



DSPACE

<https://dspace.org/>

Effect of Interpersonal Relationships on Employees Retention in Private Hospitals in South Rift Region in Kenya

Rop, Williter Chepkemai

2019-06

International Journal of Engineering Science Invention (IJESI)

<http://ir-library.kabianga.ac.ke/handle/123456789/830>

Rop, W. C. Effect of Interpersonal Relationships on Employees Retention in Private Hospitals in South Rift Region in Kenya.

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/371563074>

Effect of Interpersonal Relationships on Employees Retention in Private Hospitals in South Rift Region in Kenya

Article · June 2023

CITATIONS

0

READS

28

2 authors, including:



[Willitter Chepkemai Rop](#)
University of Kabianga

33 PUBLICATIONS 76 CITATIONS

[SEE PROFILE](#)

Effect of Interpersonal Relationships on Employees Retention in Private Hospitals in South Rift Region in Kenya

Dr. Williter Chepkemai Rop

University of Kabianga P. O. BOX 2030, 20200 KERICHO ,KENYA, (0726572561)

Abstract: An interpersonal relationship is a particular type of connection existing between people related to or having dealings with each other. In the study it refers to peers social relationships, interactions and working in teams. Interpersonal relationships of employees were studied against retention of employees in private hospitals in South Rift Region in Kenya. Employee retention is the maintenance of high performing employees that an organization wants in order to continue achieving its organizational goals , whilst accepting that some will leave. The study hypothesized that; interaction services, opportunities for fun, work schedules, cordial relationship, and communication equipment, working in teams and networking services influence retention of employees in Private hospitals in South Rift Region in Kenya.

Keywords: Interpersonal relationships, Employee retention, Socio-technical system, Organizational support

Date of Submission: 11-06-2019

Date of acceptance: 28-06-2019

I. Introduction

Nicholas, (2011) study done in USA on managing employee retention strategies claimed that understanding who employees are and what they want for their lives is important in determining the best strategies that can retain them in any organization. He also asserted that in order to attract any population, one must understand their psychological makeup and desires, and if employers understand why employees are different, they will be better able to customer-tailor their retention strategies to this exploding workforce populace, in relation to their interest and work engagement, for an employee, the ideal job will appeal to their core characteristics. For them to enjoy their work they must find the experiences interesting and feel engaged beyond their office work, (McClelland, 2008). Interpersonal relationships and interactions with peers are crucial for them. The interpersonal relationships of employees factor was therefore studied and was established that it affects their retention in the private hospitals studied.

Statement of the problem

Bell, Graham, Hardy, Harrison, Stansall, and White (2008) argue that managing a dispersed and ever-busier workforce is dependent on creating the team work spirit necessary for organizations to continue to generate new ideas. Now that work can take place anywhere, the office is now increasingly becoming an opportunity for people to signify personal involvement in organizational culture and to participate in the values and beliefs of the organization several employees especially those below 35 years leave their work stations within 5 years of engagement with their employer. Though employees work well alone, they work better together; they are more accustomed to team playing. This research therefore sought to establish how interpersonal relationships of employees affect their retention in private hospitals in South Rift Region in Kenya. This research hypothesized that Interpersonal relationship of employees influence retention of employees in private hospitals in the study region.

The Purpose of the study

The purpose of the study was to establish whether employee interaction services, opportunities for fun, work schedules, cordial relationship, communication equipment, working in teams and networking services influence retention of employees in Private hospitals in South Rift Region in Kenya.

Theoretical framework

The study was based on three theories. These theories closely shows that retention of employees can be due to cordial interpersonal relationships caused by the factors which were studied.

Socio-technical System Theory

Trist and Bamforth, (1951) Socio-technical System (STS) theory is an established methodology that provides a structured approach to redesign of job-related processes (Pasmore& Sherwood, 1978; Fox, 1995;

Eijnatten, 1998). STS holds that jobs in organizations can be conceived in terms of social and technical subsystems. Broadly, the social subsystem includes the profile and expectations of organizational members, patterns of supervisory-subordinate relationships, interpersonal relationship and the nature and interaction of subgroups within the population. The technical subsystem of an organization consists of the tools, work techniques and procedures, skills, knowledge, and devices used by members of the social subsystem to accomplish the tasks of the organization (Trist & Bamforth, 1951; Thompson & Bates, 1957; Woodward, 1958; Emery, 1959; Emery & Trist, 1965). Ghosh & Sahney, (2010) stipulated that social and technical variables conceive any organizational problem. The objectives of the study were based on the postulates of STS. The Interpersonal relationships of employees formed the social sub system (independent variable) studied. This variable was assessed against retention of employees in private hospitals in South Rift Region in Kenya. It was established that they have a significant influence on retention of employees in the hospitals studied.

Maslow's Hierarchy of Needs Theory

Maslow (1943) identified hierarchy of needs theory which he proposed as the basis of motivation for individuals. These needs are divided into five categories in a hierarchy, in order of priority. Physiological needs are first level needs and include elements such as air, water, food and shelter. The second level consists of safety needs. These are needs for a secure, predictable, non-threatening environment. The third level needs are termed as social needs and consists of needs to affiliate or to have friends, to be liked and to be accepted. The fourth is esteem needs which refer to an individual's desire to develop self-respect and to gain approval of others. This includes the need for recognition and reward, being given praise where it is due, being promoted accordingly and being respected and appreciated by others. The highest level is that of self-actualization, which is associated with the desire to become all that one is capable of being and to develop one's own potential to the fullest.

Maslow's hierarchy of needs theory was relevant to the study in that the safety, social, esteem needs and self actualization needs are provided by social factors studied in the realm of interpersonal relationships among employees. The safety and self actualization needs can be met by organizational support facilities which support employees to interact with each other and feel the sense of togetherness which fosters job satisfaction therefore the feeling of job security and desire to remain working in an organization. The supervisor – employee relationship and interpersonal relationships satisfies esteem needs for respect and desire to gain approval from others and when met one can be retained in an organization. Interpersonal relationships of employees meet their social need for affiliation and affection. Hospitals are service providing institutions and when employees feel they receive organizational support, have cordial supervisor-employee relationships and mutual interpersonal relationships with their colleagues at work they are motivated. This makes them loyal to their organizations and desire to continue pursuing their individual goal for growth as they achieve organizational goals. This leads to satisfied and motivated employees who decide to remain working in their organizations thus enhancing retention.

Vogt, Thames, Velthouse and Cox's Cork-Top Theory of Nurse Retention

Cork-Top theory of nurse retention of Vogt, Thames, Velthouse and Cox's (as cited in Mokaka, Oosthuizen, & Ehlers, 2012) was built using Maslow's constructs regarding human needs to explain factors that affect nurse retention. The figure of a champagne bottle cork is used to depict the different levels or categories of needs. These needs are in hierarchy; but unlike Maslow's theory, is a theory of nurse retention and not motivation. The shape of the champagne bottle cork signifies the levels and how they vary and differ in size, severity or complexity. Where the cork is narrow, it signifies areas of constrictions or limitations in fulfilling those needs, while wider areas indicate expanded opportunities. According to this theory, retention of nurses is affected by the availability or unavailability of means to meet needs.

Employees' hierarchical needs are met by socio-technical factors (the supervisor- employee relationship, interpersonal relationships of employees, organizational support facilities, job characteristics and work technology support). Among these factors interpersonal relationships of employees was found out to affect retention of employees of private hospitals in South Rift Region in Kenya. STS and OS theories stood out as the most relevant theories. Some factors espoused in STS and OS theories formed a hybrid theoretical framework which guided the study.

II. Research Methodology

The private hospitals in Bomet and Kericho Counties formed the target population. Stratified random sampling and purposive sampling techniques were used due to the heterogeneity of the population. These counties had 10 private hospitals but 5 were sampled. A sample of 30% (359) respondents was selected from a population of 1,196 to respond to the questionnaire questions. The hospitals had a population of 241 (54 administrators/ management team, 53 doctors and 134 supervisors). These formed the sample of the interviewees and 30% (72); (16 doctors, 16 administrators and 40 supervisors/ Heads of sections were

purposively chosen to respond to the questions in the interview guide. Data was collected with the use of questionnaire and interview guide.

III. Findings and Discussions

Factor Analysis was carried out to describe variability among the observed variables and check for any correlated variables with the aim of reducing redundancy. Conventionally, statements scoring more than 30%, which is the minimum requirement for inclusion of variables into the final model (Hair, Black & Babin, 2010, & Kothari, 2004) were included in the study. Table 1.0 shows the loadings of the seven variables. The higher the absolute value of the loading, the more the factor contributes to the variable. From the analysis in Table 1.0, most respondents reported that equipments provided by their respective hospitals for use to communicate with peer colleagues made them to love working at their work stations with a factor component of 89.1%. This was followed by respondents who saw a close relationship between employee retention and social services provided by their respective hospitals for networking with peer colleagues that made them desire to continue working with a factor component of 88.3%.

The statement on cordial relationship with peers as a likely motivator for employee retention scored a factor component of 86.3%. The scheduling of employees' work which gave them enough time to socialize with their friends scored 85.2%. Lack of opportunities for employees to have fun with peers correlated well with employee retention with a factor component of 83.1%. Majority of the respondents were in agreement that there was a close relationship between social services provided by the hospital for employee interaction with peers and employee retention with a factor component of 84.7%.

Table 1: Component Matrix on Interpersonal Relationships of Employees

Statements	Factor Component
Effect of social services for interaction on employee retention	0.847
Effect of opportunities for having fun on employee retention	0.831
Effect of work schedule on employee retention	0.852
Effect of cordiality of relationship on employee retention	0.863
Effect of equipment provision for communication on employee retention	0.891
Effect of work performance in teams on employee retention	0.849
Effect of networking services provided by the hospital on employee retention	0.883

Extraction Method: Principal Component Analysis. 3 components extracted.

Most respondents agreed that performing work in teams made them desire to stay with a factor component of 84.9%. None of the statements required to be dropped since their factor components were above 30%, which is a recommended threshold for inclusion of variables into the final model (Hair, Black & Babin, 2010, & Kothari, 2004).

Prior to the extraction of the factors, several tests should be used to assess the suitability of the respondent data for factor analysis. These tests include Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. The KMO index ranges from 0 to 1, with 0.50 considered suitable for factor analysis. The Bartlett's Test of Sphericity should be significant ($p < .05$) for factor analysis to be suitable (William et al., 2010).

Table 2.0 is the result of KMO and Spherical Bartlett test. KMO is indicator for comparing correlation coefficient of observation and partial correlation coefficient, its value ranges from 0 to 1. When its value gets closer to 1, the explanatory effect of factor analysis is stronger and when its value gets closer to 0, the model may not work well. Spherical Bartlett test can be used to judge whether correlation matrix is a unit matrix. When the KMO value is below 0.5 it is not suitable to use factor analysis (William et al., 2010). From the result of Spherical Bartlett test we should fail to reject the alternate hypothesis which means the variables have a strong association. In Table 2.0 the KMO value is 0.789 which is above the 0.5 level, so it is reasonable to use the factor analysis.

Table 2.0: KMO and Bartlett's Test Results

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	
Bartlett's Test of Sphericity Approx. Chi-Square	0.789
df	133.727
Sig.	8
	0.012

From Table 3.0, it shows that in interpersonal relationships of employees, the effect of cordiality of interpersonal relationships of employees with R^2 value of 0.889 means that it plays a more significant role in determining retention of employees by 88.9%. On the other hand, employees working in teams and networking

services provided by the hospital for their interaction is explained by R^2 value of 0.879 (87.9%) and R^2 value of 0.863 (86.3%) respectively in the hospitals studied.

Table 3.0: Commonalities on specific interpersonal relationships of employees' indicators

Interpersonal Relationships of Employees	Extraction (R^2)
Effect of cordiality of interpersonal relationships	0.889
Effect of working in teams on employee retention	0.879
Effect of networking services provided by the hospital on employee retention	0.863

3.2 Influence of Interpersonal Relationships of employees on retention of Employees

The opinion of respondents on the effect of interpersonal relationships of employees on retention of employees were measured using a descending five-point Likert scale where five (5) represented 'strongly agree' and one (1)'strongly disagree' opinions (Table 4). There were 93.8% (300) employees who strongly agreed that social services provided by the hospital for their interaction with peers made them desire to continue working at their respective work places while 6.2% (20) just agreed to this assertion. This agrees with the views of Akkirman and Harris (2005) that implementation of several social networking strategies (socially engaging tactics) such as the e-café, where employees enjoy chat-rooms, post and read e-Bulletin Boards, play chess at lunch and read newspapers keep the virtual workers in the communication loop. Social networking improves employee satisfaction and motivation thereby minimizing turnover rates. Provision of social services for employees' interaction with peers therefore influenced their retention in private hospitals studied.

A significant proportion of 75.6% (242) of the sampled employees were strongly in agreement with the fact that lack of opportunities for having fun with their peers at their work places made them desire to leave their respective work places. Those who agreed and those who were undecided on this assertion were 12.5% (40) and 2.5% (8), respectively, while 9.4% (30) disagreed. This is in line with Howe and Strauss, (2000) who claimed that employees are flexible, fun, and team-oriented. Indifferent to workplace fun, employees are likely to regard fun in the workplace not as a benefit, but a requirement. Opportunities for having fun with peers in the hospitals under study made employees to be retained.

None of the respondents agreed to the fact that the way their work was scheduled made them have time to socialize with their friends. Majority of the respondents 91.6% (293) disagreed to this assertion, 5.3% (17) strongly disagreed while 3.1% (10) were undecided. This indicated that employees' work schedules in the hospitals under study did not give them time to socialize with their friends thereby creating dissatisfaction which leads to turnover. Time for socialization at workplace therefore influenced retention of employees in the hospitals. A significant proportion of the respondents 75.3% (241) were of the opinion that cordial relationship with their peers made them enjoy working at their respective work places, while 20.9% (67) just agreed to this assertion. Those who were undecided and those who disagreed to this assertion were 2.5% (8) and 1.3% (4), respectively.

Information was also sought to establish how equipment provided by the hospitals under study for use by employees to communicate with their peers influenced their ability to love their work and hence stay at their work places without contemplating turnover. There were 78.4% (251) who indicated that the equipment provided by the hospital for communicating with their peers did not make them love their work while 21.6% (69) strongly indicated the same opinion. Results on whether performing tasks in teams with peers in the hospitals under study made employees enjoy working at their respective work places indicated that 88.1% (282) strongly agreed to this assertion while 9.4% (30) agreed. The remaining 2.5% (8) of the respondents were undecided on this issue. This is in line with Bell et al. (2008) point of view that though employees work well alone, they work better together because they are more accustomed to team playing than previous generations.

Table 4.0: Influence of interpersonal relationships of employees

Statement	SA	A	U	D	SD
1 Social services provided by the hospital make me desire to continue working	93.8% (300)	6.2% (20)	0.0% (0)	0.0% (0)	0.0% (0)
2 Lack of opportunities for having fun with my peers make me desire to leave	75.6% (242)	12.5% (40)	2.5% (8)	9.4% (30)	0.0% (0)
3 The way my work is scheduled makes me have enough time to socialize with my friends	0.0% (0)	3.1% (10)	91.6% (293)	0.0% (0)	5.3% (17)
4 Cordial relationship with my peers makes me desire working in this hospital	75.3% (241)	20.9% (67)	2.50% (8)	1.3% (4)	0.0% (0)
5 The equipments provided by the hospital for use to communicate with peers makes me desire to work in this hospital	21.6% (69)	78.4% (251)	0% (0)	0.0% (0)	0.0% (0)
6 Performing tasks in teams with peers in the	88.1%	9.4%	2.5%	0.0%	0.0%

	hospital makes me desire to work in this hospital	(282)	(30)	(8)	(0)	(0)
--	---	-------	------	-----	-----	-----

3.3 Thematic Analysis of the Effect of Interpersonal Relationships of Employees on Retention of Employees

Responses of employees as to whether interpersonal relationships of employees influenced their decision to continue working for their current hospital are shown in Table 5.0. The findings indicated that majority of the respondents, 97.875% (310) were of the opinion that it does while 3.125% (10) held a contrary opinion. Several themes emerged from employees' views that interpersonal relationships of employees positively affected their retention. Some claimed that, they encouraged each other to continue working in the hospitals in order to work as a team, hence their continued service in the hospitals. Weekly group meetings gave them opportunities to interact and socialize with their colleagues.

Table 5.0 : Employees' views on the Positive Effect of Interpersonal Relationships of Employees on Retention of Employees,

Independent Variable	RespondentsFrequency %
i. They encourage each other to stay in order to work as a team	110 34.37
ii. They encourage each other to advance in their career in their hospitals by staying together	50 15.63
iii. Their social interactions created conducive work environment	40 12.5
iv. Their cordial relationships made them to stay	60 18.75
v. Assisted each other in problem solving	20 6.25
vi. Growth spiritually	40 12.5

Their social interactions therefore created conducive working environment thereby contributing to their retention. This was evident from the views that "Peer interactions makes work joyful". Their cordial relationships were a source of motivation for them to remain working in their hospitals. They encouraged each other to advance in their career while working in the hospitals studied. Their career development was enhanced by their mutual peer relationships which created conducive environment for career development, hence desire to continue working in the hospitals. Employees assisted each other in solving their problems and this reduced their desire to leave. Their spiritual meetings and programmes in the hospital enhanced their spiritual growth hence increased retention. A few held a contrary opinion that, interpersonal relationships of employees negatively influenced retention of employees in the private hospitals in the hospitals studies . Poor interpersonal relationships among the peers made them desire to leave. The unresolved interpersonal conflicts also impacted on their work environment and this made them desire to leave.

IV. Conclusion

Descriptive statistics results established that interpersonal relationships of employees influence retention of employees thus increasing the chances of retention. It explains up to 38.3 % of the variability in retention of employees in private hospitals. The study further indicates that the hospitals that are able to retain their employees are as a result of networking provided by the hospital for their interaction; cordial relationship with their peers enabled them to encourage each other to stay and perform tasks in teams which made them enjoy working in their work places. Their social interactions also created conducive working environment, assisted them to solve their problems and contributed to their spiritual growth. Their good interpersonal relationship also enabled them to encourage each other to advance in their careers in their hospitals by staying together as a group. Further, their cordial interpersonal relationships enabled them to meet each other's needs and this made them enjoy their work leading to their desire to continue working in the hospitals.

On the other hand, lack of opportunities for having fun with peers and to express their views made them desire to leave. Their failure to adhere to the hospitals' policies and values in the course of their interactions made them exit the hospitals. By employees' tendency to make decisions as a group, they discouraged each other from continuing to work in the hospitals but to exit for greener pastures hence contributing to their turnover rates. Failure to receive help from their peers in times of need made some to leave the hospitals studied. This was also caused by their peer pressure to explore other better avenues outside their hospitals. Poor relationships emanating from discrimination and lack of appreciation among themselves made some desire to leave the hospitals.

References

- [1]. Adzei, F.A., &Atinga, R. A. (2012). Motivation and retention of Health workers in Ghana's district hospitals: addressing the critical issues. *Journal of Health Organization Management*, 26 (4) (date online 3/7/2012).
- [2]. Armstrong, M. (2009). *Handbook of Human resource Management Practice*. London & Philadelphia: Kogan Page.
- [3]. Bell, A., Graham, R., Hardy, B., Harrison, A., Stansall, P. & White, A. (2008). *Working without Walls*. OGC and DEGW: London.
- [4]. Bevan, S., Barber, L. & Robinson, D. (1997). *Keeping the best: a practical guide to retaining key employees*, Brighton: Institute for Employment Research.
- [5]. Borg, W. R., & Gall, M. (1989). *Educational research: An introduction* (5thEd). New York: Longman.
- [6]. Cappelli, P. (2000). A Market Driven Approach to Retaining Talent. *Harvard Business Review*, January- February, 103-111.
- [7]. Cooper, D.R. & Schindler P.S. (2011). *Business Research Methods* (11th Ed). McGraw-Hill International Edition.
- [8]. Cohen, L., Manion, L & Morrison, K. (2000). *Research Methods in Education* (5th Ed.). London: RoutledgeFalmer.
- [9]. Dieleman, M., Cuong, P.V., Anh, L.V. & Martineau, T. (2003). Identifying factors for job motivation of rural health workers in North Vietnam. *Human Resources for Health*, 1(10).
- [10]. Henderson, L.N. & Tulloch, J. (2008). Incentives for retaining and motivating Health workers in Pacific and Asian countries. *Human Resources for Health*, 6 (18).
- [11]. Herzberg, F., Mausner, B., &Snyderman, B. (2010). *The motivation to work* (12thed.). New Brunswick: Transaction Publishers.
- [12]. Karl, K., Peluchette, J., & Hall, L. (2008). Give them something to smile about: A marketing strategy for recruiting and retaining volunteers. *Journal of Non-profit&*
- [13]. Kerlinger, F. N. (1983). *Foundation of Behavioural Research*. Delhi: Holt, Rinehart and Winston.
- [14]. Kumar, R. (2005). *Research Methodology: A Step-by-Step Guide for Beginners*, (2ndEd.). Singapore: Pearson Education.
- [15]. Kuvaas, B. &Dysvik, A. (2010). Exploring alternative relationships between Perceived investment in employee development, perceived supervisor support and employee outcomes. *Human Resource Management Journal*, 20 (2), 138-156.
- [16]. Lee, C. &Bruvold, N. (2003).Creating value for employees: Investment in employee development. *International Journal of Human Resource Management*, 14 (6), 981-1000.
- [17]. Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396.
- [18]. McGregor, D. M. (1957). The human side of enterprise. *The Management Review*, 46 (11), 22-28.
- [19]. Mugenda, O. M., &Mugenda, A. G. (2012). *Research methods dictionary*. Nairobi. Arts Press.
- [20]. Ndeti, D.M. Khasakhala, L. &Omollo, J.O. (2008). Incentives for health worker retention: An assessment of current practice. Africa Mental Health Foundation (AMHF), Kenya: Institute of Policy Analysis & Research (IPAR).
- [21]. Newman, I. &Ramlo, S. (2010). Using Q methodology and Q factor analysis to facilitate mixed methods research. In Tashakkori, A. &Teddlie, C. (Eds.), *Handbook of mixed methods in social &behavioural research* (2nded, 505-530). Thousand Oaks, C.A: Sage.
- [22]. Nguyen, B. N., Nguyen, B. L. & Nguyen, L. H. (2005). *Human resources for health in Vietnam and the mobilization of medical doctors to commune health centres*. Asia: Pacific Action.
- [23]. O'Leary, Z.. (2004). *Essential Guide to Doing Research*. Sage Publications. Inc. e-Book.
- [24]. Robson, C. (1990). *Experiment, Design and Statistics in Psychology*.Middlesex, Penguin Books.
- [25]. Stevenson, A., & Waite, M. (2011). *Concise Oxford English Dictionary* (12th Ed.). Oxford University Press: New York.
- [26]. Tashkkori, A., &Teddlie, C., (1998), *Mixed methodology: Combining qualitative and quantitative approaches*. Thousand Oakes, CA: Sage.
- [27]. Thuo, N. (2006). Staff Retention. In *Kim Management Magazine*, November-December 2006 issue: Nairobi.
- [28]. Williams, B., Brown, T., &Onsman, A. (2010). Exploratory factor analysis: A five-step guide for novices. *Australasian Journal of Paramedicine*, 8(3).