

**INFLUENCE OF HUMAN RESOURCE STANDARDS AND SOCIO-
COGNITIVE FACTORS ON THE INTENTION TO EMIGRATE AMONG
NURSES WORKING IN NAKURU WEST SUB-COUNTY, KENYA**

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**A Thesis Submitted to the Institute of Postgraduate Studies of Kabarak University
in Partial Fulfilment of the Requirements for the Award of the Master of Science in
Nursing Leadership and Management Degree**

KABARAK UNIVERSITY

NOVEMBER, 2025

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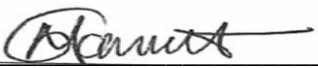
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RECOMMENDATION

To the Institute of Postgraduate Studies:

The thesis entitled "**The Influence of Human Resource Standards and Socio-Cognitive Factors on the Intention to Emigrate Among Nurses Working in Nakuru West Sub-County,**" written by **Mercy Chepkemoi Koech**, is presented to the Institute of Postgraduate Studies of Kabarak University. We have reviewed the research thesis and recommend that it be accepted in partial fulfillment of the requirements for the award of the degree of Master of Science in Nursing Leadership and Management.

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Finally, I extend my heartfelt thanks to my course-mates for their inspiring camaraderie and team spirit. May divine blessings be bestowed upon all involved parties.

DEDICATION

I wish to devote this thesis to the Almighty God, my strong pillar and source of inspiration, Wisdom, knowledge, and understanding. He has been the source of my strength throughout this project, and on His wings only have I soared.

I dedicate this thesis to my family: my son, Andre Cheruiyot, who has been a source of strength for me throughout the process, and my parents, Joseph Koech and Rose Koech, who believed in me throughout.

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ABSTRACT

Nurse emigration is a growing challenge in Kenya, attributed to deficits in Human resource standards. This high level of emigration imposes additional costs on the government and taxpayers due to repeated training cycles and disrupts the delivery of quality healthcare services. Beyond HR-related factors, demographic, psychological, and psychosocial dimensions also play a critical role. Understanding these factors alongside HR standards is essential to improving healthcare delivery and workforce stability. This study addressed key research gaps by investigating nurses' intention to emigrate within the context of Kenya's devolved health system and the evolving healthcare landscape. In a recent estimate, Kenya accounted for 6.5% of all nurses who had applied to emigrate to the USA for work contracts. This study was carried out on a sample of 150 nurses employed across 17 health facilities in Nakuru West Sub-County. Guided by the Social Exchange and Social Cognitive theories, the study adopted a cross-sectional design to explore the effects of Human resource standards and socio-cognitive factors on the intention to emigrate among Nurses working in Nakuru West Sub-County. Data were analysed using descriptive and inferential statistics, including multiple regression models and correlation analyses. Results revealed that 80.7% (121/150) of nurses intend to emigrate, with 74.7% (112/150) already enrolled in the emigration processes. The United States, at 66% (99/150), was the most preferred destination, followed by the United Kingdom at 18.7% (28/150), Australia at 10.7% (16/150), and Canada at 4.7% (7/150). Socio-cognitive factors significantly predicted emigration intention: motivation ($\beta = 0.353, p < .05$), attention ($\beta = 0.346, p < .05$), and self-efficacy ($\beta = 0.348, p < .05$) at the 95 % confidence level. These variables explained a substantial portion of the variance in emigration intention, underscoring their predictive strength. Human resource standards were found significantly associated with intention to emigrate including key predictors as recruitment fairness ($\beta = -0.354, p < .05$), remuneration adequacy ($\beta = -0.335, p < .05$), career development opportunities ($\beta = -0.333, p < .05$), and organisational transparency ($\beta = -0.326, p < .05$) at a confidence level of 95 %. Nurses who perceived deficits in these areas were more likely to consider emigration. Correlation analysis confirmed a significant negative relationship between HR standards and Intention to emigrate ($r = -0.326$ to $-0.354, p < .05$), and a positive correlation between socio-cognitive factors and Intention to emigrate ($r = 0.315$ to $0.353, p < .05$). The findings of this study highlighted the urgent need to address both structural and cognitive determinants of nurse intentions to emigrate. Enhancing motivation, building self-efficacy, and fostering supportive work environments to improve a work-life balance are critical to reducing intention to emigrate. To achieve the long-term development health targets outlined in Kenya's Vision 2030, which is embedded in the overarching goal of providing equitable, affordable, and quality healthcare to all citizens, it is imperative to implement comprehensive retention strategies for the Nursing workforce. These should include both financial incentives and career development and advancement opportunities to counteract the strong pull of international job markets. Moreover, interventions aimed at improving the situation with nurses should consider the individual circumstances of nurses at various career stages, notably younger and mid-level nurses, who are most prone to succumb to peer pressure regarding integration and overseas outcome expectations.

Keywords: *Nurse emigration, Human resource standards, Socio-cognitive factors, Social Exchange Theory, Social Cognitive Theory, Nakuru West Sub-County*

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LIST OF ABBREVIATIONS AND ACROYNMS

AIDS	: Acquired immunodeficiency syndrome.
CPSB	: County Public Service Board
ERG	: Existence, Relatedness, and Growth Theory Economic Stimulus Package
FENs	: Foreign-Educated Nurses
GDP	: Gross Domestic Product
HIV	: Human immunodeficiency Virus
HR	: Human Resources
HRH	: Human Resources for Health
IBM SPSS STATISTICS:	International Business Machines Statistical Package for the Social Sciences
ISERC	: Institutional Scientific and Research Committee
KHWO	: Kenya Health Workforce Observatory
NACOSTI	: National Commission for Science, Technology, and Innovation
NCK	: Nursing Council of Kenya
NGO	: Non-Government Organization
PSC	: Public Service Commission
SDGs	: Sustainable Development Goals
UHC	: Universal Health Care
UN	: United Nations
WHO	: World Health Organization

CONCEPTUAL AND OPERATIONAL DEFINITION OF TERMS

Compliance- means conforming to a rule, such as a specification, policy, standard, or law. In this study, compliance refers to the level of awareness of the processes involved in running an organization. This encompasses the support systems that correspond with every resource to ensure that all required functions are carried out to the expected standards.

Emigration – the act of leaving a resident country or place of residence with the intent to settle elsewhere. In this study, emigration is the act of nurses leaving their home of birth and/or training to move to more developed countries for upward mobility, better circumstances, and job security.

HR Standards- A code of conduct composed of guidelines, best practices, and ethical principles that HR professionals and organizations follow to guarantee effective and ethical HR management. In this study, HR standards are guidelines that play a significant role in optimizing workforce management and development. These standards cover aspects such as recruitment, performance management, and employee well-being, which are essential to developing a harmonious and productive work environment. By adhering to these standards, organizations can attract and retain the best talent while promoting a culture of well-being, growth, and positivity.

Intention to Emigrate – is putting in place an idea and plans towards the actual exit to a different nation. In this context, intention to emigrate refers to the ideas and plans nurses gather to actualize the emigration process; it includes consolidating finances and aligning all the processes required for the move.

Socio-Cognitive Factors refer to the impact of individual experiences, others' actions, and environmental factors on an individual's health and decision-making behaviour. In this context, socio-cognitive factors refer to the influence on nurses' planning towards the move to developing countries. This includes past and present experiences, stress levels, peer influence, and personal attributes.

CHAPTER ONE

INTRODUCTION

1.1 Background Information

The migration of nurses from their home countries to more developed countries in pursuit of better career prospects, higher income, and purported job security for themselves and their families has had a detrimental impact on the healthcare, economic, and social ecosystems of the countries left with this gap (Konlan et al., 2023). This exodus has been quite significant in low- and middle-income countries, especially in sub-Saharan Africa. The global nursing market saw a considerable increase during the period affected by the COVID-19 pandemic. A notable number of nurses were drawn to the ample job opportunities and high pay offered by high-income countries (HICs), leading to a significant exodus of skilled professionals (Bortolussi-Courval et al., 2023).

According to the World Health Organization (2022), more than 10.6 million new nurses are needed globally to address the current shortage and to replace the nearly 4.7 million nurses expected to retire over the next decade. An emphasis on the need for countries to prioritize increasing the supply of the nursing workforce and expand employment opportunities to meet the evolving demands of healthcare has been made, especially in low and middle-income countries (Zulfiqar et al., 2023)

The larger populations in low-income countries depend on public health care systems for health services. However, the gradual trend of nursing workforce emigration has worsened the frail state of these countries' already fragile health systems, leading to ineffective health care service provision and decreased access to care for the general population, particularly the poor and vulnerable. This consequently drives up the cost of health care for the poor and vulnerable groups. Additionally, the shortage of nurses in

lower-level facilities compromises the management of chronic illnesses such as HIV/AIDS, Hypertension, and Diabetes, which are an excellent target for the SDG 3 Target 3.4 (Mulaki & Muchiri, 2019). Nurse emigration has also harmed the quality of healthcare services, as nurses who remain in developing countries may be overworked, burnt out, and less experienced (Olorunfemi et al., 2020).

Destabilisations in the health system landscape, driven by events such as emigration, are often costly for governments and taxpayers, as replacements must be expedited (Peng et al., 2023). The disruption in continuity of care due to poor nurse-patient ratios is also detrimental, as it may lead to morbidity and mortality. Replacement of nurses is a rigorous and expensive process involving recruitment, training & orientation, which in most cases is not budgeted for. Furthermore, to achieve the national long-term development blueprint outlined in Kenya's Vision 2030, to create a globally competitive and prosperous nation with a high quality of life by 2030, a stable and efficient health system ought to be fostered (*Kenya Vision 2030*, 2022).

The issue of nurse emigration has been a persistent and growing challenge in Kenya, with human resource standards cited as the primary reason for the high rate of emigration (Gross et al., 2011). However, this recognition was made over a decade ago, despite the current factors and changes that were not part of the investigation into the growing matter of nurse emigration. Previous literature on the topic has focused mainly on the quality of HR standards, while overlooking the demographic, psychological, psychosocial, and nature of a devolved health system, which play a critical role in the decision-making process for emigration. To gain a more comprehensive understanding of this complex issue, it is necessary to explore the effects of these factors alongside traditional HR standards in a devolved healthcare system.

1.2 Problem Statement

The persistent shortage of nurses worldwide has hampered efforts to achieve universal health care and the health-related Sustainable Development Goals (SDGs). There should be a sufficient number of health experts to support population health and well-being. According to Kinuthia et al. (2022a) and the World Health Organization (2016), the WHO recommended that there should be at least 44.5 health personnel (doctors, nurses, and midwives) per 10,000 people in the community. Kenya's healthcare staff density is below the World Health Organization's (WHO) cut-off point, with an average of 13.8 health workers per 10,000 people (Kinuthia et al., 2022b). This is a similar situation in most sub-Saharan African countries.

Before the COVID-19 pandemic, one in eight nurses was reported to have worked in a country other than their home country or the country where they were trained. At that time, a 5.9-million-person global nursing shortage was projected (Chan et al., 2021). According to Kovner (2022), 89% of these shortages were due to emigration and are especially prevalent in low- and lower-middle-income countries.

In a study conducted in Kenya by Gross et al. (2011) over a decade ago to investigate the causes of nurse emigration, the primary cause was identified as substandard human resources. This study is outdated and may have missed pertinent current concerns, including Psychological, psychosocial, socio-cognitive, and Human resource-related standards that have evolved. The 2013 Devolution of health care in Kenya from the National to the County level is an important aspect that was not captured in that study, as devolution occurred two years after the study was conducted.

The notable emigration of skilled Kenyan nurses, driven by perceived low compensation, poor working conditions, and limited career advancement opportunities, has created a

severe shortage of essential healthcare workers in Kenya's public health sector. This depletion of the nursing workforce directly compromises the quality and accessibility of healthcare services, weakens the public health system's capacity to deliver on its national health mandates, and results in substantial economic losses to the country. In a recent estimate, Kenya accounted for 6.5% of all the nurses in Africa who had applied for the US Visa Screen certification through the global agency TruMerit, placing Kenya third globally in terms of nurses applying for the United States of America work visas, behind only the Philippines and Canada (Olange, 2025).

Data from nursing boards and emigration centres indicate a significant increase in the number of nurses emigrating. However, there is no publicly available up-to-date registry showing exactly how many Kenyan nurses emigrate each year. Most data relies on credential verification requests, Visa screening certificate requisition, and/or review of survey responses. This undercounts the actual migration numbers, as some nurses may emigrate without formal channels or for other purposes, with the common end goal of securing overseas employment.

This study seeks to address research gaps identified in previous studies by investigating nurses' migration intentions within the context of a devolved health system and other changes in the healthcare landscape. Furthermore, the study seeks to advance scholarship in these areas by exploring the effects of Socio-Cognitive Factors on the intention to emigrate and by revising knowledge of the relationship between Human Resource Standards and nurses' intention to emigrate among nurses working in Nakuru County. Additionally, the study will seek to advance knowledge on strategies for retaining an adequate nursing workforce to avert financial impoverishment by preventing unnecessary healthcare costs resulting from inefficiency and the inaccessibility of effective health care service delivery.

1.3 Objectives of the Study

1.3.1 Main Objective

To analyse the influence of human resource standards and socio-cognitive factors on the intention to emigrate among nurses working in Nakuru West Sub-County, Kenya

1.3.2 Specific Objectives

- i. To establish the proportion of nurses who intend to emigrate among nurses working in Nakuru West Sub-County.
- ii. To assess the socio-cognitive factors associated with the intention to emigrate among nurses working in Nakuru West Sub-County.
- iii. To evaluate the associations between human resource standards and the intention to emigrate among nurses working in Nakuru West Sub-County.
- iv. To determine the association between human resource Standards and the intention to emigrate among nurses working in Nakuru West Sub-County.
- v. To determine the association between Socio-Cognitive factors and the intention to emigrate among nurses working in Nakuru West Sub-County

1.4 Research Questions

- i. What proportion of nurses report intention to emigrate in Nakuru West Subcounty?
- ii. What are the socio-cognitive factors that may influence the intention to emigrate among nurses working in Nakuru West Sub-County?
- iii. What are the human resource factors that may influence the intention to emigrate among nurses working in Nakuru West Sub-County?
- iv. What is the association between human resource standards and intention to emigrate among nurses working in Nakuru West Sub-County?

- v. What is the association between Socio-Cognitive factors and the intention to emigrate among nurses working in Nakuru West Sub-County?

1.5 Justification for the Study

The nursing workforce is referred to as the backbone of a health system. Nurses are pivotal in achieving targeted goals, whether locally within an institution or globally, such as the Sustainable Development Goals and Vision 2030 in relation to health. The SDGs place a key focus on intelligent, informed action towards equity across various sectors and require nurses to contextualize over half of the goals. These are SDG 3, SDG 4, SDG 5, SDG 6, SDG 8, SDG 10, and SDG 17, along with their corresponding targets, to create a holistic plan of care for patients, their relatives, the community, and the nation at large.

For sustained commitment to achieving the SDGs across nations, an adequate supply of nurses is essential in every health sector through training, employment, maintenance, and the sustenance of the workforce. Emigration of nurses to other countries is a growing cause of workforce inadequacy; hence, the choice of the study, as informed by the gradual, observable increase in the nurse emigration rate observed over the years among nurses previously working in the country (Konlan et al., 2023).

This study identified the key determinants and associated factors driving nurse emigration. By generating valuable insights, the study informs policies on HR standards that directly affect nurse emigration. This information is essential for shaping policies that govern the nursing work environment, effectively enhancing job satisfaction, enthusiasm, work-life balance, and retaining the local nursing workforce.

1.6 Significance of the Study

The findings of this study gave invaluable insights into ensuring a satisfied and enthusiastic nursing workforce by improving their well-being and welfare. This is viewed positively by aligning with the policies that govern the nursing workforce to avoid the strong interest in pursuing the same in other states. The results of this study will also be keenly interested in ensuring that the hospitals in the survey retain their nursing workforce to maintain quality patient care and patient service continuity. To the local nursing governing bodies such as the Nursing council of Kenya, the study will inform policy and ensure nurses are placed in better working conditions and are happy to deliver their services, the public service board, this study findings looking at remuneration and compensation of Nurses, it would regularise the starting and increment policy framework in terms of remuneration, to ensure nurses feel well compensated and see and growing value in their financial growth.

Finally, this study builds on the body of knowledge surrounding nurse emigration. Also, it informs hospital managers, policymakers, and researchers about best practices in human resources and Socio-cognitive Factors within the nursing fraternity to ensure that nurses do not leave the country for known and rectifiable reasons.

1.7 The Scope of the Study

The study was conducted in Nakuru West Sub-County and targeted all nurses working in both the public and private sectors. The study focused on human resource standards and Socio-cognitive factors in relation to the intention to emigrate among the Kenyan nursing workforce.

1.8 Limitations and Delimitations of the Study

The primary limitation of this study is the significant gap in recent research on the topic, which severely constrained the study's reference points and comparisons, especially regarding emigration statistics as an emerging trend. Data from nursing boards and emigration centres indicate a significant increase in the number of nurses emigrating. However, there are no publicly available, up-to-date registries showing exactly how many Kenyan nurses emigrate each year; most data rely on credential verification requests, Visa screening certificate requisitions, and/or survey responses. This undercounts the actual migration numbers, as some nurses may emigrate without formal channels or for other purposes, with the common end goal of securing overseas employment.

Moreover, the last comprehensive study on nurse emigration in Kenya was conducted over a decade ago and focused on the impact of nurse outmigration to developing countries, examining the human resources issue at play (Gross et al., 2011).

Delimitations- To address foreseeable limitations, the study adopted a quantitative cross-sectional design, collecting data from multiple individuals (Nurses) at a single point in time. This reduced the time frame for completing the study while capturing the missing local statistics on the emerging trend in play: nurse emigration. Therefore, generalization to the entire county should be made cautiously.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a comprehensive review of the Theoretical and Empirical Literature and its alignment with the study variables. It reviews the relationships between human resource factors (selection and recruitment, remuneration, training and career progression, compliance) and Socio-Cognitive Factors (observational learning, self-efficacy, outcome expectancies, attention, motivation, retention, and reciprocal determinism) to the intentions to emigrate among the Kenyan nursing workforce to the developed Western countries. To illustrate the relationship between the many variables being studied, the researcher used a diagrammatic representation of a conceptual framework.

2.2 Theoretical Framework

The theoretical frameworks of Albert Bandura's Social Cognitive Theory and George Homans' Social Exchange Theory served as the foundation for this inquiry.

2.2.1 The Social Exchange Theory

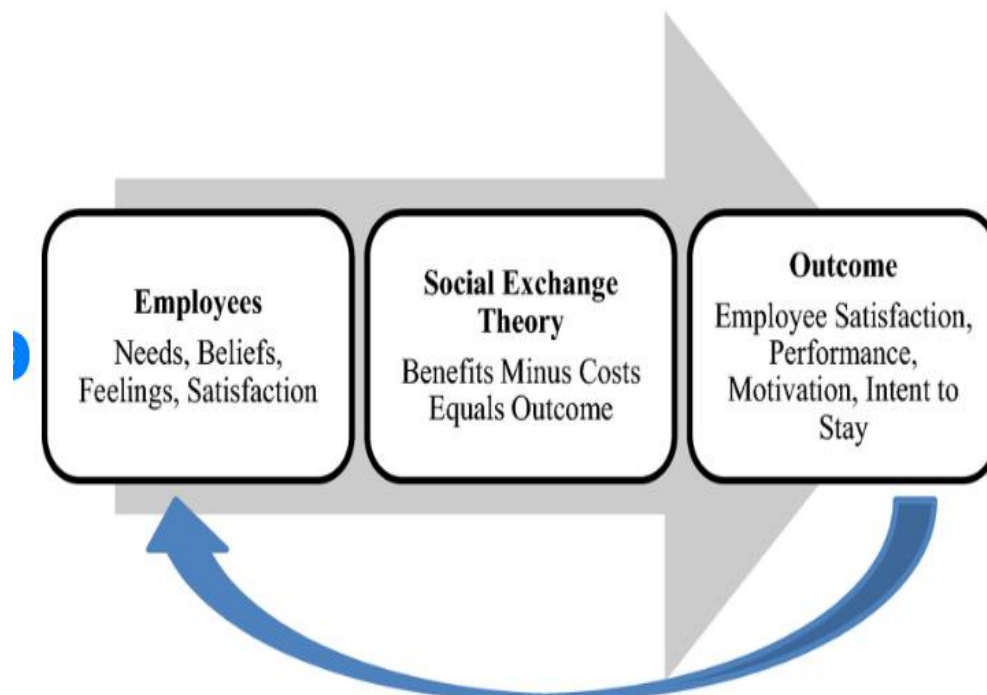
The Social Exchange Theory is a model that explains the psychological contract between employees and their employers. In this context, it focused more on the employees' perceptions of their employer. This theory suggests that employees establish an unwritten, implicit agreement with their employers based on perceived fairness and reciprocity. The deal involves the exchange of desirable outcomes, such as salary, benefits, and job security, for employee effort and loyalty (Ngobeni et al., 2022)

However, when this psychological contract is breached or perceived to be breached, employees may feel a sense of unfairness and dissatisfaction. This can lead to strain in

the otherwise favourable employee-employer relationship and eventually to the employee leaving or intending to leave the organization. Therefore, employers need to maintain a fair and balanced exchange with their employees to foster a positive, productive work environment (Cropanzano & Mitchell, 2005). This can be further explained graphically in the figure below.

Figure 1

The Social Exchange Theory



Source :Even (2020)

2.2.2 The Social Cognitive Theory

According to Albert Bandura's Social Cognitive Theory, individual factors, environmental conditions, and behavioural patterns all impact how human behaviour is formed. Bandura highlighted the roles of social experience, observational learning, and reciprocal determinism in shaping human behaviour. He claimed that people actively shape their living environment and are influenced by their circumstances.

The idea expands on social learning by considering how cognitive processes—such as motivation, judgment, and beliefs affect an individual's behaviour and the circumstances that shape it. Unlike radical behaviourism, which holds that all human behaviour is learned through experimentation and experience, social cognitive theory accounts for thought processes in human psychology. By analysing the results of their actions, which affect both their environment and personal traits, people actively shape their learning, according to this hypothesis. This perception then shapes their education. The development and modulation of later behaviour are led by this, according to Luszczynska and Schwarzer (2015).

Several factors affect Nakuru West Sub-County nurses' decisions to remain in the healthcare system or leave the country. One of the most important things to consider is the discrepancy between their expectations for their job and the reality they experience daily. Additionally, nurses' environment and social interactions affect their cognitive processes, which, in turn, might affect how they make decisions.

The functions of human resource standards and the socio-cognitive elements involved must be examined to improve understanding of the factors that influence the nursing workforce's decision to relocate from the local market to developed countries. This is because understanding the variables that may affect this choice is crucial. The ability of the Social Exchange Theory and the Social Cognitive Theory to shed light on the underlying mechanisms at work makes them extremely useful. These theories can be better understood by examining the intricate interactions among variables that affect nurses' decisions to stay in the nation or leave.

In summary, the Social Exchange Theory guided the study by identifying human resource standards as key external determinants influencing nurses' stay–leave decisions.

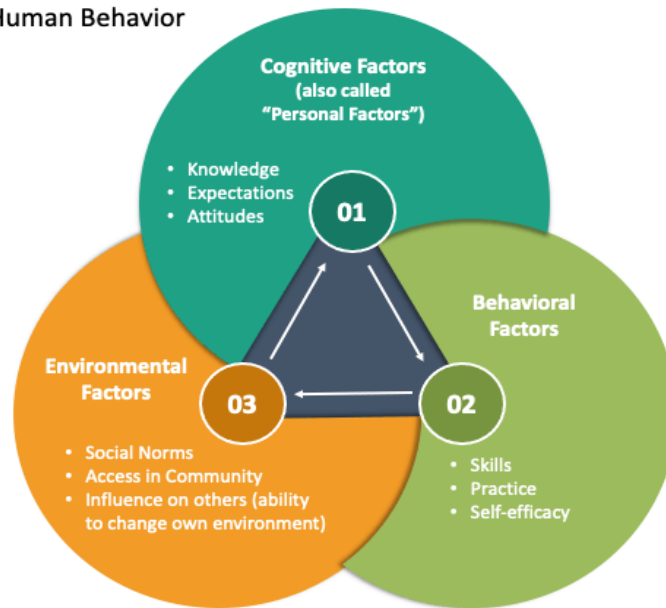
The Socio-Cognitive Theory guided the selection of psychological and social constructs that shape internal migration decisions. Together, the theories informed both the variable selection and the conceptual framework's structure, which links HR standards and socio-cognitive factors to nurses' intention to emigrate.

Figure 2

Social Cognitive Theory

SOCIAL COGNITIVE THEORY

Determines Human Behavior



Source: <https://www.coursebox.ai>

2.2.3 Empirical Literature

This study examines surveys and case studies on nurse emigration by reviewing the association between human resource standards and Socio-cognitive factors, to understand nurse emigration from Kenya to higher-income countries (HICs).

2.3.1 Nurses' Intention to Emigrate

The movement of nurses from their native countries to more developed countries in pursuit of better career prospects, higher income, and increased security for their families hurts these countries' healthcare, economic, and social systems. In search of these

chances, many nurses leave their home countries. It is crucial to have a thorough understanding of the factors driving this trend and to develop strategies to counteract it, while also giving nurses in their home countries the opportunity to further their education and careers. Understanding the wide-ranging effects of this migration is crucial to preventing additional damage to these countries' healthcare systems (Arufo, 2022).

The World Health Organization (2022) estimates that to overcome the current nursing shortage and make up for the almost 4.7 million nurses who are anticipated to retire over the next ten years, more than 10.6 million new nurses would be required in practice by then. According to Gillin and Smith (2019), several countries need to prioritize boosting their supply of "new nurses" and their ability to provide job opportunities to meet the constantly evolving, growing demands of the nursing profession. Emigration has exacerbated the shortage of nurses in many low- and middle-income countries, including Kenya (Calman, 2020). One nation that has been dramatically affected by this problem is Kenya.

According to Molyneux's (2023) study, there are 200,000 Foreign-Educated Nurses (FENs) in the United States, 100,000 FENs in the United Kingdom, and 71,000 FENs worldwide. One out of every eight nurses has received their education in a country other than the one in which they work. One inevitable effect of globalization is the emigration of nurses from less developed to more developed countries. For the emigrants, their families, and the new society in which they will work, the decision to emigrate offers new prospects on both sides. It is crucial to create a framework that is both morally righteous and beneficial, preventing emigration from hindering or ruining a country's health ecosystem while also improving its labour force's health ecosystem.

Iran is facing a severe nursing shortage due to emigration. According to a 2018 report by the Nursing Council of Iran, 1,000 nurses emigrate from Iran annually (Mohtashami et al., 2025). The majority of nurses leaving Iran to work in more developed countries cited better working conditions, higher pay, and more career options as reasons for their decision. By adhering to human resource standards, organizations continually aim to increase productivity. On the other hand, hiring and training new employees account for about 60% of the hospital's budget. It is essential to hire new staff to avoid a possible deterioration in care service quality arising from the loss of skilled human resources (Salehi et al., 2023).

A survey in Ghana, Africa, found that over half of the respondents were keen to leave the nation. Numerous problems, including low pay rates, an unpleasant workplace, long hours, and few prospects for advanced professional growth, were blamed. Additionally, more than half of the participants in a different study that looked at how workplace violence affected Ghanaian nurses' plans to migrate reported having encountered verbal abuse. According to Boafo (2016), the Greater Accra Region has the highest rate of verbal harassment, at 61.7.

Numerous issues, including poor infrastructure, staff shortages, and hospital overcrowding, contributed to these outcomes, leaving patients and their families frustrated. As a result, the number of nurses quitting their jobs has significantly increased. It has been considered quite upsetting when patients and their families are identified as the leading group responsible for workplace violence against nurses (Azevedo, 2017).

The nursing workforce in Kenya faces a unique challenge: its inability to secure and retain employment on attractive terms and with good working conditions due to

substandard human resource standards and a dearth of employment opportunities. This situation often results in nurses seeking employment across counties or even beyond national borders, despite Kenya being cited in a World Health Organization analysis as among the top six African countries with the highest concentration of health workers, including nurses (Boniol et al., 2022). In a recent estimate, Kenya accounted for 6.5% of all the nurses in Africa who had applied for the US Visa Screen certification through the global agency TruMerit, placing Kenya third globally in terms of nurses applying for the United States of America work visas, behind only the Philippines and Canada (Olange, 2025).

While most existing studies consistently identify human-resource deficits (low pay, poor career pathways, weak HR governance) as determinants of nurse emigration, the literature is uneven in depth and scope. Comparative work shows variation across contexts; for instance, research from Ghana tends to emphasise economic push factors and the mediating role of remittances. In contrast, studies from Kenya give greater attention to institutional HR practices and regulatory constraints. However, many studies are cross-sectional, use different measures for key constructs, and rarely examine how HR structures interact with socio-cognitive processes at individual and facility levels. These gaps limit our ability to generalise findings or recommend context-sensitive policy interventions. Future research should prioritise longitudinal, mixed-methods, and multi-level analyses that explicitly test how HR standards (remuneration, recruitment, training, compliance) shape socio-cognitive processes (observational learning, self-efficacy, outcome expectancies) and thereby influence intention to emigrate.

It is important to note that the board responsible for managing the nursing profession in Kenya currently has limited governance over nurses' migration pathways. To address nurse emigration, proactive steps must be taken to formulate policies that regulate the

migration of healthcare workers, particularly nurses. Therefore, the Nursing Council of Kenya must take the lead in this process. In addition, policymakers and healthcare administrators in Nakuru County should conduct a comprehensive review of current human resource standards, ensure strict compliance, conduct regular evaluations, and address any complaints or concerns nurses raise. By taking these constructive steps, the country would attract and retain highly skilled nurses, who are crucial to providing high-quality healthcare services.

Although the global literature provides an excellent foundation for understanding nurse emigration trends, many studies tend to generalize about migration drivers across countries with vastly different economic and health care systems. This limits their applicability to Kenya, where structural constraints and human resource policies differ significantly. In addition, most global studies emphasize macro-level determinants, such as international labour markets and OECD recruitment needs, while giving limited attention to micro-level factors, such as workplace experiences and socio-cognitive influences, which are central to this study. Therefore, while the global evidence offers a critical background, it does not sufficiently capture the nuances of migration intentions in low-resource settings, highlighting the need for locally grounded research.

2.3.2 Human Resource Standards that may Influence Nurses' Intention to Emigrate

Human resource standards are guidelines or benchmarks that define the best practices for managing an organization's workforce. Although they are not legally mandated, their adherence can lead to higher employee retention and an effective, efficient, and equitable work environment for both employers and employees. The Human resource standards of an organization encompass several areas, including recruitment and selection, compensation and benefits, employee relations, compliance, training, and staff development (Sakib et al., 2023).

While remuneration is an integral factor in determining an individual's economic status and retaining human resources for any employer, it should not overshadow other human resource standards. By aligning human resource standards within an organization, all staff members can feel valued, thereby enhancing job security and, consequently, their motivation to remain. Thus, it is essential to ensure that all human resource standards are adequately addressed to create a conducive work environment (Dabla-Norris et al., 2020).

An adequate system that ensures All Human resource standards are followed to the letter in an organization would reduce the nurse emigration rate(Konlan et al., 2023). A study on Iranian nurses revealed that a substantial proportion (65.59%) intended to emigrate to another country due to poor working conditions. This finding aligns with research conducted in other countries, demonstrating that nurses in developing countries aspire to migrate to developed countries (Gea—Caballero et al., 2019).

The study highlights the importance of creating a healthy work environment, which can directly impact the retention of skilled nurses in the healthcare system. It is therefore critical for policymakers to address the underlying issues driving nurses to seek employment opportunities elsewhere, ensuring adequate staffing and quality of care in healthcare systems (Konlan et al., 2023).

In the Republic of Ghana, over 48% of Ghanaian nurses intend to leave the country. The primary reasons cited for this were low salaries, an unsatisfactory work environment, long working hours, and limited opportunities for professional growth. Additionally, another study focusing on the impact of workplace violence on Ghanaian nurses' migration intentions revealed that more than half of the participants had experienced verbal abuse. This was attributed to 61.7% of instances of verbal abuse within the

Greater Accra region (61.7%) (Boafo, 2016). All these comprise human resource standards that employers should adhere to.

Baljoon et al. (2018) indicated that the most significant factor influencing nurses' delivery of quality services is safe and healthy working conditions. The workplace environment must be conducive to nurses performing their jobs efficiently. A lack of a secure, enjoyable, and suitable work environment for nurses leads to poor nursing care, which raises mortality and morbidity and harms a nation's economic standing (Hegazy et al., 2021).

In typical work settings, healthcare workers are vulnerable to experiencing depression, stress, anxiety, burnout, and insomnia due to the demanding nature of their jobs. (Mehta et al., 2021). Working conditions are essential for recruiting and retaining healthcare workers (Chiou-Fen et al., 2019). Providing practical work tools that support nursing workforce working conditions enhances nurses' appreciation of their work and retention in health facilities (Washeya & Fürst, 2021). Many nurses' employment and working conditions in Kenya are precarious. Nurses in Kenya frequently work long hours and under unfavourable conditions in public health facilities due to a shortage of nurses (Ameso & Prince, 2022).

2.3.3 Socio-Cognitive Factors that May Influence Nurses' Intention to Emigrate

Socio-cognitive factors include perceptions, attitudes, beliefs, and social influences. These factors can shape an individual's perception of the benefits and drawbacks of migrating, as well as their intention to migrate. For instance, a nurse with a strong sense of self-efficacy and confidence in their abilities may be more inclined to migrate if they perceive better career opportunities and quality of life in a foreign country. Socio-cognitive factors may mediate emigration intention among nurses. Differences in socio-

cognitive factors among nurses can be attributed to demographic factors such as work setting, department, and preferred position. These demographic profiles can affect nurses' perceptions of their abilities and the benefits of migration, which, in turn, may influence their intention to migrate (Vitale et al., 2022).

Furthermore, nurses' cultural background and race may also influence their socio-cognitive factors and intention to migrate. For instance, studies have shown that nurses from different cultures and with varying cultural values may have different perceptions of their professional self-concept and attributes. These differences in socio-cognitive factors can affect their intention to migrate, as individuals with stronger professional self-concepts may be more motivated to seek better opportunities abroad (Rodríguez-Pérez et al., 2022). Therefore, healthcare organizations and policymakers must address socio-cognitive factors to understand and mitigate nurse migration.

Besides perceptions, attitudes, and beliefs, Bandura's socio-cognitive theory also lists several important constructs that help further define nurses' intention to emigrate. Observational learning plays a critical role, as nurses may model the migration decisions to peers or mentors who have successfully relocated abroad. Self-efficacy, the belief in one's ability to perform migration-related tasks, can significantly influence whether a nurse feels capable of navigating emigration processes. Outcome expectancies, or the anticipated benefits of migration (e.g., better pay, professional growth), also shape intention. Moreover, attention, motivation, and retention are essential cognitive processes that determine how migration-related information is absorbed and acted upon. Reciprocal determinism, the dynamic interaction between personal factors, environmental influences, and behaviour, underscores how institutional conditions and individual aspirations coalesce to drive the emigration decisions (Mzara & Jerry, 2023). These constructs provide a more differentiated insight into the socio-cognitive processes

underlying nurses' intentions to emigrate and could inform studies and policy-making interventions. Socio-Cognitive factors, hence, are seen to play a significant role in their association with nurses' intention to migrate.

2.3.4 The Association between HR Standards and the Nurses' Intention to Emigrate

Studies in Iran have revealed a severe shortage of nurses due to emigration. Organizations are constantly striving to improve productivity by setting human resource standards. However, around 60% of the hospital's budget is dedicated to recruiting and training human resources. Hiring new staff is essential to prevent the loss of skilled human resources, which can degrade the quality of care services (Salehi et al., 2023).

Studies show that over half of Iran's healthcare professionals intend to migrate, with around 1000 nurses leaving the country each year. This is due to various factors, including dissatisfaction with work, economic conditions, and a lack of workplace support. Heavy workload is also a significant factor in nurses switching jobs, and a standard workload could be a potential solution. Similar research in the Philippines has shown that heavy workload is the primary reason for nurses leaving their jobs (Kamali et al., 2020).

The findings of a study conducted in Ghana, Africa, were alarming: almost half of the participants (48.9%) expressed their intention to leave the country for better opportunities in developed countries. This exodus is primarily due to low salaries, unsatisfactory work environments, long working hours, and limited opportunities for professional growth. Another study focusing on workplace violence revealed that more than half of the Ghanaian nurses who participated had experienced verbal abuse, particularly in the Greater Accra Region, where the incidence of verbal abuse was the

highest, 61.7%. Employers ought to adhere to human resource standards that ensure a safe and healthy work environment for their employees.

On the other hand, the nursing workforce in Kenya faces a unique challenge. They are unable to obtain and retain permanent employment due to poor human resource practices and a lack of employment opportunities. Consequently, nurses tend to seek jobs across counties or even beyond national borders, despite Kenya having one of the highest concentrations of health workers, including nurses, in Africa. However, implementing measures to address this challenge can increase nurse retention and improve patient outcomes (Mwangi, 2023).

2.3.5 The Association between Socio-Cognitive Factors and the Nurses' Intention to Emigrate

The satisfaction, well-being, and overall experience of an individual in their work are intricately linked to positive psychology and their socio-cognitive perception of assigned tasks. In this context, nursing is a vocation that demands substantial positivity to excel.

Emigration often occurs when individuals become dissatisfied with their jobs or working conditions. A combination of attitude, affect, and cognition frequently characterizes this dissatisfaction. To effectively gauge job satisfaction among employees, it is essential to consider how they feel about their work and personal relationships in the workplace, as well as how leaders influence their satisfaction. For leaders, the ultimate goal is to have a team of satisfied employees, as this translates to increased productivity and commitment to the organization. On the other hand, every employee's goal is to find work that is well-suited to their abilities, interests, and aspirations, with opportunities for growth and advancement. In healthcare organizations, research has shown a direct correlation

between staff and patient satisfaction, highlighting the importance of ensuring that employees are content and fulfilled in their roles (Zhenjing et al., 2022).

Numerous studies have confirmed that nurses' aspirations for the rest of their lives and their degree of hope value have a substantial impact on their decision to migrate to more developed countries. Since migration can achieve both social mobility (also known as "social mobility") and financial security, it is regarded as a cultural ambition in several emerging countries. Numerous factors, including continuous development, underdevelopment processes, and national and international inequities, affect nurses' migration habits.

In line with global concerns, Turkey is facing a severe shortage of skilled workers in the healthcare industry. Despite Turkey's economic difficulties, the Turkish Statistical Institute (TUIK) reports that the country's inflation rate has risen above 50% since 2022. On the other hand, because public-sector earnings have not kept pace with inflation, nurses' purchasing power has gradually decreased. Therefore, one of the main reasons nurses in Turkey decide to emigrate overseas is the desire for more pay and greater affluence (Özaydin et al., 2024).

As many African nurses leave for better pay and working conditions, they also go for non-financial reasons. They want a better quality of life, well-being, self-esteem, and access to human rights and professional growth. Migration is seen as a way to escape unfavourable conditions and improve one's life. In Africa, many Egyptian nurses migrate to Germany because they are attracted to the prospect of a better lifestyle there. Linguistic, cultural, historical, and geographical links can also influence African health workers' decisions to migrate. In summary, factors such as low wages, difficult working conditions, exposure to health and mental risks, poor management of health systems, limited professional development, and other unfavourable structural conditions are the

main drivers of international migration of African nurses. The search for higher wages, favourable working conditions, and a balanced work-life is among the reasons why health workers move to high-income countries (Ibrahima Amadou Dia, 2022).

A significant number of health ministries are highly concerned about the lack of competent nursing staff. The financial challenges brought on by the COVID-19 pandemic and the modifications to the nursing and health care systems have significantly contributed to the escalation of this crisis. Since nurses are universally acknowledged as an essential component of a country's healthcare system, efforts must be taken to improve their status. However, brain leakage could cause the county to lose its existing nurses, posing a serious threat to the adequate provision of healthcare.

Although the socio-cognitive theory is well established globally, its application to nurse migration, especially in Africa, remains underdeveloped. Many studies treat the intention to migrate as a purely economic decision, overlooking its psychosocial aspects, including self-efficacy, social structures, perceived opportunities, and peer and social network influences. Moreover, socio-cognitive constructs are rarely systematically operationalised in Kenyan studies, thereby limiting their explanatory power. This presents a theoretical gap that the current study addresses by empirically testing socio-cognitive predictors of nurses' migration intentions in a county context. The integration of theory with local evidence strengthens the conceptual foundation of this research.

Across all scopes of available literature, global, regional, and local, it tends to be fragmented, with economic and human resource factors dominating discussions at the expense of psychological and social-cognitive determinants of emigration. Additionally, there is an insufficient comparative analysis across counties in Kenya, despite the devolution and decentralization of the health sector. Little theoretical work integrates HR standards with socio-cognitive theory to explain emigration intentions among nurses.

These gaps underscore the relevance of this study and the need for a more holistic, theoretically grounded understanding of nurse migration, especially at the county level.

2.4 Conceptual Framework

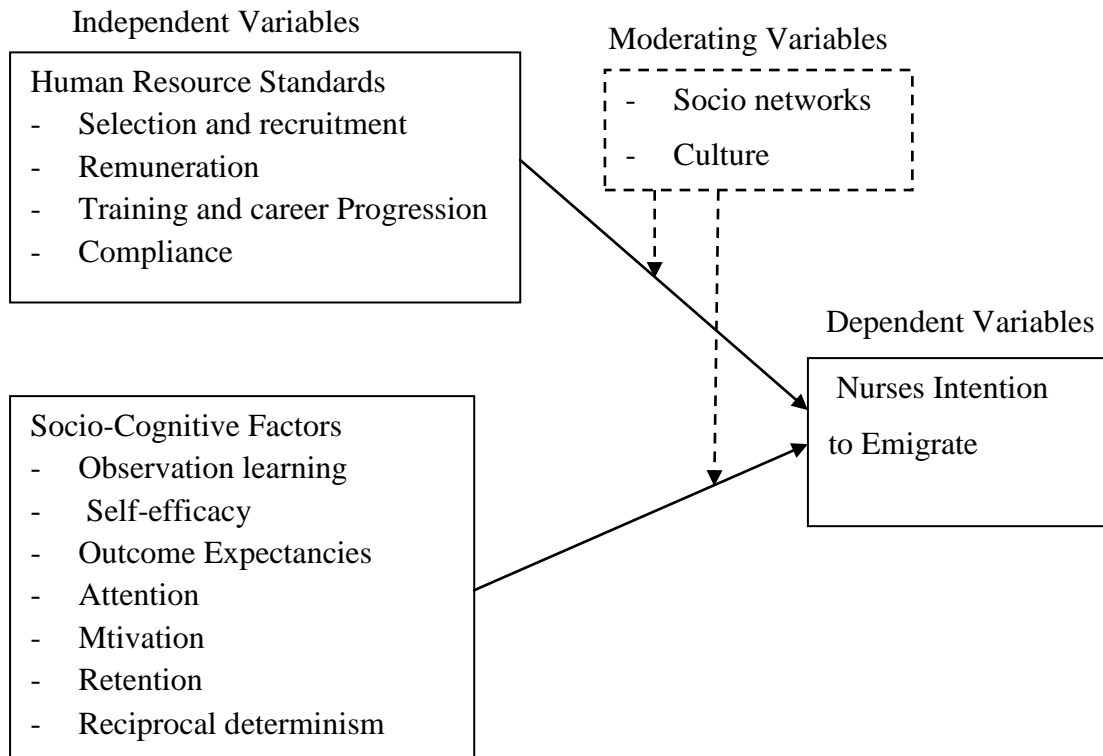
The conceptual framework below is derived from the Human Resources for Health framework, demonstrating that systemic HR components, including working conditions, leadership, fair compensation, staffing, and career development, shape nurse retention. These HR factors, aligned with the HRH framework, serve as the independent variables in the study and provide a visual representation of the links among the various aspects.

The study argues that Human Resources Standards, along with socio-cognitive factors, influence nurses' intention to migrate, based on both theoretical and empirical literature. Each of these elements is believed to have a direct or indirect influence on the dependent variable, which is the decision to emigrate to developed countries.

The Social Exchange Theory guided the study by identifying Human resource standards as key external determinants influencing nurses' stay or leave decisions. The Socio-Cognitive Theory guided the selection of psychological and social-cognitive constructs that shape internal migration decisions. Together, the theories informed both the variable selection and the conceptual framework's structure, which links HR standards and socio-cognitive factors to nurses' intention to emigrate.

Figure 3

A Conceptual Framework for the Intention of Nurse Emigration and Its Mediating Factor (extracted from the Human Resources for Health Framework)



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter of the study discusses the research design, the study population, the sampling procedure, the sample size, the instrument's validity and reliability, the data collection procedure, the data analysis, the data presentation, and the ethical considerations.

3.2 Study Design

This quantitative cross-sectional study collected data from multiple individuals (Nurses) at a single point in time. Considering the time and feasibility of the study, a cross-sectional survey was appropriate.

3.3 Study Setting

The Study was conducted in Nakuru West Sub-County, a sub-county in Nakuru County. Nakuru City attained city status in 2022. Administratively, Nakuru is one of Kenya's 47 counties. Nakuru County is bordered by eight other counties located along the Great Rift Valley: i.e., Kajiado and Kiambu to the south, Baringo and Laikipia to the north, Nyandarua to the east, Narok to the southwest, and Kericho and Bomet to the west. The county has a population density of 288/km² and has an area of about 7,498.8 Km². It is located at the following coordinates: Longitude 35.41° East (35°24'36" East) and 36.6° East (36°36'0" East), and Latitude 0.23° North (0° 13 48" North) and 1.16° South (1° 9'36" South).

The county is divided into eleven sub-counties, with the Nakuru West Sub-County selected as the county's representative for this study. In 2010, the town of Nakuru was split into two constituencies: Nakuru East and Nakuru West. This subdivision of the

Nakuru Town Constituency resulted in the creation of the Nakuru West Sub-county (NGCDF, 2024).

In Nakuru County, public and private hospitals comprise the healthcare framework. Like the Kenyan healthcare system, hospitals are organised hierarchically. Community services are at level 1; dispensaries and clinics are at level 2; health centres, maternity and nursing homes are at level 3; sub-county hospitals and medium-sized private hospitals are at level 4; and county referral hospitals and large private hospitals are at level 5. Nakuru County has 674 public health facilities and 249 private and faith-based facilities, with a combined bed capacity of over 700 (Nakuru County Integrated Development Plan, 2018-2022, 2018). One thousand six hundred seventy-three registered nurses are working in public, private, and faith-based facilities in Nakuru County.

3.4 Study Population

The target population comprises all nurses in public and private health facilities within Nakuru County. In contrast, the accessible population comprises all nurses working in the selected hospitals within Nakuru West Sub-County.

3.4.1 Inclusion and Exclusion Criteria

Inclusion Criteria

The study included all qualified nurses employed on a permanent or contractual basis in Nakuru West sub-County who had valid contractual agreements with their employers.

Exclusion Criteria

The study did not include nurses in administrative positions, as they do not engage in active nursing practice in the clinical setting. Moreover, nurses who did not volunteer to be interviewed were excluded, as it was against ethical standards to coerce them into

providing information without their consent. Additionally, nurses on any form of leave (annual, sick, compassionate, maternity, or study leave) were excluded from the data collection phase of the study, as were those who worked in counties other than Nakuru West Subcounty.

3.5 Sampling Technique

3.5.1 Sample Size Determination

The sample size was determined using the methodology by Xu, X., Zhu, H., and C. (2019) for deciding cluster size, sample size, and precision in a stratified cluster sampling design (Nanjundeswaraswamy & Divakar, 2021). This approach requires specifying various parameters, including average cluster size, distribution of the indicator of interest across strata, and the intra-cluster correlation coefficient. In the current study, the cluster is the hospital within the sub-county. At the same time, the strata are the levels of the health care system according to the Ministry of Health, encompassing levels 3-5 within the sub-county. The precision (half-width) is set at 0.05, and the confidence level at 0.95 (95%). Table 1 below summarises the planning values for determining cluster and sample sizes.

$$N = \frac{(z^2_{1-\frac{\alpha}{2}})}{d^2} \sum_{h=1}^H f_h p_h (1 - p_h) A_h$$

The general formula used is as follows.

Where:

N = total sample size (number of participants)

d^2 = Half-width of the confidence interval

Z^2 = The square of the critical z-score corresponding to the desired level of confidence (i.e., 95% CL)

H = Total number of clusters (i.e., hospitals)

f_t = fraction of sampled subjects in stratum h (i.e., fraction of participants from each MOH level)

P_h = response probability (or proportion) in stratum k (i.e., an estimate of the proportion of emigration or intention to emigrate at each MOH level). This computation yields the following results in Table 1:

Table 1

Sample Size Based on a Stratified Cluster Sampling Approach

MOH level (strata)	Nurse population in the subcounty	Number of hospitals (clusters)	A sample of nurses was selected per hospital
3	52	10	2
4	100	6	5
5	450	1	100
Total	602	17	150

A stratified cluster sampling design was used to obtain a two-sided confidence interval at the 95% confidence level for a single proportion (i.e., the emigration rate). Both the average response proportion and the intra-cluster correlation coefficient are taken to be 0.1. 0.22339 is the expected average response proportion. Assuming that the average cluster size coefficient of variation is 0.3125, the following may be ascertained. The study must comprise 17 clusters (hospitals), with an average of 6 per stratum. MOH levels 3, 4, and 5 are the three strata in which the clusters must be dispersed. Establishing a confidence interval with a half-width of 0.05. The average number of nurses per cluster was calculated proportionally using the population weights for each stratum. This resulted in a total sample size of 602 nurses gathered from the hospitals.

Table 2*List of Hospitals Selected as Per Level in the Study*

level 3	level 4	Level 5
	Bondeni Subcounty	The Nakuru Teaching and
St Anthony Mission Hospital	Hospital	Referral Hospital
	Langalanga Subcounty	
Nakuru Heart Centre	Hospital	
	The Nakuru Specialists	
Mamlaka Medical Centre	Hospital	
Rapha Medical Centre	Mercy Mission Hospital	
Health Wave Hospital	Valley Hospital -Nakuru	
Langalanga Health Centre	Annex Hospital Nakuru	
Nakuru West Health Centre		
Rhonda Health Centre		
Barut Health Centre		
Kapkures Health Centre		

3.5.2 Sampling Procedure

This research study adopted a stratified cluster sampling technique to ensure its feasibility. The sampling process involved selecting hospitals (clusters) in Nakuru West sub-county. MOH levels were then stratified; i.e., the three hospital levels within each cluster were identified as the data collection points. i.e., level 3, level 4, and level 5 facilities. All hospitals were listed and grouped by level using stratified cluster sampling. This process ensured the sample was representative of all facility categories. To ensure robust research findings, only level 3, 4, and 5 facilities were considered, as they have larger nursing workforces. Stratified sampling was applied to each sample to ensure that it was representative of all categories of health facilities. Refer to the figure below on multistage sampling. A random sampling approach was used to sample hospitals within each stratum. In this case, 10 level 3 hospitals and 6 level 4 hospitals were randomly sampled. Since there is only one level 5 hospital, it was purposively sampled. In each

sampled hospital, a sampling frame comprising all nurses was compiled. The sampling frames for all sampled hospitals were combined into one list, after which a simple random sampling approach using computer-generated random numbers was used to select participants.

3.6 Instrumentation

The study used an online, self-administered, structured questionnaire to collect primary data from nurses in the selected workplaces. The questionnaire covered the following items:

Human resources factors: These included remuneration (forced-choice), work environment, training/career progression, job satisfaction, and supervision.

Socio-demographic data: This includes age, sex, and educational level.

Social contagion and social exchange: This measure assessed perceptions of interaction with colleagues, social networks, social cohesiveness, and social efficacy, while social exchange was measured on a 5-point Likert scale to capture perceptions of supervision quality, reciprocity, trust, and autonomy.

Intention to migrate: This was measured using a binary item (yes/no) and a 0-5 scale, where 0 indicates the least intention to emigrate and 5 the highest.

The questionnaire was selected because it provides a high degree of data standardisation and can be adopted by any population.

3.6.1 Pretest

A pretest of the study data collection tool was conducted on 10% of the sample size of 150 Nurses in Nakuru East Sub-County. Nakuru East is a neighbouring subcounty that is equally populous and is well proximate to the study area. Pretesting the tools on a small,

similar sample to identify and fix areas prone to incomplete responses ensured data completeness and maintained data integrity. The reliability results from the Pretest study are summarized in Table 3.

Data from the Pretest is analysed separately to assess the instrument's clarity, Reliability, and validity. It was used to refine the data collection tool; its results were not included in the final study dataset. Reliability tests through the Cronbach's alpha coefficient were performed, and any unclear or weak items were revised or removed. After revision, the Pretest data is discarded, and only the refined tool is used in the main study.

Table 3

Reliability Statistics Summary

Variable Group	Sub-variable / Scale	Cronbach's Alpha	N of Items
Overall Scale	All Questions	0.883	71
Human resource standards	Selection and Recruitment	0.907	5
	Remuneration	0.718	5
	Training and Career Progression	0.852	5
	Compliance	0.922	5
Socio-cognitive Factors	All Sub-variables Combined	0.955	35
Factors	Observation	0.840	5
	Self-efficacy	0.943	5
	Outcome	0.887	5
	Attention	0.953	5
	Motivation	0.952	5
	Retention	0.964	5
	Reciprocal Determinism	0.914	5

Note: All Cronbach's Alpha values were above 0.70, indicating acceptable to excellent internal consistency.

3.6.2 Validity

Validity is a measure of how accurately a questionnaire assesses the intended characteristic. It encompasses both what the test measures and how well it measures it. Content validity was established through an expert in nursing management's review of the study's data collection tool, which was deemed valid. Face validity was ascertained during the Pilot study. While Construct validity was ensured by aligning the tool to other theoretical frameworks.

3.6.3 Reliability

Reliability pertains to the consistency of the test results in measuring a particular characteristic. Reliability was determined using the test-retest method, with multiple questions in the structured questionnaire demonstrating high Reliability. A Cronbach's coefficient test was also performed, and the results were satisfactory for the level of consistency.

Internal Consistency Reliability refers to the degree of consistency among the scores obtained from a single measure. It is used to evaluate how well various items within a questionnaire measure a familiar underlying construct. With respect to the Pretest study conducted, the Cronbach alpha score attained for all questions was $\alpha=0.883$,

3.7 Data Collection Procedure

To ensure the completeness and integrity of the data, the researcher implemented the following measures. The use of a standardized data Collection tool, i.e., a questionnaire with all mandatory fields, would include an asterisk to ensure that all participants complete all required fields. All questionnaires were stored digitally to prevent missing data and ensure data security.

Clear Instructions on the data collection tool were displayed on the first page with a clear definition for each field to avoid and reduce confusion. Real-Time Data Monitoring through digital data collection, i.e., the use of digital tools to collect data (e.g., Google Forms) that flag incomplete submissions.

The researcher presented a request to all the administrators and managers of the selected facilities, including the ethical clearances from Kabarak University, Nacotsi, and the County Government of Nakuru. Due to the risk of profiling, the study's anonymity factor, and the Kenyan Data Protection Act of 2019, the facilities requested that the data collection tool be reviewed by management. They circulated to staff through their own forums. The data collection tool was shared through group emails and official social media groups (WhatsApp) by the hospital heads. Only nurses within the official facility social networks who met the inclusion criteria could access the tool. The online questionnaire included instructions on how to complete the required data fields and to consent to participate in the study, with the option to withdraw at any time. The data collection tool link was accessible within the required 7-day time frame.

3.8 Data Management

The data management process encompassed all measures to safeguard the data collected, including how and for how long the data was collected, handled, stored, and accessed by authorized personnel, and how it was disposed of. The data collected for this study were safeguarded by ensuring compliance with all legal and ethical requirements, including obtaining informed consent from participants and maintaining participant anonymity. Controlled access to the data was also enhanced through clear role-based access and multi-factor authentication for authorised personnel only, i.e., the researcher and her supervisors.

Data encryption was included to prevent unauthorised parties from accessing data transferred to and from the source. Data collected was stored on encrypted local drives (Google Drive) during active use and in the recommended institutional repositories for long-term storage. The data will be disposed of at the appropriate time in accordance with institutional policies and guidelines and in compliance with the Kenya Data Protection Act (2019).

3.9 Data Analysis and Presentation

The primary data were processed and arranged using the International Business Machines Statistical Package for the Social Sciences (IBM SPSS Statistics) version 27, a software program used for analytical purposes. Descriptive and inferential statistics were used to analyze data from 150 nurses employed at 17 distinct healthcare facilities in Nakuru West Sub-County. Frequencies, percentages, averages, and standard deviations were among the descriptive statistics used to describe the sociodemographic traits and response trends. On the other hand, at the 0.05 significance level, inferential statistics, such as Pearson correlations and simple and multiple linear regressions, were used to assess the proposed associations. The results of the analysis were presented in both tables and graphical form.

3.10 Data Analysis Matrix

Table 4

Data Analysis Matrix

Specific Objectives	Independent Variables	Statistical Summary	Dependent Variable
To establish the intention to emigrate among nurses working in Nakuru County.	None	Descriptive statistics	Intention to emigrate
To assess the socio-cognitive factors that may influence the intention to emigrate among nurses working in Nakuru County.	Observational learning, Self-efficacy, Outcome expectancies, Attention Motivation, Retention, and Reciprocal determinism	Pearson correlation, multiple regression	Intention to emigrate
To evaluate the human resource standards that may influence the intention to emigrate among nurses working in Nakuru County.	Selection and recruitment, Remuneration, Training and career progression, and Compliance	Pearson correlation, multiple regression	Intention to emigrate
To determine the association between HR standards and the intention to emigrate among nurses working in Nakuru County.	Selection and recruitment, Remuneration, Training and career progression, and Compliance	Pearson correlation, multiple regression	Intention to emigrate
To determine the association between socio-cognitive factors and the intention to emigrate among nurses working in Nakuru County.	Observational learning, Self-efficacy, Outcome expectancies, Attention Motivation, Retention, and Reciprocal determinism	Pearson correlation, Binary, multiple regression	Intention to emigrate

3.11 Ethical Considerations

The researcher secured a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI) through Permit Number 982674. An introductory letter from the Institutional Scientific and Research Committee (ISERC), KUREC-040625. This was to guarantee that the study was carried out ethically and with the necessary authorisations. Further authorization from the Nakuru County Government was obtained on the 12th of July 2025. The authorization obtained from the County

Government of Nakuru was used to seek permission to collect data from nurses at the administrative and managerial offices of the selected health facilities. In accordance with Kenya's Data Protection Act 2019, the facilities chose to reserve their staff's contact information to maintain anonymity and avoid workplace profiling. Respondents were assured of utmost anonymity and voluntary participation in the study by consenting to complete the web-based questionnaire. The completed questionnaires were collated into an Excel file accessible only to the researcher and tabulated in IBM SPSS Statistics Version 27 for analysis.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

4.1 Introduction

This chapter contains the results of the study objectives presented in charts and tables. This study sought to analyse the influence of human resource standards and socio-cognitive factors on nurses' intention to emigrate in Nakuru County, Kenya. Guided by Social Exchange and Social Cognitive theories, the study pursued five specific aims: to establish the proportion of nurses intending to emigrate; to assess the socio-cognitive factors (observational learning, self-efficacy, outcome expectancies, attention, motivation, retention and reciprocal determinism) influencing that intention; to evaluate the human-resource standards (selection and recruitment, remuneration, training and career progression, compliance) associated with the intention; and to determine the independent and combined associations between these two sets of variables and emigration intention.

4.2 Questionnaire Return Rate

One hundred and fifty (150) nurses from 17 public and private healthcare facilities in Nakuru West Sub-County comprised the study sample. Since all 150 questionnaires were completed and returned, the response rate was 100%. The 100% questionnaire return rate was achieved through an online, self-administered instrument distributed via secure institutional e-mail and WhatsApp networks, followed by daily reminders to the hospital management and the nursing in-charge.

4.3 Socio-Demographic Characteristics of the Respondents

The study examined demographic variables among the respondents, including gender, age, marital status, highest academic qualification, nursing experience, current professional title, supervisor status, and monthly salary range (Table 5). These

explanations were necessary to clarify how participant characteristics can affect the correlation among the human-resource standard, socio-cognitive background, and the desire to emigrate among nurses in Nakuru County.

Table 5
Distribution of Responses to Intention to Emigrate

Demographic Distribution by	Demographic Category	Frequency	% Respondents (n=150)
Gender	Female	108	72.0%
	Male	42	28.0%
Marital status	Married	105	70.0%
	Single	42	28.0%
	Divorced /separated	3	2.0%
Age	20-30 yrs	26	17.3%
	31-40yrs	113	75.3%
	41-50yrs	11	7.3%
Level of Education	Masters	2	1.3%
	BScN	59	39.0%
	Higher Diploma	12	8.0%
	Diploma	75	50.0%
Years of Nursing Experience	Certificate	2	1.4%
	<1yr	5	3.3%
	1-5yrs	33	22.0%
	6-10 yrs	92	61.3%
Functional Roles	>10yrs	20	13.3%
	Staff Nurses	30	37.0%
	In charges &	60	
	Deputies		40.0%
	Nurse coordinators	15	10.0%
Department	others	45	13.0%
	I.P	52	34.7%
	Maternity	45	30.0%
Supervisory Roles	Management	24	16.0%
	others	29	19.3%
Monthly Salary	No	88	59.0%
	Yes	62	41.0%
	50,000-99,000	68	45.3%
	40,000-49,000	34	22.7%
	<40,000	27	18.0%
Other income generation	>100,000	21	14.0%
	Yes	24	84.0%
	No	126	16.0%

4.4 Proportion of Nurses Who Intend to Emigrate

This section presents the response frequencies and mean scores for each study variable, offering a clear overview of how nurses rated the human resource standards, socio-cognitive factors, and intention to emigrate on a five-point Likert scale.

4.4.1 Descriptive Statistics of Intention to Emigrate

Table 6 summarizes the levels of agreement of the frequency distribution of responses across five Likert categories, thereby offering a quantitative depiction of the socio-cognitive and affective orientations toward overseas emigration. An appreciation of these distributions was required before further exploring how these orientations intersected with human resource standards and socio-cognitive factors.

Table 6

Distribution of Responses to Intention to Emigrate

Intention to emigrate Statements	SD	D	N	A	SA	Total
I plan to relocate to another country for work within the next few years.	2 (1.3%)	12 (8.0%)	17 (11.3%)	50 (33.3%)	69 (46.0%)	150 (100%)
I frequently discuss my plans to work abroad with colleagues or mentors.	9 (6.0%)	11 (7.3%)	11 (7.3%)	57 (38.0%)	62 (41.3%)	150 (100%)
I am committed to pursuing a nursing career abroad to achieve my professional goals.	7 (4.7%)	8 (5.3%)	21 (14.0%)	47 (31.3%)	67 (44.7%)	150 (100%)
I have taken specific steps (e.g., researching visa requirements and job opportunities) to immigrate for work.	5 (3.3%)	8 (5.3%)	13 (8.7%)	57 (38.0%)	67 (44.7%)	150 (100%)

Note: Sample size = 150 respondents.

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree.

Across all five items, the combined “Agree” and “Strongly Agree” columns accounted for three-quarters of the responses. Specifically, 79.3% of the nurses agreed or strongly agreed that they were actively planning relocation within the next few years, and a comparable proportion (79.3%) affirmed that they had already taken concrete steps such as researching visa requirements or job vacancies. Similarly, 79.0% acknowledged frequent discussions with colleagues or mentors about overseas plans, while 76.0% expressed commitment to pursuing a nursing career abroad to achieve professional goals. The ranked mean scores presented in Table 7 summarised the relative prominence of each statement, permitting an appraisal of which facets of planning, commitment, information-seeking, or collegial discourse carried the greatest salience within the sample.

Table 7

Ranked Mean Scores of Intentions to Emigrate Statements

Intentions to Emigrate Statements	Mean Rank
I have taken specific steps (e.g., researching visa requirements and job opportunities) to immigrate for work.	3.05
I plan to relocate to another country for work within the next few years.	3.02
I am committed to pursuing a nursing career abroad to achieve my professional goals.	3.00
I frequently discuss my plans to work abroad with colleagues or mentors.	2.94

The results revealed that the statement “I have taken specific steps (e.g., researching visa requirements or job opportunities) toward immigrating for work” occupied the highest mean rank (3.05), indicating that concrete preparatory actions were more frequently endorsed than any other indicator. This was closely followed by “I am actively planning to relocate to another country for work within the next few years” (3.02) and “I am

committed to pursuing a nursing career in another country to achieve my professional goals” (3.00).

The slightly lower rank of “I frequently discuss my plans to work abroad with colleagues or mentors” (2.94) nonetheless indicated that peer discourse remained an integral, if marginally less dominant, element of the migration calculus. The overall tight range of ranks (2.94–3.05) implied that no single facet operated in isolation; instead, the nurses collectively exhibited a multi-layered orientation in which practical steps, future planning, career commitment, and family welfare reinforced one another.

The degree to which respondents shared a standard order of importance for the five hope statements was examined before exploring links with other study variables. Table 8 presents the results of Kendall’s coefficient of concordance applied to the ranked data.

Table 8

Statistical Test Results for Agreement on Hope - Kendall's Coefficient of Concordance

Test Statistics	
N	150
Kendall's W ^a	.001
Chi-Square	.507
df	4
p value	.973

a. Kendall's Coefficient of Concordance

Kendall’s W was 0.001, and the associated chi-square value was 0.507 with 4 degrees of freedom (p = 0.973).

4.4.2 Descriptive Statistics of Selection and Recruitment

The clarity and fairness of the selection and recruitment process set the tone for nurses’ expectations and subsequent workplace evaluations. Table 9 displays how the 150 respondents judged five statements on satisfaction with appointment procedures, clarity

of employment agreements, and the match between stated and actual duties. The table presents the full spread of responses across five Likert categories, outlining where perceptions of organisational transparency were strongest and where they faltered.

Table 9

Distribution of Responses to Selection and Recruitment Statements

Selection and Recruitment Statement	SD	D	N	A	SA	Total
I am satisfied with the process through which I was selected for this position.	48 (32.0%)	41 (27.3%)	34 (22.7%)	22 (14.7%)	5 (3.3%)	150 (100.0%)
The agreement between my employer and me is acceptable to me.	51 (34.0%)	43 (28.7%)	24 (16.0%)	24 (16.0%)	8 (5.3%)	150 (100.0%)
My working terms have been clearly communicated.	47 (31.3%)	39 (26.0%)	29 (19.3%)	29 (19.3%)	6 (4.0%)	150 (100.0%)
I have received a job description that outlines my responsibilities.	53 (35.3%)	33 (22.0%)	37 (24.7%)	19 (12.7%)	8 (5.3%)	150 (100.0%)
The tasks I perform correspond with the job description provided.	55 (36.7%)	33 (22.0%)	27 (18.0%)	30 (20.0%)	5 (3.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

Across all five items, the combined “Strongly Disagree” and “Disagree” columns consistently outweighed the combined “Agree” and “Strongly Agree” columns. Satisfaction with the overall selection process attracted the least favourable view: 59.35% of nurses selected either “Strongly Disagree” or “Disagree”, while only 18% selected “Agree” or “Strongly Agree”. Acceptability of the employment agreement

followed a similar pattern, with 62.7% voicing disagreement and 21.3% expressing agreement. Clarity of working terms, availability of a job description, and correspondence between actual tasks and that description all showed negative balance scores greater than 40 percentage points.

An understanding of which recruitment and communication issues nurses regarded as most pressing was gained by ranking the five statements. Table 10 presents the mean ranks assigned by the 150 respondents, with higher values indicating greater perceived importance or dissatisfaction.

Table 10

Mean Likert Score of Selection and Recruitment Statements

Selection and Recruitment Statements	Mean Likert Rank
My working terms have been communicated.	3.11
I have received a job description that outlines my responsibilities.	2.99
I am satisfied with the process through which I was selected for this position.	2.98
The agreement between my employer and me is acceptable to me.	2.98
The tasks I perform correspond with the job description provided.	2.94

“My working terms have been communicated” received the highest mean rank (3.11), suggesting that lack of clarity in contractual details was the foremost concern. The following two ranks were almost identical: “I have received a job description that outlines my responsibilities” and “I am satisfied with the process through which I was selected for this position,” both scored 2.99 and 2.98, respectively. “The agreement between myself and my employer is acceptable to me” also held 2.98, while “The tasks I perform correspond with the job description provided” was ranked lowest at 2.94. The narrow range (2.94-3.11) indicated that all aspects were viewed with similar unease.

Table 11 reports the outcome of Kendall's coefficient of concordance applied to the ranked data.

Table 11

Statistical Test Results for Agreement on Selection and Recruitment - Kendall's Coefficient of Concordance

Test Statistics	
N	150
Kendall's W ^a	.002
Chi-Square	1.337
df	4
P value	.855

a. Kendall's Coefficient of Concordance

Kendall's W equalled 0.002, and the chi-square value was 1.337 with 4 degrees of freedom ($p = 0.855$). Because the p-value was far above 0.05, the group showed no meaningful agreement on which statement mattered most; the rankings were effectively random.

4.4.3 Descriptive Statistics Remuneration

Table 12 shows how the 150 respondents rated five statements on adequacy, timeliness, recognition, living standards, and the link between pay and thoughts of emigration. Frequencies across five response levels were provided, allowing a straightforward reading of where satisfaction and dissatisfaction lay.

Table 12*Distribution of Responses to Remuneration Statement*

Remuneration statement	SD	D	N	A	SA	Total
I feel well remunerated in line with my job description.	57 (38.0%)	28 (18.7%)	31 (20.7%)	24 (16.0%)	10 (6.7%)	150 (100.0%)
I believe my dues are paid on time.	48 (32.0%)	42 (28.0%)	29 (19.3%)	24 (16.0%)	7 (4.7%)	150 (100.0%)
I receive adequate bonuses and recognition for my job.	49 (32.7%)	39 (26.0%)	25 (16.7%)	28 (18.7%)	9 (6.0%)	150 (100.0%)
I feel that my remuneration rate allows me to live life comfortably.	51 (34.0%)	38 (25.3%)	23 (15.3%)	26 (17.3%)	12 (8.0%)	150 (100.0%)
My current remuneration has led me to consider emigration.	49 (32.7%)	46 (30.7%)	28 (18.7%)	21 (14.0%)	6 (4.0%)	150 (100.0%)

Note: Sample size = 150 respondents.

Across all items, the combined “Strongly Disagree” and “Disagree” columns consistently outweighed the combined “Agree” and “Strongly Agree” columns. When asked whether they felt well remunerated for their duties, 56.7% disagreed, compared with only 22.7% who agreed. Timeliness of payment fared little better, with 60% disagreeing and 20.7% agreeing. Adequacy of bonuses and recognition drew similar criticism (58.7% disagreement versus 24.7% agreement). The majority, 59.3% disagreed that their pay allowed a comfortable life, while 25.3% agreed. Finally, 63.4% disagreed that current

pay had led them to consider emigration, yet the sizeable minority (18%) who agreed or strongly agreed still accounted for less than a quarter of the sample.

Understanding which aspects of pay troubled the nurses most was needed before linking these views to thoughts about migration. Table 13 lists the mean ranks of the five remuneration statements, with higher values indicating greater concern.

Table 13
Ranked Mean Scores of Remuneration Statement

	Mean Rank
I receive adequate bonuses and recognition for my job.	3.04
I feel that my remuneration rate allows me to live life comfortably.	3.04
I feel well remunerated in line with my job description.	3.02
I believe my dues are paid on time.	3.01
My current rate of remuneration has led me to think about emigration	2.9

The statements “I receive adequate bonuses and recognition for my job” and “I feel that my remuneration rate allows me to live life comfortably” shared the highest mean rank (3.04). “I feel well remunerated as per my job description” followed at 3.02, and “I believe my dues are paid in due time” was next at 3.01. The statement “My current rate of remuneration has led me to think about emigration” ranked lowest (2.90). The narrow gap (2.90-3.04) showed that all pay issues were viewed almost equally.

To assess whether the nurses shared a standard view of the order of importance of the five remuneration statements, the ranked scores were examined using Kendall’s coefficient of concordance. Table 14 presents the resulting test statistics for the 150 respondents.

Table 14

Statistical Test Results for Agreement on Remuneration - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.002
Chi-Square	.955
df	4
P value	.917

a. Kendall's Coefficient of Concordance

Kendall's W was 0.002, and the chi-square value was 0.955 with 4 degrees of freedom ($p = 0.917$). Because the p-value exceeded 0.05, there was no significant agreement among the nurses; the rankings of the statements were effectively random.

4.4.4 Descriptive Statistics of Training and Career Progression

Table 15 shows how the 150 respondents rated five statements about training resources and career progression.

Table 15*Distribution of Responses to Training and Career Progression Statements*

Training and career progression statement	SD	D	N	A	SA	Total
I feel that the training resources in my workplace are sufficient for growth.	46 (30.7%)	42 (28.0%)	29 (19.3%)	25 (16.7%)	8 (5.3%)	150 (100.0%)
I feel included in giving opinions on training topics.	40 (26.7%)	42 (28.0%)	27 (18.0%)	30 (20.0%)	11 (7.3%)	150 (100.0%)
I feel that my employer is concerned about my career progression.	44 (29.3%)	42 (28.0%)	30 (20.0%)	25 (16.7%)	9 (6.0%)	150 (100.0%)
I believe that my career has shown an upward trajectory while working here.	52 (34.7%)	36 (24.0%)	29 (19.3%)	22 (14.7%)	11 (7.3%)	150 (100.0%)
I am satisfied with my career progression and am content to remain there for the next 10 years.	49 (32.7%)	35 (23.3%)	33 (22.0%)	22 (14.7%)	11 (7.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

Across every item, the combined “Strongly Disagree” and “Disagree” columns outnumbered the combined “Agree” and “Strongly Agree” columns by at least two to one. Regarding the sufficiency of training resources, 58.7% disagreed, while only 22% agreed. Inclusion in the choice of training topics followed a similar pattern, with 54.7% against and 27.3% in favour. Perceived employer concern for career progression recorded 57.3% disagreement versus 22.7% agreement. 58.7% questioned the upward career trajectory, and only 22% felt they had advanced. The option to stay for the next 10 years was rejected by 56%, while 21.4% agreed.

Opinions captured regarding the statements on training and career growth were compared to see which issue troubled the nurses most—Table 16 lists the mean ranks for the five statements, with higher figures indicating greater concern.

Table 16

Ranked Mean Scores of Trainings and Career Progression Statements

	Mean Rank
I feel included in giving opinions on training topics	3.17
I feel that my employer is concerned about my career progression	3.01
I feel that the training resources in my workplace are sufficient for growth.	2.97
I am satisfied with my career progression and am content to remain there for the next 10 years.	2.97
I believe that my career has shown an upward trajectory while working here	2.89

The statement “Feeling included in giving opinions on training topics” ranked highest (3.17), indicating that the lack of involvement in deciding what is learnt weighed most heavily. “Employer concern for career progression” came next (3.01), followed closely by “sufficiency of training resources” and “contentment to stay for ten years”, both at 2.97. “Upward career trajectory” had the lowest rank (2.89). The narrow spread (2.89–3.17) revealed that all aspects were viewed with similar unease.

Agreement among the 150 nurses on the order of importance of the five training and career-progression statements was examined using Kendall’s coefficient of concordance. The results are set out in Table 17.

Table 17*Statistical Test Results for Agreement on Training and Career Progression*

Test Statistics	
N	150
Kendall's W ^a	.006
Chi-Square	3.381
df	4.000
P value	.496

a. Kendall's Coefficient of Concordance

Kendall's W was 0.006, and the chi-square value was 3.381 with 4 degrees of freedom ($p = 0.496$). Because the p-value exceeded 0.05, the nurses did not share a common ordering of the statements; the rankings were effectively random.

4.4.5 Descriptive Statistics of Compliance

Perceptions of organisational compliance provided a lens through which the nurses gauged fairness, transparency, and predictability in their daily work. Table 18 presents the distribution of responses to five statements on familiarity with policies, perceived openness, trust, supervisory approachability, and consistent enforcement of rules. An appreciation of these perceptions was necessary before relating them to the broader study's focus on human resource standards and emigration intention.

Table 18*Distribution of Responses to Compliance Statements*

Compliance Statement	SD	D	N	A	SA	Total
I feel well-conversant with my organization's policies and regulations.	49 (32.7%)	40 (26.7%)	28 (18.7%)	23 (15.3%)	10 (6.7%)	150 (100.0%)
There is transparency within my organization.	48 (32.0%)	33 (22.0%)	35 (23.3%)	26 (17.3%)	8 (5.3%)	150 (100.0%)
I feel trusted to do my job.	56 (37.3%)	36 (24.0%)	27 (18.0%)	25 (16.7%)	6 (4.0%)	150 (100.0%)
My supervisors are friendly and easy to approach.	43 (28.7%)	43 (28.7%)	32 (21.3%)	21 (14.0%)	11 (7.3%)	150 (100.0%)
I believe my organization enforces its policies consistently across all staff members.	56 (37.3%)	37 (24.7%)	27 (18.0%)	22 (14.7%)	8 (5.3%)	150 (100.0%)

Note: *Sample size = 150 respondents.*

Across every statement, the combined “Strongly Disagree” and “Disagree” columns surpassed the combined “Agree” and “Strongly Agree” columns by a wide margin. Familiarity with organisational policies registered disagreement among 59.4% of the respondents and agreement among only 22.0%. Transparency within the organisation was rejected by 54.0% and accepted by 22.6%. Feeling trusted to perform the job drew disagreement from 61.3% and agreement from 20.7%. Perceived friendliness and approachability of supervisors were questioned by 57.4% and affirmed by 21.3%. Consistent enforcement of policies was doubted by 62.0 % and endorsed by 19.0%.

Perceptions of fairness, clarity, and trust formed a backdrop against which nurses judged daily organisational life. Table 19 presents the mean ranks assigned to five compliance-related statements, enabling a quick grasp of the most pressing issues for the 150 respondents.

Table 19

Ranked Mean Scores of Compliance Statements

Compliance Statements	Mean Rank
My supervisors are friendly and easy to approach	3.15
There is transparency within my organization	3.11
I feel well-conversant with my organization's policies and regulations	3.05
I believe my organization enforces its policies consistently across all staff members.	2.85
I feel trusted to do my job	2.84

The statement “My supervisors are friendly and easy to approach” had the highest mean rank (3.15), indicating that approachability was perceived as the least problematic aspect, albeit still modest. “There is transparency within my organization” followed at 3.11, while “I feel well-conversant with my organisation’s policies and regulations” sat at 3.05. By contrast, “I believe my organisation enforces its policies consistently across all staff members” and “I feel trusted to do my job” recorded the lowest ranks at 2.85 and 2.84, respectively.

The narrow range (2.84–3.15) indicated that no single issue was markedly better or worse than the others; nevertheless, the slight elevation for supervisor friendliness suggested that trust and policy consistency were viewed as slightly more worrisome. Whether the 150 nurses shared a standard order of concern about the five compliance statements was examined with Kendall’s coefficient of concordance. Table 20 presents the resulting test statistics.

Table 20

Statistical Test Results for Agreement on Compliance - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.011
Chi-Square	6.419
df	4
P value	.170

a. Kendall's Coefficient of Concordance

Kendall's W was 0.011, and the chi-square value was 6.419 with 4 degrees of freedom ($p = 0.170$). Because the p-value exceeded the conventional 0.05 threshold, the nurses did not show significant consensus in ranking the statements; the order of perceived importance was effectively random.

4.4.6 Descriptive Statistics of Observational Learning

Understanding how others' experiences shape individual intentions was crucial for unpacking the social dynamics at play. Table 21 presents the distribution of responses to five statements related to observational learning about emigration among the 150 nurses.

Table 21*Distribution of Responses of Observational Learning*

Observational Learning Statement	SD	D	N	A	SA	Total
I am aware that some nurses have chosen to emigrate.	8 (5.3%)	12 (8.0%)	23 (15.3%)	44 (29.3%)	63 (42.0%)	150 (100.0%)
Many of my colleagues immigrated for a brighter future.	9 (6.0%)	7 (4.7%)	28 (18.7%)	50 (33.3%)	56 (37.3%)	150 (100.0%)
I learn about emigration opportunities by observing other nurses' experiences.	9 (6.0%)	12 (8.0%)	16 (10.7%)	55 (36.7%)	58 (38.7%)	150 (100.0%)
I keep open communication channels with all my colleagues who have immigrated.	7 (4.7%)	14 (9.3%)	16 (10.7%)	45 (30.0%)	68 (45.3%)	150 (100.0%)
I model my emigration plans after successful nurses I know.	6 (4.0%)	10 (6.7%)	20 (13.3%)	36 (24.0%)	78 (52.0%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. For instance, 71.3% of respondents agreed or strongly agreed that they knew that some nurses had chosen to emigrate, indicating a widespread knowledge of colleagues' migration decisions. Similarly, 70.6% concurred that many of their colleagues had immigrated for a brighter future, highlighting a perceived trend of seeking better opportunities abroad. The quotation concerning acquiring knowledge about emigration opportunities through others' personal experiences elicited similar attitudes among 75.4% of the sample, suggesting a significant contribution of vicarious learning to migration decision-making. Interaction with other immigrant employees was recognized by 75.3% of respondents, indicating a strong social network. Finally, the nurses who participated in the study

claimed that 76.0% of them patterned their emigration plans on the example of successful nurses they knew, proving the substantial role-model impact on individual decision-making.

The mean ranks of the five statements were examined to identify which aspects of observational learning most led to the nurses' perspectives on emigration. Table 22 presents these rankings, providing insight into the relative importance of different social influences on migration intentions.

Table 22

Ranked Mean Scores of Observational Learning Statements

	Mean Rank
I model my emigration plans after successful nurses I know	3.26
I keep open communication channels with all my colleagues who have immigrated	3.07
I am aware that some nurses have chosen to emigrate.	2.96
Many of my colleagues immigrated for a brighter future	2.86
I learn about emigration opportunities by observing other nurses' experiences	2.85

The statement "I model my emigration plans after successful nurses I know" had the highest mean rank of 3.26, indicating that peers' success stories were the most influential factor in shaping nurses' migration plans. This was followed by "I keep open communication channels with all my colleagues who immigrated," with a mean rank of 3.07, suggesting that maintaining contact with those who had already migrated was also highly significant. The statement "I am aware that some nurses have chosen to emigrate" ranked third at 2.96, indicating that colleagues' general awareness of migration was a notable influence. "Many of my colleagues immigrated for a brighter future" had a mean rank of 2.86, and "I learn about emigration opportunities by observing other nurses'

experiences" ranked lowest at 2.85. The narrow range of mean ranks (2.85–3.26) indicated that all aspects of observational learning were important, but modelling after successful peers and maintaining communication with migrants were slightly more impactful.

The degree of consensus among the 150 nurses regarding the order of importance of the five observational learning statements was assessed using Kendall's coefficient of concordance. Table 23 presents the test statistics.

Table 23

Statistical Test Results for Agreement on Observational Learning - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.017
Chi-Square	10.053
df	4
P value	.040

a. Kendall's Coefficient of Concordance

Kendall's W was 0.017, and the chi-square value was 10.053 with 4 degrees of freedom ($p = 0.040$). Because the p-value was below the conventional 0.05 threshold, the nurses indicated a very weak statistically significant consensus ($W=0.017$) on the ranking of the statements.

4.4.7 Descriptive Statistics of Self-Efficacy

Table 24 presents the distribution of responses to five self-efficacy-related statements among the 150 nurses surveyed.

Table 24*Distribution of Responses to Self-Efficacy Statements*

Self-Efficacy Statement	SD	D	N	A	SA	Total
I believe I have the skills to pursue work opportunities abroad.	6 (4.0%)	11 (7.3%)	22 (14.7%)	51 (34.0%)	60 (40.0%)	150 (100.0%)
I am confident in my ability to adapt to healthcare systems outside my home country.	8 (5.3%)	8 (5.3%)	26 (17.3%)	47 (31.3%)	61 (40.7%)	150 (100.0%)
I feel prepared to manage the challenges of working in a foreign healthcare environment.	4 (2.7%)	9 (6.0%)	20 (13.3%)	53 (35.3%)	64 (42.7%)	150 (100.0%)
I am capable of completing the required emigration procedures.	7 (4.7%)	10 (6.7%)	25 (16.7%)	45 (30.0%)	63 (42.0%)	150 (100.0%)
I trust that my nursing competencies are applicable in international healthcare settings.	8 (5.3%)	10 (6.7%)	20 (13.3%)	59 (39.3%)	53 (35.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. 74.0% of respondents agreed or strongly agreed that they believed they had the skills to pursue work opportunities in another country. On the same note, 72.0% of respondents had confidence in their ability to cope with healthcare systems outside their home country. The message regarding preparedness to face issues in a foreign healthcare setting received the consent of 78.0% of respondents, suggesting that participants were somewhat ready. 72.0% had confidence in their ability to fulfil the required emigration activities, and 74.7% believed their nursing skills could be used at the international level.

The mean ranks of the five self-efficacy statements were examined to determine which aspects of self-efficacy were most salient to the nurses' migration intentions. Table 25 presents these rankings, providing insight into the relative importance of different facets of self-efficacy.

Table 25

Ranked Mean Scores of Self-Efficacy Statements

	Mean Rank
I feel prepared to manage the challenges of working in a foreign healthcare environment.	3.14
I am capable of completing the required emigration procedures.	3.01
I believe I have the skills to pursue work opportunities in another country	2.99
I am confident in my ability to adapt to healthcare systems outside my home country.	2.98
I trust that my nursing competencies are applicable in international healthcare settings.	2.87

The statement "I feel prepared to manage the challenges of working in a foreign healthcare environment" had the highest mean rank of 3.14, indicating that the nurses felt most confident in their ability to handle the practical challenges of working abroad. This was followed by "I am capable of completing required emigration procedures," with a mean rank of 3.01, suggesting that the administrative aspects of migration were also manageable. The statement "I believe I have the skills to pursue work opportunities in another country" ranked third at 2.99, highlighting a strong belief in their professional capabilities. "I am confident in my ability to adapt to healthcare systems outside my home country" had a mean rank of 2.98, and "I trust that my nursing competencies are applicable in international healthcare settings" ranked lowest at 2.87. The narrow range of mean ranks (2.87-3.14) indicated that all aspects of self-efficacy were considered

necessary, but readiness to manage foreign work environments and administrative procedures was slightly more impactful.

The extent to which the 150 nurses shared a standard order of importance for the five self-efficacy statements was assessed using Kendall’s coefficient of concordance. Table 26 presents the resulting test statistics.

Table 26

Statistical Test Results for Agreement on Self-Efficacy - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.005
Chi-Square	3.055
df	4
P-value. Sig.	.549

a. Kendall's Coefficient of Concordance

Kendall’s W was 0.005, and the chi-square value was 3.055 with 4 degrees of freedom (p = 0.549). Because the p-value exceeded the conventional 0.05 threshold, the nurses did not show significant consensus in ranking the statements; the order of perceived importance was effectively random.

4.4.8 Descriptive Statistics of Outcome Expectancies

Expectations about the potential outcomes of emigration are crucial in shaping migration decisions. Table 27 presents the distribution of responses to five statements related to outcome expectancies among the 150 nurses surveyed.

Table 27*Distribution of Responses to Outcome Expectancies Statements*

Outcome Expectancies Statement	SD	D	N	A	SA	Total
I expect that emigrating will lead to better career opportunities.	11 (7.3%)	10 (6.7%)	21 (14.0%)	53 (35.3%)	55 (36.7%)	150 (100.0%)
I believe emigration will improve my quality of life.	10 (6.7%)	9 (6.0%)	20 (13.3%)	52 (34.7%)	59 (39.3%)	150 (100.0%)
I perceive there were better working conditions abroad.	11 (7.3%)	12 (8.0%)	18 (12.0%)	58 (38.7%)	51 (34.0%)	150 (100.0%)
I anticipate higher job satisfaction in international healthcare settings.	12 (8.0%)	7 (4.7%)	21 (14.0%)	54 (36.0%)	56 (37.3%)	150 (100.0%)
I expect to achieve a better work-life balance by emigrating.	14 (9.3%)	13 (8.7%)	18 (12.0%)	47 (31.3%)	58 (38.7%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. For instance, 72.0% of respondents agreed or strongly agreed that emigrating would lead to better career opportunities, indicating a strong belief in the potential for professional advancement abroad. Similarly, 74.0% believed that emigration would improve their quality of life, highlighting the perceived benefits of migration on overall well-being. The advantage of working overseas in terms of better working conditions prompted 72.7% of respondents to anticipate an improved working environment. 73.3% confirmed that expectations of working in international healthcare environments were associated with greater job satisfaction, whereas 70.0% expected a greater work-life balance when immigrating.

The overall ranks of the five statements were analysed to determine which outcome expectancies best inform how the nurses will form the intentions to migrate. These rankings, presented in Table 28, offer a view of the relative significance of various anticipated consequences.

Table 28

Ranked Mean Scores of Outcome Expectancies Statements

	Mean Rank
I believe emigration will improve my quality of life	3.12
I anticipate higher job satisfaction in international healthcare settings	3.03
I expect that emigrating will lead to better career opportunities	2.98
I expect to achieve a better work-life balance by emigrating	2.96
I perceive that there were better working conditions abroad	2.92

The highest mean rank of 3.12 was associated with the statement, "I think emigration will raise my quality of life," indicating that perceived improvement in overall well-being was the most significant anticipated result of emigration. The fourth statement followed: I expect international healthcare settings to have higher job satisfaction, with an average rank of 3.03, indicating that job satisfaction is also a very desirable prospective outcome. I will ensure improved career opportunities, as emigration ranked third at 2.98, suggesting that professional growth is valued. The mean rank scores were 2.96 and 2.92 for the items, respectively, indicating expectations of better work-life and perceptions of better working conditions overseas.

The degree of consensus among the 150 nurses regarding the order of importance of the five outcome expectancies statements was assessed using Kendall's coefficient of concordance. Table 29 presents the test statistics.

Table 29

Statistical Test Results for Agreement on Outcome Expectancies - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.003
Chi-Square	2.083
df	4
P-value. Sig.	.720

a. Kendall's Coefficient of Concordance

Kendall's W was 0.003, and the chi-square value was 2.083 with 4 degrees of freedom ($p = 0.720$). Because the p-value exceeded the conventional 0.05 threshold, the nurses did not show significant consensus in ranking the statements; the order of perceived importance was effectively random.

4.4.9 Descriptive Statistics of Attention

The extent to which nurses actively engage with information about emigration opportunities provides insight into their interest and preparedness for potential migration. Table 30 presents the distribution of responses to five statements regarding attention to emigration among the 150 nurses surveyed.

Table 30*Distribution of Responses to Attention Statements*

Attention Statement	SD	D	N	A	SA	Total
I actively seek information about emigration opportunities.	7 (4.7%)	12 (8.0%)	22 (14.7%)	51 (34.0%)	58 (38.7%)	150 (100.0%)
I pay close attention to stories about nurses working abroad.	8 (5.3%)	11 (7.3%)	22 (14.7%)	45 (30.0%)	64 (42.7%)	150 (100.0%)
I notice when colleagues discuss emigration experiences.	6 (4.0%)	9 (6.0%)	28 (18.7%)	53 (35.3%)	54 (36.0%)	150 (100.0%)
I focus on emigration-related information in professional networks.	11 (7.3%)	9 (6.0%)	23 (15.3%)	46 (30.7%)	61 (40.7%)	150 (100.0%)
I am alert to job opportunities in international healthcare markets.	5 (3.3%)	12 (8.0%)	25 (16.7%)	46 (30.7%)	62 (41.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. For instance, 72.7% of respondents agreed or strongly agreed that they actively seek information about emigration opportunities, indicating a proactive stance towards exploring migration options. Likewise, 72.7% are attentive to news about working nurses, assuming that some nurses work abroad, underscoring the importance of peer experience. The mentioned tendency not to be unaware of colleagues' discussions of migration experiences received 71.3% agreement among consultants, indicating a considerable degree of migration-related awareness. Concentrating on emigration-related information

within professional networks was confirmed by 71.3% and 72.0% who reported being sensitive to the possibility of job openings in overseas healthcare markets.

To identify the areas of interest in emigration among the nurses as a key determinant, the Mean ranks of the attention statements were evaluated. These rankings are provided in Table 31 to get insight into the relative importance of various information-seeking behaviours.

Table 31

Ranked Mean Scores of Attention Statements

	Mean Rank
I pay close attention to stories about nurses working abroad	3.06
I am alert to job opportunities in international healthcare markets	3.06
I notice when colleagues discuss emigration experiences	2.97
I focus on emigration-related information in professional networks	2.97
I actively seek information about emigration opportunities	2.94

The question statement, "I take special note of stories concerning nurses in other countries," received the highest ranking, with a mean of 3.06, indicating that nurses were especially sensitive to the situation of their colleagues who had already emigrated. This was immediately followed by I am sensitive to job prospects in global healthcare markets which also had a mean of 3.06. Statements such as "I pay attention when friends talk about experiences related to emigration" and "I pay attention to the information associated with emigration in professional networks" had a mean rank of 2.97, indicating that they were also widely adopted. The least prominent mean rank of 2.94 corresponds to the answer to the question of whether they actively seek information on emigration opportunities, which also remained significant, yet not as strong as others.

The degree of consensus among the 150 nurses regarding the order of importance of the five attention statements was assessed using Kendall's coefficient of concordance. Table 32 presents the test statistics.

Table 32

Statistical Test Results for Agreement on Attention - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.002
Chi-Square	1.117
df	4
P-value. Sig.	.892

a. Kendall's Coefficient of Concordance

Kendall's W was 0.002, and the chi-square value was 1.117 with 4 degrees of freedom ($p = 0.892$). Because the p-value exceeded the conventional 0.05 threshold, the nurses did not show significant consensus in ranking the statements; the order of perceived importance was effectively random.

4.4.10 Descriptive Statistics of Retention

Retaining information about emigration experiences and procedures is key to shaping migration intentions. Table 33 presents the distribution of responses to five retention-related statements among the 150 nurses surveyed.

Table 33*Distribution of Responses to Retention Statements*

Retention Statement	SD	D	N	A	SA	Total
I remember details about successful emigration experiences shared by colleagues.	5 (3.3%)	10 (6.7%)	25 (16.7%)	55 (36.7%)	55 (36.7%)	150 (100.0%)
I can recall specific steps taken by nurses who successfully emigrated.	11 (7.3%)	9 (6.0%)	21 (14.0%)	50 (33.3%)	59 (39.3%)	150 (100.0%)
I retain information about emigration requirements and procedures.	10 (6.7%)	10 (6.7%)	18 (12.0%)	52 (34.7%)	60 (40.0%)	150 (100.0%)
I remember positive outcomes described by emigrated nurses.	5 (3.3%)	9 (6.0%)	29 (19.3%)	57 (38.0%)	50 (33.3%)	150 (100.0%)
I can easily recall emigration success stories when making decisions.	8 (5.3%)	9 (6.0%)	21 (14.0%)	50 (33.3%)	62 (41.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. For instance, 73.3% of respondents agreed or strongly agreed that they remembered details of colleagues' successful emigration experiences, indicating strong recall of peers' experiences. Similarly, 72.7% remembered specific actions taken by nurses who emigrated, suggesting the role of applied knowledge. The remarks that they retained information on emigration requirements and procedures were agreed upon by 74.7% of the respondents, indicating a high level of procedural knowledge. Positive thoughts, matching memories

of positive experiences, were associated with positive value in 71.3%, of which 74.7% could readily recall emigration success stories during decision-making.

The mean ranks of the five retention statements were analysed to determine which factors in information retention had the most tremendous impact on nurses' migration intentions. These rankings, shown in Table 34, provide an idea of the relative significance of various types of retained information.

Table 34

Ranked Mean Scores of Retention Statements

	Mean Rank
I can easily recall emigration success stories when making decisions	3.06
I remember details about successful emigration experiences shared by colleagues	3.04
I retain information about emigration requirements and procedures	3.02
I can recall specific steps taken by nurses who successfully emigrated	2.96
I remember positive outcomes described by emigrated nurses	2.93

The ability to easily recall success stories when making decisions ranked highest, with a mean rank of 3.06, and was thus the most significant aspect of retention. Very closely behind this was the rank of "I recall facts about successful emigration narratives told by fellow employees"; this had a mean rank of 3.04, indicating the importance of peer-sharing of experiences for successful emigration. I remember knowledge of emigration requirements and procedures ranked third, with a score of 3.02, indicating high procedural knowledge retention. The rankings of the statements, such as "I can remember particular actions that were taken by the nurses who were successful emigrants," ranged from 2.96 to 2.93, with the lowest ranking term being "I remember positive aspects as defined by emigrated nurses." The consistency in the mean ranks

(2.93-3.06) indicated that all aspects of retention were deemed essential; however, the capacity to remember people's success stories and procedural aspects was more effective.

The degree of consensus among the 150 nurses regarding the order of importance of the five retention statements was assessed using Kendall's coefficient of concordance. Table 35 presents the test statistics.

Table 35

Statistical Test Results for Agreement on Retention - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.002
Chi-Square	.966
df	4
P-value. Sig.	.915

a. Kendall's Coefficient of Concordance

Kendall's W was 0.002, and the chi-square value was 0.966 with 4 degrees of freedom ($p = 0.915$). Because the p-value exceeded the 0.05 threshold, the nurses did not show significant consensus in ranking the statements; the order of perceived importance was effectively random.

4.4.11 Descriptive Statistics of Reciprocal Determinism

The concept of reciprocal determinism, which posits a dynamic interplay between personal intentions, workplace interactions, and environmental conditions, was explored through five statements. Table 36 presents the distribution of responses from the 150 nurses surveyed.

Table 36*Distribution of Responses to Reciprocal Determinism Statements*

Reciprocal Determinism Statement	SD	D	N	A	SA	Total
My work environment influences my thoughts about emigration, which in turn affects my job performance.	10 (6.7%)	12 (8.0%)	21 (14.0%)	49 (32.7%)	58 (38.7%)	150 (100.0%)
My intentions regarding emigration affect how I engage with my workplace.	13 (8.7%)	10 (6.7%)	17 (11.3%)	57 (38.0%)	53 (35.3%)	150 (100.0%)
My emigration plans influence my relationship with colleagues, and my interactions with colleagues influence those plans.	9 (6.0%)	14 (9.3%)	14 (9.3%)	57 (38.0%)	56 (37.3%)	150 (100.0%)
Changes in workplace conditions directly affect my intentions to emigrate.	13 (8.7%)	2 (1.3%)	20 (13.3%)	55 (36.7%)	60 (40.0%)	150 (100.0%)
My emigration plans shape my behaviour at work, and this behavior affects my work environment.	6 (4.0%)	8 (5.3%)	24 (16.0%)	50 (33.3%)	62 (41.3%)	150 (100.0%)

Note: Sample size = 150 respondents.

The data revealed a general trend of agreement with the statements. For instance, 71.4% of respondents agreed or strongly agreed that their work environment influenced their

thoughts about emigration, thereby affecting their job performance. Similarly, 73.3% believed that their intentions regarding emigration affected how they engaged with their workplace. The interplay between emigration plans and relationships with colleagues garnered agreement from 75.3% of respondents. Fluctuations in workplace conditions led to the intention to emigrate directly, as confirmed by 76.7%, and 74.7% confirmed the influence of their emigration intentions on their behaviour at work and, in turn, on the workplace environment.

The rankings are represented in Table 37, which gives a clue to the importance of various aspects of reciprocal determinism.

Table 37

Ranked Mean Scores of Reciprocal Determinism Statements

	Mean Rank
My emigration plans shape my behaviour at work, and this behaviour affects my work environment.	3.16
Changes in workplace conditions directly affect my intentions to emigrate.	3.05
My emigration plans influence my relationship with colleagues, and my interactions with colleagues influence those plans.	2.97
My work environment influences my thoughts about emigration, which in turn affects my job performance.	2.96
My intentions regarding emigration affect how I engage with my workplace.	2.86

The statement "My emigration plans shape my behaviour at work, and this behaviour affects my work environment" held the highest mean rank at 3.16, indicating that the interplay between emigration plans and workplace behaviour was the most significant aspect. This was followed by "Changes in workplace conditions have a direct effect on my intentions to emigrate," with a mean rank of 3.05, suggesting that workplace

conditions strongly led to migration intentions. The statement "My emigration plans influence my relationship with colleagues, and my interactions with colleagues influence those plans" ranked third at 2.97, highlighting the importance of peer interactions. "My work environment influences my thoughts about emigration, which in turn affects my job performance" had a mean rank of 2.96, and "My intentions regarding emigration affect how I engage with my workplace" ranked lowest at 2.86. The small range of mean ranks (2.86-3.16) indicated that all dimensions of reciprocal determinism were considered necessary, but the interaction between emigration plans and workplace behaviour was more influential than the others.

Table 38 shows that a statistical test based on Kendall's Coefficient of Concordance was conducted to examine the extent of agreement among nurses in Nakuru West Sub-County regarding reciprocal determinism, one of the most important parts of Social Cognitive Theory, and whether it affects their intentions to emigrate. The statistics in the table constitute the test statistics: sample size, W Kendall, chi-square value, degrees of freedom, and P value. These findings are essential for determining the consistency of perceptions of personal, environmental, and behavioural factors that influence nurses' emigration intentions.

Table 38

Statistical Test Results for Agreement on Reciprocal Determinism - Kendall's Coefficient of Concordance

	Test Statistics
N	150
Kendall's W ^a	.007
Chi-Square	4.231
df	4
P-value. Sig.	.376

a. Kendall's Coefficient of Concordance

The Table 38 analysis indicated that the Kendall Coefficient of Concordance (W) was 0.007, based on responses from 150 nurses in Nakuru West Sub-Country. This low decision value suggested that the degree of concurrence among the nurses regarding the effects of reciprocal determinism on their intention to emigrate was zero. The chi-square statistic of 4.231 with 4 degrees of freedom yields a P-value of 0.376, which is above the conventional 0.05 level, indicating that the observed agreement was not statistically significant.

4.5 Preliminary Tests for Linear Regression Assumptions

Regression analysis examined the relationships among human resource standards, socio-cognitive factors, and the intention to emigrate among qualified nurses in Nakuru County, Kenya. To ensure proper regression values and the fulfillment of regression model assumptions, basic regression analysis tests were conducted, i.e., tests for normality, linearity, multicollinearity, and heteroscedasticity. The fulfillment of these assumptions enabled meaningful conclusions to be drawn about the links between the independent variables and the intention to emigrate.

4.5.1 Test for Normality

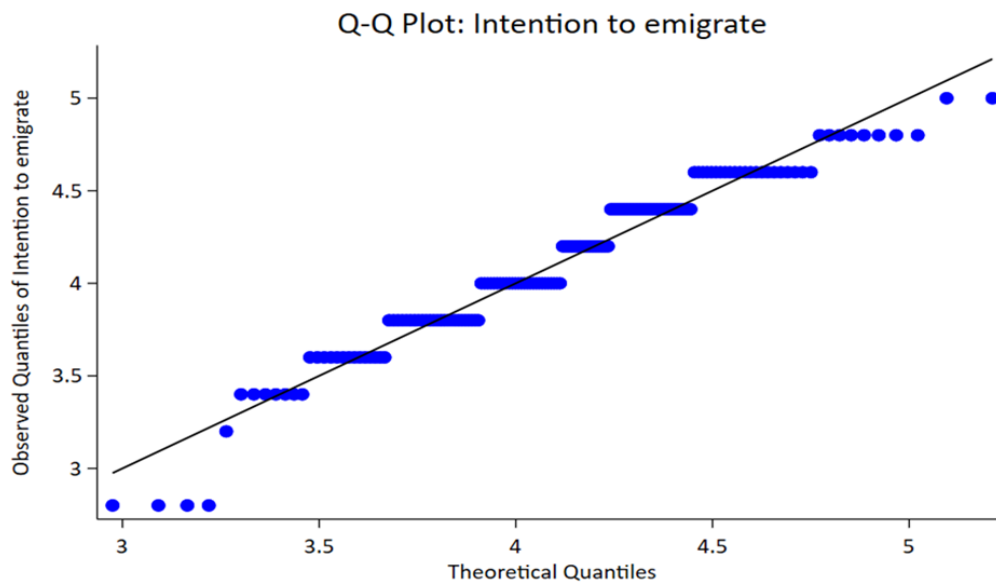
Testing for normality ensures that the data collected follows a normal distribution. This was done graphically using a Quantile-Quantile Plot (Q-Q Plot) for all residuals in the regression. In a standard Q-Q plot, if the points fall roughly along a straight diagonal line, the data is likely normal.

The Normal Q-Q Plot in Figure 5 assesses the normality of the residuals for the intention to emigrate. It was conducted among nurses in Nakuru West Sub-County, serving as the dependent variable in the study. It involved plotting the cumulative probabilities of the actual data against those expected under the normal distribution, based on responses

from 150 nurses. The fact that the data points followed a diagonal curve indicated that the complete data on intention to emigrate satisfied the normality assumption in regression analysis. The test for normality was performed on all data collected for the independent variables relative to the dependent variable.

Figure 4

Standard Q-Q Plot for Intention to Emigrate



The plot of the normal Q-Q of intention to emigrate, illustrated in Figure 5, indicated that the data points approximated a straight line from the bottom left to the top right, suggesting that the residuals were distributed in a rather usual manner, without any significant departure. This observation showed that the number of nurses who wanted to move abroad was normally distributed in Nakuru West Sub-County, supporting the use of the linear regression approach. The proximity of points indicated that the distribution of answers on emigration intentions followed a normal distribution, thereby ensuring the validity of the parametric tests used to establish associations with human resource standards and socio-cognitive variables.

4.5.2 Multicollinearity Test

Multicollinearity is the condition of extremely high intercorrelations or intersections between the independent variables (Tsagris & Pandis, 2021). A multicollinearity test was performed on the continuous independent variables, using the average response score per variable. The study conducted a multicollinearity test to assess the presence of strong associations among the independent variables that could compromise the reliability of the regression analysis.

In Table 39, the author provides data on the Variance Inflation Factors (VIFs) of the independent variables, which were analysed in the research study on the impact of human resource standards and socio-cognitive variables on the intention to emigrate among nurses working in Nakuru West Sub-County. In the table, VIF values were described for seventeen variables: *selection and recruitment, remuneration, training and career progression, compliance, observational learning, self-efficacy, outcome expectancies, attention, motivation, retention, and reciprocal determinism, with intention to emigrate* as the dependent variable. These results were essential for confirming the absence of multicollinearity and ensuring the validity of the regression analyses in the study.

Table 39*Variance Inflation Factors for Independent Variables*

Independent Variable	VIF
Selection and recruitment	1.00
Remuneration	1.00
Training and career progression	1.00
Compliance	1.00
Observational learning	1.00
Self-efficacy	1.00
Outcome expectancies	1.00
Attention motivation	1.00
Motivation	1.00
Retention	1.00
Reciprocal determinism	1.00
Mean VIF	1.00

a. Dependent Variable: Intention to Emigrate

Note. VIF values of 1 indicate no multicollinearity in individual regressions. This supports the inclusion of variables in multivariate models with minimal concerns about collinearity.

The analysis in Table 39 revealed that all independent variables exhibited a Variance Inflation Factor (VIF) of 1.00, based on data collected from 150 nurses in Nakuru West Sub-County. This uniform VIF value of 1.00 indicated the absence of multicollinearity among the independent variables, suggesting that each variable operated independently, without overlapping variance, in the regression model predicting nurses' intention to emigrate. The mean VIF, also reported as 1.00, reinforced this finding, confirming that the variables were suitable for inclusion in multivariate regression analyses without concerns of redundancy. The absence of multicollinearity ensured that the regression coefficients correctly captured the specific effects of human resource standards and

socio-cognitive factors on nurses' intention to emigrate. Multicollinearity was absent, indicating that the regression models provided accurate estimates of the extent to which each variable affected nurses' intention to emigrate under the current devolved health system in Nakuru County.

4.5.3 Heteroscedasticity Test

The heteroscedasticity test was conducted to determine whether the residual variance in the regression model was consistent across the different levels of the independent variables. This test was essential to assess whether the assumption of homoscedasticity held, as it would check the reliability of the overall regression analysis. The white test for heteroscedasticity was used because it captures both the degree and direction of heteroscedasticity change in non-linear forms (Akewugberu et al., 2024).

4.5.4 Test for Linearity

The linearity test was used to assess whether each independent variable was linearly related to the dependent variable. This test was vital in demonstrating that linear regression analysis was appropriate for the study data. The linearity test is a requirement for correlation and regression analysis.

Table 40 presents the results of the ANOVA deviation-from-linearity test, which assessed the linearity of relationships among socio-cognitive factors, human resource standards, and the intention to emigrate among 150 nurses in Nakuru West Sub-County. The table included predictors such as remuneration, training and career progression, compliance, observational learning, self-efficacy, outcome expectancies, attention, motivation, retention, reciprocal determinism, reporting sums of squares, degrees of freedom, mean squares, F statistics, and significance values. These results were crucial

for confirming the assumption of linearity in regression models used to examine the influence of these predictors on nurses' intention to emigrate.

Table 40

ANOVA Deviation from Linearity Results for Socio-Cognitive Factors and Human Resource Standards on Intention to Emigrate Among Nurses

Predictor	Sum of Squares	df	Mean Square	F	Sig.
Remuneration	3.633	17	0.214	1.200	.273
Training and Career Progression	2.833	16	0.177	0.967	.496
Compliance	5.424	18	0.301	1.803	.051
Observational Learning	3.430	15	0.229	1.271	.229
Self-Efficacy	1.233	13	0.095	0.503	.920
Outcome Expectancies	3.069	15	0.205	1.143	.325
Attention	1.801	14	0.129	0.691	.780
Motivation	1.747	14	0.125	0.673	.797
Retention	3.275	13	0.252	1.437	.150
Reciprocal Determinism	2.177	14	0.155	0.846	.619

Note: Dependent variable is Intention to Emigrate. N = 150. Sig. Represents P-value (2-sided) for Deviation from Linearity, testing non-linear components of the relationship. All predictors have non-significant non-linear effects ($p > .05$).

The ANOVA deviation from linearity test results in Table 40 indicated that all predictors—remuneration, training and career progression, compliance, observational learning, self-efficacy, outcome expectancies, attention, motivation, retention, and reciprocal determinism—exhibited non-significant deviations from linearity, with p-values exceeding the 0.05 threshold. Specifically, remuneration yielded a sum of squares of 3.633 (df = 17, F = 1.200, p = 0.273), training and career progression showed a sum of squares of 2.833 (df = 16, F = 0.967, p = 0.496), and compliance had a sum of squares of 5.424 (df = 18, F = 1.803, p = 0.051). Similarly, socio-cognitive factors such as observational learning (sum of squares = 3.430, df = 15, F = 1.271, p = 0.229), self-

efficacy (sum of squares = 1.233, df = 13, F = 0.503, p = 0.920), outcome expectancies (sum of squares = 3.069, df = 15, F = 1.143, p = 0.325), attention (sum of squares = 1.801, df = 14, F = 0.691, p = 0.780), motivation (sum of squares = 1.747, df = 14, F = 0.673, p = 0.797), retention (sum of squares = 3.275, df = 13, F = 1.437, p = 0.150), and reciprocal determinism (sum of squares = 2.177, df = 14, F = 0.846, p = 0.619) all demonstrated non-significant non-linear components. These findings, based on data from 150 nurses, confirmed that the relationships between each predictor and the intention to emigrate were linear, as the high p-values indicated no significant evidence of non-linear effects. This linearity supported the appropriateness of using linear regression models to analyse how human resource standards and socio-cognitive factors led to nurses' intention to emigrate in Nakuru West Sub-County.

4.6 Proportion of Nurses Who Intend to Emigrate Among Nurses Working in Nakuru County

The first objective of the study was to determine the proportion of nurses planning to migrate in Nakuru County. Based on the responses obtained from a sample size of 150 nurses. This distribution was critical for interpreting the prevalence of emigration want amongst the study population, and it provides a backdrop to the regression tests carried out. The findings from the 150 nurses surveyed in Nakuru West Sub-County showed that 121 nurses, representing 80.7% of the sample, had a high intention to emigrate overseas, and 29 nurses, representing 19.3% of the sample, had a moderate intention to relocate elsewhere to work. This distribution indicated a high level of emigration ideation among the nurses, and the vast majority reported a high level of ideation to seek employment opportunities in other countries. This shortage of nurses, combined with a low Intention to emigrate rate, implied that emigration remains a significant consideration for this group.

The findings indicated that of the 150 nurses surveyed in Nakuru West Sub-County, 112 (74.7 %) were enrolled in the emigration process, whereas 38 (25.3 %) were not.

Table 41, The distribution of nurses in the Nakuru West Sub-County according to the preferred emigration destination, aims to analyze the role of the human resource standards and socio-cognitive factors on the intention to emigrate. The table shows the frequency and percentage of nurses who, when asked to state the countries they wish to move to, selected Australia, Canada, the USA, and the United Kingdom as their most preferred destinations, among a sample of 150 nurses. This distribution was essential for understanding the geographic preferences of nurses contemplating emigration, providing context for the factors driving their choices.

Table 41

Distribution of Nurses by Preferred Emigration Destinations Countries

	Frequency	Percent
Australia	16	10.7
Canada	7	4.7
USA	99	66.0
United Kingdom	28	18.7
Total	150	100.0

The findings in Table 41 indicated that of the 150 nurses approached in Nakuru West Sub-County, 99 (66.0% of the sample) reported that the USA was their emigration destination. Comparatively, 28 nurses (18.7%) preferred the United Kingdom, 16 nurses (10.7%) preferred Australia, and seven (4.7%) nurses preferred Canada.

According to the study's findings on the effects of human resource standards and socio-cognitive factors on nurses' intention to emigrate, the distribution of nurses in Nakuru West Sub-County is influenced by their experience with colleagues who have emigrated. Among the 150 nurses surveyed in Nakuru West Sub-County (n = 150), 148 (98.7%)

reported having colleagues who emigrated. Compared to this, only two nurses, representing 1.3% did not possess such knowledge.

The study evaluated the roles of human resource standards and socio-cognitive factors in nurses' intention to emigrate and found that nurses in Nakuru West Sub-County were distributed according to their association with relatives or close friends residing in developed countries. The results showed the frequency and percentage of nurses who reported having relatives and/or close friends outside the country, based on responses from a sample.

Out of the 150 nurses surveyed, 118 nurses (78.7% of the sample) were found to have relations or close friends living abroad, and 32 nurses (21.3%) had none. The findings on the allocation of nurses in Nakuru West Sub-County, according to whether they were encouraged by relatives or close friends abroad to work abroad, aim to observe the extent and role of human resource standards and socio-cognitive factors on nurses' intention to emigrate. The plot showed the number of nurses who claimed to have received such encouragement and the percentage, based on a sample of 150 nurses.

The findings showed that of the 150 nurses sampled in Nakuru West Sub-County, 118 (78.7%) said they were encouraged by relatives or close friends living abroad to secure careers abroad, whereas 32 (21.3%) denied the incident. Table 42 presents the results of chi-square tests of association between various demographic and contextual variables and the likelihood that nurses in Nakuru West Sub-County consider emigrating for work, as part of the study exploring the influence of human resource standards and socio-cognitive factors on nurses' intention to emigrate. The table included chi-square (χ^2) values, degrees of freedom (df), p-values, Phi coefficients, and significance levels for variables such as gender, age bracket, level of education, department, current title,

supervisory position, monthly salary scale, marital status, other business, relatives/friends overseas, and encouragement by relatives/friends overseas, based on responses from 150 nurses. These results were crucial for identifying which demographic and contextual factors were significantly associated with nurses' emigration intentions within Nakuru County's devolved health system.

Table 42

Chi-square tests of association between demographic and contextual variables and nurses' likelihood to consider emigrating for work in Nakuru County, Kenya

Variable	χ^2	df	p-value	Φ (Phi Coefficient)
Gender	10.037	1	.002	.259
Age bracket	0.975	2	.614	.081
Level of education	5.908	3	.116	.198
Department	2.562	5	.767	.131
Current title	4.878	11	.937	.180
Supervisory position	0.696	1	.404	-.068
Monthly salary scale	3.779	3	.286	.159
Marital status	0.598	2	.741	.063
Other business	3.591	1	.058	.155
Relatives/friends overseas	0.838	1	.360	-.075
Encouragement by relatives/friends overseas	0.838	1	.360	-.075

Note. $N = 150$. Likelihood to consider emigrating for work was measured on a scale from "No" to "High." p-values reflect p-value (2-sided). Statistically significant variables ($p < .05$);

The chi-square association tests in Table 47 revealed varied relationships between demographic and contextual variables and the likelihood that nurses in Nakuru West Sub-County would consider emigrating for work. The analysis, based on a sample of 150 nurses, showed that gender was significantly associated with emigration likelihood ($\chi^2 = 10.037$, $df = 1$, $p = 0.002$; $\Phi = 0.259$), indicating a moderate positive association. This suggested that gender differences played a notable role in shaping nurses' intentions to emigrate, with one gender potentially more inclined to consider migration due to socio-cognitive or workplace factors. In contrast, age bracket ($\chi^2 = 0.975$, $df = 2$, $p = 0.614$, $\Phi = 0.081$), level of education ($\chi^2 = 5.908$, $df = 3$, $p = 0.116$, $\Phi = 0.198$), department ($\chi^2 = 2.562$, $df = 5$, $p = 0.767$, $\Phi = 0.131$), current title ($\chi^2 = 4.878$, $df = 11$, $p = 0.937$, $\Phi = 0.180$), supervisory position ($\chi^2 = 0.696$, $df = 1$, $p = 0.404$, $\Phi = -0.068$), monthly salary scale ($\chi^2 = 3.779$, $df = 3$, $p = 0.286$, $\Phi = 0.159$), and marital status ($\chi^2 = 0.598$, $df = 2$, $p = 0.741$, $\Phi = 0.063$) all yielded p-values above 0.05, indicating no significant association with emigration likelihood. The variable "other business" showed marginal significance ($\chi^2 = 3.591$, $df = 1$, $p = 0.058$, $\Phi = 0.155$), suggesting a near-significant association, possibly indicating that nurses engaged in additional income-generating activities were slightly more likely to consider emigration. Similarly, having relatives or friends overseas ($\chi^2 = 0.838$, $df = 1$, $p = 0.360$, $\Phi = -0.075$) and encouragement by relatives or friends overseas ($\chi^2 = 0.838$, $df = 1$, $p = 0.360$, $\Phi = -0.075$) showed no significant association, despite their high prevalence in the sample.

4.7 Socio-Cognitive Factors That May Influence the Intention to Emigrate Among Nurses Working in Nakuru County

The study's second objective was to assess the socio-cognitive factors (Observational Learning, Self-Efficacy, Outcome Expectancies, Attention, Motivation, Retention, and Reciprocal Determinism) that may influence the intention to emigrate among nurses

working in Nakuru County. Understanding which socio-cognitive elements most strongly aligned with Intention to emigrate formed the core of the study's second objective. Table 43 summarised the results of a multiple linear regression in which observational learning, self-efficacy, outcome expectancies, attention, motivation, retention, and reciprocal determinism were entered as predictors of intention to emigrate among the 150 nurses.

Table 43

Regression Analysis of Socio-Cognitive Factors Influencing Intention to Emigrate Among Nurses in Nakuru County, Kenya

Predictor	Model Summary			Std. Error	ANOVA		Coefficients		
	R	R ²	Adj. R ²		F	Sig.	B	Beta	t
Observational Learning	0.315	0.099	0.093	0.43000	16.266	< .05	0.149	0.315	4.033
							**		
Self-Efficacy	0.348	0.121	0.115	0.42472	20.375	< .05	0.175	0.348	4.514
							**		
Outcome Expectancies	0.339	0.115	0.109	0.42615	19.251	< .05	0.153	0.339	4.388
							**		
Attention	0.346	0.120	0.114	0.42498	20.171	< .05	0.171	0.346	4.491
							**		
Motivation	0.353	0.125	0.119	0.42387	21.056	< .05	0.165	0.353	4.589
							**		
Retention	0.336	0.113	0.107	0.42675	18.781	< .05	0.169	0.336	4.334
							**		
Reciprocal Determinism	0.342	0.117	0.111	0.42564	19.649	< .05	0.161	0.342	4.433
							**		

Note: Dependent variable is Intention to Emigrate. All predictors are significant at $p < .05$. $N = 150$. Std. Error = Standard Error of the Estimate. B = Unstandardized Coefficient, Beta = Standardised Coefficient. ANOVA $df = (1, 148)$.

Across all seven predictors, adjusted R^2 values ranged narrowly from 0.093 to 0.119, indicating that each factor explained between roughly nine and twelve per cent of the variance in intention scores when considered individually. Motivation yielded the highest adjusted R^2 (0.119), followed by self-efficacy (0.115) and then by attention (0.114). All beta coefficients were positive and statistically significant ($p < .05$), with t-values varying from 4.033 to 4.589. Motivation registered the largest beta (0.353), followed by self-efficacy (0.348) and attention (0.346), suggesting that these three constructs carried the most significant relative weight in shaping emigration intention. Observational learning exhibited the smallest beta (0.315) yet remained substantial, while outcome expectancies, retention, and reciprocal determinism occupied intermediate positions.

These patterns align closely with the findings of Addai and Yeboah's (2023) study, which reported that motivation and self-efficacy were the strongest social-cognitive predictors of nurses' migration plans. The consistent positive associations implied that nurses who felt more motivated, paid closer attention to migration-related cues, and believed in their capabilities were more inclined to express a firm intention to emigrate. The narrow spread of adjusted R^2 values further suggested that no single socio-cognitive factor dominated; instead, modest but reliable contributions emerged from each, reinforcing the multifaceted nature of the decision-making process under investigation.

4.8 Human Resource Standards that may Influence the Intention to Emigrate among Nurses Working in Nakuru County

The study's third objective was to evaluate the human resource standards (Selection and Recruitment, Remuneration, Training and career Progression, Compliance) that may influence nurses' intention to emigrate in Nakuru County. Table 44 summarised the results of four separate simple regressions in which selection and recruitment,

remuneration, training and career progression, and compliance were each tested as predictors of emigration intention.

Table 44

Regression Analysis of Human Resource Standards Influencing Intention to Emigrate Among Nurses in Nakuru County, Kenya

Predictor	Model Summary			Std. Error	ANOVA		Coefficients		
	R	R ²	Adj. R ²		F	Sig.	B	Beta	t
Selection and Recruitment	0.354	0.125	0.120	0.42365	21.231	< .05	-	-	-
Remuneration	0.335	0.112	0.106	0.42687	18.688	< .05	-	-	-
Training and Career Progression	0.333	0.111	0.105	0.42720	18.426	< .05	-	-	-
Compliance	0.326	0.106	0.100	0.42833	17.555	< .05	-	-	-

Note: Dependent variable is Intention to Emigrate. All predictors are significant at $p < .05$. $N = 150$. Std. Error = Standard Error of the Estimate. B = Unstandardized Coefficient, Beta = Standardised Coefficient. ANOVA $df = (1, 148)$.

Across all four models, the adjusted R² values ranged from 0.100 to 0.120, indicating that each standard explained roughly ten to twelve per cent of the variance in intention when considered in isolation. Selection and recruitment produced the largest adjusted R² (0.120) and the strongest beta coefficient ($\beta = -0.354$, $t = -4.608$, $p < .001$), followed closely by training and career progression ($\beta = -0.333$), remuneration ($\beta = -0.335$), and compliance ($\beta = -0.326$).

4.9 Association between Human Resource Standards and the Intention to Emigrate Among Nurses Working in Nakuru County

The study's fourth objective was to determine the association between human resource standards (Selection and Recruitment, Remuneration, Training and career Progression, Compliance) and the intention to emigrate among nurses working in Nakuru County. Table 45 reports the Pearson correlations obtained from the 150 nurses.

Table 45

Pearson Correlations of Human Resource Standards with Intention to Emigrate Among Nurses in Nakuru County, Kenya

Predictor	Correlation Coefficient (Pearson)	Sig. (2- tailed)	N
Selection and Recruitment	-0.354**	< .05	150
Remuneration	-0.335**	< .05	150
Training and Career Progression	-0.333**	< .05	150
Compliance	-0.326**	< .05	150

Note: Dependent variable is Intention to Emigrate. ** Correlation is significant at the 0.05 level (2-tailed). N = 150.

All four standards (selection and recruitment, remuneration, training and career progression, and compliance) yielded moderate, negative coefficients. Selection and recruitment showed the most significant magnitude ($r = -0.354$, $p < .05$), followed by remuneration ($r = -0.335$, $p < .05$), training and career progression ($r = -0.333$, $p < .05$) and compliance ($r = -0.326$, $p < .05$). Comparable magnitudes ($r \approx -0.33$ to -0.36) were observed in the 2022 Ethiopian study by Worku and Kebede, who found that perceived gaps in recruitment fairness and remuneration adequacy predicted nurses' exit plans.

4.10 Association between Socio-Cognitive and the intention to Emigrate Among Nurses Working in Nakuru County

The fifth objective of the study was to determine the association between Socio-Cognitive factors (Observational Learning, Self-Efficacy, Outcome Expectancies, Attention, Motivation, Retention, and Reciprocal Determinism) and the intention to emigrate among nurses working in Nakuru County. Table 46 reports the bivariate Pearson correlations obtained from the 150 nurses.

Table 46

Pearson Correlations of Socio-Cognitive Factors with Intention to Emigrate Among Nurses in Nakuru County, Kenya

Predictor	Correlation Coefficient (Pearson)	Sig. (2-tailed)	N
Observational Learning	0.315**	< .05	150
Self-Efficacy	0.348**	< .05	150
Outcome Expectancies	0.339**	< .05	150
Attention	0.346**	< .05	150
Motivation	0.353**	< .05	150
Retention	0.336**	< .05	150
Reciprocal Determinism	0.342**	< .05	150

Note: Dependent variable is Intention to Emigrate. ** Correlation is significant at the 0.05 level (2-tailed).

All seven variables produced moderate, positive coefficients. Motivation registered the strongest association ($r = 0.353$, $p < .05$), followed by attention ($r = 0.346$, $p < .05$) and self-efficacy ($r = 0.348$, $p < .05$). Observational learning, outcome expectancies, retention and reciprocal determinism yielded similar magnitudes ($r = 0.315$ – 0.342 , $p < .05$). The positive signs indicated that higher scores on each socio-cognitive dimension were associated with stronger intention to emigrate. These findings aligned with the 2024 Nigerian study by Eze and Adebayo, who observed comparable positive correlations ($r \approx$

0.31–0.36) between motivational beliefs, peer influence, and migration plans among public hospital nurses. The consistent pattern suggested that, within the Nakuru sample, socio-cognitive factors collectively reinforced the inclination to seek work abroad.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter consolidates the discussion of the results, draws conclusions, and offers practical recommendations.

This section discusses the study's findings in alignment with the five research objectives, integrating relevant demographic insights, and drawing on theoretical frameworks (Social Exchange Theory and Social Cognitive Theory) and empirical literature to contextualize the results

5.2 Discussion of the Results

Compared to the literature and studies conducted by other scholars, the concern for human resources standards cuts across, however, at different wavelengths for all groups. The differences between this study's findings and those of previous studies may be partly explained by the unique context of Nakuru County, where nurses face persistent HR challenges, including staffing shortages, heavy workloads, and limited career progression. These local conditions may amplify socio-cognitive drivers of emigration, leading to higher reported intentions than in studies conducted in better-resourced settings. Additionally, a descriptive cross-sectional design captures perceptions at a single point in time. This differs from longitudinal or analytical studies that assess causal pathways and may take longer to yield results and conclusions. The adopted questionnaire, though contextually relevant, may lead to variations in how constructs such as attitudes, subjective norms, or perceived behavioral control are interpreted.

5.2.1 Proportion of Nurses Intending to Emigrate

The study found that the majority of nurses in Nakuru West Sub-County reported a firm intention to emigrate, with almost three-quarters of respondents already enrolled in emigration processes, primarily targeting the United States, followed by the United Kingdom, Australia, and Canada. This high prevalence of Intention to emigrate exceeds rates reported in Ghana and Uganda at 60% & 65% respectively (Kim et al., 2021; Laari et al., 2024), highlighting a critical retention challenge within Nakuru's devolved health system. The predominance of female nurses (72.2%), aligned with national patterns (Ministry of Health, Kenya, 2023), suggests that gender-specific factors, such as family financial responsibilities, may amplify emigration intentions, particularly among married nurses (Konlan et al., 2023). The concentration of mid-career nurses (30–40 years) further indicates that peak family and financial demands, as well as awareness of international opportunities, drive these intentions (Mwangi, 2023). This showed a severe retention crisis in Nakuru's devolved health system, which is already operating with staffing shortages well below the WHO's recommended nurse-to-patient ratio. These findings underscore the urgency of addressing Human resource standard structures and socio-cognitive drivers to curb nurse emigration and support Kenya's Vision 2030 health goals.

5.2.2 Socio-Cognitive Factors Influencing Intention to Emigrate

Socio-cognitive factors significantly influenced nurses' emigration intentions, with motivation, attention, and self-efficacy as the strongest predictors, each explaining 9–12% of the variance. Observational learning, outcome expectancies, retention, and reciprocal determinism also showed significant positive correlations. These results align with Social Cognitive Theory by Bandura, as cited in Luszczynska and Schwarzer (2015), which asserts that personal beliefs (e.g., self-efficacy), environmental influences

(e.g., peer networks), and behavioural factors (e.g., information-seeking) interact to shape decisions. For instance, nurses' awareness of colleagues who successfully emigrated (Yakubu et al., 2023) and encouragement from overseas relatives (Nyo et al., 2024) reinforce migration aspirations. The high self-efficacy among nurses, particularly those with 5–10 years of experience, reflects confidence in navigating international healthcare systems (Mwangi et al., 2023). Positive outcome expectancies, such as better career prospects and quality of life, further drive intentions, consistent with findings in Ghana (Addai & Yeboah, 2023). These factors collectively indicate that socio-cognitive processes, amplified by social networks and professional aspirations, significantly shape nurses' decisions to emigrate.

5.2.3 Human Resource Standards Influencing Intention to Emigrate

Human resource (HR) standards, including selection and recruitment, remuneration, training, career progression, and compliance, were significant negative predictors of Intention to emigrate. These findings align with Social Exchange Theory, which suggests that perceived fairness and reciprocity in employer-employee relationships influence retention (Cropanzano & Mitchell, 2005). Deficits in recruitment transparency, as noted by Okeke and Mwanzia (2022), and inadequate remuneration, consistent with Kiptulon et al. (2025), were particularly salient, especially for nurses in lower salary bands (45,000–90,000 KES) (National Treasury & Planning, 2024). Limited career progression opportunities, reported by 55% of East African nurses (Mushi & Mfaume, 2023), and poor organizational transparency further exacerbate dissatisfaction. The predominance of nurses in frontline roles (e.g., inpatient and maternity units) suggests that high workloads and variable shift demand amplify these HR-related grievances (Kenya National Bureau of Statistics, 2024). Addressing these deficits is critical to reducing emigration intentions.

5.2.4 Association between Human Resource Standards and Intention to Emigrate

The negative correlations between HR standards and Intention to emigrate indicate that perceived deficiencies in recruitment fairness, remuneration adequacy, career progression, and organizational compliance significantly increase nurses' likelihood of considering emigration. These findings resonate with studies in Uganda (Tumuhimbise et al., 2023), where similar HR deficits were associated with migration plans. The near-even split of nurses with and without supervisory roles (East African Community Secretariat, 2023) suggests that both frontline and leadership perspectives are shaped by dissatisfaction with HR practices. For instance, nurses in diploma and bachelor-level roles, who dominate the sample, reported frustration with opaque recruitment processes and limited advancement opportunities, mirroring regional trends (World Bank, 2022). This consistent negative association underscores the need for systemic HR improvements to foster a supportive work environment and reduce emigration pressures.

5.2.5 Association between Socio-Cognitive Factors and Intention to Emigrate

Socio-cognitive factors showed positive correlations with Intention to emigrate, indicating that nurses with higher motivation, attention to migration cues, and self-efficacy are more likely to plan relocation. These findings align with Addai and Yeboah (2023), who identified motivation and self-efficacy as key drivers of migration intentions in Ghana. The influence of observational learning is evident in the high awareness of emigrated colleagues (Adam et al., 2025), particularly among mid-career nurses exposed to peer success stories. Retention of migration-related information and reciprocal determinism further amplify intentions, as nurses' workplace dissatisfaction interacts with their aspirations (Toyin-Thomas et al., 2023). The predominance of single-income nurses (Abekah-Nkrumah et al., 2024) suggests that financial pressures and socio-cognitive factors, such as outcome expectancies, create a strong push toward emigration.

These associations highlight the need for interventions that address both cognitive and environmental influences.

5.3 Conclusions

This study examined the intention to emigrate among 150 nurses in Nakuru West Sub-County, Kenya. The findings revealed a critical challenge to the workforce's intention to emigrate, with the majority of nurses expressing a firm intention to emigrate. In addition to expressing intent to emigrate, over three-quarters of the respondents are already enrolled in migration processes, primarily targeting the United States, the United Kingdom, Australia, and Canada. These results, grounded in Social Cognitive and Social Exchange Theories, highlight the urgent need for retention strategies to support Kenya's Vision 2030 health system goals.

5.4 Recommendations

Based on the findings, the greatest impact line is the alarmingly high proportion of nurses intending to emigrate, driven by deficits in human resource standards and strong socio-cognitive influence. This signals an urgent need for a multifaceted policy framework for human resources and socio-cognitive aspects. The involved local nursing governing bodies, such as the Nursing Council of Kenya, should be informed about policy-making and ensure nurses are placed in better working conditions and are happy to deliver their services. The public service boards of Nakuru County and the national-level boards should develop policies on fair and adequate remuneration and compensation for Nurses. This would regularise the salary and benefits policy framework to ensure nurses feel well compensated and see their financial value grow. Regarding socio-cognitive and psychosocial concerns, nurse-led tasks and committees should be established to support incoming nurses and help them transition from novices to experts, while still being proud and happy to serve their country.

Further recommendations were proposed based on the research objectives.

5.4.1 Proportion of Nurses Intending to Emigrate

Given the high proportion of nurses with a firm intention to emigrate and the significant number already enrolled in emigration processes, it is imperative to implement comprehensive retention strategies. These should include both financial incentives and career development and advancement opportunities to counteract the strong pull for international job markets. Moreover, interventions aimed at improving the situation for nurses should consider the individual circumstances of nurses at various career stages, particularly mid-career nurses, who are most prone to considering emigration.

The County Government of Nakuru, through the County Public Service Board and the County Department of Health, should develop and adopt a comprehensive retention policy that addresses HR standards, psychosocial support, career development, and workplace well-being.

The Nursing Council of Kenya, in collaboration with the Kenya Health Workforce Observatory (KHWO), should track migration indicators, including verification requests. County health departments should routinely collect and analyse facility-level HRH data to anticipate staffing gaps and implement timely interventions.

5.4.2 Socio-Cognitive Factors Influencing Intention to Emigrate

To improve socio-cognitive Factors that influence intention to emigrate among Nurses, workplace culture and organizational support must be strengthened. Negative attitudes toward the local work environment and a lack of organizational

Support and recognition led to recognition, which influenced nurses' desire to migrate. Hospital managements should implement recognition programs, supportive peer networks, and structured mentorship initiatives. County Health Departments should

institutionalize practices that promote fairness, respect, and professional dignity for all healthcare workers, including nurses, within health institutions.

It is recommended to focus on Perceived Behavioural Control by reducing barriers to Local Career Success and limiting it to a tight group of individuals. Participants in the study perceived migration as offering a better professional trajectory than local opportunities, as it was free, fair, and based on one's hard work. The NCK should streamline licensing and certification procedures for advanced practice roles and monitor the time and support provided to individuals seeking advancement. The County Public Service Board should also enhance transparency regarding placements, promotions, and transfers to improve nurses' confidence in their ability to achieve career goals locally.

5.4.3 Human-Resource Standards Influencing Intention to Emigrate

The negative correlation between human resource standards and the Intention to emigrate is important and should be addressed through targeted improvements in specific areas. To compensate for that, a clear, performance-based salary increment should be implemented to reduce pay rate differences between the local public sector and the international system. This is an endeavour that the public service boards and the human resource department of the various institutions should implement. Regarding selection and recruitment, normalizing and making known the procedures for appointment and for nurses' participation in interview panels could help enhance perceived fairness. Continuous professional development should be further supported by training budgets at least once per year and a transparent clinical ladder, alongside privileged study leave, to allow career development. Finally, workplace rules must be adhered to through nurse-led policy committees that ensure transparency and consistency, thereby mitigating the adverse relationship between compliance and the intention to emigrate. All this focus

should be communicated to the institution through documentation and implemented for all management heads.

5.4.4 Association between Human-Resource Standards and Intention to Emigrate

The poor negative relationship between human resource standards and the Intention to emigrate points to the need for systemic improvements. The interventions ought to aim to improve recruitment fairness, remuneration adequacy, career development opportunities, and organisational transparency. Decreasing the likelihood of emigration among nurses can be achieved by addressing these deficits to provide motivation or support a better working environment in the county that attracts nurses and makes them less likely to leave.

5.4.5 Association between Socio-Cognitive Factors and Intention to Emigrate

Positive relationships exist between socio-cognitive factors and emigration intention, suggesting that these factors should be considered in retention strategies. During interventions, skills in motivation, attention, and self-efficacy should be developed, utilising mentorship, professional development, and a favourable work environment. By improving these socio-cognitive elements, the county will help nurses develop a more positive perspective on job satisfaction and commitment, thereby limiting the desire to emigrate.

5.5 Areas for Further Research

5.5.1 Longitudinal Tracking

Longitudinal mixed-method studies involve following the same group of nurses over time. This would be instrumental in determining the difference between actual migration rates and stated intent, while also including a qualitative aspect to the study. This would

facilitate testing the content and improving the retention methods proposed based on actual migration patterns.

5.5.2 Qualitative Exploration

A qualitative follow-up study in line with the just-completed quantitative study to review why a large number of nurses have a great urge to relocate. This would provide a deeper understanding of the nuanced influences on migration decisions and inform more targeted interventions.

5.5.3 Comparative Analysis

Comparing the findings with those of nurses in other Kenyan counties would test the generalisability of the results and identify regional variations in migration drivers. This could highlight specific county-level factors that influence emigration intentions and inform tailored retention strategies.

5.5.4 Evaluation of Interventions

Evaluating the impact of Pretest retention interventions over time would quantify their effectiveness in reducing emigration intention. This could help refine and scale up successful strategies, ensuring that resources are allocated to the most impactful initiatives.

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APPENDICES

Appendix I: Consent Form

“KABARAK UNIVERSITY RESEARCH ETHICS COMMITTEE

ADULT INFORMED CONSENT FORM

Study Title: *The Influence of Human Resource Standards and Socio-Cognitive Factors on the Intention to Emigrate Among Nurses Working in Nakuru County*

Principal Investigator: Mercy C. Koech

Ethical Approval: Kabarak University Research Ethics Committee (KUREC)

Purpose of the Study: This study seeks to:

1. Determine the rate of Intention to emigrate among nurses in Nakuru County
2. Identify human resource factors that may influence emigration.
3. Identify socio-cognitive factors that may influence emigration.
4. Examine the relationship between human resource standards and socio-cognitive factors on emigration intentions.

Eligibility Criteria: Participants must be nurses employed on contractual terms in Nakuru West Sub-County. A total of 150 nurses will be recruited.

Participation Details: Participants will complete a confidential, anonymous Google Form questionnaire that will take approximately 15 minutes.

- Demographic Factors
- Intention To Emigrate
- Human Resource Standards and Association with Intentions to Emigrate
- Social Cognitive Factors and Association with Intentions to Emigrate

Participants may skip any question they are uncomfortable answering. Contact details will not be required to observe anonymity.

Risks and Safeguards: Minimal risks are anticipated, primarily related to discomfort in answering personal questions. All data will be securely stored and accessible only to the researcher.

Privacy and Confidentiality Participation is anonymous. All collected data will be used solely for this study and handled with strict confidentiality. Participants may withdraw at any time without explanation or lose access to services.

Benefits: The study aims to inform policy improvements in human resource standards to enhance nurse retention in Kenya.

Costs and Compensation: There are no financial costs or reimbursements associated with participation. Hospital Wi-Fi will be available to access the questionnaire.

Contact Information

- Principal Investigator: Mercy C. Koech – 0726154177
- Ethics Concerns: ISERC Secretary – iserc@kabarak.ac.ke

Statement of Consent: I have read and understood the study details, risks, and benefits. I understand that participation is voluntary, and I may withdraw at any time.

I agree to participate in this research: YES ___ NO ___

Appendix II: Questionnaire

Instructions

1. Please tick (√) the appropriate choice only.
2. Please respond to each item/question honestly. The information collected will be used to improve competition, skills, and distribution.
3. Please note that the information collected will be treated with utmost confidentiality and is only for this academic research.

Part A: General Information

Demographic Factors

1. Gender

Male Female

2. Age bracket

20 - 30 years

30 - 40 years

40 - 50 years

50 – 60 years

Above 60 years

3. Level of education

Certificate

Diploma

Bachelor

Higher Diploma

Masters

4. How many years of experience do you have as a nurse?

Less than 1 year

1 - 5 years

6 - 10 years

Over 10 years

5. Which department do you work in?

- Outpatient
- Inpatient
- Maternity
- Theatre
- I.C. U
- Managerial position

6. What is the current title you hold in the facility where you work?

- Staff Nurse
- Charge Nurse
- Nurse administrator
- Chief nursing officer
- Nurse educator
- Nurse practitioner

7. Do you hold any supervisory positions?

- Yes No

8. What is your Monthly salary scale?

- Below 40,000
- 40,000-49,000
- 50,000-99,000
- Above 100k

9. What is your marital status?

- Single
- Married
- Separated /Divorced

10. Do you have any other business aside from employment?

- Yes No

Part B: Intention To Emigrate

Please indicate, using the scale, the level of intention to emigrate.

1. On a value scale from no to high, what is your likelihood of considering immigrating for work?

No

Low

Moderate

High

2. Have you enrolled in any emigration process?

Yes No

3. Which is your preferred destination?

USA

Canada

Australia

United Kingdom

4. Do you know of any previous colleagues who have immigrated?

Yes No

- 5. Please indicate, using the scale, the intention to emigrate among nurses working in Nakuru County, Kenya.**

Scale: (1-strongly disagree, 2= disagree, 3= neutral, 4= Agree, 5= strongly agree (*Tick as appropriate*))

	Intention to Emigrate	1	2	3	4	5
1	I am actively planning to relocate to another country for work within the next few years.					
2	I frequently discuss my plans to work abroad with colleagues or mentors.					
3	I am committed to pursuing a nursing career abroad to achieve my professional goals.					
4	I have taken specific steps (e.g., researching visa requirements and job opportunities) to immigrate for work.					

5. Do you have any relatives or close friends living and working overseas?

Yes No

6. If yes, do they encourage you to venture into a career there?

Yes No

Part C: Human Resource Standards And Association With Intentions To Emigrate
Please indicate, using the scale, which human resource standards influence emigration among nurses working in Nakuru County, Kenya.

Scale: (1-strongly disagree, 2= disagree, 3= neutral, 4= Agree, 5= strongly agree(*Tick as appropriate*))

Selection and Recruitment

	Selection and Recruitment	1	2	3	4	5
1	I am satisfied with the process through which I was selected for this position.					
2	The agreement between my employer and me is acceptable to me.					
3	My working terms have been clearly communicated.					
4	I have received a job description that outlines my responsibilities.					
5	The tasks I perform correspond with the job description provided.					

Remuneration

	Remuneration	1	2	3	4	5
1	I feel well remunerated as per your job description.					
2	I believe my dues are paid on time.					
3	I receive adequate bonuses and recognition for my job.					
4	I feel that my remuneration rate allows me to live life comfortably.					
5	My current remuneration has led me to consider emigration.					

Training and Career Progression

	Training and Career Progression	1	2	3	4	5
1	I feel that the training resources in my workplace are sufficient for growth.					
2	I feel included in giving opinions on training topics.					
3	I feel that my employer is concerned about my career progression.					
4	I believe that my career has shown an upward trajectory while working here.					
5	I am satisfied with my career progression and am content to remain there for the next 10 years.					

Compliance

	Compliance	1	2	3	4	5
1	I feel well-conversant with my organisation's policies and regulations					
2	There is transparency within my organisation.					
3	I feel trusted to do my job.					
4	My supervisors are friendly and easy to approach.					
5	I believe my organisation enforces its policies consistently across all staff members.					

Part D: Social Cognitive Factors And Association With Intentions To Emigrate

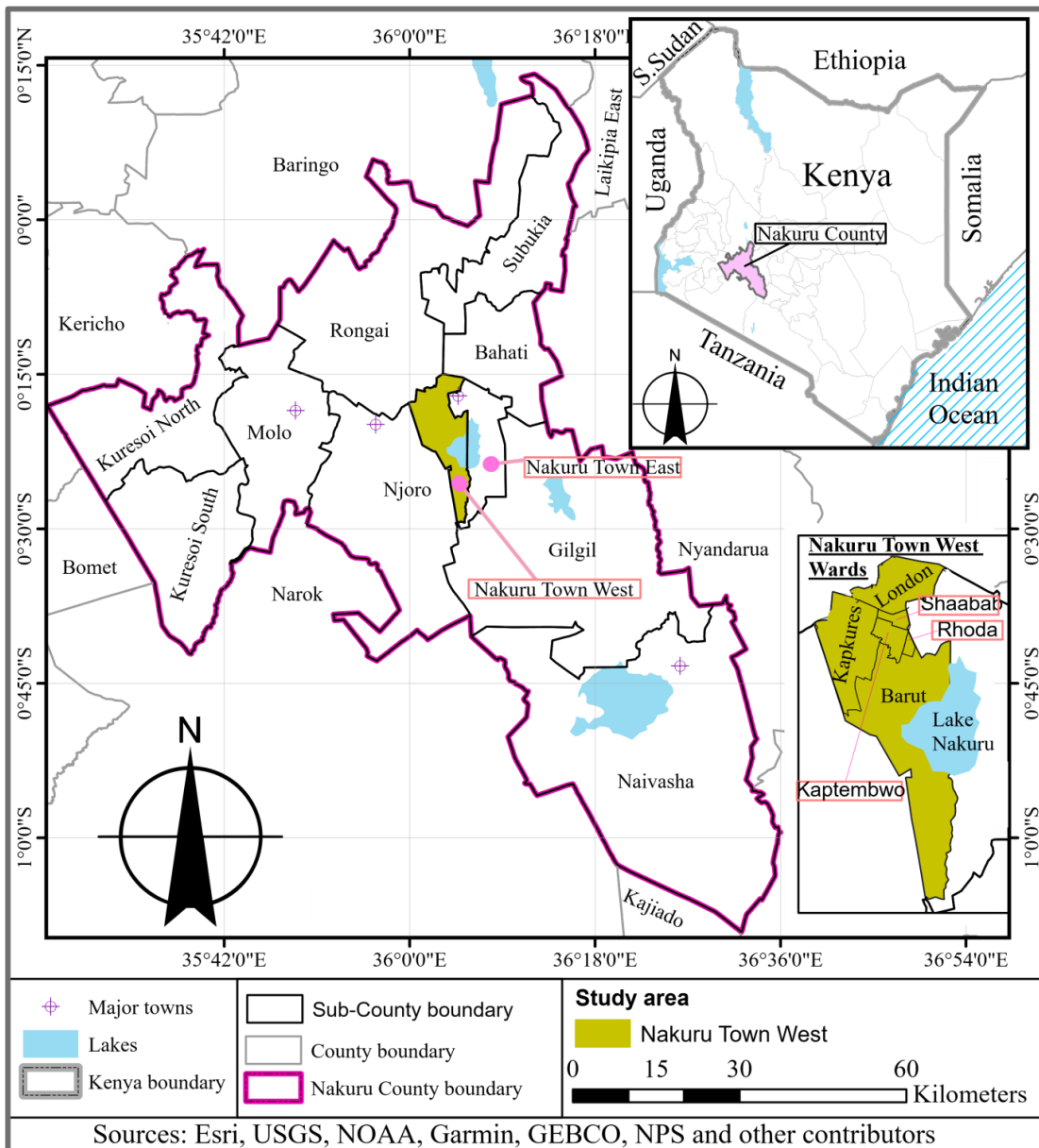
Please indicate using the scale which social cognitive factors (self-efficacy, outcome expectancies, observational learning, attention, retention, motivation, and reciprocal determinism) influence emigration among Nakuru County, Kenya nurses.

Scale: (1-strongly disagree, 2= disagree, 3= neutral, 4= Agree, 5= strongly agree (*Tick as appropriate*))

Social Cognitive Factors						
	Observational Learning	1	2	3	4	5
1	I am aware that some nurses have chosen to emigrate.					
2	Many of my colleagues immigrated for a brighter future.					
3	I learn about emigration opportunities by observing other nurses' experiences.					
4	I keep open communication channels with all my colleagues who have immigrated.					
5	I model my emigration plans after successful nurses I know.					
	Self-Efficacy	1	2	3	4	5
6	I believe I have the skills to pursue work opportunities abroad.					
7	I am confident in my ability to adapt to healthcare systems outside my home country.					
8	I feel prepared to manage the challenges of working in a foreign healthcare environment.					
9	I am capable of completing the required emigration procedures.					
10	I trust that my nursing competencies are applicable in international healthcare settings.					
	Outcome Expectancies	1	2	3	4	5
11	I expect that emigrating will lead to better career opportunities					
12	I believe emigration will improve my quality of life.					
13	I perceive that working conditions abroad were better.					
14	I anticipate higher job satisfaction in international healthcare settings.					
15	I expect to achieve a better work-life balance by emigrating.					
	Attention	1	2	3	4	5
16	I actively seek information about emigration opportunities					
17	I pay close attention to stories about nurses working abroad.					
18	I notice when colleagues discuss emigration experiences.					
19	I focus on emigration-related information in professional					

	networks.					
20	I am alert to job opportunities in international healthcare markets.					
	Motivation	1	2	3	4	5
21	I have a strong internal drive encouraging me to emigrate					
22	I am motivated to emigrate due to potential financial rewards.					
23	Professional growth opportunities abroad motivate my emigration plans.					
24	I am driven by the desire to experience different healthcare systems.					
25	I desire to work in the Western world based on my colleagues' reviews.					
	Retention	1	2	3	4	5
26	I remember details about successful emigration experiences shared by colleagues.					
27	I can recall specific steps taken by nurses who successfully emigrated.					
28	I retain information about emigration requirements and procedures.					
29	I remember positive outcomes described by emigrated nurses.					
30	I can easily recall emigration success stories when making decisions.					
	Reciprocal Determinism	1	2	3	4	5
31	My work environment influences my thoughts about emigration, which in turn affects my job performance.					
32	My personal intentions regarding emigration affect how I engage with my workplace.					
33	My emigration plans influence my relationship with colleagues, and my interactions with colleagues influence those plans.					
34	Changes in workplace conditions directly affect my intentions to emigrate.					
35	My emigration plans shape my behaviour at work, and this behaviour affects my work environment.					

Appendix III: Map of Nakuru Town West Constituency



Appendix IV: IBM SPSS STATISTICS Output Results

Correlations									
		Intentiontoemigrate	ObservationalLearning	Self_Efficacy	Outcome_Expectancies	Attention	Motivation	Retention	Reciprocal_Determinism
Intentiontoemigrate	Pearson Correlation	1	.315**	.348**	.339**	.346**	.353*	.336**	.342**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000
	N	150	150	150	150	150	150	150	150
ObservationalLearning	Pearson Correlation	.315**	1	.868**	.878**	.905**	.887*	.876**	.886**
	Sig. (2-tailed)	.000		.000	.000	.000	.000	.000	.000
	N	150	150	150	150	150	150	150	150
Self_Efficacy	Pearson Correlation	.348**	.868**	1	.892**	.889**	.893*	.878**	.910**
	Sig. (2-tailed)	.000	.000		.000	.000	.000	.000	.000
	N	150	150	150	150	150	150	150	150
Outcome_Expectancies	Pearson Correlation	.339**	.878**	.892**	1	.905**	.878*	.879**	.899**
	Sig. (2-tailed)	.000	.000	.000		.000	.000	.000	.000
	N	150	150	150	150	150	150	150	150
Attention	Pearson Correlation	.346**	.905**	.889**	.905**	1	.887*	.902**	.892**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000	.000
	N	150	150	150	150	150	150	150	150
Motivation	Pearson Correlation	.353**	.887**	.893**	.878**	.887**	1	.882**	.896**
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000	.000
	N	150	150	150	150	150	150	150	150
Retention	Pearson Correlation	.336**	.876**	.878**	.879**	.902**	.882*	1	.889**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000		.000
	N	150	150	150	150	150	150	150	150
Reciprocal_Determinism	Pearson Correlation	.342**	.886**	.910**	.899**	.892**	.896*	.889**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	
	N	150	150	150	150	150	150	150	150

** . Correlation is significant at the 0.05 level (2-tailed).

Correlations						
		Intention to emigrate	Selection and Recruitment	Remuneration	Training and career Progression	Compliance
Intention to emigrate	Pearson Correlation	1	-.354**	-.335**	-.333**	-.326**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	150	150	150	150	150
Selection and Recruitment	Pearson Correlation	-.354**	1	.738**	.779**	.771**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	150	150	150	150	150
Remuneration	Pearson Correlation	-.335**	.738**	1	.734**	.743**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	150	150	150	150	150
Training and career Progression	Pearson Correlation	-.333**	.779**	.734**	1	.767**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	150	150	150	150	150
Compliance	Pearson Correlation	-.326**	.771**	.743**	.767**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	150	150	150	150	150

** . Correlation is significant at the 0.05 level (2-tailed).

Appendix V:KUREC Research Permit



KABARAK UNIVERSITY RESEARCH ETHICS COMMITTEE

Private Bag - 20157
KABARAK, KENYA
Email: kurec@kabarak.ac.ke

Tel: 254-51-343234/5
Fax: 254-051-343529
www.kabarak.ac.ke

OUR REF: KABU01/KUREC/001/04/06/25

Date: 11th June, 2025

Mercy Chepkemboi Koech
Reg. No: GMNU/M/2093/09/22
Kabarak University,

Dear Mercy,

RE: THE INFLUENCE OF HUMAN RESOURCE STANDARDS AND SOCIO-COGNITIVE FACTORS ON THE INTENTION TO EMIGRATE AMONG NURSES WORKING IN NAKURU COUNTY

This is to inform you that *KUREC* has reviewed and approved your above research proposal. Your application approval number is *KUREC-040625*. The approval period is 11/06/2025 – 11/06/ 2026.

This approval is subject to compliance with the following requirements:

- i. All researchers shall obtain an introduction letter to NACOSTI from the relevant head of institutions (Institute of postgraduate, School dean or Directorate of research)
- ii. The researcher shall further obtain a RESEARCH PERMIT from NACOSTI before commencement of data collection & submit a copy of the permit to *KUREC*.
- iii. Only approved documents including (informed consents, study instruments, MTA Material Transfer Agreement) will be used
- iv. All changes including (amendments, deviations, and violations) are submitted for review and approval by *KUREC*.
- v. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *KUREC* within 72 hours of notification;
- vi. Any changes, anticipated or otherwise that may increase the risk(s) or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to *KUREC* within 72 hours;
- vii. Clearance for export of biological specimens must be obtained from relevant institutions and submit a copy of the permit to *KUREC*;
- viii. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal and;
- ix. Submission of an executive summary report within 90 days upon completion of the study to *KUREC*

Sincerely,


Prof. Jackson Kitten PhD,
KUREC-Chairman



Cc Vice Chancellor
DVC-Academic & Research
Registrar-Academic & Research
Director-Research Innovation & Outreach
Institute of Post Graduate Studies



As members of Kabarak family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord.
(1 Peter 3:15)

Kabarak University is ISO 9001:2015 Certified

Appendix VI: Nakuru County Research Permit



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF HEALTH SERVICES



Office of the County Director Public Health
P.O. Box 2060-20100
Nakuru, Kenya

Email: info.health@nakuru.go.ke
Website: www.nakuru.go.ke

CGN/CDPH/RES/2025/1160

12th July 2025

To
Mercy C. Koech
chepkemoikoech@kabarak.ac.ke

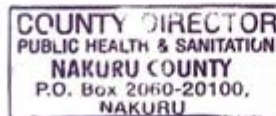
RE: RESEARCH AUTHORIZATION

This is to inform you that your request to conduct research titled "*THE INFLUENCE OF HUMAN ESOURCE STANDARDS AND SOCIO- COGNITIVE FACTORS D THE INTENTION TO EMIGRATE AMONG NURSES WORKING IN NAKURU COUNTY*" is hereby approved. You are free to proceed with the study.

Please note that this approval is subject to your adherence to the ethical considerations and the prevailing rules and regulations governing research work.

By a copy of this letter, all the Medical Superintendents and Sub County Team leads are requested to offer the necessary support.

Thank you.



MOSES OBIERO
FOR/COUNTY DIRECTOR, PUBLIC HEALTH
NAKURU

C.C:

- All Medical Superintendents
- All Sub County Team Leads

Appendix VII: Evidence of Conference Participation



Appendix VIII: List of Publication

East African Journal of Health and Science, Volume 8, Issue 3, 2025

Article DOI: <https://doi.org/10.37284/eajhs.8.3.3998>



East African Journal of Health and Science

eajhs.eanso.org

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ENSO

EAST AFRICAN
NATURE &
SCIENCE
ORGANIZATION

Original Article

Influence of Socio-Cognitive Factors on Intention to Emigrate among Nurses Working in Nakuru County, Kenya

Mercy Chepkemoi Koech^{1*}, Samuel Mulongo¹ & Vincent Kiprono Mukthar¹

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Article DOI: <https://doi.org/10.37284/eajhs.8.3.3998>

Date Published: **ABSTRACT**

15 November 2025

Keywords:

Intention to Emigrate, Nurse emigration, Socio-cognitive factors, Social Cognitive Theory.

Nurse emigration is the process by which nurses move from their home country to another country in search of better job opportunities, higher salaries, improved working conditions, and international experience. In Kenya, nurse emigration is a growing challenge often attributed to deficits in Human Resource Standards. This high level of emigration imposes additional costs on the government and taxpayers due to repeated training cycles and disruptions in the delivery of quality healthcare services. Beyond HR-related factors, demographic, psychological, and psychosocial dimensions also play a critical role. Understanding these factors in conjunction with HR standards is essential for improving healthcare delivery and workforce stability. This study investigated nurses' intention to migrate within the context of Nakuru County, Kenya. It involved a sample of 150 nurses employed across seventeen health facilities in the Nakuru West Sub-County. Guided by Social Cognitive theory, the study adopted a cross-sectional design to explore the effects of socio-cognitive factors on emigration intention. Results revealed that 80.7% (n=150) of nurses firmly intend to emigrate, with 74.7% (n=150) already enrolled in immigration processes. The United States was the most preferred destination, followed by the United Kingdom (18.7%, n=150), Australia (10.7%, n=150), and Canada (4.7%, n=150). Socio-cognitive factors significantly influenced emigration intention: motivation ($\beta = 0.353, p < .05$), attention ($\beta = 0.346, p < .05$), and self-efficacy ($\beta = 0.348, p < .05$). These variables explained a substantial portion of the variance in emigration intention, underscoring their predictive strength. These findings highlight the urgent need to address cognitive determinants of nurse emigration to reduce emigration intention.

APA CITATION

Koech, M. C., Mulongo, S. & Mukthar, V. K. (2025). Influence of Socio-Cognitive Factors on Intention to Emigrate among Nurses Working in Nakuru County, Kenya. *East African Journal of Health and Science*, 8(3), 165-173. <https://doi.org/10.37284/eajhs.8.3.3998>

CHICAGO CITATION

Koech, Mercy Chepkemoi, Samuel Mulongo and Vincent Kiprono Mukthar. 2025. "Influence of Socio-Cognitive Factors on Intention to Emigrate among Nurses Working in Nakuru County, Kenya". *East African Journal of Health and Science* 8 (3), 165-173. <https://doi.org/10.37284/eajhs.8.3.3998>

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