Academic Journal of Humanities and Social Sciences Research

INFLUENCE OF MENTORSHIP PRACTICES ON EMPLOYEE RETENTION IN STATE-OWNED HEALTH INSTITUTIONS IN NAIROBI CITY COUNTY, KENYA

Roselant Boen and **Dr. Selline Indara Akoyo, PhD**

Academic Journal of Humanities and Social Sciences Research
ISSN: 2583-2387
Vol.3, Issue.No.2, 2026

Influence of Mentorship Practices On Employee Retention in State-Owned Health Institutions in Nairobi City County, Kenya

Roselant Boen

Corresponding Author, Postgraduate Student, The East African University

Dr. Selline Indara Akoyo, PhD

Lecturer, School of Business, Department of Business Administration, The East African University

Article History:
Published on: 19/11/2026
DOI:
https://doi.org/10.68715/jhssr.v3i2.166
How to Cite: Boen, R., & Akoyo, S. I. (2026). Influence of Mentorship Practices On Employee Retention in State-Owned Health Institutions in Nairobi City County, Kenya. *Academic Journal of Humanities and Social Sciences Research, 3*(2), 1–21. **https://doi.org/10.68715/jhssr.v3i2.166**

Abstract:

Purpose of Study: The study sought to determine the influence of mentorship practices on employee retention in state-owned health institutions in Nairobi City County, Kenya. Specifically, it examined how mentorship contributes to employee commitment, career development, and intention to remain in public health institutions, guided by Social Exchange Theory and organisational support principles.

Methodology: The study adopted a descriptive cross-sectional research design integrating quantitative and qualitative approaches. The target population comprised 7,358 employees, with 379 selected through stratified random sampling. Data were collected using questionnaires and interviews. Quantitative data were analysed using descriptive statistics, Pearson correlation, and regression analysis, alongside qualitative thematic analysis.

Findings: The findings revealed mixed perceptions of mentorship practices, with mean scores ranging from 2.85 to 3.15. Lack of formal mentorship structures (30.8%), inadequate senior staff (25.4%), and time constraints (21.7%) were major challenges. Although 59.5%–63.6% of respondents expressed organisational commitment and intention to remain, 47.6%–49.3% reported considering departure. Pearson correlation indicated a strong positive relationship between mentorship and retention ($r = 0.671$, $p < 0.01$). Regression analysis further established a positive, statistically significant influence of mentorship practices on employee retention ($\beta = 0.231$, $p < 0.001$), highlighting their contribution to workforce stability in public healthcare institutions.

Conclusion: The study concluded that mentorship practices significantly influence employee retention, although their explanatory contribution remains modest. It recommends institutionalising structured mentorship programmes, ensuring equitable access, allocating dedicated mentoring time and strengthening career development opportunities. Integrating mentorship with recognition, transparent promotion procedures and supportive working conditions could enhance sustainable employee retention.

Keywords: *Mentorship Practices; Employee Retention; State-Owned Health Institutions; Social Exchange Theory; Career Development.*

©2026 By The Authors. This Article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license **(https://creativecommons.org/licenses/by-nc-sa/4.0/**

1.0 INTRODUCTION

1.1 Background of the Study

Health systems depend on a stable and experienced workforce to deliver safe and continuous care. Employee turnover results in the loss of institutional knowledge, increased workloads and disruptions in service delivery. Mentorship, through guidance, professional advice and support from experienced employees, is an important human resource practice for promoting professional development and employee retention. De Vries et al. (2023) recommended onboarding and mentoring programmes as practical retention strategies for nurses and physicians. This study therefore examined the influence of mentorship practices on employee retention in state-owned health institutions in Nairobi City County, Kenya.

1.1.1 Global Perspective

In Spain, Vázquez-Calatayud and Eseverri-Azcoiti (2023), through a systematic review, established that nurse residency and individual mentoring programmes lasting approximately one year were among the most comprehensive interventions for retaining newly graduated nurses in hospital employment. However, variations in programme designs limited direct comparisons. In China, Gong et al. (2022), in a survey of 371 nurses across six regional general hospitals, established a positive relationship between mentoring relationships and organisational commitment ($r = 0.56$, $p < 0.01$). Career optimism partly mediated this relationship, while mentoring had a stronger influence on nurses with limited career self-management. These findings establish the contribution of mentoring relationships to employee commitment and retention, although their applicability to state-owned health institutions in Kenya requires contextual investigation.

1.1.2 Regional Perspective

In Nigeria, Akinwumi et al. (2022) examined 182 doctors in training at two public tertiary hospitals in Ekiti State and established that 74.2% intended to migrate abroad. Job satisfaction and residency stage were the main determinants, with junior residents reporting greater intentions to leave. The authors recommended stronger support for junior doctors. In South Africa, Kau et al. (2024) examined 208 permanent nurses in a public hospital and, guided by Social Exchange Theory, established the relevance of workplace ethical climate to employee commitment and retention. These findings demonstrate the importance of organisational support in retaining healthcare professionals. However, neither study directly examined mentorship as a predictor of employee retention, leaving an empirical gap within the East African context.

1.1.3 Local Perspective

In Kenya, Kiptulon et al. (2025) surveyed 429 nurses in referral hospitals and established high intentions to leave both their jobs and the profession, alongside a decline in nurse density from 128.3 to 112 per 100,000 populations between 2018 and 2022. In Nairobi City County, Mwasi and Muli (2024), studying 5,626 health workers in five public referral hospitals, established that career development, recognition and employee benefits positively and significantly influenced retention. Similarly, Simiyu and Ng'eno (2023) associated experienced health worker turnover in Bungoma County with delayed salaries, weak career progression structures and inadequate retention systems. At Mbagathi Hospital, Gudai (2024) established that poor working conditions, limited performance development and inadequate recognition predicted staff turnover. Although these studies demonstrate the importance of career development and organisational support, they do not establish the specific influence of mentorship on employee retention. This gap is particularly relevant to Kenyatta National Hospital, Mama Lucy Kibaki Hospital and Mbagathi Hospital, where retaining experienced employees is essential for sustained healthcare delivery.

1.2 Statement of the Problem

Employee retention remains a critical challenge for state-owned health institutions in Nairobi City County, particularly in maintaining an experienced workforce capable of delivering continuous and quality healthcare services. Kenya's nurse density declined from 128.3 to 112 per 100,000 population between 2018 and 2022, while nurses in referral hospitals reported high intentions to leave their jobs (Kiptulon et al., 2025). This situation raises concerns about the ability of public health institutions to retain experienced employees and sustain effective service delivery. Although mentorship provides professional guidance, career support and workplace integration, its contribution to employee retention remains insufficiently established in the Kenyan public health sector. International studies associate structured mentoring and preceptor programmes with improved retention, particularly among newly qualified nurses (De Vries et al., 2023; Vázquez-Calatayud & Eseverri-Azcoiti, 2023). However, Brook et al. (2024) identified limitations in the available evidence, including weak reporting and insufficient data on the effectiveness of retention interventions. Locally, existing studies have primarily examined remuneration, employee benefits, working conditions, recognition and general career development as determinants of employee retention (Gudai, 2024; Mwasi & Muli, 2024; Simiyu & Ng'eno, 2023). Consequently, the specific contribution of mentorship practices to employee retention remains inadequately investigated, particularly across clinical and administrative employees in state-owned health institutions. This creates a practical and empirical problem because hospital managers lack sufficient context-specific evidence to determine whether structured mentorship can address employee retention challenges alongside other human resource interventions. Without such evidence, opportunities to use mentorship in

strengthening workforce stability may remain underutilised. The study therefore examined the influence of mentorship practices on employee retention in state-owned health institutions in Nairobi City County, Kenya.

1.3 Purpose of the Study

The purpose of the study was to determine the influence of mentorship practices on employee retention in state-owned health institutions in Nairobi City County, Kenya.

1.4 Research Hypothesis

H01: Mentorship practices do not significantly influence employee retention in state-owned health institutions in Nairobi City County, Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Review

Social Exchange Theory

Social Exchange Theory, which emerged from sociological work in the 1950s and 1960s, describes workplace relationships as an exchange in which employees and employers weigh the costs and benefits of their relationship. When an organisation provides valued support, such as fair treatment or opportunities to develop, employees feel obliged to repay it through loyalty, effort and continued commitment (Xuecheng et al., 2022). Applied to this study, the theory suggests that employees who see real investment in their career development will be less inclined to leave. Mentorship suits this theory well because it creates a personal exchange of guidance, support and trust between mentor and mentee. Gong et al. (2022) used the same reasoning to argue that nurses who receive guidance from a mentor are expected to repay the organisation and the mentor by increasing their commitment. The theory's main strength is that it explains retention as a relationship and not only as an economic decision. Its weakness is that it assumes organisations can always reciprocate employee effort. In public health institutions, promotion posts and funds are often limited, which may prevent managers from repaying loyalty even when they wish to do so. Despite this limitation, the theory remains relevant and was assigned to the mentorship objective because mentorship is, by nature, a relationship built on reciprocal exchange.

2.2 Empirical Review

This review examines recent studies on mentorship and retention to identify areas of agreement, differences and gaps relevant to the present study.

2.2.1 Mentorship Programs and Employee Retention

Evidence from hospital settings generally favours mentoring. A systematic review in Spain found that nurse residency and individual mentoring programmes lasting about one year, with preceptor or mentor components, were the most effective ways of retaining newly graduated nurses (Vázquez-Calatayud & Eseverri-Azcoiti, 2023). A wider review of 55 studies of nurses and physicians likewise recommended onboarding and mentoring programmes (De Vries et al., 2023). These reviews are strong on breadth, but they draw mainly on high-income hospitals and report that programme designs differ widely. In China, Gong et al. (2022) found that nurses who rated their mentoring relationship highly also reported stronger commitment to their hospital ($r = 0.56$). The cross-sectional design, however, cannot show that mentoring caused the commitment. Brook et al. (2024) cautioned that evidence on interventions for newly qualified nurses is limited by weak reporting and scarce data.

Studies from Africa point to the same need but do not test mentorship directly. In Nigeria, junior resident doctors were more likely than senior residents to plan to migrate, and the authors called for more support during early residency (Akinwumi et al., 2022). In Kenya, career development was positively and significantly related to retention among health workers in Nairobi's public referral hospitals (Mwasi & Muli, 2024), while turnover in Bungoma County was linked to weak career progression structures (Simiyu & Ng'eno, 2023). Taken together, the studies agree that guidance and career support are associated with better retention outcomes. They differ in scale, design and outcome, ranging from reviews of many programmes to single-hospital surveys. None examined mentorship as the main predictor of retention among frontline clinical and administrative staff in state-owned hospitals in Nairobi City County. This contextual and outcome-specific gap is what the present study addresses.

2.2.2 Employee Retention

Employee retention refers to an organisation's ability to keep its skilled employees over time and to reduce voluntary departures. In health institutions it is usually studied through three connected indicators: intention to stay, organisational commitment and turnover intention. Intention to stay is the employee's stated wish to continue working for the same employer. Organisational commitment is the emotional attachment and sense of belonging that an employee feels towards the institution. Turnover intention is the employee's thought of leaving or search for another job, and it is widely used as an early warning of actual departure. This study measured all three, together with employment continuity and willingness to remain with the institution. Retention matters in health care for practical reasons. Each departure removes clinical experience, increases the workload of colleagues and can weaken the continuity of patient care. The problem is most severe where workforce numbers are already low. In Kenya,

nurse density fell from 128.3 to 112 per 100,000 population between 2018 and 2022, and nurses in referral hospitals reported high intention to leave both their jobs and the profession (Kiptulon et al., 2025).

Research identifies several influences on retention. Xuecheng et al. (2022) found, among employees of small and medium enterprises in China, that training and development, a supportive work environment and job satisfaction each had a significant positive effect on retention. In health settings, perceived organisational support has been strongly related to intention to stay; among 1,402 nurses in Guangdong, the correlation was r = 0.550 (Pu et al., 2024). Kenyan evidence adds pay, recognition and career growth. Employee recognition, benefits and career development were positively related to retention in Nairobi's public referral hospitals (Mwasi & Muli, 2024), and poor working conditions, limited performance development and little recognition predicted turnover at Mbagathi Hospital (Gudai, 2024).

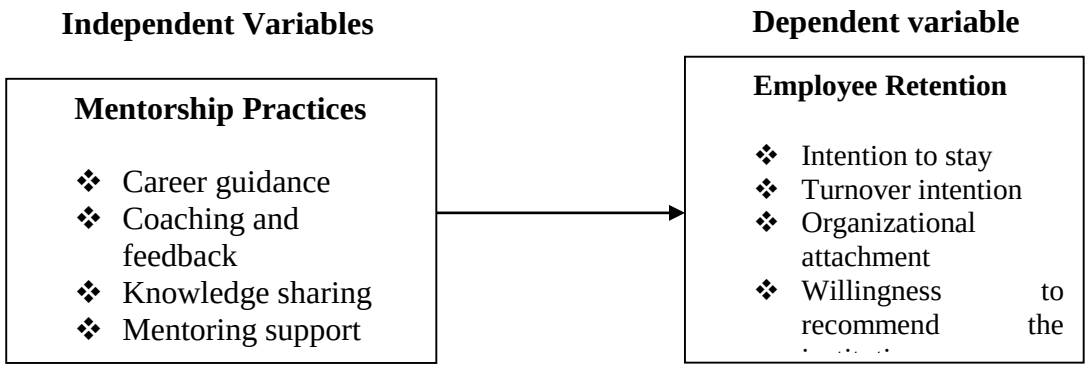
Mentorship belongs to this group of career-support practices. Through guidance, feedback and role modelling, it can help employees understand career paths, build confidence and feel valued, which are the experiences that Social Exchange Theory links to loyalty. Retention is, however, rarely explained by a single practice. Pay, promotion and workload also matter, so the effect of mentorship is best expected to be real but partial. The present study therefore measured mentorship as one contributor to retention and not as its only cause.

2.3 Conceptual Framework

A conceptual framework illustrates the expected relationships among key variables by explaining how the independent variable influences the dependent variable. In this study, the independent variable was mentorship practices, measured through mentor availability, career guidance, coaching and feedback, and professional knowledge sharing. The dependent variable was employee retention, measured through intention to stay, organisational commitment, employment continuity and willingness to remain with the institution. The framework expects that stronger and more consistent mentorship practices will be associated with higher retention. Other influences, such as pay, promotion and working conditions, were not measured as variables but are acknowledged as factors that may also shape retention.

Figure 1

Conceptual Framework



Note. Source: Researcher (2025)

3.0 RESEARCH METHODOLOGY

The study adopted a descriptive cross-sectional research design incorporating quantitative and qualitative approaches. The target population comprised 7,358 employees from Kenyatta National Hospital, Mama Lucy Kibaki Hospital and Mbagathi Hospital. Using Yamane's formula at a 5% margin of error, a sample of 379 employees was determined. Stratified random sampling was used to ensure proportional representation across the three institutions, while purposive sampling was applied to select key informants. Primary data were collected using structured questionnaires and semi-structured interview guides. Mentorship practices were assessed through indicators including mentor availability, career guidance, coaching and feedback, and professional knowledge sharing. Employee retention was measured through intention to stay, organizational commitment, employment continuity and willingness to remain with the institution. A pilot study was conducted at a comparable health institution outside the study area to assess instrument validity and reliability. Quantitative data were analysed using SPSS through descriptive statistics, Pearson correlation and simple linear regression, while qualitative data were analysed thematically. Findings were presented using tables and narrative explanations. Ethical approval, informed consent, confidentiality and relevant research permissions were observed throughout the study.

4.0 RESEARCH FINDINGS AND DISCUSSION

4.1 Response Rate

A total of 379 employees from three state-owned public health institutions in Nairobi City County were selected to participate in the study. Of the questionnaires issued, 351 were completed and returned, a return rate of 92.6%. The remaining 28 questionnaires (7.4%) were not received, largely because of employees' demanding work shifts and competing clinical duties during fieldwork. Table 4.1 shows the response outcome.

Table 4.1: Response Rate

Category	Frequency	Percentage (%)
Questionnaires distributed	379	100.0
Questionnaires returned	351	92.6
Questionnaires not returned	28	7.4

Source: Researcher (2026)

This response rate represents a very high level of participation. In a meta-analysis of 1,071 online surveys, Wu et al. (2022) reported an average response rate of 44.1% and found that surveying a clearly defined population improved participation. The 92.6% achieved here is far above that average, although the survey modes differ. A high response rate strengthens coverage of the intended sample and reduces missing returns, but it cannot on its own prove that non-response bias was absent, because the 28 employees who did not respond may have differed from those who did, particularly in workload.

4.2 Descriptive Analysis

4.2 Mentorship Programs and Employee Retention

The second objective sought to assess the influence of mentorship programs on employee retention in state-owned health institutions in Nairobi City County. Respondents indicated their level of agreement with ten statements on mentorship in their institutions. The findings are shown in Table 4.2.

Table 4.2: Mentorship Programs

Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)	Mean (M)	Std. Dev.
My institution has a formal mentorship program for staff	20.2	19.4	14.2	33.3	12.8	2.99	1.386
I have access to an experienced mentor who guides my career	21.1	19.7	13.7	33.3	12.3	2.99	1.443

Senior staff actively support the professional growth of junior staff	21.9	20.5	13.4	30.5	13.7	2.93	1.377
Mentorship sessions are conducted regularly	22.5	19.7	14.2	30.2	13.4	2.93	1.387
Mentorship has helped me build confidence in my role	23.4	20.8	13.1	29.3	13.4	2.85	1.387
Mentors provide constructive feedback on my performance	20.5	19.1	14.5	33.0	12.8	2.99	1.379
Mentorship opportunities are available to all cadres equally	21.1	20.5	14.5	31.6	12.3	2.92	1.360
Mentorship has improved my understanding of career progression paths	17.9	17.9	14.8	36.5	12.8	3.15	1.424
Availability of mentorship influences my intention to remain in the institution	20.2	18.5	13.7	35.3	12.3	3.09	1.372
Mentorship programmes contribute to my job satisfaction	20.5	18.8	13.4	34.2	13.1	3.01	1.441

Source: Researcher (2026)

Table 4.2 shows that mentorship was not firmly established as a consistent development practice. Mean scores ranged from 2.85 to 3.15, and seven of the ten statements scored below the midpoint of 3.00. The average of the ten means was about 2.99, which indicates neutral to slightly unfavourable perceptions. Standard deviations of 1.360 to 1.443 show that employees' experiences differed considerably. Some employees therefore benefited from mentorship, but its availability, consistency and contribution to professional development were not uniformly recognised.

On institutionalisation, the statement that the institution had a formal mentorship programme recorded a mean of 2.99 (SD = 1.386). While 46.1% of respondents agreed or strongly agreed, 39.6% disagreed or strongly disagreed and 14.2% were neutral. Access to an experienced mentor showed a similar split (M = 2.99, SD = 1.443; 45.6% agreement against 40.8% disagreement). Employees therefore did not share a clear view of whether formal arrangements existed, and the presence of experienced staff did not necessarily translate into accessible and structured mentoring for all. This matches the pattern in the wider literature, where the most effective programmes were structured, multi-component and included defined mentor roles (De Vries et al., 2023; Vázquez-Calatayud & Eseverri-Azcoiti, 2023).

Implementation was also mixed. Senior staff support for junior staff (M = 2.93), regular sessions (M = 2.93), constructive feedback (M = 2.99) and equal access across cadres (M = 2.92) all scored close to the midpoint, with agreement and disagreement within two to six

percentage points of each other. Only 43.6% agreed that sessions were held regularly, while 42.2% disagreed. Mentorship was therefore not consistently experienced as a routine activity. Where access is unequal, some employees receive guidance while others do not, and this may affect how they view institutional support. Clear procedures for selecting and matching mentors, setting meeting schedules and giving feedback would make mentorship more consistent.

The interviews help to explain these ratings. The Head of Nursing Services at Kenyatta National Hospital stated:

> *"We have an informal mentorship arrangement where senior nurses guide newly recruited nurses. However, due to heavy workloads and staff shortages, these mentorship relationships are not as structured or consistent as we would like. When mentorship works well, it significantly improves staff confidence and reduces turnover among junior nurses."*

The Medical Superintendent at Mama Lucy Kibaki Hospital added:

> *"Mentorship is critical for professional development, especially for clinicians who need guidance on career progression. We encourage senior consultants to mentor junior doctors, but formal mentorship programmes are constrained by time and resource limitations."*

Both accounts show that the problem was less a lack of willing senior staff than the difficulty of sustaining mentoring under heavy workloads, staff shortages and limited resources. The first interviewee's remark that good mentorship reduces turnover describes a perceived benefit when mentoring works well. It is not evidence that turnover had already fallen. Because the two accounts represent two institutions, they should not be generalised to every department.

Despite the weak ratings for implementation, respondents reported some benefits. Understanding of career progression recorded the highest mean (M = 3.15, SD = 1.424), with 49.3% in agreement against 35.8% in disagreement. Experienced colleagues can help employees understand the qualifications and competencies needed for advancement. In contrast, confidence-building recorded the lowest mean (M = 2.85, SD = 1.387) and was the only statement where disagreement (44.2%) exceeded agreement (42.7%). Effective mentoring needs sustained interaction, constructive feedback and practical guidance, and these elements appear to have been inconsistent. The questionnaire did not separate formal from informal mentorship, so this explanation remains an interpretation and not a confirmed finding.

The link between mentorship and retention was assessed through perceived influence on intention to remain. This statement recorded a mean of 3.09 (SD = 1.372), with 47.6% agreeing

and 38.7% disagreeing. The statement that mentorship contributes to job satisfaction recorded a mean of 3.01 (SD = 1.441), with 47.3% agreeing and 39.3% disagreeing. Employees therefore recognised a possible connection between mentorship, satisfaction and willingness to stay, but with varying strength. This is consistent with Gong et al. (2022), who found that a good mentoring relationship was associated with higher commitment among nurses, and with Mwasi and Muli (2024), who found that career development was positively related to retention in Nairobi's referral hospitals. The survey, however, measured perceived intention to remain and not actual turnover, so these descriptive findings cannot show that mentorship reduced departures. Overall, mentorship was not consistently experienced as formal, regular or equally accessible in the participating institutions.

Primary Challenge Affecting Mentorship Programs

Respondents were asked to identify the primary challenge affecting mentorship in their institution. The findings are shown in Table 4.3.

Table 4.3: Primary Challenge Affecting Mentorship Programs

Challenge	Frequency	Percentage (%)
Lack of formal structure	108	30.8
Few senior staff available	89	25.4
Time constraints	76	21.7
Low management support	52	14.8
Other	26	7.4
Total	351	100.0

Source: Researcher (2026)

Lack of formal structure was the most frequently cited challenge (30.8%, n = 108), followed by few senior staff (25.4%, n = 89) and time constraints (21.7%, n = 76). Together, these three practical problems accounted for 77.9% of responses, while low management support was cited by 14.8% (n = 52). Mentorship was therefore constrained mainly by how it was organised and resourced, and less by unwillingness among managers. The Head of Nursing Services at Kenyatta National Hospital said: "We do not have a formal mentorship programme with defined objectives and evaluation mechanisms. Mentorship happens naturally when senior nurses guide junior ones, but this is not structured or consistent." This account supports the survey result. It also agrees with reviews showing that structured programmes with defined mentor roles are the most effective for retention (De Vries et al., 2023; Vázquez-Calatayud & Eseverri-Azcoiti, 2023).

Employee Retention

The dependent variable was employee retention. Respondents indicated their level of agreement with nine statements on intention to stay, organisational commitment and turnover intention. The findings are shown in Table 4.4.

Table 4.4: Employee Retention

Statement	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD
A. Intention to Stay							
I intend to remain employed at this institution for the foreseeable future	11.4	12.0	14.0	45.3	17.3	3.29	1.370
I see myself working in this institution for the next three years	12.5	13.4	14.5	42.7	16.8	3.18	1.433
I would choose to continue working in this institution even if offered a similar position elsewhere	12.2	13.1	14.5	43.0	17.1	3.18	1.371
B. Organizational Commitment							
I feel a strong sense of commitment to this institution	10.5	11.7	14.2	46.2	17.4	3.35	1.422
I feel proud to be associated with this institution	11.4	12.2	14.5	44.2	17.7	3.23	1.343
I am willing to put extra effort into helping this institution achieve its goals	11.7	12.5	14.2	43.9	17.7	3.21	1.430
C. Turnover Intention (Reverse Coded)							
I frequently think about leaving this institution	18.2	19.7	14.5	33.6	14.0	2.91	1.468
I am actively looking for employment opportunities outside this institution	18.5	19.4	14.2	33.3	14.5	2.92	1.458
If I had the opportunity, I would leave this institution within the next year	17.6	18.8	14.2	34.5	14.8	3.05	1.430

Source: Researcher (2026)

Table 4.4 shows a mixed retention picture. On intention to stay, 62.6% of respondents agreed that they intended to remain employed for the foreseeable future (M = 3.29, SD = 1.370), against 23.4% who disagreed. Agreement was lower for staying three more years (59.5%, M = 3.18) and for choosing the current institution over a similar post elsewhere (60.1%, M = 3.18), with 25.9% and 25.3% disagreeing. Most employees therefore expected to stay, but a sizeable minority did not, and their willingness to commit to a longer period was weaker than their

general intention. Employees may intend to stay while remaining open to better conditions, so a stated intention should not be read as an unconditional commitment.

Organisational commitment was rated more positively. The statement on a strong sense of commitment had the highest mean of all nine items (M = 3.35, SD = 1.422), with 63.6% in agreement and 22.2% in disagreement. Pride in the institution (M = 3.23; 61.9% agreement) and willingness to put in extra effort (M = 3.21; 61.6% agreement) followed a similar pattern. Commitment and retention are related but not identical, because an employee can value the institution's purpose and work hard while still looking for better career prospects elsewhere. Pu et al. (2024) found that perceived organisational support was strongly related to nurses' intention to stay (r = 0.550), which suggests that how employees experience institutional support is central to whether commitment becomes retention.

Turnover intention was less favourable. Thoughts of leaving were reported by 47.6% of respondents (M = 2.91, SD = 1.468), active job search by 47.8% (M = 2.92, SD = 1.458), and willingness to leave within a year if an opportunity arose by 49.3% (M = 3.05, SD = 1.430), compared with 36.4% to 37.9% who disagreed. The last statement describes a conditional intention and not a confirmed plan, so it signals turnover risk and does not show that nearly half of staff would leave. The pattern is nonetheless consistent with the high turnover intention that Kiptulon et al. (2025) reported among nurses in Kenya's referral hospitals.

The results reveal a tension: over three-fifths of employees expressed commitment, yet between 47.6% and 49.3% considered leaving. These findings are not contradictory. Under Social Exchange Theory, attachment may persist while employees feel that the institution does not fully repay their effort with advancement and recognition (Xuecheng et al., 2022). The interviews support this reading. A Human Resource Manager at Mbagathi Hospital stated:

> *"We have lost several experienced staff to private hospitals and to opportunities abroad. The main reasons cited by departing employees include low remuneration, limited opportunities for promotion, and lack of recognition for additional qualifications."*

The Medical Superintendent at Mama Lucy Kibaki Hospital similarly observed that many trained staff leave soon after completing their studies because they feel the institution offers too few advancement opportunities. These accounts match Kenyan evidence that poor recognition, working conditions and weak promotion structures drive turnover (Gudai, 2024; Simiyu & Ng'eno, 2023). They show that investment in training does not retain staff unless a credible path to advancement follows. As individual accounts, they illustrate reasons for leaving but do not measure how common each reason was.

Change in Intention to Remain Over the Past 12 Months

Respondents indicated whether their intention to remain had changed over the past 12 months. The findings are shown in Table 4.5.

Table 4.5: Change in Intention to Remain Over the Past 12 Months

Response Category	Frequency	Percentage (%)
Significantly increased	42	12.0
Moderately increased	68	19.4
Remained the same	106	30.2
Moderately decreased	78	22.2
Significantly decreased	57	16.2
Total	351	100.0

Source: Researcher (2026)

The largest group (30.2%, n = 106) reported no change. However, 38.4% (n = 135) reported a decline in their intention to remain, compared with 31.4% (n = 110) who reported an increase. More employees were therefore becoming less settled than more settled, a net difference of seven percentage points, which is a concern for retention in state-owned health institutions. The Human Resource Manager's account of staff lost to private hospitals and overseas posts, quoted above, helps explain this movement.

Most Influential Career Development Factor on Retention Decisions

Respondents identified the career development factor that most influences their decision to stay or leave. The findings are shown in Table 4.6

Table 4.6: Most Influential Career Development Factor on Retention Decisions

Career Development Factor	Frequency	Percentage (%)
Training and development	112	31.9
Mentorship	54	15.4
Promotion opportunities	89	25.4
Professional growth opportunities	78	22.2
Other	18	5.1
Total	351	100.0

Source: Researcher (2026)

Training and development was named most often (31.9%, n = 112), followed by promotion opportunities (25.4%, n = 89) and professional growth opportunities (22.2%, n = 78). Mentorship was named by 15.4% (n = 54), the lowest among the four factors. This agrees with Kenyan evidence that career development and promotion structures influence retention (Mwasi

& Muli, 2024; Simiyu & Ng'eno, 2023). The low ranking of mentorship may reflect its informal and unstructured form in these institutions, as the interviews and Table 4.13 show. Respondents could name only one factor, so the result does not mean that mentorship had no influence; it means that other factors were seen as more decisive. A representative of the Nairobi City County Public Service Board noted that the county is developing clear career progression pathways and more training opportunities, but that resource constraints slow implementation.

4.3 Inferential Statistics

Pearson correlation and regression analyses were conducted to establish the relationship between mentorship practices and employee retention and determine the extent to which mentorship practices predict employee retention.

Table 4.7: Pearson Correlation between Mentorship Practices and Employee Retention

Variables	Mentorship Practices	Employee Retention
Mentorship Practices	1	0.671**
Employee Retention	0.671**	1

*Note: N = 351. ** Correlation is significant at the 0.01 level (2-tailed).*
Source: Researcher (2026).

Table 4.7 indicates a strong, positive and statistically significant relationship between mentorship practices and employee retention ($r = 0.671$, $p < 0.01$). This suggests that effective mentorship strengthens employees' willingness to remain in their institutions. Similarly, Golicha et al. (2022) established a significant positive relationship between talent management and employee retention in Kenyan referral hospitals, recommending institutionalised mentorship programs.

Table 4.8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.631	0.653	0.450	1.042

Predictors: (Constant), Mentorship Practices.
Source: Researcher (2026).

Table 4.8 presents the model summary, indicating an R-value of 0.631 and an adjusted R-square of 0.450. However, the reported R-square of 0.653 is inconsistent with these statistics and requires verification. Relatedly, Ngode et al. (2026) established that career development initiatives, including structured mentorship, significantly strengthened organisational resilience in Kenyan public hospitals, explaining 53.1% of its variation.

Table 4.9: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.12	1	21.12	19.46	0.001
Residual	378.88	349	1.086		
Total	400.00	350			

Dependent variable: Employee Retention.
Predictors: (Constant), Mentorship Practices.

Source: Researcher (2026).

Table 4.9 demonstrates that the regression model was statistically significant, F(1, 349) = 19.46, p = 0.001. This confirms that mentorship practices significantly predict employee retention, leading to rejection of the null hypothesis. Similarly, Golicha et al. (2022) established that talent management significantly influences employee retention in Kenyan referral hospitals, emphasising coaching and mentorship programs.

Table 4.10: Regression Coefficients

Predictor	B	Std. Error	Beta (β)	t	Sig.	95% CI for B
Constant	2.364	0.176	–	13.43	less than 0.001	[2.018, 2.710]
Mentorship Practices	0.247	0.056	0.231	4.41	less than 0.001	[0.137, 0.357]

Dependent variable: Employee Retention. Source: Researcher (2026).

Table 4.10 indicates that mentorship practices positively and significantly influence employee retention (B = 0.247, β = 0.231, t = 4.41, p less than 0.001). A unit increase in mentorship practices corresponds to a 0.247-unit increase in retention. Similarly, Wikström et al. (2023) established that mentoring strengthens workplace trust, professional relationships, learning and employee retention in healthcare organization.

The regression equation was:

$$Y=2.364+0.247X$$

Where:

Y = Employee Retention

X = Mentorship Practices

The findings establish that mentorship practices positively predict employee retention in state-owned health institutions in Nairobi City County.

5.0 SUMMARY OF THE STUDY

The study examined the influence of mentorship practices on employee retention in state-owned health institutions in Nairobi City County. A response rate of 92.6% (351 out of 379 respondents) was achieved, providing adequate data for analysis. The descriptive findings revealed mixed perceptions of mentorship practices, with mean scores ranging from 2.85 to 3.15. Although respondents acknowledged that mentorship clarified career paths (M = 3.15), lower agreement was recorded regarding the regularity of mentorship (M = 2.93), equal access across employee cadres (M = 2.92) and its contribution to confidence development (M = 2.85). The main challenges affecting mentorship implementation were the lack of formal structures (30.8%), inadequate senior staff (25.4%) and time constraints (21.7%).

Regarding employee retention, the findings indicated that between 59.5% and 63.6% of respondents expressed commitment and intention to remain in their institutions. However, between 47.6% and 49.3% had considered leaving or were open to leaving, while 38.4% reported that their intention to remain had declined over the preceding year. Inferential analysis established that mentorship practices had a positive and statistically significant influence on employee retention ($\beta = 0.231$, $p < 0.001$), explaining approximately 5.3% of the variation in retention. These findings demonstrate that mentorship contributes to employee retention, although other organisational factors also influence employees' decisions to remain. The findings support Social Exchange Theory, which associates positive employee outcomes with organisational support and mutually beneficial workplace relationships.

6.0 CONCLUSION

The study concludes that mentorship practices have a positive and statistically significant influence on employee retention in state-owned health institutions in Nairobi City County. However, the relatively modest explanatory contribution indicates that mentorship alone cannot adequately address employee retention challenges. Although employees recognised its contribution to career clarification, its effectiveness was constrained by inadequate formal structures, limited availability of senior mentors, time constraints and unequal access across employee cadres.

The findings further establish that employee commitment and intention to remain were relatively positive, although a considerable proportion of respondents had considered leaving their institutions. This suggests that existing commitment does not necessarily guarantee long-term retention. Consequently, mentorship should be integrated into broader human resource management practices that address employees' career development and workplace expectations. Institutions should complement mentorship with accessible training opportunities, transparent

promotion procedures, employee recognition and competitive remuneration. Establishing structured and inclusive mentorship programmes would strengthen professional relationships, improve career guidance and contribute to a more supportive working environment. Ultimately, sustainable employee retention requires a coordinated approach in which mentorship operates alongside other organisational practices that address employees' professional and employment needs.

7.0 RECOMMENDATIONS

Based on the findings, the study recommends that management of state-owned health institutions in Nairobi City County institutionalise mentorship through formal policies outlining programme objectives, mentor selection, matching procedures, meeting schedules, feedback mechanisms and performance evaluation. This would address the reported lack of formal mentorship structures and promote consistency in implementation. Management should also strengthen mentor capacity by providing appropriate training to experienced employees and recognising mentorship responsibilities in performance appraisals. Additionally, mentoring activities should be incorporated into departmental work plans to minimise conflicts with routine responsibilities and address time constraints.

The institutions should ensure equitable access to mentorship across clinical and administrative departments, giving particular attention to newly recruited and junior employees. This would reduce disparities in professional guidance and strengthen employees' sense of organisational support. Mentorship should also be linked to career development through individual career plans, guidance on professional advancement and information about available training and promotion opportunities. The Nairobi City County Public Service Board should support these efforts by promoting transparent career progression frameworks and facilitating opportunities for professional development.

Furthermore, institutional management should regularly assess employee retention through staff surveys, exit interviews, turnover records and assessments of employees' intention to remain. The findings from these assessments should inform improvements in mentorship and other human resource practices. Particular attention should be given to remuneration, employee recognition, workload management and career advancement, since mentorship alone explains only a modest proportion of variation in employee retention. Integrating these interventions would provide a more comprehensive approach to strengthening workforce stability in state-owned health institutions.

9.0 AREAS FOR FURTHER RESEARCH

Future research should use longitudinal designs to test whether mentorship reduces actual turnover over time. Studies should compare formal and informal mentorship, which this study did not separate, and include other explanatory variables such as remuneration, promotion and workload in multiple regression models. Replication in county referral hospitals in other parts of Kenya and in private hospitals would show whether the findings hold in other settings.

10. REFERENCES

Akinwumi, A. F., Solomon, O. O., Ajayi, P. O., Ogunleye, T. S., Ilesanmi, O. A., & Ajayi, A. O. (2022). Prevalence and pattern of migration intention of doctors undergoing training programmes in public tertiary hospitals in Ekiti State, Nigeria. *Human Resources for Health, 20*, Article 76. https://doi.org/10.1186/s12960-022-00772-7

Brook, J., Aitken, L. M., & Salmon, D. (2024). Effectiveness appraisal of interventions to increase retention of newly qualified nurses implemented in the final year of pre-registration programmes: A literature review. *Nurse Education in Practice, 74*, Article 103851. https://doi.org/10.1016/j.nepr.2023.103851

De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., Godderis, L., & De Winter, P. (2023). Retaining healthcare workers: A systematic review of strategies for sustaining power in the workplace. *Healthcare, 11*(13), Article 1887. https://doi.org/10.3390/healthcare11131887

Golicha, A. R., Moguche, A., & Rintari, N. (2022). Relationship between talent management and employee retention in selected referral hospitals in Kenya. *Human Resource and Leadership, 2*(1), 10–17. https://doi.org/10.70619/vol2iss1pp10-17

Gong, Z., Van Swol, L. M., & Wang, X. (2022). Study on the relationship between nurses' mentoring relationship and organizational commitment. *International Journal of Environmental Research and Public Health, 19*(20), Article 13362. https://doi.org/10.3390/ijerph192013362

Gudai, I. B. (2024). *Factors influencing turnover of health staff workers in public hospitals: A case study of Mbagathi Level 4 Referral Hospital in Kenya* [Research report, Management University of Africa]. https://repository.mua.ac.ke/handle/123456789/3278

Kau, M. D., Mitonga-Monga, J., & Molotsi, T. K. (2024). Work ethics climate in relation to nurses' commitment in a South African hospital. *SA Journal of Human Resource Management, 22*, Article a2239. https://doi.org/10.4102/sajhrm.v22i0.2239

Kiptulon, E. K., Zrínyi, M., & Siket, A. U. (2025). Intentions to leave the job and nursing profession among nurses in Kenya's referral hospitals: Exploring the effects of

organizational culture, work-related stress and job satisfaction. *BMC Nursing, 24*, Article 823. https://doi.org/10.1186/s12912-025-03422-0

Mwasi, T. S., & Muli, J. (2024). Reward management practices and employee retention in public referral hospitals in Nairobi City County, Kenya. *International Journal of Social Science and Economic Research*. https://ir-library.ku.ac.ke/handle/123456789/31711

Ngode, J., Kibas, P. B., & Chege, N. (2026). Career development initiatives as strategic buffers: Examining the influence on organizational resilience in Kenya's public referral hospitals. *Journal of Strategic Management, 10*(2), 149–162. https://doi.org/10.53819/81018102t7095

Pu, J., Wang, W., Li, G., Xie, Z., Fan, X., Zhan, N., Xu, Y., & Huang, H. (2024). Psychological resilience and intention to stay among nurses: The mediating role of perceived organizational support. *Frontiers in Psychology, 15*, Article 1407206. https://doi.org/10.3389/fpsyg.2024.1407206

Simiyu, M. N., & Ng'eno, W. K. (2023). Employee welfare and health workers' turnover in Bungoma County, Kenya. *Reviewed Journal of Social Science & Humanities, 4*(1), 695–703. https://ir-library.ku.ac.ke/handle/123456789/27208

Vázquez-Calatayud, M., & Eseverri-Azcoiti, M. C. (2023). Retention of newly graduated registered nurses in the hospital setting: A systematic review. *Journal of Clinical Nursing, 32*(19–20), 6849–6862. https://doi.org/10.1111/jocn.16778

Wikström, E., Arman, R., Dellve, L., & Gillberg, N. (2023). Mentoring programmes – building capacity for learning and retaining workers in the workplace. *Journal of Workplace Learning, 35*(8), 732–751. https://doi.org/10.1108/JWL-01-2023-0003

Wu, M.-J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports, 7*, Article 100206. https://doi.org/10.1016/j.chbr.2022.100206

Xuecheng, W., Iqbal, Q., & Saina, B. (2022). Factors affecting employee's retention: Integration of situational leadership with social exchange theory. *Frontiers in Psychology, 13*, Article 872105. https://doi.org/10.3389/fpsyg.2022.872105