HOSPITAL MANAGEMENT STYLE AND EMPLOYEES

RETENTION IN KIBOGORA HOSPITAL

WESTERN PROVINCE

RWANDA

Thesis

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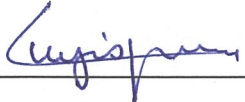

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SEPTEMBER, 2012

DECLARATION A

This thesis is my original work and has not been presented for a Degree or any other Academic Award in any University or Institution of Learning.
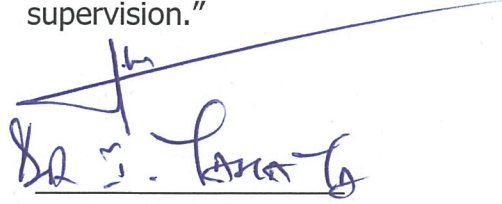
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14th September 2012

Date

DECLARATION B

"I confirm that the work reported in this thesis is carried out by the candidate under my supervision."

Dr. YAHAYA IBRAHAM

14th SEPT, 2012

Date

DEDICATION

This work is dedicated to my beloved children, Aimé Démocratie Hirwa and Anita Mukundwa Hirwe who have always been there for me in times of good and bad.

ACKNOWLEDGEMENT

LIST OF ACRONYMS AND ABBREVIATION

HIV   Human Immune Virus

AIDS   Acquired Immune Deficiency Syndrome

USA   United States of America

CVI   Content Validity Index

CMI   Chartered Management Institute

TABLE OF CONTENTS

LIST OF TABLES

ABSTRACT

This study established the relationship between hospital management styles and level of employee retention in Kibogora Hospital, Rwanda. To achieve the purpose, the study determined the profile of respondents; effectiveness of hospital management style; level of employee retention; and established relationship between hospital management styles and level of employee retention as specific objectives. The study design used was descriptive correlation and the research population was 221. Through sloven's formula, a sample size of 182 respondents was established. Simple random sampling technique was used to sample respondents. Self-administered questionnaires were used as research instruments. The validity and reliability of instruments were determined through Content Validity Index and pre-testing. Ethical considerations of research were also followed in the study and data was analyzed through frequency, percentages, means, correlation and regression matrix. The findings indicate that management styles at Kibogora hospital was effective at the mean of 2.53; the level of employee retention at Kibogora Hospital was also found to be high at the mean of 2.54; and the relationship between effectiveness of hospital management styles and level of employee retention in Kibogora hospital was found to be positively significant at R. value of .0983; R. Square value of 0.967; the Mean Square of 102.269; F. Ratio of 5.203E3; Beta value of 0.983 and significant value of 0.00. The study concluded that effectiveness in hospital management styles is positively significant related to level of employee retention. It was recommended that different stakeholders such as government, NGOs and other interested partners should support hospital management team through training such that best practices of management can be in place so as to promote employee retention in the hospital.

CHAPTER ONE

THE PROBLEM AND ITS SCOPE

Background of the Study

Rwanda is one of the developing countries which is faced with a great challenge of providing quality health care services to her citizens. According to Rwanda's Ministry of Health, there is only one doctor for every 50000 people and 103 children out of 1000 die before they reach the age of five. Only 40% of the population has access to adequate health care (Report of Ministry of Health, 2005).

Kibogora hospital that taken as a case study for this study is located in southwest Rwanda on the shores of Lake Kivu and has 235 beds. The hospital serves a population of approximately 220000 people, and also operates as a referral centre for 12 health centers (Annual Report Kibogora Hospital, 2010).

In 2011, the total number of staff at Kibogora was 221 including 14 Doctors, 97 nurses and 17 technicians. The hospital admitted 7072 patients, treated 27783 as outpatients; the maternity unit delivered 1777 babies. The laboratory conducted 150804 tests. There were 1829 major surgeries and 1110 minor surgeries performed. The bed occupancy was 70% (Annual Report Kibogora Hospital, 2010).

Since the program started in 2006, the HIV/AIDS unit has treated 1918 patients, of which 621 were transferred to other health centers for monitoring and treatment. HIV/AIDS support team, comprises of Doctors and technicians from Kibogora hospital, who provide support and supervision to the health centers where patients are transferred (Report of Ministry of Health, 2005).

Apart from the 384 children in communities who are supervised at home under malnutrition program, there are many hundreds of others treated at the health centers with only the most severe cases. In most cases, those with HIV/AIDS related illness and

severely malnourished, are transferred to Kibogora hospital (Annual Report, Kibogora Hospital 2007).

There is no longer a large expatriate staff team at the hospital. The management is now being in the hands of Rwandan doctors. Medical assistance is provided by visiting specialists from overseas. And yet according to the information from the ministry of health, the country produces a good number of doctors. Could the shortage in experienced staff team be due to low employee retention or some other reasons? Who knows! It is therefore because of this reason that this study attempted to establish a relationship between hospital management style and employee retention in the case of Kibogora hospital.

Statement of the Problem

Hospital management is becoming increasingly difficult in today's market and yet the demand is growing. The difficulties resulting from hospital management requires a good number of experienced staff. It has been noted that recruiting hospital staff is increasingly becoming a big challenge. Indeed, it's not just nurses and doctors, but the hospital management that's hard to come by these days. Additionally, the shortage of nurses and doctors is putting additional strain on hospital management that is charged with filling those positions. Hospital management is required to manage and maintain the right staff levels across the facility. It has also been noted that employee turn-over is a problem that still exists in the hospital. It is because of this that this study attempted to find out the causes for employees instability in a particular reference to management style in Kibogora hospital. Issues such as management organization; employee motivation; strategies to retain employee and increase quality service delivery; management planning; conflict resolution, budgeting and interpersonal skills that can act as indicators of management were investigated.

Purpose of the study

The purpose of this was to determine the relationship between Kibogora hospital management style and retention of employees; to generate new information from the

existing ones; to test the null hypothesis on no significant relationship between management style; and employee retention and to either affirm or reject Maslow's theory of self-actualization.

General objective

The general objective of this study is to correlate between hospital management style and employees retention in Kibogora Hospital

Specifics objectives

1. To determine the profile of respondents in terms of gender, age, level of education and number of years working in the hospital.

2. To determine the effectiveness of management style in Kibogora hospital.

3. To determine the level of employee retention in Kibogora hospital.

4. To find out whether there is significant relationship between management style and employees retention hospital.

Research questions

1. What is the profile of respondents in terms of age, gender, education and experience?

2. What is the effectiveness of management style used Kibogora hospital?

3. What is the level of employee retention in Kibogora hospital?

4. Is there a significant relationship between the management style and employees retention in Kibogora hospital?

Hypothesis

There is no significant relationship between hospital management style and employee retention.

Scope of the Study

Content Scope

This study determined the effectiveness of management style in Kibogora; level of employee retention in Kibogora hospital; and lastly, it established the relationship between hospital management and employee retention in Kibogora hospital.

Theoretical Scope

This study was guided by Precursors to management theory established by British social worker Robert Owen (1771–1858). The theory emphasizes the need for managers to show respect and dignity to workers in their duties. The theory also believes that implementing better working conditions, reducing working hours, and supplied meals to employees are every vital. Since this study looks at different management styles that aim at promoting employee retention in an organization, it is fitting for this study. Thus, this study tries to see different issues regarding management style and relates them to employee retention in the case of Kibogora Hospital such that this theory could either be affirmed or denied.

Geographical Scope

Regarding the geographical scope, this study was carried out in Kibogora hospital located in Nyamasheke, Rwanda. This hospital was selected for this study because it is the biggest and oldest in the area. Thus, information regarding employee retention in it can easily be examined.

Time scope

The research was conducted for eight months. It started in February 2012 until September, 2012. In this period of time, different activities such as literature reviewing, instrumentation, data collection, data analysis among others were done.

Significance of the study

This research will be significant to the following;

Kibogora Hospital Management

This study will be useful to Kibogora Hospital management since the study will recommand some issues related to employee retention.

Others Hospitals

The findings for this research shall be used by different hospital management officials to evaluate their level of motivation of their employees, to help them make informed decisions.

Employees

When a study is undertaken on instutional management, the employees will be motivated by the way the hospital management will employees its day to day activities especially those tha motivate the personnel who are working.

Future researchers

The research findings in the case of hospital management and employee retention will contribute to the existing theories of management. This means that the study will act as a source of reference hence contributing to academic career of the researcher

Future researchers shall use the findings got from this research as future references as they do their researches on related topic.

The researcher

Equally this research enabled the researcher to fulfill the requirements for the award of a Master's degree in Kampala International University, for academic year 2012

Operational Definition of Key Terms

Hospital Management; is referred to as the way hospital officials appoint tasks to different employees, monitor and evaluate different activities.

Employee Retention; refers to the process of keeping employees on the staff and not losing them through their choice to leave the company.

Hospital Management and employee retention; refers to the way hospital officials try to apply management style to retain their employees in different motivating ways.

Profile of Respondents in this study involves the demographic characteristics of the people who participated in this study. These included the gender of the respondents, their age groups, education and their work experience.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Concepts, Ideas, Opinions from Authors/Experts
Management Styles

Management styles are characteristic ways of making decisions and relating to subordinates. Management styles can be categorized into two main contrasting styles, autocratic and permissive. Management styles are also divided in the main categories of autocratic, paternalistic, and democratic. This idea was further developed by Tannenbaum and Schmidt (1958, 1973), who argued that the style of leadership is dependent upon the prevailing circumstance; therefore leaders should exercise a range of management styles and should deploy them as appropriate (Siegel *et al.*, 2011).

Autocratic

An autocratic management style is one where the manager makes decisions unilaterally, and without much regard for subordinates. As a result, decisions will reflect the opinions and personality of the manager, which in turn can project an image of a confident, well managed business (Powers, 2007). On the other hand, strong and competent subordinates may chafe because of limits on decision-making freedom, the organization will get limited initiatives from those "on the front lines", and turnover among the best subordinates will be higher (Powers, 2007).

In the works of Armstrong (2008), two types of autocratic leaders have been discussed and these include a directive autocrat, where a manager makes decisions unilaterally and closely supervises subordinates; and a permissive autocrat, where a manger manager makes decisions unilaterally, but gives subordinates latitude in carrying out their work.

Basing on what these scholars have said about autocratic management style, it seems that this system discourages employs from participating in decision making process of an organization. This may make them somewhat less motivated since they do believe that the organization does not listen to them.

Consultative

A more paternalistic form is also essentially dictatorial. However, decisions take into account the best interests of the employees as well as the business. Communication is again generally downward, but feedback to the management is encouraged to maintain morale (Siegel, 2011).

Cole (1996) comparatively analyses consultative management style with autocratic management style. In his work, the author indicates that consultative management style can be highly advantageous when it engenders loyalty from the employees, leading to a lower labor turnover, thanks to the emphasis on social needs. On the other hand, he noted that for an autocratic management style, the lack of worker motivation can be typical if no loyal connection is established between the manager and the people who are managed. Thus, autocratic management style shares disadvantages with an autocratic style, such as employees becoming dependent on the leader (Siegel, 2011).

One can easily agree with Cole as he noted that consultative management style is highly advantageous to employees. This is so since employees will come to believe that they are actually part of the organization. Thus, they will try to work to their best for better performance of the organization.

Persuasive

According to Rees & Porter (2001), a persuasive management style involves the manager sharing some characteristics with that of an autocratic manager. In this case, the most important aspect of a persuasive manager is that they maintain control over the entire decision making process. The most prominent difference here is that the persuasive manager will spend more time working with their subordinates in order to try to convince them of the benefits of the decision that have been made (Rees & Porter, 2001). A persuasive manager is more aware of their employees, but it wouldn't be correct to say that the persuasive style of management is more inclusive of employees.

Just as there are occasions where the use of an autocratic management style would be appropriate, there are also instances where a company will benefit from a persuasive management style (Siegel, 2011). For example, if a task that needs to be completed but it is slightly complicated it may be necessary to rely upon input from an expert. In such a situation, the expert may take time to explain to others why events are happening in the order in which they will occur, but ultimately the way in which things are done will be that person's responsibility. In those circumstances, they are highly unlikely to delegate any part of the decision making process to those who are lower down in the hierarchy (Magas, 2009).

The impression from here is that this management style can also be effective as far as employee retention is concerned. This is so since the management is constantly involved in different activities in the organization.

Advantages to a Persuasive Style of Management

Persuasive management style has also been praised for its advantages. According to Siegel (2011) for example, persuasive management style is important in the following ways.

1. Decisions are able to be made quickly. This is also true with the autocratic style of management; persuasive managers are able to make decisions very quickly because they don't use a consultation process with employees.

2. The employees will have a clear understanding of what's likely to happen and what their role will be. As all of the decisions are made centrally and the communication is entirely top-down, employees will be able to perform their tasks in an efficient manner.

3. Difficult or tedious situations are able to be managed effectively. Just as an autocratic manager will be able to navigate through challenging situations, a persuasive manager will be in a position which allows them to steer an organization towards a challenging outcome as well.

Disadvantages to a Persuasive Style of Management

Siegel (2011) also indicated some disadvantages of persuasive management style. These include:

1. There may not be enough or even an entire lack of support from employees for management. Seeing as how the employees will have no input into the decision making process. They also may not trust the decisions that are made.

2. A system that has no input from employees minimizes access to one of the most valuable resources that a business has; the ideas of the people who are working on the "front line". As a result, employees will show no initiative, which can reduce productivity.

3. One-way communication models are unlikely to be effective when compared to Two-way communication.

Hospital management

Count hospital management among new technology, drugs, and medical procedures as the most important elements of a good hospital. Hospital management has a direct impact on the quality of patient care and safety, which translates into life-and-death numbers. It is reported that in USA up to 98,000 patients die each year from medical mistakes, more than the number of people who die from car accidents or breast cancer (Charles, 2010).

According to Adams (1965) institutions like hospitals can best be managed by two management styles - control-based and commitment-based. Both management philosophies seek to achieve higher organizational performance by managing resources including employees more effectively. However, the author also noted that the way they attempt to accomplish this goal is inherently different and contradictory.

In similar way, Accel-team (2005) contented that the control-based culture and management system currently in place in most US hospitals, and also in India, doesn't work and contributes to medical mistakes. The control-based style emphasizes lower-

level needs (e.g., basic pay) and does not allow for the fulfillment of higher level needs (e.g., need for independence, achievement, self-confidence, and recognition). Consequently, it makes workers sick –- not physically but intellectually because it does not offer opportunities for employees to satisfy their higher level needs. Employee turnover is high and morale low in such organizations.

Accel-team (2005) also noted that the kind of environment provided by control-based culture hospital management style translates into medical errors by affecting the detection and reporting of errors and by hampering employee motivation, satisfaction, morale, and the kind of effort people put into their jobs.

Gregory (2011) also asserts that control-based culture hospital management style does not allow any learning to take place in health care delivery process. The author point out that the system does not provide learning environment in health care delivery because it sets in motion a vicious cycle in which greater incidence of medical errors leads to greater control and regulation of employee behaviors, further strengthening the blame culture and finger pointing. In the absence of any corrective action, the same medical errors keep reoccurring.

Accordingly, Hal (2008) instead established that a commitment-based approach, where management assumes that people are capable of self-discipline and can work autonomously, works better for both hospital employees and patients because employees are committed to their organization and doing the best jobs that they can.

In similar way, Armstrong (2008) also noted that in commitment based approach management style, employees take initiative and are actively engaged in their work in a commitment-based organization. This means that employees take pride in the organization and its mission. They cooperate and trust each other, thus overcoming communication barriers and enhancing coordination and teamwork. This management style results in low employee turnover and high morale. As Guest (1997) puts it, in this management approach, high employee morale is generated and this leads to a positive

emotional energy in which employees feel empowered and energized. The utilization of human capacity is 100 percent or more.

However, Guest (1997) also noted that implementing commitment-based management for healthcare organizations would be a difficult transition. In his further explanation, the author indicated that unfortunately, the large majority of hospitals have managers that are used to the control-based style. It would be an uphill task to be able to change such organizations from control-based to commitment-based. The existing clinical culture and the difficulty of changing the belief that new technology solves all woes are two major hurdles in implementing commitment-based management. This suggests that most of the Care Hospitals are still focusing on developing decision aids for managers in the service and manufacturing industries. Guest (1997) further incorporated location analysis and general management theory into new models for delivering world-class health care to local people within their affordability.

Management Theory and History of Management

Theory provides a simple conceptual framework for organizing knowledge and for providing a blueprint for action to help guide organizations toward their goals (Laura, 2010). Thus, the scholar laments that contributions from past industrialists have molded the organizational culture and managers can benefit from an awareness of these contributions.

The Historical Context of Management

Social forces are the norms and values that characterize a culture. Early social forces allowed workers to be treated poorly; however, more recent social forces have provided for more acceptable working conditions for workers. Social forces have influenced management theory in areas such as motivation and leadership. Economic forces are the ideas behind the concept of a market economy such as private

ownership of property, economic freedom, competitive markets, and a limited role for government (Martin & Larry, 1986).

Costello, D. (2009) also states that political forces such as governmental regulations play a significant role in how organizations choose to manage themselves. Political forces have influenced management theory in the areas of environmental analysis, planning, control, organization design, and employee rights.

The Behavioral Perspective

The emergence of organizational behavior occurred out of the works of Abraham Maslow (1908-1970) and Douglas McGregor (1906 - 1964). Organizational behavior takes a holistic view of behavior by addressing individual, group, and organization processes. Maslow described hierarchy of human needs. McGregor developed Theory X and Theory Y of human motivation.

Hospital Management provides a direct link between healthcare facilities and those supplying the services they need. This procurement and reference resource provides a one-stop-shop for professionals and decision makers within the hospital management, healthcare and patient care industries. We provide a comprehensive breakdown of contractors and suppliers, up-to-date news and press releases, white papers and detailed information on current industry projects and trends. The newsletter details the latest industry developments, and our recruitment area provides career information and the latest job vacancies in the field. Hospital management.net is a product of Net Resources International (Skabelund, 2009).

Hospital Management provides a direct link between healthcare facilities and those supplying the services they need. This procurement and reference resource provides a one-stop-shop for professionals and decision makers within the hospital management, healthcare and patient care industries (Ramlall, 2004).

Joni (2008) also noted that hhospital management is a new theory in management faculty. Earlier a senior doctor used to perform the role of a hospital manager. However, nowadays everything demands a specialist. Almost all the things related to hospital have changed. Many categories concerning medical sciences and hospital have altered totally. There are various types of hospitals today, including ordinary hospitals, specialty hospitals and super specialty hospitals. The categories are regarding to the types of facilities they offer to the people. Eligible professionals are needed for the smooth operating of a hospital. Various courses and training programs have been developed to find out eligible hospital managers.

Neiljones (2010) also noted that hospital managers are professionals who are well trained to solve the rising challenges and specific necessities of modern day hospitals. The Hospital Management courses are open to non-medical background graduates also. In this regard, a hospital manager is in a way responsible for administrative dealings of the hospital. He accepts the charge of various aspects of hospital management and health administration reverencing to the patients and healthcare. (www.carefoundation.org)

Scientific management

Scientific management focuses on ways to improve the performance of individual workers. Some of the major contributors are:

American Engineer Frederick W. Taylor (1856-1915) saw workers soldiering or deliberately working beneath their potential and designed a 4-step method to overcome this problem: It begins with breaking the job into its smallest pieces, the second step is to select the most qualified employees to perform the job and train them to do it, next, supervisors are used to monitor the employees to be sure they are following the methods prescribed. Finally, continue in this fashion, but only use employees who are getting the work done.

Frank B. Gilbreth (1868- 1924) and his wife Lillian M. Gilbreth, worked to find more efficient ways for workers to produce output. They sought to understand the work habits of industrial employees and to find ways to increase their output. They minutely observed and refined the hand motions into 17 basic motions, such as grasp, transport loaded, and hold.

Henry Gantt (1861-1919) introduced the Gantt chart, which is a way to schedule work. This type of chart is still used today.

Harrington Emerson (1864–1945) was an advocate of specialized management roles in organizations.

Administrative Management

Administrative management focuses on managing the total organization. French management theorist Henri Fayol (1841-1925) was the first to identify the four management functions; planning, organizing leading, and controlling. British thinker Lyndall Urwick is best known for integrating scientific management with administrative management. He wrote a book called The Elements of Business Administration, published in 1943.

German political economist and sociologist Max Weber (1864-1920) outlined the concept of bureaucracy based on a rational set of guidelines for structuring organizations in the most efficient manner. His work is the foundation of contemporary organization theory.

Chester Bamard (1886–1961) wrote about the acceptance of authority and how managers get employees to do what they ask in a book called The Functions of the Executive. He outlined some essential communication rules in an organization: Everyone should know of the channels of communication, everyone should have access

to the formal channels of communication, lines of communication should be as short and as direct as possible. (www.carefoundation.org)

Vroom's theory is based on the belief that employee effort will lead to performance and performance will lead to rewards (Vroom, 1964). Rewards may be either positive or negative. The more positive the reward the more likely the employee will be highly motivated. Conversely, the more negative the reward the less likely the employee will be motivated.

Adams' theory states that employees strive for equity between themselves and other workers. Equity is achieved when the ratio of employee outcomes over inputs is equal to other employee outcomes over inputs (Adams, 1965).

In recent years much attention has been paid to distilling the factors that create a positive work environment for corporate employees. Lawler (1969) was one of the most influential researchers in the area of job design and employee motivation. He stated that the goal ultimately is to discover what allows some companies to foster high employee morale while other companies struggle with poor productivity and high managerial turnover.

Guest (1997) discovered three main tools to increase employee satisfaction and, ultimately, to improve company performance: person-environment ("P-E"), person-person ("P-P"), and perceptual fit ("PF"). Person-environment congruence refers to a harmony between the personal values of the employee and corporate culture of the company in which he or she works. Someone with a high P-E congruence feels personally in tune with his company's stated policies and goals. Conversely, someone with a low P-E congruence feels a sense of disharmony between his own values and the stated policies and goals of his company. A high P-P congruence indicates a sense of solidarity with one's co-workers in terms of shared values and goals. A low P-P

16

congruence indicates a sense of isolation from co-workers brought about by an absence of shared values.

Finally, strong PF suggests a strong correspondence between the values that an employee perceives his company to have (whether or not the company actually does) and the values that his co-workers perceive the company to have (again, whether or not it actually does) (Vroom, 1964). A weak PF implies that an employee's perception of his company's values differs significantly from that of his co-workers. Research has shown that P-E and PF congruence are important measures of employee satisfaction, commitment, and likelihood of turnover, although P-P congruence has little bearing on these parameters. Moreover, PF is especially important in establishing harmonious relations between workers and managers. These measures give corporations a robust paradigm on the basis of which to create long-term personnel plans and productivity growth targets: in particular, P-E and PF congruence allow companies to discover dysfunctional work relationships and clarify misperceived company policies and goals. With these tools in hand, companies can look forward to increased employee satisfaction and, ultimately, improved company performance (Lawler, 1969).

Employee retention

Employee retention refers to the ability of an organization to retain its employees. Employee retention can be represented by a simple statistic (for example, a retention rate of 80% usually indicates that an organization kept 80% of its employees in a given period). However, many consider employee retention as relating to the efforts by which employers attempt to retain employees in their workforce. In this sense, retention becomes the strategies rather than the outcome (Gelinas and Bohlen, 2002).

In a Business setting, the goal of employers is usually to decrease employee turnover, thereby decreasing training costs, recruitment costs and loss of talent and

organizational knowledge. By implementing lessons learned from key organizational behavior concepts employers can improve retention rates and decrease the associated costs of high turnover. However, this isn't always the case. Employers can seek "positive turnover" whereby they aim to maintain only those employees who they consider to be high performers. (http://en.wikipedia.org/wiki)

Retention Strategies

In order to retain employees and reduce turnover managers must meet the goals of employees without losing sight of the organization's goals, thereby creating a "win-win" situation. Valence and expectancy theories provided some of the earlier guidance for retaining employees (Hardingham, 2000). Hardingham (2000) defines valence as the degree to which the rewards offered by an organization align with the needs employees seek to fulfill. High valence indicates that the needs of employees are aligned well with the rewards system an organization offers. Conversely, low valence is a poor alignment of needs with rewards and can lead to low job satisfaction and thereby increase turnover and decrease retention.

According to McElroy (2001) expectancy theory has several factors that can lead to high job satisfaction and high retention rates for organizations. Increasing expectancy in an organization can be done by training employees and thereby making them more confident in their abilities. Increasing instrumentality within an organization will be part of implementing an effective rewards system for attainment of specific goals and accomplishments.

However, while these theories may be valid they provide little practical assistant for business managers or human resource practitioners. More modern studies relating to employee engagement demonstrate that by developing a range of strategies that address various drivers of engagement, many positive outcomes can be achieved. These outcomes include higher profitability, improved customer satisfaction, lower

18

absenteeism and lower accident rates as well as higher employee retention (Oakland, 1999).

According to Chartered Management Institute (2003), key employee retention is critical to the long term health and success of your business. Managers readily agree that retaining your best employees ensures customer satisfaction, product sales, satisfied coworkers and reporting staff, effective succession planning and deeply imbedded organizational knowledge and learning. If managers can cite these facts so well, why do they behave in ways that so frequently encourage great employees to quit their jobs?

Towes (2009) also noted that employee retention matters. Organizational issues such as training time and investment; lost knowledge; mourning, insecure coworkers and a costly candidate search aside, failing to retain a key employee is costly. Various estimates suggest that losing a middle manager costs an organization up to 100 percent of his salary. The loss of a senior executive is even more costly. I have seen estimates of double the annual salary and more.

Employee retention is critically important for a second societal reason, too. Over the next few years while Baby Boomers (age 40 to 58) retire, the upcoming Generation X population numbers 44 million people (ages 25-34), compared to 76 million Baby Boomers available for work. Simply stated: there are a lot fewer people available to work (Thiagarajan & Parker, 1999).

Employee retention is one of the primary measures of the health of an organization. Thus, if one is losing critical staff members, one can safely bet that other people in their departments are looking as well. Exit interviews with departing employees provide valuable information one can use to retain remaining staff (Armstrong, 2001).

Management thinkers from Ferdinand Fournies (Why Employees Don't Do What They're Supposed to Do and What to Do About It) to Marcus Buckingham and Curt Coffman (*First Break All the Rules* agree that a satisfied employee knows clearly what is expected from him every day at work. Changing expectations keep people on edge and create unhealthy stress. They rob the employee of internal security and make the employee feel unsuccessful (Dale and Oakland, 1994).

The quality of the supervision an employee receives is critical to employee retention. Dick *et al.,* (2004) believes that people leave managers and supervisors more often than they leave companies or jobs. It is not enough that the supervisor is well-liked or a nice person, starting with clear expectations of the employee, the supervisor has a critical role to play in retention. Anything the supervisor does to make an employee feel unvalued will contribute to turnover. Frequent employee complaints center on these areas; lack of clarity about expectations, lack of clarity about earning potential, lack of feedback about performance, failure to hold scheduled meetings, and failure to provide a framework within which the employee perceives he can succeed.

The ability of the employee to speak his or her mind freely within the organization is another key factor in employee retention. According to Dove (2002) the major issue at hand is on whether ones organization solicits ideas and provide an environment in which people are comfortable providing feedback. Thus, if so, employees offer ideas, feel free to criticize and commit to continuous improvement. If not, they bite their tongues or find themselves constantly "in trouble" - until they leave.

Talent and skill utilization is another environmental factor key employees seek in workplace. Hibbard *et al.* (2003), a motivated employee wants to contribute to work areas outside of his specific job description. Thus, to ensure proper retention, managers need to know their employees' skills, talent and experience,

and take the time to tap into it. In giving an example, the scholars explained that in a small company, a manager pursued a new marketing plan and logo with the help of external consultants. An internal sales rep, with seven years of ad agency and logo development experience, repeatedly offered to help. His offer was ignored and he cited this as one reason why he quit his job. In fact, the recognition that the company didn't want to take advantage of his knowledge and capabilities helped precipitate his job search.

The perception of fairness and equitable treatment is important in employee retention. In one company, a new sales rep was given the most potentially successful, commission-producing accounts. Current staff viewed these decisions as taking food off their tables. You can bet a number of them are looking for their next opportunity (http://humanresources.about.com).

Many managers mistakenly think that employee satisfaction can increase employee motivation. American psychologist Herzberg's Motivation-Hygiene Theory proposes that people are influenced by two factors: those that impact motivation and basic factors that influence job satisfaction. Motivation factors include challenging work, recognition, and responsibility. Hygiene factors consist of pay and benefits, supervision, working conditions, and job security (among others) (Charles, 2010).

Hygiene factors determine a person's level of satisfaction with their job and strongly influence employee retention. If they are not met, they lead to job dissatisfaction and cause employees to look for better opportunities elsewhere. However, the addition of more or better hygiene factors over a certain baseline will not increase job satisfaction or performance (Charles, 2010).

Motivation factors influence how a person performs on the job. When employees are motivated, they invest more of themselves in their work and strive to do better. Merely being satisfied does not cause an employee to worker harder. An employee can also be highly motivated but not satisfied with the job. They might find the work

interesting and challenging and receive regular recognition for their work. But if they worry too much about job security or think they can be paid more at a different company, they will not be satisfied and this results into the employee turn-over (Charles, 2010).

Both factors are key components of employee engagement. Basic hygiene factors must be met to ensure employee satisfaction and retention. An employee must also feel motivated in order to perform at a high level. Hygiene factors are easier to identify and improve. Specific motivation factors differ for each employee and are most influenced by the employee's supervisor. The manager needs to understand what drives each of his or her employees and create the circumstances for them to perform at their best (Towes, 2009).

Laura (2010) asserts that people operate most effectively, and most happily, if they are working within flow. Flow turns work into play. When employees operate in flow, they are excited and engaged- like a child at play. On the other hand Bailey (2010) admits that Corporate Training programs also lead to a reduction in employee absenteeism and turnover.

Magas (2010) suggests that there are three incredible tips a manager can use to influence an employee and motivate increased productivity: daily task lists, team work and rewards. Firstly, a daily task list will set goals that an employee can achieve on a daily basis. They give an employee focus- and focus on the job will lead less distractions- and less distractions lead to more productive work. Secondly, if employees are accountable to each other and work together to accomplish their individual goals, more will be produced. Thirdly, expecting great results without rewards is an overlooked concept in expecting employees to be highly productive. Incentives to accomplish goals in order to get those tasks done are a great way for employees to engage in high productivity. A pat on the back is a wonderful way to express gratitude for a job well done- but so are other rewards: gift certificates, office lunch, or even a monthly recognition award for a job well done.

The employee is the greatest asset for a manager. If this is the case, taking care of the employee, serving them first by following the leadership role of servitude, will lead to a better workforce and a better workforce will lead to increased productivity (Magas, 2010).

Theoretical Perspectives
Precursors to management theory

British social worker Robert Owen (1771–1858) was one of the first managers to show respect and dignity to workers in his cotton factory. He implemented better working conditions, raised the minimum age for child labour, reduced hours, and supplied meals. Since these are some of the aspects of best management systems in an organization aimed at promoting employee retention, the theory was employed to see if the management of Kibogora Hospital employs them or not. Further still, the implication of such management practices on employee retention was unearthed.

Related studies
The Objectives of Providing Social Welfare Services in a company

The objectives that institutions and organizations consider for the provision of social and welfare services differ from what are considered as objectives at national level. However, some of them may be seen to be similar. According to Bowery (1976), institutions and organizations provide safety, social and welfare services to their worker for some of the different reasons:

(i)   Attracting new employees. For an organization to achieve their objectives, it requires them to get the right human resources. These human resources can be attracted to the organization by the benefits offered by the organization.

(ii)   Retaining the services of existing employees. Here the action theory as developed by sociologists such as Bowey (1976) gives a thorough explanation of why organizations provide social and welfare services. Social action writers

23

attempt to view the organization from the stand point of individual members who will each have their own objectives, and interpretation sought and the meaning that has for them. This theory shows that if a worker is not satisfied with the work situation, it will affect the services the worker renders to the organization.

(iii) Enabling positive employer-employee relations. When employers offer welfare services such as health allowances, housing facilities, and loans to their employees, the employees feel that their bosses care about them. The employee will also willingly volunteer developmental ideas to the management.

(iv) Enabling good morale in the employees. Some employees are motivated by the benefits get from their jobs.

(v) Providing a psychologically satisfactory work environment. Job satisfaction is a result of a combination of circumstances that causes an employee to make an effective declaration that he/she is happy with her/his job which results from job experience.

(vi) Catering for the health and safety of employees and promoting employees' welfare makes them peace setters. Organizations feel prestigious and proud if their employees are perceived and envied by the society as people who are well catered for. These attract quality applicants to the organization and retain those already in employment.

(vii) Induce commitment to the organization. If an employee gets most of what he/she expects from the job, they will value it and will avoid at all that which can make them lose the job, hence being committed to the organization. The commitment does lead to increase performance and its attendant productivity.

(viii) Meeting the legal requirement. Countries have laws that protect the exploitation of workers by their employees. There are also legal requirements organizations are supposed to meet towards their employees especially in the areas of provision of social and welfare services to them.

(ix) Facilitating the provision of appropriate developmental social welfare services to all people, especially those living in poverty, those who are vulnerable and those who have special needs, which services should include rehabilitative,

preventative, developmental and protective services and facilities as social security, including social relief programmers, social care programmers and the enhancement for social functioning.

(x)   Promoting and strengthening the partnership between government, the community and organizations in civil society and in the private sector who are involved with the delivery of social services.

(xi)   Promoting social development intrasectorally both within in the welfare departments and in collaboration with other government departments and non government stakeholders.

(xii)   Giving effect to these international conventions of the United Nations systems which have been ratified by the government, and which are pertinent to developmental social welfare, and

(xiii)   Realizing the relevant objectives of the constitution of the country and the Reconstruction and Development programmers (Rees, 2001).

Strategies of Improving Productivity and Retaining the Employee in hospital

Team work, Skillful managers form work groups when possible with the hope that peer pressure will induce high levels of performance. This is reported to be an effective means of motivation because individuals appear to be more concerned with living up to the expectations of fellow workers rather than the expectations of their bosses (Tiagarajan, 1999).

Personal involvement, Workers who are allowed to set their own performance levels will usually try to meet their own expectations. It is important to have the worker make a verbal commitment regarding their anticipated achievement levels. Also, individuals and groups are most likely to attain goals when they make a public commitment to do so. This may be due to the fact that such commitments are promises and most people view themselves as persons who keep their word. The chief problem with this strategy results from workers who maintain a low self-image. At this point,

managers are faced with the problem of motivating a worker to think positively about himself so his self-image will correlate with high performance. On the whole, this strategy is effective, but it might demand a manager to reinforce an employee's strengths first (Tiagarajan, 1999).

Work Enhancement. With this method, managers structure jobs so the work provides fulfillment. The experiment in job enrichment underway at the Saab-Volvo automobile plant in Sweden illustrates rather nicely how job enrichment works. They use a team-assembly concept in which workers rotate the tasks required for building an automobile. Basically, the entire group is responsible for assembling the complete automobile (Gregory, 2011). However, this is in contrast to the monotonous production system which now characterizes auto manufacturing in the United States (Charles, 2010).

One of the difficulties with this type of motivational strategy is that workers want to be compensated adequately for the work they do. When employees are expected to perform more complicated job skills, they expect increased compensation. When this does not happen, the work may no longer offer an internal incentive (Mutima, 2004).

Rewards are also some of the major issues associated with retention. This type of planning is based on the behavior modification approach that workers will increase or repeat the desired work performance if they are given rewards. It is also hoped that poor performance will be eradicated once the subordinate comprehends the relationship between commendable performance and rewards. Generally, the reward approach is successful but it is not without its complications. Individuals are unique and maintain different value systems. What may be considered rewarding to one worker may be no incentive whatsoever to the next employee. Some people prefer pay increases. Others seek promotions. Still others may desire new rugs on their office floors. Establishing meaningful incentives for performance with individuals can be a difficult task for a manager (Martin, 1986).

Mutual exchange in an organization also influences level of retention. Sometimes, managers promise special privileges for the exchange of desired work performance. A supervisor may allow a worker to leave work early if he completes his task for the day, or he may be allowed a day away from the job if he finishes a required project within a specified time. Mutual exchange is a frequently used strategy, but not necessarily the most effective. Problems arise when the employee feels the exchange is out of balance, or when he cannot come to an agreement with his supervisor as to what would be a fair exchange (Magas, 2009).

Competitive measures within and around also influences level of retention. In this design, workers compete against others for certain bonuses or prizes. Banners, plaques, vacations, and free dinners are examples of some rewards offered. This strategy is often used for sales incentives. Difficulties emerge when managers design contests that do not offer a fair opportunity to achieve the specified goals. If the same individuals and groups consistently win the prizes due to the contest design, interest in competing is likely to grow lukewarm for many of the workers (Muniraju, 2009).

Also, competition does not promote a cooperative strategy and work performance can actually be sabotaged due to the hostility that competition can trigger (Whiteley, 2002).

Punishment and Fear are also some of the factors that influence level of retention. Although frequently used, the least effective method of motivating a worker is with a negative consequence, such as a verbal dressing-down, suspension, or the loss of the job. Punishment may achieve immediate results, but it does not accomplish internal motivation for several reasons. First, adults are not inclined to remain in employment where they are threatened and intimidated. Second, workers who are backed by a strong union may dissolve the threat with a higher level of authority. Third, scares and intimidation can create animosity toward a superior and employees may respond with hostility and subversion (Towes, 2009).

CHAPTER THREE

METHODOLOGY

Research Design

This study employed Quantitative descriptive correlation survey design comparative to study the relationship between hospital management and employee motivation and retention.

Research Population

The study targeted a population of 221 employees and these included: 14 Doctors, 97 nurses, 10 mid-wives, 2 mental health officers, 2 Radiologists, 3 Physiotherapeutic, 9 laboratory technicians, 8 personnel of Administration, 3 dentists, 10 Security officers, 46 hygiene workers, 8 community supervisors, 9 others.

Sample Size

The sample for this study was drawn from the target population using the Sloven's formula. This formula was written as $n = \dfrac{N}{1+N\,(e)^2}$

Where n was the sample size, N was the population size, and the level of significance which was equal to 0.05. Applying this formula, the results in Table 1 were obtained:

Table 1

Sample Size Table

N°	Category of Staff	Population	Sample size
1	Doctors	14	13
2	Supervisor of community	8	7
3	Nurses an Mid- wife	107	84
4	physiotherapist	3	2
5	Radiologist technician	2	1
6	Mental health technicians	2	1
7	Dentists	3	2
8	Laboratory technicians	9	8
9	Administrators	8	7
10	Others	9	8
11	Security officers	10	8
12	Hygiene workers	46	41
	TOTAL	**221**	**182**

Sampling Procedure

In order to ensure that there was a possibility for each respondent in the sample population selected; simple random sample procedure was used. With simple random sampling, the researcher selected respondents from employees by assigning a number to every category of employee. These numbers were then placed in different boxes. After which names of employees were picked from the boxes until the total sample size was reached.

Research Instrument

The research instruments used in this study was a questionnaire.

The likert – type scale technique was adopted for the scoring of the questionnaire. Respondents were free to agree or disagree with any statement on the questionnaire on a continuum ranging from Strongly Agree to Strongly Disagree as follows: Strongly agree (4 points), Agree (3 points), Disagree (2 points) and Strongly disagree (1 point).

Table 2

Response Mode Explanation

Score	Response mode	Meaning
4	Strongly Agree	Agree without any doubt
3	Agree	Agree with some level of doubt
2	Disagree	Disagree with some level of doubt
1	Strongly Disagree	Disagree without any doubt

Validity and Reliability of Instruments

The validity or instruments was measured using content validity of index. An expert was used to judge the content of the instrument by rating process. After assessment of the phrasing of the questions, the researcher compiled the responses from the rater and computed the content validity index (CVI). The estimation for

validity was 0.75 and above, meaning that any value below it would make the instruments invalid. Table 3 shows a summary of the expert's ratings.

Table 3

Determination of Reliability and Validity of Instrument

	Relevant items	Not relevant items	Total
Rater 1	19	3	22
Total	19	3	22

$$CVI = \frac{19}{22} = 0.86$$

The CVI was 0.86 and this was greater than 0.75, hence the instrument was considered valid.

The reliability of the instrument was ensured through pre-tested in King Faycal Hospital in Kigali. This helped to ensure reliability in the instruments.

Data Gathering Procedures
Before the administration of the questionnaires

An introduction letter was obtained from the College of higher Degrees and Research (CHDR) for the researcher to solicit approval to conduct the study.

1. Sampling of respondents was then done and this was followed by explaining the purpose of the research to respondents
2. Enough copies of the questionnaires for data collection were reproduced.
3. Two research assistants who assisted in the data collection were selected; briefed and oriented so that they could be consistent in administering the questionnaires.

During the administration of the questionnaires

1. The respondents were requested to answer completely and not to leave any part of the questionnaires unanswered.
2. On retrieval, all returned questionnaires were checked to see whether all the questions were answered or not.

After the administration of the questionnaires

The data gathered was collected, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS). This was followed by serious of corrections to ensure completeness and correctness.

Data Analysis

Firstly, data was analyzed using descriptive statistics through the means. Tables were used to present the frequencies and percentages of different categories of data.

Secondly, the inferential statistics was used via a correlation analysis to measure the linear relationship between the level of management in the hospital and the level of employee motivation and retention. Lastly, to interpret, the following numerical value and description were used. To interpret data on independent variable, the following modes and interpretations were used.

Mean range	Respondent mode	Interpretation
3.26-4.00	strongly agree	Very effective
2.51-3.25	Agree	effective
1.76-2.50	Disagree	ineffective
1.00-1.75	Strongly disagree	Very ineffective

As for the data on the dependent variable, the following modes and interpretations were used.

Mean range	Respondent mode	Interpretation
3.26-4.00	strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

Ethical Considerations

Although this study did not focus on anything that could create problems, and the information given to us could be sensitive or create problems for the respondents, the researcher ensured respondent's anonymity by not presenting their identification.

Limitations of the Study

High influences of uncontrolled variables which were beyond the researcher's control

1. *Extraneous variables* which were beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study. However, the researcher informed all the respondents to be as honest as possible.

2. *Instrumentation:* The research instruments on resource availability and utilization are not standardized. Therefore a validity and reliability test were done to produce a credible measurement of the research variables.

3. *Attrition/Mortality.* Not all questionnaires would be returned completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels sickness, hospitalization and refusal/withdrawal to participate. In anticipation to this, the researcher reserved more respondents by exceeding the minimum sample size. The respondents were also reminded not to leave any item in the questionnaires unanswered and closely followed up as to the date of retrieval.

CHAPTER FOUR

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Profile of Respondents

The profile of respondents as regards to gender, age group, education and experience was the first item established in this study. Table 4 presents the summary on the profile of respondents.

Table 4

Profile of Respondents (n=182)

Gender	Frequency	Percent
Male	115	63.2
Female	67	36.8
Total	**182**	**100.0**
Age Group		
20-29	25	13.7
30-39	39	21.4
40-49	47	25.8
50-59	52	28.6
60 and above	19	10.4
Total	**182**	**100.0**
Education		
Diploma	55	30.2
Degree	68	37.4
Masters	9	4.9
PhD	4	2.2
Others	46	25.3
Total	**182**	**100.0**
Experience		
1-2	16	8.8
3-4	32	17.6
5-6	47	25.8
7-8	55	30.2
9 and above	32	17.6
Total	**182**	**100.0**

Source: Primary Data (2012)

Regarding the gender of respondent, Table 4 portrays that the majority of the respondents (63.2 %) were men while women were the minority (36.8 %). Women were few because most of the employees of the Kibogora Hospital were men. However, gender imbalance did not affect the research findings since the topic under investigation was not gender sensitive.

On age groups of respondents, it can be noted that the majority of respondents were those from 50 to 59 (28.6 %); this was followed by 40 to 49 years (25.8 %); then, 30 to 39 years (21.4 %); after which was 20 to 29 (13.7%); and lastly were those from 60 years and above (10.4 %). The impression on the age group of respondents is that youth formed the greatest percent. This is so since many of the elderly people were killed during the time of Genocide.

Concerning the highest education qualification of respondents, the majority of the respondents were the first degree holders (37.4 %); this was followed by the diploma holders (30.2 %); next were those who had other education qualifications (25.3 %); this was followed by the mater degree holders (4.9 %); and lastly, the PhD holders were the least participants in the study (2.2 %). Since the majority of the respondents were well educated, they were able to give necessary information needed for this study as they were knowledgeable about different aspects of management styles in the hospital.

The last item established under the profile of respondents was the working experience of respondents. As shown in Table 4, highest percentage of respondents (30.2 %) had been working at the Kibogora Hospital for 7 to 8 years; this was followed by those who had been working for 5 to 6 years (25.8 %); next were those who had been working for 3 to 4 and those for 9 years and above, each carrying 17.6 percent; and lastly, the lowest percentage of respondents were those ones who had been working in the hospital for 1 to 2 years. Since the majority of the respondents had been working at Kibogora Hospital for over 5 years above, it can be sad that the information provided by them on different management styles and employee retention can be trusted and relied upon.

Effectiveness of Management Styles in Kibogora Hospital

Effectiveness of Management Styles in Kibogora Hospital was determined by the use of means. The mean value from **3.26-4.00** signify that respondents strongly agreed with the item of management style under investigation, hence the specific management style in Kibogora Hospital was **very effective**; mean ranges from **2.51-3.25** illustrate that respondents agreed with the item of management style under investigation thus, the specific management style in question was **effective**; then mean ranges from **1.76-2.50** indicate that the majority of respondents disagreed with the statement hence the particular management styles in Kibogora was **ineffective**; and lastly; mean ranges from **1.00-1.75** notifies that that the majority of respondents strongly disagreed with the statement thus, the particular management style in Kibogora Hospital was very **ineffective**. Table 5 illustrates the summary of findings on the effectiveness of management style in Kibogora Hospital.

Table 5

Effectiveness of Management Styles in Kibogora Hospital (n=182)

Indicators	Mean	Rank	Interpretation
Management gives employees appreciation for job well done	2.97	1	Effective
Developing employee skills is among the priorities of the hospital management	2.80	2	Effective
The management of Kibogora Hospital makes work interesting for employees	2.79	3	Effective
Management creates good working conditions	2.78	4	Effective
Promoting positive relationships among employees is what the management of the hospital does	2.65	5	Effective
The management also ensures job security	2.61	6	Effective
The management retains employees	2.59	7	Effective
Training of employees is ensured by the management of the hospital	2.57	8	Effective
The management provides appropriate insurance for employees	2.12	9	Ineffective
The management sets reasonable salary and it is paid on time	1.98	10	Ineffective
The management also gives promotions and fosters growth in the hospital	1.93	11	Ineffective
Overall Mean Average	**2.53**		**Effective**

Source: Primary Data (2012)

The means in Table 5 indicate that respondents rated most items on the management styles in Kibogora Hospital as effective. The most effective item on the management style in Kibogora Hospital is on the management giving employees appreciation for job well done (mean=2.97); followed by developing employee skills being among the priorities of the hospital management (mean=2.80); then, the management of Kibogora Hospital making work interesting for employees (mean=2.79); after that is the management creating good working conditions (mean=2.78); next is on the promotion of positive relationships among employees being what the management of the hospital does (mean=2.65); followed by the management also ensuring job security (mean=2.61); after that is the management retaining employees (mean=2.59); and lastly, training of employees being ensured by the management of the hospital (mean=2.57).

But some items under management styles in Kibogora Hospital are still ineffectively rated and the most ineffective item under management style in the hospital is on the management giving promotions and fostering growth in the hospital (mean=1.93); followed by the management setting reasonable salary and salary being paid on time (mean=1.98); and lastly on the management providing appropriate insurance for employees (mean=2.12).

To get the overall picture on how effective the management style in Kibogora hospital is, the means for all the 11 questions in Table 5 were added and the sum was divided by 11 to get the overall mean of 2.53, which falls under effective on the rating scale. This implies that the management styles in Kibogora hospital are generally effective much some cases of ineffectiveness were registered.

Level of Employee Retention in Kibogora Hospital

Level of employee retention in Kibogora Hospital was also determined by the use of means. However, the interpretation from here were quite different as mean value from **3.26-4.00** show that respondents strongly agreed with the items under level of employee retention hence, the level of employee retention in the hospital is **very high**; mean ranges from **2.51-3.25** illustrate that respondents agreed with the items under

the level of employee management hence, the level of employee retention in Kobogora hospital is **high;** then mean ranges from **1.76-2.50** indicate that the majority of respondents disagreed with the statement hence the level of employee management in the hospital is **low;** mean ranges from **1.00-1.75** notifies that that the majority of respondents strongly disagreed with the statement thus, the level of employee retention in he hospital is **very low**. The findings regarding level of employee management is presented in Table 6.

Table 6

Level of Employee Retention in Kibogora Hospital (n=182)

Indicators	Mean	Rank	Interpretation
Many employees are interested in continuing to work in Kibogora Hospital	2.95	1	High
Most of the professionals in Kibogora Hospital have been working here for a longtime	2.92	2	High
I like to work in Kibogora Hospital because there is high level of job security	2.77	3	High
I have no intention of leaving Kibogora Hospital	2.73	4	High
I am as happy as I am because of the work at Kibogora Hospital	2.68	5	High
I hope that better improvements will come by in Kibogora Hospital	2.64	6	High
I am completely happy and satisfied with my job at Kibogora Hospital	2.59	7	High
I am contented with the motivations and rewards in Kibogora Hospital	2.32	8	Low
Employees salaries are adjusted wherever there is an economic crisis	2.24	9	Low
I want to continue working in Kibogora Hospital for the rest of my life	2.05	10	Low
Based on my experience and skill, I am not interested in joining any private sector even if there is availability in job market	2.00	11	Low
Overall Mean Average	**2.54**		**High**

Source; Primary Data (2012)

The findings in presented in Table 6 indicate that respondents either rated the level of employee retention highly or lowly. Employee retention was highly rate because many employees were interested in continuing to work in Kibogora Hospital (mean=2.95); most of the professionals in Kibogora Hospital have been working in the hospital for a longtime (mean=2.92); the level of job security for employees in the hospital is high (mean=2.77); many employees had no intention of leaving Kibogora Hospital at the moment (mean=2.73); employee were as happy as they were because of the work at Kibogora Hospital (mean=2.68); employees also hoped that better improvements will come by in Kibogora Hospital (mean=2.64); and lastly, employees were completely happy and satisfied with their job at Kibogora Hospital (mean=2.59).

However, there were some issues that could reduce employee turnover and these included employees not being all that contented with the motivations and rewards in Kibogora Hospital (mean=2.32); employees salaries not being adjusted wherever there is an economic crisis (mean=2.24); employees having no intention to work in the hospital for the rest of their life (mean=2.05); and lastly, based on the experience and skills of employees, they are still ready to join any private sector even whenever the there is availability in job market (mean=2.00).

On the overall, respondents rated the level of employee retention in Kobogora hospital as high (overall mean average=2.54). This could imply that the level of employee retention in the hospital is high because of effective management styles in the hospital. However, this relationship is yet to be ascertained by the use of correlation of the overall mean values of the two variables (management style and employee retention).

Relationship between Management Style and Employee Retention in Kobogora Hospital

The relationship between management style and employee retention was established by correlating the overall mean values of the two study variables using

38

Pearson's Linear Correlation Coefficient (PLCC). The intention of correlation the overall mean averages of these study variables was to find out whether there was a positive significant relationship between the variables or not. Further still, the findings in the correlation were also to determine whether the research hypothesis being stated is accepted or rejected. The finding regarding this is presented in Table 7.

Table 7

Relationship between Management Style and Employee Retention in Kibogora Hospital

Correlated variables		Hospital Management Style	Employee Retention	Interpretation	Decision on Ho
Hospital management Style	Pearson Correlation	.	0.983^{**}	Significant Relationship	Rejected Ho
	Sig.(2-tailed)		0.00		
	N	11	11		
Employee Retention	Pearson Correlation	0.983^{**}		Significant Relationship	
	Sig.(2-tailed)	0.00			
	N	11	11		

Source; Primary Data (2012)

Basing on the r-value and significant value as indicated in Table 7, it can be said that there is a positive significant relationship between hospital management style and employee retention in Kibogora hospital. This finding is supported by a very high r-value of 0.983 and a very small significant value of 0.00. The r-value is the percentage variation in dependant variable when an adjustment occurs in independent variable. Thus, 0.983 indicates that employee retention is likely to be 98.3 percent whenever improvement in management style happens in Kobogora hospital.

The finding on the positive significant relationship between management style and level of retention has also led to the rejection of the null hypothesis on no

significant relationship between hospital management style and employee retention. In other terms, it can be said that there is a positive significant relationship between the two variables. This finding is also tested using regression analysis as shown in Table 8.

Table 8

Regression Analysis on the Relationship between Hospital management Style and Employee Retention

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.983[a]	.967	.966	.14019
a. Predictors: (Constant), Hospital management Style				

ANOVA[b]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	102.269	1	102.269	5.203E3	.000[a]
	Residual	3.538	180	.020		
	Total	105.807	181			
a. Predictors: (Constant), Hospital management Style						
b. Dependent Variable: Employees retention						

Source: Primary Data (2012)

The findings presented in Table 8 illustrate that the degree of a positive significant relationship between hospital management style and employee retention in Kobogora hospital is high. This is revealed in the R. value of 0.983, R. square of 0.967; Adjusted R. square value of 0.966; mean square of 102.269; F. ratio of 5.203E3 and significant value of 0.00.

Having a very high R. Square value of 0.967 indicates that the degree of relationship between hospital management style and employee retention in Kibogora hospital is at 96.7 percent. However, the Adjusted R. Square value is less than the R. Square by 1. This means that the R. Square value might have been slightly overstated. Nevertheless, since the difference between R. Square and Adjusted R. Square is not

much, we can still rely on the degree of relationship it has assumed between the two variables.

Further still, since the Mean Square value is high and we have a positive F. ratio at the significant value of 0.00, it can be noted that there is indeed a positive significant relationship between hospital management style and employee retention in Kobogora hospital.

Additional establishment of significant relationship between hospital management style and employee retention is also verified by regression coefficients as indicated in Table 9.

Table 9

Regression coefficient on Management Style and Employee retention

Coefficients^a					
	Unstandardized Coefficients		Standardized Coefficients		
Model	B	Std. Error	Beta	t	Sig.
1 (Constant)	.000	.037		.011	.992
Hospital management Style	1.003	.014	.983	72.134	.000
a. Dependent Variable: Employees retention					

Source: Primary Data (2012)

As it is also indicated in Table 9, a positive significant relationship between hospital management style and employee retention is also evident in the Beta value of 0.983, t-value of 72.134 and the significant value of 0.000. There is a positive significant relationship between hospital management style and employee retention because the t-value computed it generally high at a very low significant value. This reaffirms that the null hypothesis on no significant relationship between hospital

management style and employee retention is completely rejected. Therefore, there is a positive significant relationship between the two variables.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

The major concern of this study was to establish the relationship between hospital management style and employee retention in Kibogora Hospital. The study was guided by four specific objectives. These involved to; determine the profile of respondents; determined the effectiveness of hospital management style; determine the level of employee retention in Kibogora hospital.

On respondents' profile, it was noted that the majority of the employees of Kibogora hospital were men; youth formed over 80 percent of the employees are youth; about 70 percent of the employees of the hospital are highly educated; over 56 percent of the respondents have been working in the hospital for over 5 years.

On the effectiveness of hospital management style, it was discovered that the management style of Kobogora hospital was effective enough. This was supported by the overall mean average of 2.53 which stands on effective in the rating scale. This study finding is in line with that of Charles (2010) who noted that effectiveness in hospital management has a direct impact on the quality of patient care and safety, which translates into life-and-death numbers; Adams (1965) who noted effectiveness in the management of hospital can be ensured by control-based and commitment-based; and that of Hal (2008) who asserted that a commitment-based approach, where management assumes that people are capable of self-discipline and can work autonomously, works better for both hospital employees and patients because employees are committed to their organization and doing the best jobs.

The level of employee retention in Kibogora hospital was also found out to be high. This was determined by the overall mean average of 2.54 which also stands on high in the rating scale. This study finding is also in agreement with that of Gelinas and Bohlen (2002) who indicated that employee retention can be determine by the number

experience of employees in that particular organization; Hardingham (2000) who believes that in order to retain employees and reduce turnover managers must meet the goals of employees without losing sight of the organization's goals, thereby creating a "win-win" situation; Towes (2009) who also suggests that of Dove (2002) who lamented that the major issue at hand is on whether ones organization solicits ideas and provide an environment in which people are comfortable providing feedback.

The findings in regard to relationship between the two researcher findings indicated that there is a positive significant relationship between hospital management style and employee retention in Kibogora hospital. This was evidenced by the R. value of .0983; R. Square value of 0.967; the Mean Square of 102.269; F. Ratio of 5.203E3; Beta value of 0.983 and significant value of 0.00. The finding in regards to the relationship between hospital management style and employee retention is also in agreement with that of Charles (2010); Towes, (2009); Laura (2010) and Magas (2010) who in one way or another noted that good management practices provides good environment and atmosphere for employees hence, discouraging unnecessary instability in them.

Conclusions

The conclusions of this study are all based on the purposes of the study.

Regarding the relationship between effectiveness in hospital management style and employee retention, it can be concluded that there is a positive significant relationship between the two study variables. Thus, any improvement in the effectiveness hospital management style in any way will bring about stability in employees to stick to the organization.

The study however did not generate any new information as the findings in regards to effectiveness in management style; level of employee retention; and relationship between management style and employee retention was found to be in agreement with those of scholars and authors whose work is reviewed in the literature.

In regards to the null hypothesis on no significant relationship between effectiveness in management style and employee retention; the null hypothesis is rejected since a positive significant relationship between the variables was found to be evident.

In testing the theories guiding this study, it was found out that the theories were actually true. This is so since it was determined that respect and dignity to workers; better working conditions, reduced working hours, and supplied meals determine the level of employee retention as stated by Precursors to management theory.

Recommendations

The following recommendations have been forwarded so as to improve employee retention in Kibogora hospital.

1. Different stakeholders such as government, Non-Governmental Organizations and other interested parties should try to support the need to improve management effectiveness such that they can administer their subordinates in a way that can promote retention.
2. The hospital with the help of its partners should also regularly train their staff technical, managerial or casual in order to improve their performance levels and as well as a way of motivating them to remain working at the hospital.
3. Improvement in the communication systems as well as technology should also be put in place. This can create value in employees hence making them feel at home and in peace.
4. Employees' personal problems that sometimes demotivates them from continuing working should also be something checked by the management. This will make bring about a sense of belonging to one family hence remain working in the hospital.

5. The management should also consider adjustments in employees' salaries and allowances in times of economic crises. This will bring about hope in employees and make them see their future batter at Kibogora hospital.

Areas for Further Studies

The following areas have been suggested for further studies.

i.   Training and job satisfaction in hospital

ii. Employee training and retention

REFERENCES

Accel-team. (2005). *Employee motivation, organizational environment and productivity.* productivity. Retrieved August, 28, 2009, from http://www.accel-team.com/productivity/added value-01.html

Adams, J. S. (1965). *Inequality in social exchange.* New York: Academic Press.

Amin, M. E. (2003). *Overviewing the methodology of research.* Kampala: Makerere University Printery.

Armstrong, M. (2001) *Human Resources Management Practice*; A Hand Book, 8e. London; Kogan Pages Ltd.

Charles, R. (2010). *Employee satisfaction Vs. Motivation and employee engagement.* Retrieved, December, 25, 2010 http://www.decisionwise.com/blog/2010/11/22/employee-satisfaction-Vs-motivation-and-employee-engagement/

Chartered Management Institute (2003). *Dictionary of Business and Management;* Bloombury Publishing P/ c.

Cole, G. A. (1996). *Management theory and practice.* London: DP Publications.

Costello, D. (2009). *Leveraging the Employee Life Cycle.* CRM Magazine, 10(12), 48-48. Retrieved May 23, 2011, from Academic Search Premier

Dale, B. and Oakland, J. (1994). *Quality Improvement Through Standards,* 2e. Cheltenham; Staley Thornes \Publishers Ltd.

Dick, R.V, Christ, O, Stellmacher, J, Wagner, U, Ahlswede, O, & Grubba, C. (2004). *Should I stay or should I go? Explaining turnover intentions with organizational identification And job satisfaction.* A comparative test of two employee turnover prediction models. Journal of Management. Retrieved March 01, 2011 from Argosy Online Library.

Dove, S. (2002). *Fragile Miracles: The Creation and Sustainability of Autonomous Oversight Agencies in a Politicized Bureaucracy.* Working paper, Universitat Autonoma de Barcelona. *Economist.* "Corruption: Rules of the Road." 5 May: 92.

Gelinas L, Bohlen C. (2002). *Tomorrow's Workforce: A Strategic Approach.* VHA Research Series;. London; Kogan Pages Ltd.

Gregory, P. S. (2011). *Employee retention strategies-how to attract, keep and motivate today's workforce.* Retrieved March, 11, 2011

http://workbloom.com/articles/human-resources/employee-retention-strategies.aspx

Guest, D. (1997). *Human resource management and performance: A review and research agenda.* International journal of human resource management, vol. 8, No. 3, 263-276.

Hal Rosenbluth (2008). *Recognizing and Rewarding Success.* Staley Thornes Pub. Ltd.

Hardingham, A. (2000). *Training Essentials; Designing Training.* London ; Chattered Institute of Personnel and Development.

Hibbard JH, Stockard J, Tusler M. (2003). *Does Publicizing Hospital Performance Stimulate Quality Improvement Efforts?* Health Aff (Millwood) 2003;22..

Joni, J. (2008). *The link between employee retention and employment lawsuits.* Retrieved, May, 27, 2009
http://www.workrelationships.com/sites/articles/employeeretention.htm

Laura, S. (2010). *Turn work into play: increasing employee engagement.* Retrieved, March, 9, 2010

http://www.decision-wise.com/blog/category/employee-engagement/

Lawler, E. E. (1969). *Job design and employee motivation. Personnel Psychology,* 22: 426-435.

Magas, G. (2009). *How to increase employee productivity.* Retrieved, January, 13, 2010

http://www.helium.com/items/1611182-how-to-increase-employee-productivity

Martin L., & Larry A. (1986). *The motivation factor: a theory of personal investment.* Massachusetts: Lexington books.

McElroy J. (2001). *Managing Workplace Commitment by Putting People First. Human Resource Management Review;* Jordan Hill Oxford; Butterworth-Heinemall.

Muniraju K. S. (2009). *Strategies and techniques to have better retention rates.* Retrieved, February, 4, 2010, from

http://ezinearticles.com/?expert=K._S_Muniraju

Neiljones (2010). *Twelve ways to improve productivity at the workplace.* Retrieved, November, 22, 2010, from http://bloggertone.com/growth/2010/10/07/12-ways-to-improve-productivity-at-the-workplace/

Oakland J. S. (1999). *Total Quality Management;* Text with Cases. Jordan Hill Oxford; Butterworth-Heinemall.

Ramlall, S. (2004). *A review of employee motivation theories and their implications for employee retention within organizations. The* Journal of American Academy of Business, September: 52-63.

Rees, W. D. & Porter, C. (2001). *Skills of management.* 5th ed. Singapore: Thomson Learning.

Thiagarajan, S. & Parker, G. (1999). *Team work and team play: games and activities for building and training teams.* San Francisco: Jossey-Bass, Pfeiffer.

Towes, P. (2009). *How to encourage employee retention.* Retrieved December, 18, 2009, from http://www.Allegiance.com

Vroom, V. H. (1964). *Work and motivation.* New York: Wiley.

APPENDICES

APPENDIX I A: TRANSMITTAL LETTER

KAMPALA INTERNATIONAL UNIVERSITY

Ggaba Road - Kansanga
P.O. Box 20000, Kampala, Uganda
Tel: +256 - 414 - 266813 / +256 - 772 - 322563
Fax: +256 - 414 - 501 974
E-mail: admin@kiu.ac.ug
Website: www.kiu.ac.ug

OFFICE OF THE HEAD OF DEPARTMENT, ECONOMICS AND MANAGEMENT SCIENCES
COLLEGE OF HIGHER DEGREES AND RESEARCH (CHDR)

Date: 23rd July, 2012.

RE: REQUEST UYISENGA JULIENNE MBA/33256/102/DF
TO CONDUCT RESEARCH IN YOUR ORGANIZATION

The above mentioned is a bonafide student of Kampala International University pursuing Masters of Business Administration.

She is currently conducting a research entitled **"Hospital Management Style And Employees Retention in Kibogora Hospital."**

Your organization has been identified as a valuable source of information pertaining to her research project. The purpose of this letter is to request you to avail her with the pertinent information she may need.

Any information shared with her from your organization shall be treated with utmost confidentiality.
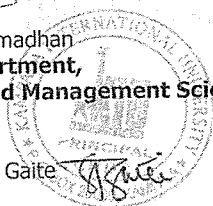
Any assistance rendered to her will be highly appreciated.

Yours truly,

Mr. Malinga Ramadhan
Head of Department,
Economics and Management Sciences, (CHDR)

NOTED BY:
Dr. Sofia Sol T. Gaite
Principal-CHDR

APPENDIX I B: AUTHORISATION LETTER

REPUBLIC OF RWANDA

MINISTRY OF HEALTH
WESTERN PROVINCE
NYAMASHEKE DISTRICT
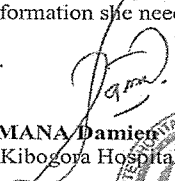KIBOGORA HOSPITAL
F.M.C
PO.BOX 01 RUSIZI

August 30, 21012

Dear Sir/Madam,

RE: Authorization

We confirm that the candidate Julienne UYISENGA has been authorized to conduct a research on "Hospital Management Styles and Employee Retention in Kibogora Hospital", Nyamasheke District, Western Province, Rwanda.
This happened in our hospital during the month of August 2012 and we availed her with pertinent information she needed.

Yours truly.

Dr NSABIMANA Damien
Director of Kibogora Hospital

APPENDIX II: CLEARANCE FROM ETHICS COMMITTEE

Date_____

Candidate's Data

Name_____

Reg.# _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

____ Physical Safety of Human Subjects

____ Psychological Safety

____ Emotional Security

____ Privacy

____ Written Request for Author of Standardized Instrument

____ Coding of Questionnaires/Anonymity/Confidentiality

____ Permission to Conduct the Study

____ Informed Consent

____ Citations/Authors Recognized

Results of Ethical Review

____ Approved

____ Conditional (to provide the Ethics Committee with corrections)

____ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members _____

APPENDIX III: INFORMED CONSENT

I am giving my consent to be part of the research study of Julienne UYISENGA that will focus on emotional intelligence and leadership styles.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials:_____

Date_____

APPENDIX IVA: FACE SHEET: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

GENDER (please tick):

_____(1) Male

_____(2) Female

AGE

20-29_____

30-39_____

40-49_____

50-59_____

60 and above____

LEVEL OF EDUCATION

(1) Diploma _____

(2) Degree _____

(3) Masters _____

(4) PhD _____

(5) Others _____

(1) _____

YEARS OF SERVICE

(1-2) _____

(3-4) _____

(5-6) _____

(7-8) _____

Others specify _____

APPENDIX IVB: QUESTIONNAIRE FOR EMPLOYEES OF KIBOGORA HOSPITAL

Dear Sir/Madam,

Greetings!

I am a candidate for Masters of Business and Administration at Kampala International University. As I purpose the questionnaire to complete this academic requirement, may I request your assistance by being part of this study. Kindly provide the most appropriate information as indicated in the questionnaires and if possible please do not leave any item unanswered. It is not meant for other purpose. All information will be kept confidential. The topicof the study is **Hospital management style and employees retention in Kibogora Hospital.**

Your cooperation in answering the questions honestly will be highly appreciated.

Yours faithfully,

UYISENGA Julienne

Masters Candidate

QUESTIONNAIRE TO DETERMINE THE LEVEL OF MANAGEMENT STYLE IN KIBOGORA HOSPITAL

Direction: Please respond to the options and kindly be guided with the scoring system below. Please, write your rating in the space provided.

Score	Response mode	Meaning	Legend
4	Strongly Agree	Agree without any doubt	SA
3	Agree	Agree with some level of doubt	A
2	Disagree	Disagree with some level of doubt	D
1	Strongly Disagree	Disagree without any doubt	SD

_____ (1) The management of Kibogora Hospital makes work interesting for employees

_____ (2) Management gives employees appreciation for job well done

_____ (3) The management also gives promotions and fosters growth in the hospital

_____ (4) Training of employees is ensured by the management of the hospital

_____ (5) Retaining employees is also something that the managements does at the hospital

_____ (6) Developing employee skills is among the priorities of the hospital management

_____(7) The management sets reasonable salary and it is paid on time

_____(8) The management provides appropriate insurance for employees

_____ (9) Promoting positive relationships among employees is what the management of the hospital does

_____ (10) The management also ensures job security

_____ (11) Management creates good working conditions

QUESTIONNAIRE TO DETERMINE THE LEVEL OF EMPLOYEES RETENTION

_____ 1 I am completely happy and satisfied with my job at Kibogora Hospital

_____ 2 Most of the professionals in Kibogora Hospital have been have worked here for a longtime.

_____ 3 Based on my experience and skill, I am not interested in joining any private sector even if there is availability in job market.

_____ 4 I am contented with the motivations and rewards in Kibogora Hospital

_____ 5 I have no intention of leaving Kibogora Hospital.

_____ 6 I want to continue working in Kibogora Hospital for the rest of my life

_____ 7 Employees salaries are adjusted wherever there is an economic crisis.

_____ 8 I like to work in Kibogora Hospital because there is high level of job security.

_____ 9 I am as happy as I am because of the work at Kibogora Hospital

_____ 10 I hope that better improvements will come by in Kibogora Hospital

_____ 11 Many employees are interested in continuing to work in Kibogora Hospital

- **Computer Skills:**   MS WORD

  MS EXCEL

  MS ACCESS

  MS POWERPOINT and INTERNET

I certify that the above information is accurate.

Julienne UYISENGA