influence on employee retention in the public level five hospitals. The study recommends the management should design new approaches relating to work schedules, supervisory support, and organizational rewards, so as to attract and retain their talented workforce.

Keywords: Work schedules, Flexitime arrangements, telework arrangements, Public Level Five Hospitals

1.0. Introduction

1.1 Background Information

Charlotte & March (2010) in a Survey done in London established that flexible working arrangements led to job satisfaction in five organizations of which satisfaction levels were at 91%. For instance, in Aerospace software manufacturer and Orbit Logic, flexible working hours and telework policies assisted employees to counter the notoriously tough traffic conditions in the Washington, D.C., metro region. All employees had a laptop with a virtual private network (VPN) access and the company executives were more concerned with results rather than time. Amidst all these efforts retention still remained a challenge to these organizations.

In the United States, Arup Laboratory in Salt City has 1789 employees who reported that adjustable schedules increased the number of employees from 700 to 1700 but still the challenge of retention remained (Hartel et al., 2007). United Nations and the United States Agency for International Development have a schedule that allows staff to run their personal errands on Friday afternoon. Many Information Technology (IT) firms in the United States also allow their employees to work anywhere at any time to ensure they have a flexible work schedule as far as they deliver what is needed. The measures have assisted in work life balance but have not solved the challenge of retention and productivity (Muinde, 2015).

A study done in Ethiopia by Assefa (2018) on selected public health sector indicated that despite the efforts by the Ethiopian government to train and employ health workers, the health system was still compromised considerably by the migration of the trained health workers to other countries. This ranges between fifteen (15) to thirty (30) percent for doctors and approximately twenty (20) percent for nurses. The health system has been affected greatly due to the heavy recruitment costs and ineffective service delivery.

According to Trossman (2015), many medical professionals in Kenya are required to work extensive hours and this brings about a struggle in their personal and professional roles. The nature of work at hospitals requires doctors, nurses and clinical staff to be at the workstation during odd hours. This takes a toll on their ability to take care of their personal health since they are continually juggling to maintain an equilibrium between the care they give to patients, to themselves and their families. Trying to attain this reasonable equilibrium between an individual and their professional obligations is demanding, mainly for those who have dependents and families to take care of and often leads to stress in the life of the employees. Amidst the change in the management of hospitals today the importance of devoted medical professionals still remains and the stress of working long hours makes it a challenge to achieve retention of key employees.

Management Support on effective retention programs which prioritize work schedules like flextime and teleworking will help in retaining at least 20% of the workers and this can go a long way in solving the dilemma of employee retention.

1.2 Problem Statement

Health workers play a key role in the Kenyan health care system. Several studies show that healthcare is highly affected by poor retention compared to other sectors. This is due to scarcity of expertise as a result of migration to other preferable employers. According to the WHO recommendation, the ratio of doctor to population should be 1: 1000 while that of nurses to population should be 1:40 but with the country's estimated population of 47 million people, the ratio of doctor to population stands at 1:4272 while that for nurses is 1:618. The excessive work in the Kenyan hospitals poses a challenge on retention.

Although numerous studies have been done on the influence of Work Schedules and employee retention in various organizations, none of the research has been done in the healthcare Sector in Level Five Hospitals in Kenya. It is therefore on the basis of this perspective that the researcher found the necessity for this study. The study was carried out to investigate the Influence of work schedules on staff retention in Level Five Hospitals in Kenya with the moderating variable of perceived organization support to offer an enhanced understanding into the correlation amongst the variables of the study.

1.3 Objective of the Study

The study was guided by the following objectives.

1.3.1 General Objective

The general objective of this study was to investigate the influence of Work schedules on staff retention in PLFH in Kenya.

1.3.2 Specific Objective

The following are specific objectives of the study:

- i. To establish the influence of flexitime arrangements on staff retention in PLFH in Kenya.
- ii. To determine the influence of teleworking arrangements on staff retention in PLFH in Kenya

2.0 Literature Review

Border Theory

The border theory invented by Sue Campbell Clark (2002), describes work and family environments as diverse spheres which have a synergistic relationship. This theory argues that the rationale behind work life conflict is to provide a structure that provides amicable solutions to the conflicts arising from work and family domains. According to this postulate people cross border against work and family domain. It addresses the relationship between the two domains and how they assume a key role on work life balance. The principle focus of this conjecture is to create an equilibrium amongst work and life through minimization of border and bridges that may occur within these domains.

Border strength is defined by how border prohibit flow from one domain to another and how the other domain can accommodate demand of the other. Border crossers deal with integration and segmentation of work life balance where if the border is weak (permeable and flexible) and the

employee cannot see the difference of what happens in work and family responsibilities conflicts may arise. A strong border (impermeable and inflexible) enhances segmentation of the role in two domains which tend to maintain work life balance (Guest, 2002). The border theory draws attention to the nature of work and family domains, border between these two domains and how this border can be moved or managed through integration and segmentation to achieve a work-family balance (WFB).

The relevance of border theory is to show the importance of work life balance by a sound drawn border that separates both work and family. Shortage of stability between life and work domain may reduce retention of employees especially when they feel that a lot of time is spent in job compromising their family life roles and obligations. Further, the researcher uses this theory to show how family friendly policies which include work schedules enhance retention. If there is too much integration between these policies and family, it can lead to blurring boundaries which may lead to family and work conflict affecting the level of retention in the organization.

Work Schedules and Employee Retention

This section describes how work schedules affect employee retention, drawing attention to flextime and teleworking arrangements. According to Kenya Medical Practitioners, Pharmacists and Dentists Union more than 600 specialists have left the counties, three hundred have left for specialist training while a similar number have left for private sector from August to October 2017. Moreover, 40 to 45 percent of medics are employed on a contract basis creating a huge turnover rate experienced within the health care sector.

The study on Public Health facilities in Machakos County scrutinized the influence of compensation, career progression, capacity building and work life balance programs on staff retention. From the result, there is a statistically constructive relationship between terms and conditions of work and staff retention in the health sector. The study revealed that work life balance practices that included; flexible schedules, progressive scheme of service and fair distribution of jobs are key to staff retention in the health sector (Kinyili, 2015).

Meyer *et al.* (2001) in a research of the top 100 organizations for working mothers investigated teleworking approaches and work-life balance practices. The results indicated that organizations that implement work life balance policies enjoyed increased profits, loyalty and high levels of retention. Further, the study indicated that work and family responsibilities are often in conflict brought about by working long hours, going home late and failure to attend social events. Reports indicate that the longer one works the more the conflicts, the less productivity, satisfaction and retention rates. Therefore, flexible work arrangements, including working from home positively influence of employee retention (Kiplagat, 2017).

Vishwa *et al.* (2015) investigated the outcomes of implementing work-life balance policies and employee satisfaction. The study results indicated the central role played by work-life balance policies including flextime, job sharing and teleworking on employee satisfaction, consequently, leading to a team of happy employees and reduced turnover rates. Muchiri *et al.* (2014) investigated Work-Family Support Services and Employees' Performance within the Kenyan banking sector. The study findings indicated that flexible working patterns reduced multiple role

conflict and affected staff retention and productivity. Similarly, research conducted among Kenyan healthcare workers shows that flexibility at work influences the retention level of employees. For instance, Okemwa (2016) found that flexible work arrangements enhance nurses' commitment in public hospitals. Furthermore, Ibrahim (2019) suggested that employees with flexibility are likely to improve their job performance as they concentrate better on their job.

Forris (2015) asserts that flextime programs are ideal in addressing work-family conflict by providing employees with means to manage both work and family responsibilities. The programs give freedom to employees regarding decisions on working hours and work locations. Further, improved flextime programs will improve family social ties, increased employee productivity and loyalty. Armstrong and Taylor (2020) asserts that introduction of work life flexibility programs in an organization often results to improved productivity and quality of work, boost employee morale, improve retention and employee satisfaction and the organization can be termed as an employer of choice thus affecting workforce in the firm.

A study on the best hospitals to work for in USA reviewed that human resource management practices from 5 hospitals namely Texas Children's hospital, Baptist Health, Montefiore Medical Centre, Houston Methodist and Massachusetts General Hospital included a comprehensive benefits system, managing diversity and inclusion policy, promotional opportunities, work-life balance programs, comprehensive training programs and a suitable working environment. The findings of this study indicated that work-life flexibility programs played a significant factor amounting to 70% whereas the other factors contributed to 30 % and this led to improved employer-employee relations through company-family sponsored events, a happy and committed employee group (Trossman, 2015).

In the modern era, female employees are as competent professionals as the male counterparts and the salaries they receive are equally important. Their hours of work, stress and pressure of work is the same as the man. The increase in the number of employed women and mothers, has resulted in a decrease in the number of mothers who stay at home. WLB and employee contentment are positively related leading to organizational commitment and high employee retention (Parmar & Sharma, 2017).

Studies shows that WLB programs in the Indian companies are fewer when equated to those in the western states. Family-friendly policies such as telecommuting, flexibility with working time and counselling are developed to enable the WLB processes. Unfortunately, these initiatives are ordinarily practical in the service firms in India. With the prevalent application of WLB policies and programs, organizations are guided to build a more family-friendly culture to enhance retention (Baral & Bhargava, 2011).

The working hours for an adult worker as prescribed by the Factories Act 1948 should not surpass 48 hours in a week but most employees work on Sundays surpassing the minimum hours required to work. This results to burn out and lack of family time which causes high turnover rates for the companies. In a study among Canadian hotel workers (Mansour & Tremblay, 2016), work and family conflict were associated with job stress and burnout. Family friendly practices

such as flexible work arrangements were found to affect this relationship, indirectly having an effect on employees' intention to leave.

Flexible work schedules can increase employment and better uniformity between qualification and job skills when considering mothers and women. These work schedules support commitment towards the organization, work-life balance, relieve stress, and encourage longer containment in the organization. To solve family work conflict, the workplace should be restructured to have some programs like the shortening of workweeks for every employee in order to avoid the inequality between uneven time periods and providing flex time or shorter work hours to people with family responsibilities and this would increase employee commitment and talent retention (Jain & Swami, 2014).

Wakio (2019) examined the effect of working hours on employee retention establishing that when employees are not happy with the number of hours worked, they are likely to leave. The nursing career in particular is characterized by lengthy working hours, lack of job autonomy, brain drain and extraordinary job pressures. Nurses are subjected to long working hours in high pressurized settings yet they're poorly remunerated. This is further escalated with emotional toil, bureaucracy and inadequate overtime compensation which has led to poor retention rates (Estryn *et al.*, 2010). In concurrence, Okemwa (2016) revealed that flexible work arrangements positively influenced employees' commitment to the organization based on a study among Kenyan nurses.

Perceived Organizational Support and Employee retention

Rhoades and Eisenberger (2002) holds that employees within an organization cultivate POS so as to meet the need for support, appreciation and association. Increase in POS make employees feel obliged to help organization meet its objective and improve on their commitment to organization performance and in return feel rewarded. POS help in reducing absenteeism and improving retention.

According to Eisenberger *et al.* (1999), organizations should appreciate and reward their employees through; fair payment, recognition of ideas, promotion and exceptional work. Moreover, they should encourage autonomy to increase production and morale. The organization should have a major part in managing pressure resulting to work overload and poor supervisor support. This enhances the desire to stay since employees feel competent and confident in their work and remain loyal to the organization.

Studies indicate that supervisors play a key part in inspiring workers to accomplish their work and life undertakings. According to Ajmal *et al.* (2015), a Strong correlation occurs amongst work life balance and satisfaction of employees, therefore firms ought to make strategies for employees. Supervisors can apply different measures to manage and support their workers and enhance retention in the firm. When workers do not understand the roles to be performed, they fail to meet organizational objectives. This exerts a negative impact on both an employee's family life and their job productivity and satisfaction. A discontented workforce lacks effectiveness, thereby resulting in poor employee retention (Rani, 2014).

An integration of the key reward factors attracts, motivate, and hold talent to be able to gain a competitive advantage, understand employee job satisfaction and engagement. The level of fulfillment, motivation, and retention is influenced by total rewards and the suitability of the rewards for employees. A high level of supervisor support has also been proved to improve worker motivation (Khalid et al., 2017). The commitment exhibited by employees of a certain firm mirrors the quality of supervision and leadership in the firm. Notwithstanding organizational support, it has been established that several studies indicate that the supervisor support exerts more desirable influence over employees, and therefore, essential for employee retention (Paillé, 2013).

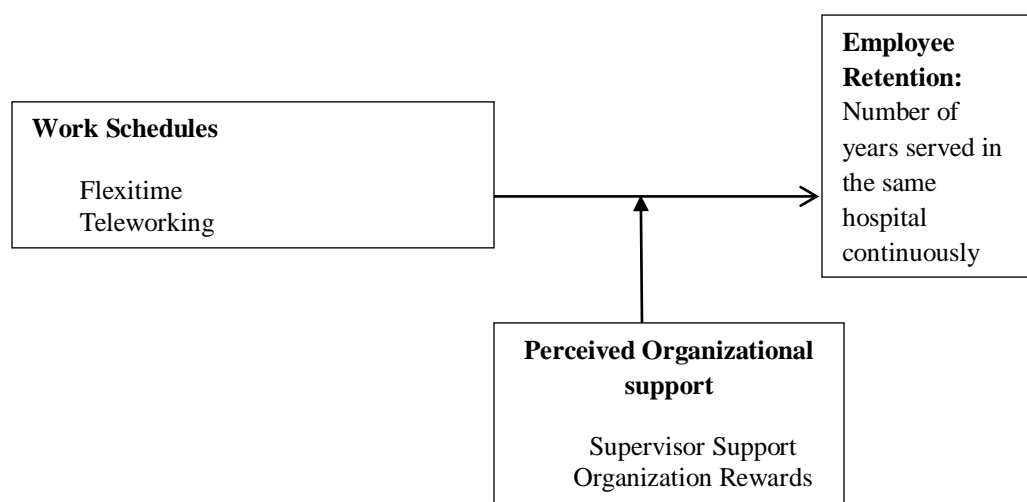


Figure 2.1: Conceptual Framework
Source: Researcher (2021)

3.0. Methodology

Research Design.

Descriptive and correlational research designs were adopted for this study. The research designs assisted in establishing the impact of work schedules on employee retention in PLFH in Kenya with the moderating effect of perceived organizational support. The descriptive research design was used to provide a relatively complete picture of what was occurring at the hospitals and allow the development of questions for further study without manipulation of study variables. A correlational research design was used to establish the relationship between work schedules and employee retention in PLFH in Kenya with the moderating effect of perceived organizational support (Kazdin, 2016).

Target Population

The populace of concern in this study was the Medical staff (Doctors, Nurses and Clinical Officers) in PLFH in Kenya. In Kenya there is a total of eleven (11) Level five hospitals with total medics of approximately four thousand two hundred and thirty-nine (4,239).

The PLFH include Coast General, Embu Level Five, Kisii Teaching referral, Garrisa County Referral, Kakamega Teaching & Referral, Jaramogi Oginga Odinga Teaching & Referral, Machakos Level Five, Meru Teaching & Referral, Rift Valley General (Level), Mama Lucy Kibaki, Nyeri PGH (Level Five) which serve the national population of the country. They play a key role in the health sector by acting as referral points for critical illnesses.

Table 3.1: Target Population

Name of Level Five Hospitals	No of Doctors	No of Nurses	No of Cos	Region
Coast General	36	260	30	Coast
Embu Level Five	35	241	40	Eastern
Kisii Teaching referral	40	265	30	Nyanza
Garrisa County Referral	30	250	35	North Eastern
Kakamega Teaching & Referral	46	262	32	Western
Jaramogi Oginga Odinga Teaching & Referral	50	300	40	Nyanza
Machakos Level Five	60	390	32	Eastern
Meru Teaching & Referral	45	350	50	Eastern
Rift Valley General (Nakuru Level five)	50	400	66	Rift Valley
Mama Lucy Kibaki	40	350	50	Nairobi
Nyeri PGH(Level Five)	40	250	44	Central
Total	472	3,318	449	

Source: Respective Human Resource Departments

Sample Size

Sampling from the populace is a vital procedure in research because it can be unrealistic to study the whole population of employees in the Public Hospitals (Saunders *et al.*, 2009). The researcher used stratified random sampling and considered the provincial regions in selecting the sample of hospitals to be studied.

Table 3.2: Sample Size of the Hospitals

Name of Hospital	Level Five	No of Doctors	No of Nurses	No of COs	Region
Coast General		36	260	30	Coast
Garrisa County Referral		30	250	35	North Eastern
Kakamega Teaching & Referral		46	262	32	Western
Jaramogi Teaching & Referral	Oginga Odinga	50	300	40	Nyanza
Machakos Level Five		60	390	32	Eastern
Rift Valley Level five)	General (Nakuru	50	400	66	Rift Valley
Nyeri PGH(Level Five)		40	250	44	Central
Mama Lucy Kibaki		40	350	50	Nairobi
Sub total		352	2,462	329	

The sample size was calculated using Yamane formulae to find out the sample from the eight (8) hospitals. The formula was preferred as it is not complicated and has a higher power of accuracy. The formulae assumes a confidence level of 95% and this assisted the researcher to have a decision which was representative of the total population (Barlett, J.E., Kotrlik, J., & Higgins, C., 2001).

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

N=3143 e= 5%

Where:

n is the desired sample size

N is the population size

e is the confidence level/ level of precision

n = 3143

$$\frac{1 + 3143 (0.05)^2}{1} = 355$$

The eight (8) sampled hospitals were estimated to have three thousand one hundred and forty-three (3143) employees out of which three hundred and fifty-five (355) respondents were used in the study as calculated using Yamane formulae. Proportional allocation under stratified random sampling was done per each category of employees to identify the total number of doctors, nurses and clinicians in all the hospitals. The allocation was done as follows:

$$\frac{N_n}{N} \times n$$

N

$$n_d = \frac{352 \times 355}{3143} = 40$$

$$n_n = \frac{2,462 \times 355}{3143} = 278$$

$$n_c = \frac{329 \times 355}{3143} = 37$$

Further, proportional allocation was done again to get the specific number of doctors, nurses and clinicians per sampled hospitals that was studied as per Table 3.3

Table 3.3. Sample Size of Medics

Hospital	Number of Doctors	Number of Nurses	Number of Clinicians
Coast	$n_d = \frac{36}{352} \times 40 = 4$	$n_n = \frac{260}{2462} \times 278 = 29$	$n_c = \frac{30}{329} \times 37 = 3$
Machakos	$n_d = \frac{60}{352} \times 40 = 7$	$n_n = \frac{390}{2462} \times 278 = 44$	$n_c = \frac{32}{329} \times 37 = 4$
Kakamega	$n_d = \frac{46}{352} \times 40 = 5$	$n_n = \frac{262}{2462} \times 278 = 30$	$n_c = \frac{32}{329} \times 37 = 4$
Jaramogi	$n_d = \frac{50}{352} \times 40 = 6$	$n_n = \frac{300}{2462} \times 278 = 34$	$n_c = \frac{40}{329} \times 37 = 4$
Mama Lucy	$n_d = \frac{40}{352} \times 40 = 5$	$n_n = \frac{350}{2462} \times 278 = 40$	$n_c = \frac{50}{329} \times 37 = 6$
Rift Valley	$n_d = \frac{50}{352} \times 40 = 6$	$n_n = \frac{400}{2462} \times 278 = 45$	$n_c = \frac{66}{329} \times 37 = 7$
Nyeri	$n_d = \frac{40}{352} \times 40 = 5$	$n_n = \frac{250}{2462} \times 278 = 28$	$n_c = \frac{44}{329} \times 37 = 5$
Garissa	$n_d = \frac{30}{352} \times 40 = 3$	$n_n = \frac{200}{2462} \times 278 = 23$	$n_c = \frac{35}{329} \times 37 = 3$

Data Collection Instruments

Primary data was collected using questionnaires which had both open and closed ended questions. The questionnaire was designed to address research hypothesis and specific objectives. Open-ended questions were not prohibitive to the respondents as they had a chance to disclose information in a realistic way while the close-ended items gave precise information which minimized information bias and facilitated data analysis. Opinion data was collected using a Likert scale as it is the most frequently used. Respondents were asked to rate statements pertaining to the variables under study where each response was given a numerical score to reflect its degree of favorableness. The basis for using questionnaires was because it is free from bias of the interviewee and respondents have an ample time to give well thought out answers. The questionnaires were administered by the researcher in person through drop and pick later method to the sampled respondents (Delpont & Roestenburg, 2011). For secondary data, online books, journals and articles were used for purposes of literature review.

Validity and Reliability

Validity and reliability of the research instruments was done through a pilot study which was undertaken for pretesting the questionnaire. According to Saunders *et al.* (2009) a pilot study is a pretest study carried out to refine the questionnaire so that the respondents have no problems in answering the questions and to avoid problems in recording of data. For this study, thirty-six (36) questionnaires which is ten percent of study population were issued to hospitals not included in the sample for the main study and mistakes on the questionnaires were corrected before embarking on the main study. The Cronbach alpha which is a measure of internal consistency was used to test the reliability of the research instruments. The Cronbach coefficient was used to calculate the internal consistency coefficient of the items included in the questionnaire through a pilot study of thirty-six (36) medical professionals. The acceptable alpha levels for the study was between 0.70 to 0.90 which indicate that the instrument has an acceptable level of self-consistency. Constant consultations with the university supervisors and other experts was done to ensure validity of the research instrument. Modifications to the structure of research tools was done as advised by the supervisors.

Data Analysis, Processing and Presentation

Primary data was sorted, edited, coded and analyzed to eliminate inaccuracies and inconsistencies. For reliable analysis, SPSS generated Cronbach's alpha was used to form the basis of determining reliability. Hypotheses of the study, was tested using Wald-Test and fitness of the model was checked using Hosmer and Lemeshow test. The findings of the analysis results were presented using tables as they are easy to comprehend and deduce. (Mertler and Reinhert (2016)

4.0. Research Findings

To determine the influence of work schedules on employee retention, the researcher investigated flexible work hours and teleworking arrangements. Flexible work arrangement was the most common (56.4%) work schedule available in the public level five hospitals. Similar findings have been reported in level five hospitals in Nakuru County and Nairobi County (Agufana, 2015; Kiplagat, 2017). Due to the nature of work within the health sector, it is necessary for the health

workers to be physically present, hence, teleworking arrangements are rarely applicable in Kenyan public health sector. This is confirmed by the present study findings that identified that only 3% of the respondents reported to have teleworking arrangements provided to them by their employer.

Other than flexi-time and teleworking, other types of work schedule arrangements reported by the respondents included fixed working hours – 8 am to 5 pm, especially among doctors and clinical officers, fixed half day shifts (morning and afternoon), and fixed day and night shifts – especially among the nurses.

Similar findings were reported by Wakio (2019), who observed full day, half day, and day and night shift types of work arrangements among hospital employees in Machakos County. These shifts are usually practiced in level five hospitals in Kenya, with an aim of reducing employee workload, hence promoting their work life balance. Despite the availability of flexi-time and work shifts, it was further noted that on average a health worker (n=353) labored for 5 extra hours per week (mean 4.97, S.D 4.524); with the maximum extra hours being 22 hours and the minimum as 0 hours.

Teleworking practices is still a new concept in the public hospitals. 85.6% (n=316) of the respondents reported that their institutions didn't have any teleworking practices. However, out of the 14.4% who reported availability of these practices, only 9.5% confirmed that their employer catered for the costs incurred through teleworking. These findings assert that teleworking practices are yet to be fully utilized in our hospitals. This could partly be due to the nature of work where the health worker's physical presence is mandatory.

As expected, teleworking practices had insignificant contribution to the staffs' work life balance, 54.2% of the respondents confirmed that teleworking practices didn't influence their time for work and/or personal life, whereas 56.1% felt that these practices didn't play a role in assisting them manage their work stress. Moreover, 53.1% of the respondents believed that the teleworking practices were inadequately networked within their place of work. These findings point out that teleworking is not a popular initiative in level five public hospitals in Kenya. Further, since most of these practices are not well established in the Kenyan public health sector, most employees find it to be an insignificant factor that would influence their decision to stay or leave the institution.

Hypothesis testing to show the relationship

The study envisaged to establish whether there is a relationship between work schedule and employee retention by testing the following null hypothesis

H₀₃: There is no statistical significant Influence of work schedule on Employee Retention in PLFH in Kenya at 5% significance level.

H₁₃: There is a statistical significant Influence of work schedule on Employee Retention in PLFH in Kenya at 5% significance level.

The study also envisaged to establish the moderating effect of perceived organizational support on the relationship between work schedule and employee retention. This was achieved by testing the following null hypothesis

H_{A3}: Perceived Organizational Support has no statistically significant moderating effect on the Influence of work schedule on Employee Retention in PLFH in Kenya at 5% significance level.

H_{B3}: Perceived Organizational Support has a statistically significant moderating effect on the Influence of work schedule on Employee Retention in PLFH in Kenya at 5% significance level.

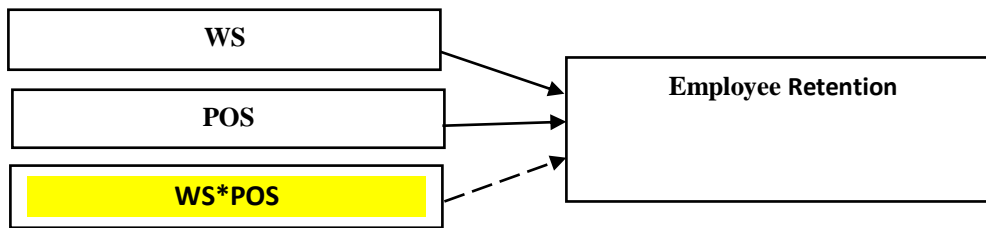


Figure 4.1: Moderation Effect of Perceived Organizational Support on Relationship between Work Schedule and Employee Retention

Table 4.0: Binary Logistic Regression Results for Work Schedules and Employee Retention moderated by Perceived Organizational Support

Predictor	<u>MODEL C1</u> WS vs ER				<u>MODEL C2</u> WS, POS vs ER				<u>MODEL C3</u> WS, POS, WS*POS vs. ER			
	B	Wald	P	Odd	B	Wald	P	Odd	B	Wald	P	Odd
Constant	0.06	0.01	0.91	1.059	-2.78	12.39	0.00	0.062	-2.752	12.384	0.00	0.06
WS	-0.03	1.23	0.27	0.972	-0.09	9.21	0.00	0.912	-0.094	9.381	0.00	0.91
POS					0.13	25.10	0.00	1.135	0.127	24.800	0.00	1.14
WS* POS									0.002	0.215	0.643	1.00
Nagelkerke R Square	0.005				0.125				0.125			
Hosmer & Lemeshow Test	χ^2 (8) = 2.676; p-value = 0.953				χ^2 (8) = 17.881; p-value = 0.022				χ^2 (8) = 13.702; p-value = 0.090			
Change in R square					Δ R Square = 0.120				Δ R Square = 0.000			

Dependent variable – Employee Retention

WS– Work Schedule

POS - Perceived Organizational Support

ER – Employee Retention

B – Binary Regression Coefficient (Natural Log of Odds)

P – P-value (Computed significance value of the Wald Statistic)

Results for Model C1 (WS vs ER) in Table 4.44 shows no significant statistical relationship between work schedule and employee retention ($p=0.267$; $p>0.05$). Therefore, the study fails to reject the null hypothesis, H_{03} , hence concluding that work schedule in Public Level Five Hospitals in Kenya has not contributed significantly to the retention of employees in these hospitals while holding other factors constant. Further, observations show that B is -0.028 , which is less than 0.00 implying that the probability of retaining employees decreases as the work schedule increases. By looking at the odds ($e^{-0.028} = 0.972$), it shows that odds (likelihood) of employee retention decreases by a factor of 0.972 with marginal increment in work schedule.

The Nagelkerke R Square was 0.005 (0.5%) which indicates that 0.5% of the variations in retention of employees are explained by the variations in work schedules. Hosmer and Lemeshow test for goodness of fit tests the null hypothesis that model fit is good against the alternate hypothesis that the model fit is not good. The results show that $\chi^2(8) = 2.676$ and $p = 0.953$, hence since $p > 0.05$, the study fails to reject the null hypothesis and therefore it implies that the model fit is good at 5% significance level.

Results also show that there was no significant moderation effect of perceived organizational support on the relationship between work schedule and employee retention. This was inferred by looking at the effect of introducing the interaction term (WS*POS) in Model C3 in the R square as well as its p-value. The change in R square was 0.000 meaning that there was no increase in the prediction power from Model C2 by the interaction of work schedules and perceived organizational support. The p-value of the interaction term was 0.643 , which is more than 0.05 , which therefore leads to failure to reject H_{A3} and concluding that Perceived Organizational Support has no statistical significant moderating effect on the Influence of work schedule on Employee Retention in PLFH in Kenya at 5% significance level. The odds ratio for the interaction term in Model C3 is 1.002 , which means that for every marginal increase in the interaction between work schedule and perceived organizational support, there was an increase in odds (likelihood) of employee retention by a factor of 1.002 , which is insignificant with a p-value of $0.643(p>0.05)$.

The main effects of perceived organizational support were significant as observed in results for Model C2 and Model C3 with p-values of 0.00 and 0.00 respectively both being less than 5% (0.05) significance level. Therefore, perceived organizational support had significant main effects on employee retention while holding work schedule constant. The interaction between work schedule and perceived organizational support is what the study found to be insignificant.

5. Discussion

Work schedules are an integral component of work-life balance in hospitals and other organizations. Work schedule approaches such as flexible working hours and teleworking aim to balance the employees' work and personal life, thus maximizing productivity and increasing retention. The study results indicate no significant effect of work schedules (WS) on employee retention. However, there was a negative relationship between work schedule and employee retention ($\beta = -0.028$, $P=0.267$). These findings suggest that any alterations/changes in work schedules were likely to decrease employee retention by 0.98 times, though the observed relationship was insignificant. Similarly, Wakio (2019) while conducting a study in public level 4 and 5 hospitals in Machakos County, reported that working hours had a significant negative influence on employee retention. The employees were dissatisfied with their institution's management of working schedules, and hence, negatively affecting their intention to stay.

Contrary to these findings, Ibrahim (2019) observed a significant correlation between the health workers' job performance as a proxy indicator for retention and flexibility of working hours in public hospitals in Mandera. Flexibility allowed the employees to focus on the jobs with undivided attention, reduced absenteeism, and consequently, increased employee retention. According to Kiplagat (2017), when employees have access to flexible working hours, they feel obligated to reciprocate the employer's goodwill with commitment and work productivity, which is essential in enhancing employee retention. Similar findings have been documented in a study conducted among nurses in level 4 public hospitals in Kenya (Okemwa, 2016). Flexible work arrangements significantly influenced employee retention by increasing the odds of nurses' commitment by 1.63 times.

In congruence with the concept discussed under border theory, Dhas (2015) highlighted that for hospitals without flexible working schedules, their employees are subjected to long working hours, which pose detrimental health risks and presents work-family conflicts. The present study's findings pointed out that most of these nurses, doctors, and clinical officers are not comfortable with work schedule adjustments. This could be attributed to both the shortage of staff in the public health sector (Ibrahim, 2019) and the work's nature, which requires physical presence. For example, a medical ward nurse would need to be physically present to attend to the patients. Furthermore, Ooko (2020) observed that county governments in Kenya have not fully embraced flexible work schedules for their employees, which could be linked to poor performance in the health sector. This is despite the endless efforts by the public service commission through the ministry of health to enact policies aimed at promoting flexible work arrangements. For example, the introduction of shifts in public hospitals enhances nurses' commitments and improves retention (Okemwa, 2016).

6. Conclusion

The conclusion of the study underlines the importance of giving a new approach to work schedules majorly flexitime and teleworking for them to have an impact on retention. Flexibility allows employees to focus on the jobs with undivided attention, reduced absenteeism, and consequently, leads to increased employee retention.

7. Recommendations

Based on the study findings and discussion, the researcher recommends that the management should strive to ensure they implement improved policies on work schedules especially on flexitime and telework arrangements to enhance retention. More research needs to be done on telework arrangements especially in the medical profession as it appears a new concept.

References

- Agufana, J. M. (2015). Effect of work life balance programs on job satisfaction of nurses in public hospitals in Kenya: *a case of selected hospitals in Nakuru town, Kenya* (Doctoral dissertation, Egerton University).
- Ajmal, A. Bashir, M., Abrar, M., Khan, M. & Saqib, S. (2015). The Effects of intrinsic and extrinsic rewards on employee attitudes; mediating role of perceived organizational support *Journal of service science and management*, 8(1), 461-470.
- Assefa, T. (2018). *The Effect of work life balance on employee retention in selected public health institutions* [Doctoral thesis, Addis Ababa University].
- Baral, R., & Bhargava, S. (2011). HR interventions for work-life balance: evidences from organisations in India. *International journal of business, management and social sciences*, 2(1), 33–42.
- Delpont, L., & Roestenburg, W. (2011). Quantitative data-collection methods: questionnaires, checklists, structured observation and structured interview schedules. *Research at grass roots: for the social sciences and human service professions*, 171-205.
- Estryn-Behar, M., Van der Heijden, B., Fry, C. and Hassel, H. (2010). Longitudinal analysis of personal and work-related factors associated with turnover among nurses. *Nursing research*, 59 (3), 166-177.
- Eisenberger, R., Rhoades, L., & Cameron, J. (1999). Does pay for performance increase or decrease perceived self-determination and intrinsic motivation?. *Journal of personality and social psychology*, 77(5), 1026.
- Hartel, C., Fujimoto, Y., Strybosch, V., & Fitzpatrick, K. (2007). *Human resource management: transferring theory into innovative practice*. Pearson Education Australia.
- Ibrahim, A. K. (2019). *Work-life balance practices for scaling up health workers in public hospitals in Kenya: a case of Mandera County* [Doctoral thesis, KeMU].
- Eforis, C., & Uang, J. Y. (2015, May). Corporate governance and firm performance: The moderating effect of state ownership. In *Proceedings 4th Global Business and Finance Research Conference*.
- Kazdin, A. E. (2016). *Methodological issues and strategies in clinical research*. American Psychological Association.

- Kinyili, J. M. (2015). *Role of human resource management practices on retention of staff in public health institutions in Machakos County, Kenya* [Doctoral thesis, Jomo Kenyatta University of Science and Technology].
- Kiplagat, C.J. (2017). *Effect of work life balance on employee turnover in public level 4 hospitals of Nairobi City County, Kenya* [Master's Thesis, Kenyatta University].
- Mansour, S. and Tremblay, D.G. (2016). Work family conflict/family-work conflict, job stress, burnout and intention to leave in the hotel industry in Quebec (Canada): moderating role of need for family friendly practices as “resource passageways”. *The international journal of human resource management*, 29(16), 2399-2430.
- Mertler, C. A., & Reinhart, R. V. (2016). *Advanced and multivariate statistical methods: Practical application and interpretation*. Taylor & Francis.
- Meyer, C. S., Mukerjee, S., & Sestero, A. (2001). Work-life benefits: Which ones maximize profits? *Journal of Managerial Issues*, 13(1), 2844
- Muli, J. V., Muathe, S., & Muchiri, M. (2014). Work-Family Support Services and Employees' Performance within the Banking in Nairobi County, Kenya. *International Journal of Humanities and Social Sciences*, 158-170.
- Okenwa, D. (2016). Relationship between flexible work-arrangement and commitment of nurses in public hospitals in Kenya. *International journal of academic research in accounting, finance and management sciences*, 6(3), 255 – 261.
- Pahl, S., Ramer, A., & Aiken, J. (2017). *Organizational change from the inside. Cultural change from a business anthropology perspective*. Lexington Books.
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: a review of the literature. *Journal of applied psychology*, 87(4), 698.
- Saunders, Lewis. P. &ThonHill.A. (2009).*Research Methods for Business Students* (5th ed).Great Britain: Prentice Hall.
- Vishwa, M., Chandra, K., & Jaggi, S., Charanjeet. S., Avadhesh, M. & Diwinder. K., (2015) Empirical analysis of work life balance policies and its impact on employee's job satisfaction and performance: Descriptive statistical approach. *American journal of theoretical and applied statistics*, 4(2), 33-43.
- Wakio, R. (2019). *Influence of work environment on employee retention in level four and five hospitals in Machakos county* (Master's thesis, South Eastern Kenya University).