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ORIGINAL ARTICLE

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"My hands are tied": Nurses' perception of organizational culture in Kenyan private hospitals

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ABSTRACT

It is estimated that by 2030 the global shortage of nurses and midwives will be 7.6 million, with African countries among the most adversely affected. Within this context, it is important to understand the specific organizational factors that contribute to registered nurses (RNs)' decisions to remain or leave their workplaces in East Africa. The aim of this study was to commence exploration of these factors by exploring nurses' perceptions of organizational culture of selected private hospitals in Kenya. A small-scale exploratory qualitative approach was employed, with eight nurses undertaking semi-structured interviews. There were five female and three male nurses. All participants were RNs; two held a bachelor's degree in nursing and the rest held diplomas in nursing. The thematic analysis revealed four major themes and nine sub-themes. The major themes included: restrictive work environment, top-down leadership, normalizing the abnormal in team dynamics and professionalism, and ethical concerns. These findings suggest an urgent need for Kenyan private hospital administrators to create a hospital work environment that provides more autonomy for nurses. There is a need for inclusive leadership styles that target hospital organizational structures and processes in order to address nursing workforce team dynamics. A merit-based salary and progressive reward systems are recommended to empower nurses to remain in the workforce.

Key Words: Kenya, Nursing turnover, Nursing retention, Organizational culture

1. INTRODUCTION

Globally, healthcare settings are facing significant nursing staff shortages, and experiencing difficulties in recruitment and retention of nursing staff.[1] It is estimated that by 2030, the global shortage of nurses and midwives will be up to 7.6 million, with specific adverse impact in Africa.[2] Consequently, it is relevant to begin to explore the specific organizational factors which contribute to registered nurse (RN) decisions' to remain or leave their positions.[1,3] A country-specific understanding of contemporary barriers and facilitators to recruitment and retention is critical for positive healthcare outcomes and fiscal costing, with subsequent reduction of disease burden in any given country.

2. BACKGROUND

Studies have demonstrated a relationship between organizational environment and staff turnover.[1,4–6] Various factors attributed to nursing turnover include: job satisfaction, orga-

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nizational commitment, poor quality of work life, organizational culture, job stress, long working hours, burnout, and work-family conflict.[4–7]

Organizational culture shapes employees' behaviors, promotes values relevant to the strategic foci of the organization, and determines the way work is done.[3,7] Organizational culture influences leadership style, leadership behaviour and RN job satisfaction.[8] Leadership behaviour influences job satisfaction, since job satisfaction has been associated with nurses who perceive their managers to be supportive and caring.[4]

Satisfaction and commitment directly influence the RN's choices to stay or leave the institution.[3,9] Direct predictors of dissatisfaction and turnover include work overload and work stress,[1,5] whereas a supportive nursing management and favourable work group climate are predictive of staff retention.[4,9,10] In Africa, advancement opportunities and organizational characteristics associated with empowerment and autonomy have been found to decrease the likelihood of staff attrition.[5] The nature of the work environment and ensuing organizational culture have been shown to determine RNs' job satisfaction and turnover rates.[5]

Within low-resource contexts, such as Africa, issues of organizational culture and RN retention have not been widely studied. However, a few recent publications have reflected increasing awareness of these issues.[11,12] Edoho et al.[11] examined nurses' job satisfaction in Nigeria and found that most nurses were moderately satisfied with their jobs. Lemu[12] examined the prevalence of burnout among nurses in Ethiopia, finding that organizational variables contributed to burnout. In South Africa, a high turnover and shortage of nurses have been shown to impede the implementation of major health system reforms.[13] A study conducted in Botswana examining organizational culture in nursing found that there was a climate of blame, confusion, job insecurity, of not sharing information, manipulation and working by the rules.[14]

In Kenya, rates of job satisfaction have been reported to be less than 50% for all allied healthcare workers, a large proportion of which were nurses.[15,16] In contrast, healthcare workers' motivation has been found to be high in African based hospitals with supportive leadership, despite significant shortages in equipment, tools and supplies.[16] Studies examining job satisfaction in Kenyan hospitals have further revealed that while healthcare staff were highly satisfied with their colleagues' recognition of their work contributions, they were considerably less satisfied with their rates of compensation, remuneration, the distribution of remuneration, work environment and resources.[15,17]

To date, organizational culture, as a contributing component to retention of the nursing workforce in healthcare institutions in Kenya, has not been examined. In addition, there is a paucity of studies that examine nurses' perception of organization culture in Kenyan hospitals. The aim of the study was to explore nurses' perception of organizational culture in a select cohort of select private hospitals in Kenya. A secondary aim was to identify and describe factors that contribute to nursing turnover within a Kenyan context.

3. METHOD

3.1 Study setting
The study was conducted in two private urban hospitals in Nairobi, Kenya, East Africa (Hospitals A and B).

3.2 Sampling procedures and sample size
Permission to conduct the study was granted to the primary researcher from the two institutions. However, the Human Resource department was constrained by privacy requirements in their ability to give contacts of their former employess who had left the institution in the last two years. However, they were willing to allow the primary researcher source referrals from colleagues and friends who were currently working in the two institutions. Therefore, a secondary snowball sampling technique was used.[18] The primary researcher distributed information leaflets about the study to the nurses working in the two institutions. Later, the primary researcher approached nurses currently working in the two institutions and requested referrals - names and telephone numbers of - colleagues who had left the institutions within the previous two years. In the event that the contacted nurse was not willing to participate, he or she was requested to refer the researcher to a former colleague who met the criteria for participating in the study.

3.2.1 *Sample size*
A total of 40 nurses were contacted by phone, with eight (five females; three males) agreeing to participate in the study. The key reasons reported for declining participation were: busy schedules, difficulty in travelling, and unwillingness to discuss their previous employers.

3.2.2 *Research design*
An exploratory qualitative descriptive approach was utilized.[19]

3.3 Analysis and rigor
Concurrent analysis took place until data saturation was reached throughout the interview process. Narrative data was transcribed verbatim and then counter-checked by another member of the research team for accuracy. Each participant had their original transcript returned to confirm the

accuracy of their transcription. All participants subsequently confirmed the accuracy of their transcriptions. The data was copied to NVivo[TM] Version 9 and categorized broadly according to interview questions. The categories were printed out and the data in each category reviewed further to identify similar ideas and themes. Sub-themes were also identified, as appropriate, to support and expand on each theme with agreement from the research team.

To ensure rigor through all stages of the research process, dependability, credibility, and conformability were applied.[20] To achieve dependability, an audit trail was kept.[20] Credibility was maintained by triangulation, in which all interviews were audio-recorded and field notes were used to provide a deeper interpretation of the interviews by the recording of the participants' non-verbal behaviour. To maintain conformability, the primary researcher conducted all interviews solely.[20]

3.4 Ethical considerations

The study was approved by Dundee University Ethics Committee and the Kenyan National Council for Science and Technology (NCST/RR1/12/1/MED-O11/164/5). All participants provided signed informed consent. Informed consent included consent for recording the interview and the presence of a note taker. Confidentiality in the data handling and analysis was assured.

4. RESULTS

Three participants had worked in hospital A, while the remainder had worked in hospital B. The participants' years of experience in nursing ranged from three years to eighteen years, with a mean of six years and three months. Two participants held a bachelor's degree in nursing and six had diplomas in nursing.

4.1 Themes

The research data revealed four major themes and nine sub-themes, as illustrated in Table 1.

4.1.1 *Restrictive work environment*

This theme was characterized by two sub-themes: "experiencing restrictive work practices" and "being denied opportunities".

(1) Experiencing restrictive work practices ("Hands being tied")

Participants reported that the organizational culture of the private hospitals they had last worked in as characterized by their "hands being tied". They were expected to work within specific boundaries making them feel they were "boxed in" and restricting them from thinking "out of the box".

".....I feel like my hands are tied, there are too many limitations as to what you can do so at the end of the day...,sometimes you cannot move out of the box as there is a box that has been placed and you are meant to work within that box which sometimes can be hard if you are used to thinking what you can do and adapting is hard ... there is no logical explanations as to why you cannot do these things since they are things a nurse can do...but it's the way the system is..." (RN-05)

"...You have no voice... you are so limited and if the authority is not flexible...it just freezes you out and you cannot spread your wings." (RN-01)

(2) Being denied opportunities

Participants reported severe limitations on their ability to participate in decision-making processes and certain aspects of nursing care. These restrictions were most commonly experienced if a nurse was new in the unit, irrespective of the years of nursing practice.

"...sometimes during meetings, you raise an issue, they shut you down.... But if another guy brings it up, they simply appreciate it..." (RN-03)

"....they think you don't help much. But in some way you are not given that space to help because they put limitations onto what you can really do, so, at the end of the day, you don't know much because of the limitations,...but I think if you are given space, they could see there is a lot you can do in terms of work..." (RN-06)

Participants reported being denied opportunities for professional development and career advancement. These challenges seemed embedded in certain organizational rules, regardless of professional requirements or personal development needs for such opportunities. This lack of professional development entailed being denied opportunities to go back to study and the lack of career progression pathways. Participants reported that their previous private institutions did not support RNs who were keen on "going back to school".

"When I got into the system, I learned that there were courses that were limited to the junior staff nurses....there are courses only the senior nurses can go for and there are courses that managers can go for." (RN-03)

"... I was told that I cannot be sponsored by the hospital and there was nothing forthcoming, everything was like a roadblock, it was like I can't do what I want, I have to do what they want and what they want is for you to grow horizontally and I wanted to go grow vertically. So I left to go back to school..." (RN-04)

"...with all my years of working, I needed to be in a better

place, so that is why I decided to look for an institution that can give me a chance to go to school." (RN-02)

4.1.2 *Top down leadership*

This theme was characterized by three sub-themes: "being ordered to do", "adopting an unquestioning attitude and approach", and "knowing your place". The type of nursing leadership was identified as the key factor that determined the prevailing culture of private hospitals. The participants said that the unit managers had a vital role to play in the way things were done in the units, while simultaneously controlling and/or limiting autonomy of the practitioners.

(1) Being ordered to do

Participants reported that communication in their private hospital context was mostly characterized by receiving orders. The nursing leaders determined who was to be promoted, how doctors talked to the nurses, allocation of patient-staff ratios, and ultimately, interpersonal relationships on the units. Nursing leadership was also blamed for contributing to "tying the hands" of RNs.

"…we used to receive orders and in fact if we were to be more realistic, that was not communication; that was more of orders and you cannot question." (RN-08)

"…military rule, that is what I can sum it up as…" (RN-01)

(2) Adopting an unquestioning approach and attitude

Although unit managers claimed they had an open-door policy, participants stated that there was no opportunity to challenge decisions. Participants reported that any attempts to question decisions from the leaders were thwarted by the use of statements that indicated that the decision was final and there was no way that the decision could change.

"The moment you question, you are told that it's from above from the matron or it's a directive from the CEO, so you have no option but to undertake the same." (RN-01)

"…you could not complain of something that was bothering you to the in charge, because you can be told that you are trying to incite staff…" (RN-07)

"For example, if you wanted to organize something for the students and the hospital director for nursing is not for the idea, they simply shut you down and explaining that to the students becomes a challenge." (RN-08)

(3) "Knowing your place"

A common statement that was repeated by several participants was: "You need to know your place". Participants reported instances and examples where they had to constantly remind themselves of their subordinate position within the

organization. This phrase was applied to nursing tasks as well as in social spaces such as the cafeteria.

"I think it was the hospital culture that your senior is your senior and you are not so free with your in-charge. In fact, I remember when I joined the institution, there were three places in the cafeteria- one was reserved for the students, the other for the juniors, and the other for the senior nurses." (RN-01)

"Knowing your place" also involved watching what you said and to whom you said it. They reported that, in private hospitals, one had to know their place in the hierarchy, which meant that one was not allowed to express opinions on certain issues, in part, reflecting adherence to and preservation of the previous sub-themes.

"I was told that there are some people you don't just say anything when you are around them. . . .just like any organization I think." (RN-03)

4.1.3 *Normalizing the abnormal in team dynamics*

This theme was characterized by two sub-themes: "normalizing professional bullying" and "normalizing lack of professional support".

(1) Normalizing professional bullying

Participants reported experiencing professional bullying as defined by uncivil behaviours during their employment within these two private hospitals. Most participants reported that this behavior was more common upon entry into the organization. Bullying was seen to be operationalized through allocation of disproportionately heavier workloads, having one's ideas or suggestions disregarded, and being blamed for other peoples' mistakes.

"…there were some who were always on night duty…always getting the heaviest patients ... we could do like four-night duties. So there was that victimization of disliking somebody and victimizing them, not having a genuine reason." (RN-03)

One participant, who had worked in five different health institutions, reported experiencing bullying in all institutions when newly employed. Generally, all participants viewed bullying as a sanctioned form of informal orientation.

"Professional bullying was definitely there because in the first months when you were there and something happened there, people would say that it's the new staff . . . they make a mistake and elude it to the new nurse." (RN-08)

"It shouldn't be there but it happens, yes, it happens everywhere, when you are new, people are skeptical, they don't know what you are bringing in." (RN-05)

(2) Normalizing lack of professional support

Participants talked about feeling unsupported by their leaders, generally, these were senior nurses. This lack of support informed a situation where the nurses were being harassed by doctors and patients. The RNs felt they had no voice, and lacked confidence that their respective leadership teams tended to speak on their behalf.

"You have no voice; the in-charge cannot talk for you, the customer is always right, the doctor can talk to you the way he wants,. . . no one will listen to you. . . .so you feel it's all too much." (RN-07)

The participants reported that they experienced job stress in their private hospital context related to lack of professional support. They reported that their job stress was caused by low staffing levels, poor interpersonal relationships, lack of professional support, long working hours, and lack of work family balance, poor conflict resolution mechanisms, and autocratic style of management.

". . . the constant never ending stress ...then the stress of poor interpersonal relationships, poor scanty staffing ratios, long working hours, you have no personal life. I felt the environment was so hostile, you make a mistake and you are reprimanded in public. . ., how much can one person take? You go home. . . I could hardly eat. . . .you are constantly thinking of work, I am like 'oh, what didn't I document' and instead of sleeping I think, what didn't I do. . . " (RN-02)

"There was a lot of tension that at times you feel like you are not exercising your full potential." (RN-01)

4.1.4 *Ethical concerns*

This theme was characterized by two sub-themes: "respecting the practitioners" and "caring for the caregivers".

(1) Respecting the practitioners

The participants reported that private hospitals do not support their promotions and there was a climate of confusion of reporting channels.

". . . the brave ones went to HR to find out what happened and apparently the results in the file did not match the outcome of the interview, we were all supposed to have been promoted. So with that you cannot move on. . . " (RN-01)

(2) Caring for the caregivers

The participants reported that private hospitals do not appreciate their employees, including RNs, as evidenced by the fact that they did not take care of them.

"The other reason was care of the workers. I felt that the institution was not giving much to take care of us in terms of medical cover because what they were giving was just a small amount shillings for both in-patient and out-patient and for every clinical visit you have to cater for 20% yet we brag that we are working in the best healthcare facility in Kenya." (RN-08)

". . . you are expected to offer care, but on the other side, you as a nurse your needs are not taken care of." (RN-02)

5. DISCUSSION

This research illuminated a small sample of specific organizational barriers to the retention of nurses, as perceived by this cohort of RNs employed within two private hospitals in Kenya. The participants spoke most of rule-boundedness and referred to a lack of autonomy. This finding aligns closely with previous research by Nkozama et al.,[14] which found similar organizational culture attributes in Botswana district health services. Healthcare workers in a Botswanan study also indicated that they had to work strictly by the rules.[14] The barriers reported in the current study align to the work of Choi et al.[21] that revealed a lack of nursing autonomy in patient care and a sense of powerlessness at work as two of the primary attributes of the current nursing work environment that increased intent to leave.

Participants spoke of being denied opportunities in decision-making, and for professional development and career advancement. Continuing education and training opportunities have been associated with job satisfaction and motivation to stay in an institution.[6, 22, 23] The current study findings concur with other studies which found that lack of career development opportunities, especially opportunities for further education was one of the causes of relatively high nursing staff turnover in Japan and other high resource countries.[9, 22]

Some participants spoke of "being ordered" to do, having to adopt an unquestioning attitude, and having to learn unwritten rules, one of which was "understanding their place" in a hospital hierarchy. This meant that there were predictable ways of behaving and anticipated outcomes if the rules were not followed. However, these rules and expectations were often not openly communicated. Communication between RNs and the hospital managers was characterized by "knowing your place" and "watch what they said" and to whom they said it to. Autonomy at the work place and involvement in decision-making has been shown to be key to enhancing professionalism and job satisfaction.[24]

The findings of this study concur with evidence that threats and intimidation by an authoritarian leader may lead to frustration among nursing staff and eventual turnover.[4, 21] Studies have shown that nurses consider autonomy in nursing practice and control over nursing practice essential for the provision of high quality nursing care.[9]

The theme of "normalizing the abnormal in team dynamics and professionalism" aligns with the work of Choi et al.[21] The overt and covert forms of bullying experienced by these Kenyan RNs employed in private hospitals resonate with the findings of various studies.[25, 26] This lack of autonomy has been further linked to bullying in the workforce.[1] The RNs' lack of autonomy and the tendency towards autocratic leadership in these Kenyan private hospital based findings may be associated with the prevalence of bullying in the selected hospitals. The major themes of restrictive work practice, top down leadership, normalizing the abnormal in team dynamics and ethical concerns, have also been found internationally to be associated with increased RN turnover.[1, 4, 25, 26]

In this study, participants reported feeling unappreciated by their employer due to lack of commensurate benefits and pay, with many describing unfairness in the distribution patterns. Feeling unappreciated emanated from perception of lack of the professional development opportunities and poor remuneration. This is similar to the findings of Choi et al.[27] in Hong Kong and Currie and Hill[23] in the United Kingdom who found an unfavorable work environment, and a lack of job and professional incentives associated with increased turnover among nurses. An individual's perception of the ethical climate of the organization in which they work is shaped by other factors that determine job satisfaction.[23] The theme of feeling unappreciated in the current study was similar to the findings of Choi et al.[27] in Hong Kong, who states that RNs are willing to stay in an organization if they feel appreciated by their patients and employers.

The study limitations include the use of two private hospitals and a small sample of participants only which lessened transferability of the findings. Snowballing sampling that was employed posed further limitations in the possibility of introducing bias through association. Furthermore, the interview technique required a recall of past events which may have been stressful and have affected the data quality and integrity; however, this was anticipated and supported in the participants' research consent.

This paper has outlined organizational culture within a small sample of Kenyan private hospitals which informed nurses making decisions to leave. The culture was described as a restrictive work environment, a top down leadership style, normalizing the abnormal team dynamics, and ethical con-cerns.

This study suggests a need for Kenyan hospital administrators to create a hospital work environment that provides more autonomy for the nurses than what is currently in place. This could be achieved by implementing American Association of Critical-care Nurses' (AACN) standards for establishing and sustaining healthy work environments[28] and revising RN's job descriptions to enable a wider scope of practice that allows nurses to have power to make decisions regarding patient nursing care, freedom to exercise clinical judgement and freedom to act accordingly. AACN's standards for establishing and sustaining healthy work environments include: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, authentic leadership.[28]

It is crucial to educate and empower nurses in their role in protecting themselves against "abnormal" team dynamics such as bullying given its detrimental effects on nursing turnover. Kenyan hospital administrators should consider development of policies and structures to prevent and address bullying at workplace. Reporting mechanisms for the victims of bullying, as well as mechanism to deal with the aggressors, are strongly recommended.

Finally, Kenyan hospital administrators need to develop reward systems that recognize nurses whose work is exemplary. This can be in form of certificates of recognition, non-financial tokens or financial tokens, which can be used to further motivate and retain nursing staff. Non-financial tokens could include gift vouchers and holiday vouchers.

CONFLICTS OF INTEREST DISCLOSURE
The authors declare they have no conflicts of interest.

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