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Human Resource Management Practices and Health Service Delivery in Kampala, Uganda

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ABSTRACT

The study was to determine the relationship between human resource management practices and health service delivery in organisations using Kampala Capital City Authority as a focus. A sample size of 220 health workers was selected using purposive, stratified and simple random sampling techniques in cross sectional research. Data analysis was done using frequencies, means, one way ANOVA, Pearson's correlation coefficient. The findings revealed that there was no significant relationship between human resource management practices and health service delivery and there exist other factors that may affect health service delivery like employee attitudes, teamwork and environment other than human resource management practices. It was recommended that the Directorate of Public Health and Environment of KCCA and in charge of health centers should promote human resource management practices and other related management practices to attain effective service delivery.

Key Words: Human Resource Management Practices, Health Service Delivery, Urban Division, Kampala, Uganda

1.0 Introduction

Local Governments worldwide, face numerous challenges ranging from continuous reforms, budgetary constraints, to higher demand for quality services (Fastone & Mary, 2008). However, there is a lot of uncertainty and challenges for managers especially in public organisations on how to meet the expectations of the public thus, justifying the need studies on factors affecting efficiency of these public organizations (Tawfik-Shukor, *et al.*, 2007). As a result of the need for efficiency, most governments worldwide introduced reforms in the public sector management to improve service delivery (WHO, 2000).

This study was carried out in the eight government health centers within the five Division urban Councils that make up Kampala Capital City Authority (KCCA); Kitebi and Kawala in Rubaga Division urban Council; Kisenyi in Central Division urban Council, Kiswa in Nakawa Division urban Council, Kisugu and Kiruddu in Makindye Division urban Council; Kawempe and Komamboga in Kawempe Division urban Council.

2.0 LITERATURE REVIEW

2.1 HUMAN RESOURCE MANAGEMENT PRACTICES

Human Resource Management Practices (HRMP) refer to organizational activities directed at managing the pool of human resources and ensuring that the resources are employed towards the fulfillment of organizational goals. They include recruitment, reward management, performance management, training and development as well industrial relations (Omar *et al.*, 2020). In this study only reward management (extrinsic and intrinsic rewards) practices were examined to ascertain their effect on health service delivery.

Malhotra *et al.* (2007) define rewards to refer to all forms of financial and non-financial rewards, tangible services and benefits an employee receives as part of an employment relationship. Rewards therefore refer to all the monetary, non-monetary and psychological payments that an organization provides for its employees in exchange for the work they do. Extrinsic or monetary rewards include salary and wages, benefits, bonuses, office furnishing, cars, pensions and prizes (Malhotra *et al.*, 2007). Hence, extrinsic rewards are tangible benefits which determine performance of employees. Extrinsic rewards provided by employers in form of pay, are vital in attracting and retaining employees, through increasing effort and minimizing dissatisfaction.

Intrinsic rewards according to Malhotra *et al.* (2007), are ‘inherent in the content of the job itself’ and include ‘motivational characteristics such as skill variety, autonomy and feedback’ as well as employee participation in decision making and role clarity. Intrinsic rewards are derived from within the individual. For a healthcare employee this could mean taking pride and feeling good about a job well done (Shanks, 2003).

2.2 HEALTH SERVICE DELIVERY

Health service delivery is described as performance of a health worker in several dimensions including productivity, responsiveness, availability, meeting service standards and work quality (WHO, 2006). Therefore, if the dimensions are well adhered to and maintained then health service delivery is effective. The requirements of an effective health workforce are the skills and the enthusiasm to appreciate and deal with the health needs of their clients. Effective HRMP offer incentives for health workers which motivate them to improve their performance. Such effective HRMP make employees like their jobs and increase their satisfaction and retention (DFID, 2006).

Productivity is the ratio of outputs to inputs or the relationship between inputs and outputs (Heizer & Render, 2008). In this study, productivity is about achieving improved health outcomes“ from the current contributions of the health workforce without compromising quality of services provided.

Responsiveness of workers is the willingness or readiness of employees to provide a service (Heizer & Render, 2008). In this regard, it is important to pay critical attention to those aspects that affect the efficiency and receptiveness of health workers. The health workforce must have the motivation, skills and enthusiasm to respond to the health needs of their clients. Freedman (2005) was of the view that focusing on health workers’ receptiveness allows for a more holistic approach to quality service provision by taking into consideration the technical aspects and client satisfaction. According to Freedman (2005), the responsiveness of health workers can be improved through a number of mechanisms, including increase in remuneration and provision of other incentives like hardship allowances for health workers in the hard-to-reach areas.

Availability deals with the distribution and attendance of health workers (Manuwa-Olumide, 2009) and it directly impacts on the execution of health services (Anyangwe & Mtonga, 2007). Internationally, there is an increasing recognition that health worker shortages affect nearly all countries. Amidst these shortages, there is also a challenge of global mal-distribution of the available workers. Chen *et al.* (2004) observe that in order to achieve the health related SDGs, the minimum level of health workers required is estimated to be 2.5 health workers per 1000 people. Shortages of health workers affect performance of the existing staff because health care service delivery is a labor-intensive industry.

2.3 HUMAN RESOURCE MANAGEMENT PRACTICES AND HEALTH SERVICE DELIVERY

Several studies have been conducted in a bid to establish the effect of HRMP on the quality of health service delivery. For example, a study carried out among nurses in Iran by Nayeri *et al.* (2005) reported that the productivity of nurses is limited mainly by human resource factors. The human resource issues that promote or hinder the productivity of nurses in Iran include informed selection procedures of new workers based on proven standards, regular staff appraisals, reliable staffing levels, involvement of nurses in patients’ admissions and open communication among health teams. Nayeri *et al.* (2005) further reported that factors such as nursing standards, nurses’ skills and experiences as well as organizational strategies and procedures, availability of equipments and activities of other members within health care team determine the workload and nurses’ productivity.

Dieleman *et al.* (2009) indicated that human resource management interventions in health sectors, such as training and improved pay combined with organizational change can improve delivery of health services. In a study by Guest (1997) it was indicated that HRMP have a positive influence on employee performance which also results into better service delivery. Evidences produced by Malhotra *et al.* (2007) revealed that intrinsic motivation is associated with increased staff empowerment and so improved service delivery. In some other studies (e.g. Huselid, 1995; Delaney, 1996; Ramsay, 2000), it has been suggested that the relationship between HRMP and quality service delivery is mediated by employee behaviours and attitudes. In a study by MacDuffie and Krafcik (1992), it was established that there is a significant relationship between HRMP and service delivery in connection with factors like competence and behaviour. Tsaura and Lin (2004) empirically explored the relationship between HRMP, service behavior and service quality in tourist hotels. Their results indicated that HRMP have a direct effect on customer perceptions of service quality and an indirect effect through employees’ service behavior. This means that service behaviour only partially mediates the relationship between human resource management practices and service quality.

In a study involving workers from 25 franchised restaurants in United States, Liao and Chuang (2004) concluded that HRM practices tend to enhance a firm’s service climate, which in turn, motivates service employees to display discretionary behaviors such as meeting customers’ demands, delivering higher service quality and increasing employees’ willingness to go beyond their call of duty. Similar findings were produced by Zerbe *et al.* (1998), in their study of 452 airline employees that provide direct customer service to passengers. Their findings added that HRMP significantly impact service culture, which in turn enhance employees’ service behaviors. In the same tone, a study by Boselie and Wiele (2002), established that improved pay schemes, motivate workers and generate higher levels of productivity. Several HRM activities such as providing

informal and formal training as well as fair recruitment and selection practices positively impact on staff productivity and so increase market value (Huselid, 1995; Delery & Dotty, 1996).

3.0 METHODOLOGY

A descriptive correlational and cross-sectional survey design together with quantitative and qualitative approaches were used (Creswell & Plano-Clark, 2007). The target population was 488 health workers at the selected health centers in Kampala namely; Medical doctors, Nurses, Midwives, Clinical officers, laboratory assistants, pharmacist and nursing assistants (Health Workers Registers at Health Centers, 2013). Government health centers were targeted because they provide free health services thus majority of the population have access to them. From the population of 488 health workers and using the Slovene's formula, a sample of 220 health workers was purposively selected from health facilities. Data was collected using a questionnaire and an interview guide. The instrument was tested for content validity through content review by experts, who evaluated the relevance of each question item. The Content validity ratio of 0.888 was greater than the minimum ratio of 0.70 provided by Lawshe (1975). Based on this, the instrument declared to be content valid. Instrument reliability was tested using Cronbach's alpha coefficient, computed with the Statistical Package for Social Scientists (SPSS). The Cronbach's coefficient (α) of 0.932 was obtained, which was higher than the minimum of 0.70 provided in Amin (2005) and so the instrument was declared reliable. Data analysis was done using relative frequencies for profile of respondents, Pearson's Linear Correlation Coefficient (r) and simple linear regression to establish the relationship between and the effect of HRMP on health services delivery and to test the study's hypothesis. The 0.05 level of significance was used to establish whether the computed statistical values are statistically significant so that the decisions on hypothesis are taken (Amin, 2004).

4 RESULTS

4.1 Demographic Characteristics of the Respondents

Majority of the respondents were female (78.6%) aged between 20 - 39 years (77.3%), were certificate holders (53.6%); diploma holders were 28.6% and degree holders were 15.0%. Majority of the staff had served for 2-6 years (38.2%), 21.4% had served for 7-11 years, 19.5% for less than 1 year, 10.9% had served for 12-15 years while 10.0% had served for 16 years and above.

4.2 Reward Management Practices and Health Service Delivery

The main target of this study was to establish the effect of reward management practices on health service delivery in Kampala Uganda. In line with this, the researcher tested a hypothesis that reward management practices significantly affect the quality of health services delivery. To achieve this target and to test the study's hypothesis, the Pearson's linear correlation coefficient and simple linear regression were used, results of which are presented in tables 1 and 2.

Table 1: Pearson Correlations for Reward Management Practices and HSD

| Variables Correlated | r-value | Sig | Interpretation |
|-------------------------------------|---------|-------|-------------------------|
| Rewards Vs Health Services Delivery | 0.358 | 0.002 | Significant correlation |

Pearson's Correlation Coefficient results in Table 1 revealed that at $p=0.05$, reward management practices were significantly correlated with health service delivery ($r = 0.358$, $sig=0.002$). Based on these results, the null hypothesis was rejected and the alternative hypothesis accepted, leading to a conclusion that, effective reward management practices can significantly improve health service delivery. This also implies that reward management practices directly influence health service delivery in Kampala Uganda. To further ascertain this, simple linear regression was used to test the effect of reward management practices on health services delivery in health centers of Kampala Uganda. The results are presented in table 2.

Table 2: Regression Analysis Results for Reward Management Practices and Health Services Delivery

| Variables regressed | Adjusted R ² | F | Sig. | Interpretation |
|---------------------|-------------------------|--------|-------|--------------------|
| RMP Vs HSD | 0.1842 | 3.720 | 0.026 | Significant effect |
| Coefficients | Beta | t | | |
| (Constant) | 3.381 | 34.826 | 0.000 | Significant effect |
| RMP | 0.182 | 2.196 | 0.029 | Significant effect |

The results in Table 2 suggest that reward management practices significantly influence the quality of health service delivery ($F = 3.720$, $sig. = 0.026$) and so the null hypothesis was rejected. The coefficient of determination suggests that, reward management practices explain only 18.24%

(Adjusted $R^2=0.1824$) towards variations in health service delivery. So the remaining percentage (81.76%) is the contribution from other factors not investigated in this study. The beta value of 0.182 indicates that a one unit increase or improvement in effectiveness of RMP will bring a 0.182 increase or improvement in health service delivery and vice versa.

5. CONCLUSION AND RECOMMENDATIONS

Reward management practices are a positive significant determinant of health service delivery among health centers in division urban councils of Kampala. The findings are consistent with Farrant (1982), who stated that rewards have a direct bearing on service quality but this only happens when employees are incorporated in decision making process such that all needs and aspirations are considered, otherwise it may lead to regression and poor services. A contrary view from Farrant's was established by the researcher that workers should not only participate in decision making but all other high-performance activities must be practiced together. The finding also agree with some other scholars, such as Guest (1997), Davies (1982) and Maicibi (2005), who maintained that there is a link between reward management and service delivery.

From the findings of the study, it was concluded that reward management practices do not directly affect health service delivery among health centers in the division urban councils of Kampala. The findings of this study have revealed that performance of health workers may be driven by intrinsic motivation, employee behaviors and attitudes inculcated through their professional values thus effective health service delivery.

The study recommended that Kampala Capital City Authority management should integrate reward practices and with other non-human management practices like result-oriented management, strategic management, total quality management to attain effective service delivery in its health centers as it seems reward management practices seem do not have an effect on health service delivery.

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