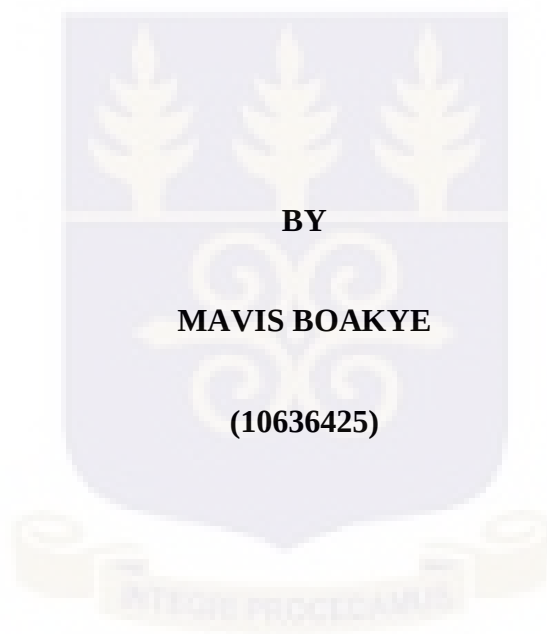


UNIVERSITY OF GHANA

**AN ASSESSMENT OF HUMAN RESOURCE MANAGEMENT PRACTICES IN
PRIVATE HEALTH FACILITIES IN THE KASOA NORTH SUB-DISTRICT**



**THIS LONG ESSAY IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MBA
HEALTH SERVICE MANAGEMENT.**

JULY 2019

DECLARATION

I hereby declare that this long essay titled, An Assessment of Human Resource Management Practices in Private Health Facilities in the Kasoa North Sub-District, submitted to the University of Ghana, is a record of an original work done by me. This thesis is submitted in partial fulfillment of the requirement for the award of a degree in MBA Health Service Management. The results embodied in this thesis have not been submitted to any other University or Institute for the award of any degree.



.....

MAVIS BOAKYE

(STUDENT)

.....

Date

CERTIFICATION

I hereby certify that this thesis was supervised in accordance with the procedures laid down by the University.



.....

DR. ADZEI FRANCIS ANDERSON

(SUPERVISOR)

.....

DATE

DEDICATION

This thesis is dedicated to my lovely husband, Eric Opoku and children, David Jayden Ayeyi Opoku and Beryl Ewura Adwoa Aseda Opoku. Without their encouragement and support, I would not have come this far.



ACKNOWLEDGEMENT

I am most grateful to God Almighty for His mercies and grace which has seen me through thick and thin, and I am forever grateful. I wish to express my profound gratitude to my supervisor, Dr. Adzei Francis Anderson for his priceless contribution to this work. I am particularly grateful for his time, advice, encouragement and healthy criticisms to ensure that this work comes out more refined. I also acknowledge the support of my family and friends, more especially Thywil Degley who gave me the morale to pursue this course.



ABSTRACT

This study set out to assess the human resource management practices in private health facilities in the Kasoa North Sub-region. To do this, the study sought to assess the human resourcing practices in private health facilities, to assess the mechanisms of human resource training and development and to determine the employee welfare-handling processes in these private health facilities. The study area was selected due to the proliferation of healthcare facilities. The sample size, computed on the population, was made up of 57 staff and management staff purposively selected for the study. The results of the study, from analysis done with the PASW software, show that the dissemination of information about job vacancies is largely informal and usually gotten from friends. In spite of the prevalence of employee-selection for jobs being usually based on educational qualification and/or work experience, about 7.2 percent of respondents said that it was sometimes based on family background. This poses a problem of nepotism that can very easily lead to the appointment of less qualified people for jobs. Also, even though a high proportion of employees said that their employers conduct employee-training, the regularity of it is wholly inadequate. The most significant factors that contribute to this are financial and time constraints. Employees also posited that the opportunities for further studies are seldom existent. This has taken a toll on employee-commitment. Only 37.7 percent of employees were satisfied with the efforts of their employers to ensure employee-welfare. The study recommends that the process of information-dissemination of available job openings should be done more effectively, exploring other effective and more equitable methods. There should also be an increase in the volume and frequency of employee appraisals, orientation and training. Arrangements should be put in place to collect monthly dues for welfare purposes. There should be regular performance appraisals leading to promotions and awards.

TABLE OF CONTENTS

DECLARATION	ii
CERTIFICATION	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xi
LIST OF FIGURES	xii
CHAPTER ONE	1
RATIONALE FOR THE STUDY	1
1.0 Introduction	1
1.1 Background of the Study	1
1.2 Statement of the Problem	3
1.3 Objectives of the Study	4
1.4 Research Questions	5
1.5 The Significance of the study	5
1.6 Limitations of the Study	6
1.7 Definition of Concepts	6

CHAPTER TWO	9
LITERATURE REVIEW	9
2.0 Introduction	9
2.1 Theoretical Framework	9
2.1.1 People Management Theories	9
2.1.2 The Scientific Approach to Management	11
2.1.3 Contingency Approach	12
2.1.4 Goal-Setting Theory.....	13
2.2 EMPIRICAL REVIEW.....	14
2.2.1 Human Resource Development and Practice	14
2.2.2 Learning and Development in Organizations	17
2.2.3 Some Characteristics of HRM Practices in Private Institutions	19
2.2.4 The Demand for Human Resources	20
2.2.5 Connecting Education and Skills Levels to Organizational Success.....	21
2.2.6 Managing Human Resources in Health Care Sector.....	22
2.2.7 Human Resources Management in Ghana Health Service	23
2.2.8 Human Resources Management in Private Health Institutions	24
2.3 Health Sector Organization	24
2.4 Types of Private Healthcare Providers in Ghana	25
2.4.1 Faith-Based Hospitals, Clinics, and Maternity Homes	25
2.4.2 Private Hospitals, Clinics, and Maternity Homes (SFP).....	26

2.5	Types of Health Services Provided by Private Institutions	27
2.6	Challenges and Prospects of Private Health Institutions in Health Services Delivery	28
2.7	Human Resource Issues in Health Care Industry	29
2.7.1	Inadequate Assessment at the Time of Recruitment	29
2.7.2	Inadequate Training	29
2.7.3	Rewards not linked to performance	30
CHAPTER THREE		30
RESEARCH METHODOLOGY		31
3.0	Introduction	31
3.1	Research Design	31
3.2	Quantitative Research Method	32
3.3	Scope of the Study	32
3.4	Profile of the Study Area	32
3.4.1	Location and Size	33
3.4.2	Population Size and Density	33
3.5	Population of the Study	34
3.6	Sampling Technique	34
3.7	Sample Size	35
3.8	Sources of Data Collection	36
3.8.1	Questionnaire	36
3.9	Methods of Analysis	37

CHAPTER FOUR.....	39
RESULTS	39
4.0 Introduction	39
4.1 Demographic Characteristics of Respondents.....	39
4.2 Objective One: To Assess the Human Resourcing Practices in Private Health Facilities in the Kasoa North Sub-District	42
4.3 Objective Two: To assess the mechanisms of human resource training and development in private health facilities	44
4.4 Objective Three: To determine the employee welfare-handling processes in private health facilities in Kasoa North.....	50
CHAPTER FIVE	53
DISCUSSION	53
5.0 Introduction	53
5.1 Discussion of Results	53
5.2 Conclusions	58
5.3 Recommendations	58
REFERENCES	60
APPENDIX 1.....	67
APPENDIX 2.....	74

LIST OF TABLES

Table 2.1: Hindrances to learning	17
Table 3.1: Population size and density	33
Table 4.1: Demographic characteristics of respondents	40
Table 4.2: Human resource training and development	45
Table 4.3: Opportunities for employees to further their education.....	49
Table 4.4: Processes for handling employee welfare within the organization	51



LIST OF FIGURES

Figure 4.1: Sources of information on job vacancies	42
Figure 4.2: Employment and human resourcing processes	43
Figure 4.3: Factors that influence selection for employment	44
Figure 4.4: Appraisal system for employee performance	47
Figure 4.5: When last appraisal of employees was carried out.....	48
Figure 6.1: Location of health facilities within the municipality.....	74



LIST OF ACRONYMS

CHAG	Christian Health Associations of Ghana
GHS	Ghana Health Service
GRMA	Ghana Registered Midwives Association
HRD	Human Resource Development
HRM	Human Resource Management
KSAP	Knowledge, Skill, Ability and Practice
MDGs	Millennium Development Goals
NHIS	National Health Insurance Scheme
SPMDP	Society of Private Medical and Dental Practitioners
TBAs	Traditional Birth Attendants





CHAPTER ONE

RATIONALE FOR THE STUDY

1.0 Introduction

The chapter presents the rationale and background as well as the problem statement that lends credence to the study. It also addresses the objectives and research questions as well as the significance, the limitations and some definitions that underline the basis of the study.

1.1 Background of the Study

In Ghana, where access to public health facility is not adequate, majority of the middle- and high-income levels rely largely on private health facilities (Centre for Health Social Services, 2010). Another reason why most people prefer the private facility is the long waiting time and its consequent inconveniences prevalent in government facilities.

In the last sixty years, there has been the creation of a network of health facilities that are funded and managed by the public (Venkat Raman, 2014). In spite of the near proliferation of private health facilities in Ghana, the private healthcare system is still a far cry from efficient as it is riddled with a diversity of problems, one of which is the shortage of a qualified and skilled workforce. Research has shown that skill leads to individual and national accomplishments and developments. In the presence of vigorous economic activity, skilled personnel can earn premium income. There is still the ironic worldwide problem of unemployment and

underemployment in the face of a rising demand for trained experts to fill positions that require specialized expertise. It has become increasingly obvious that a shortage in employed skilled labour takes a toll on the organization and by extension, the economy of the country. Private health facilities are mostly disadvantaged because the managers lack the requisite financial and marketing skills to make them adequately competitive. It is prudent for any country to maximize and sufficiently harness and equip its human resource by devoting resources towards improving the skill of its labour force, which is its human capital. Human capital is an extremely important element of a country's total competitiveness (Price,2004).

The African Problem

The World Health Organization (WHO) suggests that Africa is plagued with about a quarter of the global disease burden even though the continent makes up only about a seventh of the world's population (WHO, 2010). For much of Africa's population, especially as is the case in Sub-Saharan Africa, inadequate healthcare continues to characterize society. Due to the inadequacies in her healthcare sector, many African countries fall short woefully of the Millennium Development Goals (MDGs) on Health. Ghana is no exception. According to the British Medical Journal, Africa's difficulty in accessing quality healthcare can be blamed on a diversity of issues, one of which is the inability of many of her inhabitants to pay for healthcare due to poverty. Also, the 2008 global economic meltdown, coupled with low government spending has led to a general lack of funds to ensure an efficient healthcare system that is easily accessible. Poor leadership and corruption have also greatly impacted access to healthcare in Africa. Apart from corruption, conflicts and wars have also affected access to healthcare. Africa, characterized as

mostly underdeveloped or developing, has serious problems with education and infrastructure as well human resource management. The scourge of diseases such as HIV/AIDS and more recently *ebola* (and other terminable diseases) has greatly disrupted healthcare service and put a strain on the already poorly developed healthcare system.

It has become increasingly necessary for African governments to re-assess healthcare issues especially since internal and external funding options have not been too successful in recent years. As intimated by Health Partnership Africa, the private healthcare sector is capable of plugging the holes within Africa's healthcare framework. Health Partnership Africa posits that the private sector can help to nip in the bud the current constraints that plague the African healthcare sector. In line with this assertion, Drs. Luis Sambo (WHO's Regional Director for Africa) and Joses Kirigia argue that the private healthcare sector can help to fast-track action on Africa's Millennium Development Goals on Health

1.2 Statement of the Problem

Quality healthcare, in many respects, is closely related to economic growth and a skilled workforce. Ultimately, this is also closely related to an increase in employment as economic growth leads to the creation of a lot more opportunity for employment of skilled, idle labour. Economic growth therefore relies greatly on the availability of skilled, employable labour. Human resource is therefore an important driver of development and growth in any enterprise, more so in the private health sector. A lot of research has categorized HRM user-organizations as more growth oriented than organizations that are non-HRM. Even though many private health facilities have a Human Resource Management in place, there isn't a systematic framework for

the procurement and development of their human resources. There is also the absence of a well-structured outline to build and retain the requisite field-based knowledge that will lead to growth in the organization. Some experts on the subject have described it as a lack of alignment of knowledge, skill, ability and practice (KSAP) of personnel with other business activities to ensure growth of quality healthcare service and delivery.

In spite of knowledge of the importance of human resource management in every organization, HRM activities are often relegated to the background by many organizations. The assumption that financing and the provision of other hard resources is sufficient to ensuring the successful running of a business is wrong. Especially for the health sector, it is imperative that much attention is paid to developing and empowering its human resource so as to harness the full potential of the skill and capabilities of personnel. This will positively impact performance. In light of this, Armstrong (2003) suggests that: *"Any nation, business or institution, which is to achieve competitiveness and above average earnings must develop a strategy for people management"*.

1.3 Objectives of the Study

The main objective of the study is to assess human resource management practices in private health facilities in the Kasoa North Sub-District. The specific objectives are;

- To assess the human resourcing practices in private health facilities in the Kasoa North sub-district
- To assess the mechanisms of human resource training and development in private health facilities

- To determine the employee welfare-handling processes in private health facilities in Kasoa North

1.4 Research Questions

The research questions are;

- What are the human resourcing practices in private health facilities in the Kasoa North sub-district?
- How is human resource training and development done in private health facilities in the Kasoa North sub-District?
- How is employee welfare handled in private health facilities in the Kasoa North Sub-district?

1.5 The Significance of the study

Human resource development encompasses a number of key activities which include building and improving the skill of personnel via capacity building activities, education and vocational training. This is to ensure optimum performance of personnel and the organization as a whole. The development and management of human resource is therefore very critical in an institution's quest for competitiveness and relevance. For this reason, some countries like Malaysia and Singapore continually devote resources to the education and training of its population especially in technical skills. This study looks at the relevance of this as pertains to the private health sector. The study is relevant not only to private health facilities but also to academia, entrepreneurship,

national governance and the larger society. The findings of the research provide a practical application of theories of strategic Human Resource Management especially as pertains to the private health sector. In designing a relevant systematic framework for human resource development, this research provides the opportunity to improve the performance of private health facilities nationwide.

1.6 Limitations of the Study

The study faced some challenges which posed a problem to the survey process. One such problem was that qualitative information gathered was largely scanty as some respondents were not willing to divulge *too much* information, which was requisite for the success of the research.

1.7 Definition of Concepts

1.7.1 Human resource: In this study, human resource refers to the staff of the Private Health facilities including, the trained support staff who work at the various private health facilities in the Kasoa North Sub-District. In this study the term employee is synonymously used with human resource or staff. An employee in this context is anyone who has agreed to be employed under a contract of a private health institution, to work for some payment in the form of a salary.

1.7.2 Human Resource Management

Human resource management (HRM) can be describes as the systematic management of a firm's or organization's labour force or its human resources. According to Hyde et al. (2007), human

resource management is responsible for a number of human management-related activities such as “attraction, selection, training, assessment, and rewarding of employees”. Human resource management also involves the overseeing of organizational leadership vis-à-vis human resource management. In doing this, the mechanism must ensure that there must be compliance with labour and employment laws.

Human resource refers to the people in any organization or firm who have a range/set of special abilities, capabilities, talents and attitudes to influence and affect productivity, quality, quantity, profitability, output, and so on. Organizations identify and set overall strategies to work towards the attainment of goals and objectives. Some of the goals of an organization is to plan work systems, monitor quality and quantity, produce goods and services, allocate financial resources, and market its goods and services. Individuals, consequently become human resources due to the diverse roles they play within the work environment.

“Employment roles are defined and described in a manner designed to maximize particular employees’ contributions to achieving organizational objectives” (Niles, 2013)

Within the context of healthcare, human resource can be described as the different of personnel performing both clinical and non-clinical duties that seek to serve public and individual health interests. For the assurance of success, there must be deliberate efforts at improving the skills, knowledge and motivation of those individuals that are responsible for the delivery of health services.

Human Resource Management is however one of the most misunderstood and poorly exploited and applied systems in today’s health sector (Wagar, 2015). Many organizations face serious challenges in their attempts at managing human resource challenges. These challenges include attrition and absenteeism, shortage of staff, low morale and apathy. It is worth noting that an

effective Human Resource Management regime could deal with these problems and others that may arise during regular performance of duty.

1.7.3 Human Resource Development (HRD): Price (2004) defines Human Resource Development (HRD) as a "strategic approach to investing in human capital". It involves all the activities aimed at developing the skills, knowledge, attitudes and practices of employees and personnel in order to bring out the very best performance.

1.7.4 Health workers: These are usually clinical and non-clinical personnel who have special training and equipping work at a private or public health facility. Health workers are also those who provide curative or preventive healthcare services to the public. They usually work in health facilities and have supportive staff that helps them better play their respective roles.

1.7.5 Private Health Sector: This refers to all health providers who work outside the direct control and/or purview of the state. These include privately owned health facilities that are either for profit or not.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews earlier works or literature related to the human resource, human resource management and practices, vis-à-vis the private sector, and health. Literature is also reviewed on the type of health services private institutions provide how these private institutions provide health services, and the category of private health facilities. This chapter also reviews theories, concepts and debates related to the study. It considers the critical points of current knowledge including substantive findings of scholars and researchers, as well as the theoretical framework of the study. According to Creswell (2009), a literature review means allocating and summarizing the studies about a topic.

2.1 Theoretical Framework

The Theoretical Framework is made up of management theories and theories of motivation.

2.1.1 People Management Theories

HRM, especially in English-speaking countries, has gradually become the most prominent method of managing people (Price, 2004). It has brought more clarity to the role of human beings in any work environment. The techniques and ideas that encompass HRM have evolved over the years from theories and hypotheses advanced by expert academics and practitioners throughout

the 20th century. They have sought to explain human behavior in the workplace. Managers have had to learn to deal with issues in the workplace such as;

- Innovating and/or stagnating personnel
- Recruiting of personnel
- Management of finance-related issues
- Procurement of new machinery
- Introducing new and innovative methods and procedures of work
- Organizing of staff
- Dismissal and retention of workers
- Employee welfare

The theoretical and practical sources that regulate HRM are diverse, and they include management, psychology and sociology, among others. These areas of study have contributed a great deal to a better understanding of people management. It is important to appreciate the relevance of HRM as it is human-related and so all business that have human beings working in them must take HRM seriously as it involves the management of its most prized asset; human beings.

Division of labour has been one of the underlining reasons for people management. The allocation of tasks and roles were based on capabilities, abilities and skill and for this allocation to be possible, personnel had to be managed. Price (2004:5) posits that modern HRM tries to identify the best people and develop them for specific duties within the work space. This

selection must be unbiased, with its main objective being towards meeting the goals and vision of the organization. According to Schuler (2007) *"successful companies are made by good people working at their full potential"*.

Cohesion and harmony in the work place is important for growth and success. This is made possible and facilitated by conducive employer-employee relations. Effective communication creates an enabling environment for work and this leads to achieving a competitive advantage in the market. Thus, the objective of workers' and trade unions is mostly to ensure that the right work environment is created and maintained and that there is shared responsibility of employers and employees. Co-determination, which is what shared responsibility is referred to, ensures cohesion and convenience in the work space, and facilitates people management. Some of the areas that directly affect co-determination are discussions around salaries and bonuses, working conditions, health and safety, resolution of disputes and grievances, work schedules such as shifts, etc., as well as organization targets. An effective HRM system harmoniously manages all these to culminate in a conducive work environment towards the attainment of the goals of an organization.

2.1.2 The Scientific Approach to Management

Frederick Winslow Taylor (1856-1915) intimated that the much-needed evolution in people management skills would have to be effected through scientific study. He called it *scientific management* and suggested that it would auger well for organizations if traditional ways of arriving at decisions were replaced by more precise procedures. These procedures should be case-specific and developed based on the study of a particular individual situation. It would

therefore become incumbent for managers to develop certain standards for every job; standards in procedure and finished product. Workers should then be assessed and selected for each job based on their skill set and abilities. Furthermore, these selected personnel should be supported, trained and incentivized to work and work properly (Draft, 2008)

2.1.3 Contingency Approach

The Contingency theory is grounded in the idea of organizations, as social systems, producing a more comprehensive view of behaviour of people at work based on interaction of a number of variables, such as structure, tasks, technology and the environment. The ideas that govern the contingency theory were mostly reliant on what was considered suitable in a given circumstance. Contingency basically sums up the effect of one variable on others within the work space and how this tells on human performance (Cole, 2004).

In the contingent approach to management, it is important to note that different management approaches must be applied to different conditions and situations. Some proponents of this approach to management believe that the best way to manage people and situations in the work environment is to do so based on specific instances; judging on a case-by-case basis (Rue and Byars, 2004). It is the manager's duty to develop initiative for recognizing key contingencies in any situation within the organization. He/she must also recognize that what contingency measures may work in one situation and may not necessarily work in another. Once these dynamics are identified and established, managers can better match situations to solutions (Draft, 2008).

2.1.4 Goal-Setting Theory

Edwin Locke and Gary Latham describe the goal-setting theory as pivotal in human resource management. They propose that by setting precise goals, managers can increase inspiration, motivation and initiative within the work space. Once these goals are acknowledged by personnel as valid, managers can track development, growth, advancement and progress by looking out for timely feedback (Draft, 2008)

Cole (2004) believes that personnel-motivation is driven and facilitated by the goals and objectives that they work towards, and this governs the goal-setting theory. The goal therefore acts as a driving force, an accelerant and motivator, towards achieving the desired objectives.

Locke (1968) who first proposed the concept of goal-setting indicated in his research that the improvement in an individual's performance was linked very much to setting specific rather than ambiguous or imprecise goals for themselves. His research also revealed that performance got better with goals that were more tasking or involving. Thus, self-motivation and exhortation seemed not to be as effective in performance-enhancement as setting definite goals for oneself and aiming for them.

Feedback is a critical component of management and motivation, as suggested by goal theorists (Wilkinson, 2003). Research has continually proven that feedback informs and motivates performance as it gives important pointers on what the manager thinks of the performance of personnel and what to do to maintain, improve on or modify it. Other factors that underline the goal-setting theory include the following:

- Goal-commitment: This is the extent to which personnel are willing and able to pursue a goal in the face of difficulty and hurdles that may seem insurmountable. Goal-commitment works best when goals are publicized and especially when they are set by the individual themselves instead of imposed by an external entity.
- Self-efficacy: This encompasses the perception and awareness that an employee has about his/her ability to achieve any goal.

These are the theories underpinning the assessment of human resource practices in the private healthcare facilities within the Kasoa North Sub-District.

2.2 EMPIRICAL REVIEW

2.2.1 Human Resource Development and Practice

Human Resource Development (HRD) is a “*strategic approach to investing in human capital*”(Price, 2004). It is a culmination of other processes in managing human resources including identifying talent (both potential and actual) and assessment of performance (performance appraisals). Within HRD, there is the development of a framework for training leading to self-development and progress in one’s chosen career. These are all geared towards ensuring that the organization’s skill requirement as well as its goals are met.

In aligning organizational goals with those of its employees, it is critical that the business strategies are linked to the development of human resources. This is mandatory for the achievement of organizational goals and objectives. To achieve this, the right caliber of people must be employed and the *intellectual capital* of the organization developed to meet set standards

(Armstrong, 2009). There must be no compromises in this process. Armstrong identifies three key components of HRD that are pivotal to the success of the organization and these are:

- Education: This is key in building knowledge and capacity of individuals.
- Learning: HRD must provide the requisite learning opportunities and amenities to incentivize self-development.
- Development and Training

An organization philosophy on HRD is important to ensure that these components work effectively. Armstrong further argues this philosophy should be centered on HRD as:

- Integrated with and supports the achievement of business and human resource strategies.
- Integrated with and supports the achievement of business and human resource strategies.
- Making a major contribution to the successful attainment of the organization's objectives, and that the investment in it benefits all the stakeholders of the organization.
- Encouraging and giving everyone the opportunity to learn, to develop their skills and knowledge to the maximum capacity.

- Performance related/designed to achieve specific improvements in corporate, functional, team and individual performance and make a major contribution to bottom-line results.

HRD does not work without help from other key parameters. It cannot achieve optimum success in vacuum. An effective HRD has the following support systems in place:

- It must be characterized by effective selection.
- It must be supervised effectively and efficiently.
- The appropriate management style must be used in conjunction with it.
- There must be clear opportunities to transfer learning to the work environment.
- Management must available opportunities for promotion, rewards and incentives.

Beardwell (2000) also suggests that implicitly situated within organizational development is HRD as it involves a lot of planning that links organizational strategy to capabilities. Furthermore, effective HRD must address all factors that are targeted at ensuring that an organization is effective and efficient in its roles, and is sufficiently responsive to the world around it. This is a critical role for all organizations especially since today's businesses are affected/influenced by:

- Uncertainty and rapidly changing technology
- Competitive world markets
- Needs for quality through continuous improvement in processes, products and services.

2.2.2 Learning and Development in Organizations

According to Ribeaux and Poppleton (1978) learning is: *"...a process within the organism which results in the capacity for changed performance which can be related to experience rather than maturation "*. Learning therefore is an experience and also the process by which an individual is positively influenced to change and be transformed. The main goal of learning is to ensure that the individual is built up and given the capacity to develop in order to positively impact the organization. It is common knowledge that learning is largely natural to every human being. In spite of this however, there are some hindrances to the process of learning (Scott, 2004). Mumford identifies some of the stumbling blocks to learning (Table 2.1).

Perceptual	Not seeing that there is a problem
Cultural	The way things are here
Emotional	fear or insecurity
Motivational	Unwillingness to take risks
Cognitive	Previous learning experience
Intellectual	Limited learning styles Poor learning skills
Expressive	Poor communication skills
Situational	Lack of opportunities
Physical	Place, time
Specific environment	Boss/colleagues unsupportive

Table 2.1:Hindrances to learning

Through the processes of learning and education, an individual may experience growth and in so doing realize his/her potential and abilities in a process called *development* (Armstrong, 2009). The development process has learning ingrained in it. There can therefore be little or no development without learning. They work hand-in-hand. It is therefore a necessary duty of every organization to encourage learning (whether within or outside the organization) to foster personal growth and development. This must be characteristic of the organization's managerial style.

Learning may be formal or informal. Formal learning may be by;

- Classroom training
- Job rotation
- Job enlargement
- Job enrichment

Informal learning may be by;

- Coaching
- Sitting by Nellie (where the employee is left to learn on his own)
- Mentoring

Investment in learning and development has some merits. These include the following:

- Improving individual team and corporate performance in terms of output, quality, speed and overall productivity.

- Attracting high quality employees by offering them learning and development opportunities, increasing their level of competence and enhancing their skills thus enabling them to obtain more job satisfaction, to gain higher rewards and to progress with the organization.
- Improving operational flexibility by extending the range of skills possessed by employees (multi-skilled).
- Increasing the commitment of employees by encouraging them to identify with the mission and objectives of the organization.
- Helping to manage change by increasing understanding of the reasons for change and providing people with the knowledge and skills they need to adjust to new situations.
- Helping to develop a positive culture in the organization.
- Providing higher levels of service to customers.
- Minimizing learning costs (reduce the length of learning curves).

(European Federation of food, Agriculture and Tourism Trade Unions: Guidelines for training and development especially in SME in the hotel, restaurant and café sector, Brussels)(Bloisi, 2007).

2.2.3 Some Characteristics of HRM Practices in Private Institutions

The nature of people-management varies in scope and characteristics across the different organizations. The features of HRM practices are to a large extent unique among small business. Some of the characteristics as identified by Price (2004) are;

- *People function:* Private institutions with less than fifty personnel are unlikely to have an identified human resource function.
- *Centralized control:* Limited financial and organizational resources ensure that people-management is a non-specialist activity. The nature of the owner determines the work-climate and employees have poorly defined responsibilities.
- *Crisis management:* Employees are expected to be totally flexible. They must perform a variety of tasks without necessarily having appropriate skills or training.
- *Strategy:* Forward-planning is minimal. Staff development is often neglected and succession-planning rare, while performance-assessment is rudimentary and arbitrary.

It is evident that Small and Medium Enterprises often lack the expertise, the time and the finances to invest in Human Resource Management.

2.2.4 The Demand for Human Resources

The employment market refers to all people who are available for and able to work (Price, 2004). Human resources are constantly in demand by organizations and this creates the demand for human beings and their services. The human resource market is therefore characterized by national and regional demand and supply for skilled labour.

The demand cycle is endless as there is a constant need for human resource. A ready source of demand is the university or other institutions of training, however other organizations may serve as sources of human resource to others. This is chronicled by the movement of personnel from

one job to the other in what is encapsulated in competitive marketing theories. In a typical situation, the employer tries to maximize output by minimizing cost and this transcends to human resource where the best skill is demanded at the lowest possible cost to the employer. The result of this situation is the dynamic and shifting equilibrium in which both employees and employers strive to maximize benefits for themselves. The availability of jobs in a developing country like Ghana determines how this equilibrium tilts.

2.2.5 Connecting Education and Skills Levels to Organizational Success

Educated personnel are a well sought-after resource in any organization. Organizations have realized that education is very closely linked to skill and so for the enterprise to be successful and to be capable of competing effectively and efficiently on the international market, there must be purposive hiring of educated personnel. It has increasingly become apparent that higher education is becoming a necessary condition for employment. De Simone and Harris (1998: 16) predicted that by 2000, more than half of the jobs in the United States would require that its personnel be educated beyond high school. Very much like the situation in the United States, many organizations in developing countries are raising their expectations of applicants, desiring to employ personnel that will give them a competitive edge in an increasingly competitive and sophisticated market. In spite of the positive implications of this on the organization, younger people are unable to secure jobs due to their inability to meet these requirements. There is also the difficulty of matching educational level to skill making it a difficult task finding the right personnel to fill vacant positions.

De Simone & Harris (1998) state that lifelong learning "*can mean different things to different employees. For example, for semi-skilled workers, it may involve rudimentary skills training to help them to build their competencies. To top professional employees, his learning may mean taking advantage of continuing education opportunities*".

The difficulty for private organizations is making learning opportunities available for all kinds of personnel in the organizations since the success of the business is largely dependent on the knowledge they possess.

2.2.6 Managing Human Resources in Health Care Sector

In an active constantly changing environment, managers of health facilities must look to combine skills in leadership, entrepreneurship and administration to meet and surmount the constraints that the constantly evolving economic, socio-cultural, political and technological landscape presents. The healthcare sector must also take into account the expectations of health professionals, patients, politicians and the general public. Good and effective management will ensure improvement in the efficiency and effectiveness of health services and improve their responsiveness towards the delivery of services (Orchard et al., 2006).

Hospitals are probably the most important vehicles for the healthcare delivery. Management of these institutions are accountable for ensuring that the objectives of these health facilities are realized. In doing so, it is incumbent on managers to identify the relevant competencies essential for effective healthcare management.

Identifying and assessing competencies is a critical antecedent to improving professional development and the aligning individual development and growth with the needs of the organization (Machado and Melo, 2013). The competency-based approach to professional development is entrenched in higher learning and is critical to business development and success (Keating, 2011). It is an important concept in human resource management as it enables the easy identification of gaps that exist between owned skills and skills that are required.

Suitable packages and programmes that are founded on the needs, experience and skills of health managers can then be activated and rolled out to train these managers and provide the needed leadership to ensure a justifiable development in the work of health workers and to improve service (Orchard et al., 2006).

2.2.7 Human Resources Management in Ghana Health Service

According to an assessment carried out by QHP, MOH and GHS (2005), Human Resource Management in the Ghana Health Service (GHS) has been decentralised. A lot more emphasis has been put on the appointment of HR managers across the country and very little attention paid to adequately developing effective HRM practices. Healthcare facilities in Ghanaian districts lack HR officers to adequately handle personnel functions such as conflict resolution and redress, training and so on. This has put the local health sector in a bad way.

Some directors of GHS/HRDD have agreed that the sector lacks adequate capacity in supervision. There has been no consensus on the sector's involvement in strengthening supervision and this has posed a myriad of challenges to the running of the sector. Monitoring is therefore not as effective as it should be and so personnel are not effectively held responsible for

their actions and inactions. According to the report, only the Upper East, Western and Northern regions report having well established lines of supervision.

The healthcare sector is riddled with infrequent staff performance appraisals and this affects the overall performance of the sector. There are also problems with salary adjustments to match quality and/or productivity. The report further intimates that six regions in Ghana, including the Upper West region, have no welfare benefits for its staff.

2.2.8 Human Resources Management in Private Health Institutions

According to Agyepong (1999), after scrutinizing private and faith-based health providers, private healthcare providers account for 35 percent of total health services in Ghana. The private health sector also employs about 10 percent of the professional health workers in Ghana. The Private Hospitals and Maternity Homes Board recommends the *standards and mix* of professionals required to run a private health facility but these recommendations are seldom adhered to. Thus, private healthcare facilities are unable to sufficiently compete with others especially for the recruitment health professionals. The sudden and sharp increase in the salaries of public health workers exacerbated the situation. Also, very characteristic of the healthcare terrain is the likelihood of healthcare providers to take up jobs in the private sector and run both concurrently for extra income.

2.3 Health Sector Organization

Before the Ghana Health Service and Teaching Hospitals Act (Act 525) was passed in 1996, Ghana's Ministry of Health (MOH) was directly responsible for delivery of health services

in the country. In addition to this, the MOH was also responsible for stewardship functions such as mobilizing resources, making policies and monitoring all healthcare services. In the wake of the ministry's inability to keep with these responsibilities, the tasks had to be decentralized. The MOH however the overall monitoring and mobilization of healthcare reforms and interventions. This quickly manifested in the role of direct health provision being vested in the Ghana Health Service and the teaching hospitals. These institutions subsequently became responsible for the management and delivery of public sector health services. The role of the MOH has been to focus primarily on *policy development, coordination, resource mobilization, monitoring and evaluation* (MOH, 2009).

In all of these reforms, the private sector has found its niche in the healthcare delivery system.

2.4 Types of Private Healthcare Providers in Ghana

2.4.1 Faith-Based Hospitals, Clinics, and Maternity Homes

Faith-based healthcare centers has over the years become a force to reckon with when it comes to health provision. They have become integral in the provision of outpatient services and in the training of health professionals especially in the rural parts of the country. Some of these faith/religious based healthcare providers include the Christian Health Association and the Ahmadiyya Muslim Mission, the former being responsible for almost all non-profit healthcare provision in Ghana (CHAG, 2007).

The Christian Health Association of Ghana (CHAG) was established in 1967 to provide healthcare services. The number of member hospitals has grown from 25, during its inception,

to 183 in 2015. These member hospitals are owned 21 different church denominations. According to CHAG (2007), the Christian Health Association of Ghana is currently the second largest healthcare provider in the country; second only to government-owned healthcare institutions. As a personal objective, member healthcare facilities of CHAG have reached out more to the poor, to slums and to rural areas.

The role of faith-based healthcare providers cannot be over-emphasized. Even in a supporting role, its contributions to the health sector are enormous.

2.4.2 Private Hospitals, Clinics, and Maternity Homes (SFP)

There is a high number of private healthcare facilities in Ghana. Many of these are found in both urban and peri urban areas. The SFP sector in rural Ghana is relatively smaller and plagued by a number of challenges especially in light of relatively higher poverty rates in those parts of the country. The World Health Organization (2011), the prevalence of the National Health Insurance Scheme has made these healthcare centers a lot more accessible. A study conducted by the WHO (Private Health Sector Assessment in Ghana, 2011) shows that health facilities that do not offer the NHIS are hardly patronized by rural folk, and this is affecting their profitability. However, those facilities that are accredited by the NHIS, even though they benefit financially, are faced with serious cash flow problems due to delays in government reimbursements.

As mentioned earlier, the astronomical increases in the salaries of public health workers in 2006 negatively affected private healthcare facilities, especially as they also had to increase salaries to maintain their staff.

In Ghana, patients mostly pay out-of-pocket or have access to NHIS. A smaller portion of the population has their medical expenses covered by their employers.

A number of private associations augment government's efforts at providing healthcare to the country. The Society of Private Medical and Dental Practitioners (SPMDP) is a well-structured association that represents about 300 for-profit healthcare facilities. Similarly, the Ghana Registered Midwives Association (GMRA) is made up of about 400 members. Close to 82 percent of the members are in private practice (Private Health Sector Assessment in Ghana, 2011).

2.5 Types of Health Services Provided by Private Institutions

The private healthcare sector is made up both formal and informal practitioners. The formal practitioners are usually the doctors, chemical sellers, pharmacists as well as non-governmental organizations, while mostly traditional practitioners such as herbalists and traditional birth attendants make the informal part of the sector (Obuobi et al., 1999; MOH, 2005). The majority of therapeutic and diagnostic services are provided by formal private practitioners. Their services include surgery, ENT, general service, obstetrics, dental, gynaecological, and so on.

According to Obuobi et al.(1999) there are a wide variety of people groups who patronize private healthcare facilities. These patrons cut across a wide range of socioeconomic demographics. The private sector caters to the needs of people from a wide distribution of income with as much as 40 percent of poor people in countries such as Kenya, Ethiopia, Uganda and Nigeria accessing healthcare services from private healthcare providers (IFC, 2005).

2.6 Challenges and Prospects of Private Health Institutions in Health Services Delivery

The private health sector is not without its constraints, some of which are peculiar to private institutions. Especially in Sub-Saharan Africa, the consistency of service quality has been a problem especially due to how diversely fragmented the sector is. Accreditation issues and an inability to track all providers have led to the proliferation of unlicensed private facilities that provide mostly questionable services (IFC, 2005).

There is also a reported upsurge in unethical business practices and this continually flouts the efforts of the health sector as a whole. These practices arise as a result of the love for wealth and this is perpetrated through acts such as price inflations, false billing, collusion, and so on. In years past, some private hospitals have been accosted for their sale of substandard, expired or fake drugs to their clients. The Ministry of Health (2007) outlines a number of healthcare malpractices, one of the most common being the inhumane treatment of patients by healthcare providers.

There also are infrastructural challenges facing the health sector. In recent years, there have been issues of shortage of hospital equipment, beds, incubators and even drugs. These challenges have been blamed for the hikes in preventable deaths. Another constraint to healthcare delivery is the lack of proper coordination between and within the healthcare delivery system. This poses undue inconveniences on patients who have to move from one department to the other seeking redress or attention for issues that could have been avoided by effective communication.

2.7 Human Resource Issues in Health Care Industry

The healthcare sector is faced with diverse managerial difficulties and these negatively impact its effectiveness (McConville, 2003). Some of these challenges are outlined and discussed.

2.7.1 Inadequate Assessment at the Time of Recruitment

Procedures for recruiting personnel in the healthcare sector are usually misunderstood by applicants and candidates. These procedures are seldom open to scrutiny by the public and as such are riddled with many inconsistencies and inefficiencies. The recruitment processes in the healthcare service is therefore largely seen as unfair. The details of available positions also lack adequate information especially on what specific minimum requirements give candidates an equal opportunity for appointment. As earlier stated, the foremost criteria for selection should be ability and merit and nothing else. The recruitment process also lacks the requisite testing of the soft skills of candidates, skills like attitudes, skills and communication. There should also be room for testing the psychology, psyche and personalities of candidates and this largely absent from the recruitment process.

2.7.2 Inadequate Training

Training builds and improves capacity. Organizations better their workforce and its potential by organizing training sessions. One sure way of developing human resource is through training. Due to the focus of medical training on urban care, it is often difficult for health workers, especially doctors, to adapt to rural primary healthcare. This is very problematic especially seeing as rural folk are equally in need of medical attention as urban folk are. There is very little induction training aimed at indoctrinating health workers for work in primary health centres.

There is very little training given medical doctors in management or public health. This is a big problem especially since doctors are supposed to manage their subordinates. It has been suggested that medical doctors be given at least some rudimentary training in management in order to better manage staff members. The more technically oriented training received by medical doctors does very little to bridge the gap between the doctor, his staff and patients. According to the Independent Commission on Health in India, “the main reasons for substandard patient and community care include substandard training, especially in the staff-nurse, midwife, and auxiliary nurse-midwife training courses, the lack of a proper system of training and absence of regular reorientation courses.”

2.7.3 Rewards not linked to performance

It has become common knowledge that aside salary increments and promotions, there are no other concrete rewards in Ghana’s health system. These rewards are usually linked to vacancies and seniority in the job. The present scheme of yearly confidential reports does very little to reflect employee-performance. This is because these reports are usually written as a mere formality. Performance is usually reported as satisfactory.

Transfers are seldom based on performance, and neither are postings. These are usually influenced by political sentiments. There are no incentives for hard work or performance that exceeds the norm. In the face of this, many have had to agree to unacceptable levels of employee-performance and so personnel-training is almost looked at as unnecessary.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Research Methodology involves the systematic, orderly and theoretical approach employed in the analysis of the methods used in a study or in research. It is primarily made up of the research and sampling design, data collection/collation and methods of analysis of data collected. This chapter examines the possible approaches that were used in the collection, collation and analysis of data.

3.1 Research Design

The proposed research design for the study is the descriptive survey research with mixed method approaches. The main idea behind using this type of research (descriptive) is to better define an opinion, attitude, or behaviour held by health workers as far as human resource management is concerned. This allows the measurement of the significance of results on the overall population that will be studied.

3.2 Quantitative Research Method

Sarantakos (1998) defines research methodology as a model, which entails theoretical principles as well as a framework that provides guidelines about how research is done in the context of a particular paradigm.

The research method involves gathering primary data for analysis through the administering of questionnaires. Analysis of the quantitative data will be done with the aid of statistical tools and software such as Microsoft Excel and the Statistical Package for Social Scientists (SPSS).

3.3 Scope of the Study

Geographically, the research is limited to Private health facilities in the Kasoa North sub-district in Awutu Senya east Municipality in the Central Region of Ghana.

Context-wise, the research seeks to study the human resources management practiced by private health facilities and covers the types of private health facilities that are available in the sub district, how they do their human resourcing, strategies to train and maintain staff and what the human resource challenges of private health institutions are.

3.4 Profile of the Study Area

The study location is Kasoa North sub-district in the Awutu-Senya East Municipality of the central region of Ghana. The research is to be conducted in the private clinics within the Kasoa North sub-district in the Awutu Senya East Municipality.

3.4.1 Location and Size

Awutu Senya East Municipal is one of the municipalities carved out in 2014 from Awutu Senya. Kasoa North is one of the sub districts also carved out of the main district. It shares boundaries with Kasoa main in the south, Akweley Sub-District in the north, Opeikumah Sub-District in the east and Odukponphe in the west

3.4.2 Population Size and Density

Table 3.1: Population size and density

SUB-DISTRICT	POP	% OF SUB-DISTRICT POP
AKWELLEY	25,926	20
KASOA NORTH	24,630	19
KASOA MAIN	33,704	26
ODUPONG KPEHE	23,333	18
OPEIKUMA	22,037	17
DISTRICT	129,629	100

There are thirteen registered health facilities in the sub district among which are four private clinics and two private maternity homes namely Benediction Health Plus, Bethel Clinic Central, Kasoa Clinic, Comprehensive Care Clinic, Connie's Maternity Home and Mighty-Crag Maternity Home. The nine public facilities are eight Chips Compound and one health centre. The highest levels of the public facilities in the sub district are a health centre and not even a clinic. This shows the active role the private clinics and maternities are playing in the sub-district.

3.5 Population of the Study

The population of the study refers to the entire scope of the interest of the study which includes the target and the study population. The Target Population refers to the number of all units from the phenomenon, who are supposed to be investigated, that exist in the area of investigation. The target population for this study included staff and management members of the private clinics in the Kasoa North sub-district.

The study population is the actual population that was studied as part of the target population. This population included the HR Manager or anyone in that capacity of the facilities, Also, health workers from the various facilities were included in the study, excluding orderlies and security personnel. Data was collected from only health workers who are not on annual or study leave.

3.6 Sampling Technique

The proposed technique for this study is the probability and non-probability sampling techniques. Both the probability and non-probability sampling techniques were used in data collection. This sampling technique varies from one method to another method.

The probability sampling technique gives each and every unit within the population an equal chance of being selected or to be represented in the sample. This method was used in order to help reduce biases and improve objectivity in the study. The type of probability sampling technique which was used in this study is the simple random of being selected, and the type of non-probability sampling which was used is the purposive sampling.

Purposive sampling is necessary for the study since respondents were selected based on their ability to answer research questions and that are aimed at the objectives of the study. The purposive sampling technique was used to collect data from experts and people with relevant knowledge about HRM practices in the health facilities. This sampling technique was used to collect data from HR managers or anyone in that capacity in these facilities

3.7 Sample Size

In order to collect and collate information that is sufficiently representative of the population, the study set out to compute the sample size based on the population from the health facilities below.

Benediction Health Plus

Bethel Clinic

Central Kasoa Clinic

Comprehensive Care Clinic

Connie's Maternity Home

Mighty-Crag Maternity Home

The population size included members of staff of the selected health facilities who were selected purposively based on their skill set and understanding of the subject matter. The Miller and Brewer (2003) sample size determinant was used to determine the sample size. This is specified as;

$$n = \frac{N}{1 + N(a^2)}$$

where,

- ▶ n = sample size
- ▶ a = margin of error(5%)
- ▶ N = Population size

The computed sample size was approximately 57.

3.8 Sources of Data Collection

The major source of data collection was primary. The primary data was collected from the study area. The research employed data collection tools like the questionnaire with closed and open-ended questions to elicit the right information from selected respondents.

3.8.1 Questionnaire

According to Panneerselvam (2011), the success of a survey method depends on the strength of the questionnaire used. A questionnaire consists of a set of well-formulated questions to probe and obtain responses from respondents. The questionnaire designed for data collection consisted

of formal questions posed respondents to draw out appropriate responses. The questionnaire had both open-ended and close-ended questions used to gather information from respondents on the problem investigated.

Open-ended questions are mainly employed in order to probe for further in-depth information or to clarify answers after using close-ended questions in order to acquire qualitative data. Close-ended questions had predetermined or pre-coded answers for respondents to choose from in order to acquire quantitative data.

The choice of using a questionnaire is to enable the researcher to collect both quantitative and qualitative data. The questionnaire is used to avoid collecting large amounts of data and huge range of answers which may not be useful in this study. It helps to ensure that questions posed the respondents are the right set of questions and are of similar content for all.

3.9 Methods of Analysis

Data was collected to assess the human resource management practices of private health services within the Kasoa North Sub-District. This data was analysed using the Predictive Analytics Software (PASW)/SPSS version 22. The analyzed data was interpreted to address each of the study's objectives.

Descriptive statistics such as frequencies, crosstabs and graphs were used to assess the socioeconomic/demographic characteristics of the respondents and to describe the human resourcing practices within the private health facilities. Same statistical processes were used to assess the mechanisms of human resource training and development, and to describe the

processes involved in the handling of employee welfare issues. Some constraints were identified as detrimental to human resource practices and these are all discussed in the ensuing chapter.



CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the results as collected from respondents and analyzed by the researcher. The results address the demographic and socio-economic characteristics of the respondents and further address each of the objectives of the study.

4.1 Demographic Characteristics of Respondents

The study profiled the sample in order to identify the characteristic traits of the respondents (staff and management of healthcare institutions). The variables assessed include gender, age, work experience and educational background, the results of which are presented in Table 4.1.

The analysis shows that 17 of the respondents, representing 29.8 percent, were male and the remaining 40 (70.2 %) were female. The majority of the respondents (70.2 %), made up of members of staff and management of private health facilities, were aged between 21 and 30. About 26.3 percent of them were aged between 31 and 40 with only about 3.5 percent aged between 41 and 60 (Table 4.1).

Work experience was used as a proxy term for the total number of years a respondent has been working in a particular health facility. The results show that about 61.4 percent of respondents had between 1 and 5 years of work experience in their respective places of employment. About 26.3 percent of them had been working less than a year with about 10.5 percent having worked in their health facilities for between 6 and 10 years. Only 1.8 percent had spent 11 to 15 years in their current employment. Even though this result may be indicative of employee turnover, it may also give an indication of a lack of longevity in the workplace, which may be attributed to a lack of employee satisfaction.

About 57.9 and 28.1 percent of respondents had attained a certificate or diploma, and a first degree or equivalent in education, respectively. About 7.1 percent had attained some postgraduate levels of education while the remaining 7 percent were JHS/SHS graduates.

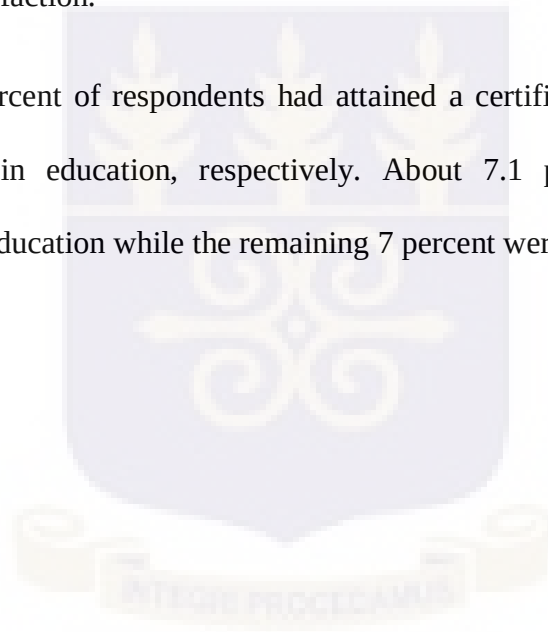


Table 4.1: Demographic characteristics of respondents

Characteristic	Frequency	Percentage (%)
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Gender:

Male	17	29.8
Female	40	70.2

Age:

21-30	40	70.2
31-40	15	26.3
41-60	2	3.5

Work experience:

Less than 1 year	15	26.3
1 to 5 years	35	61.4
6 to 10 years	6	10.5
11 to 15 years	1	1.8

Educational level:

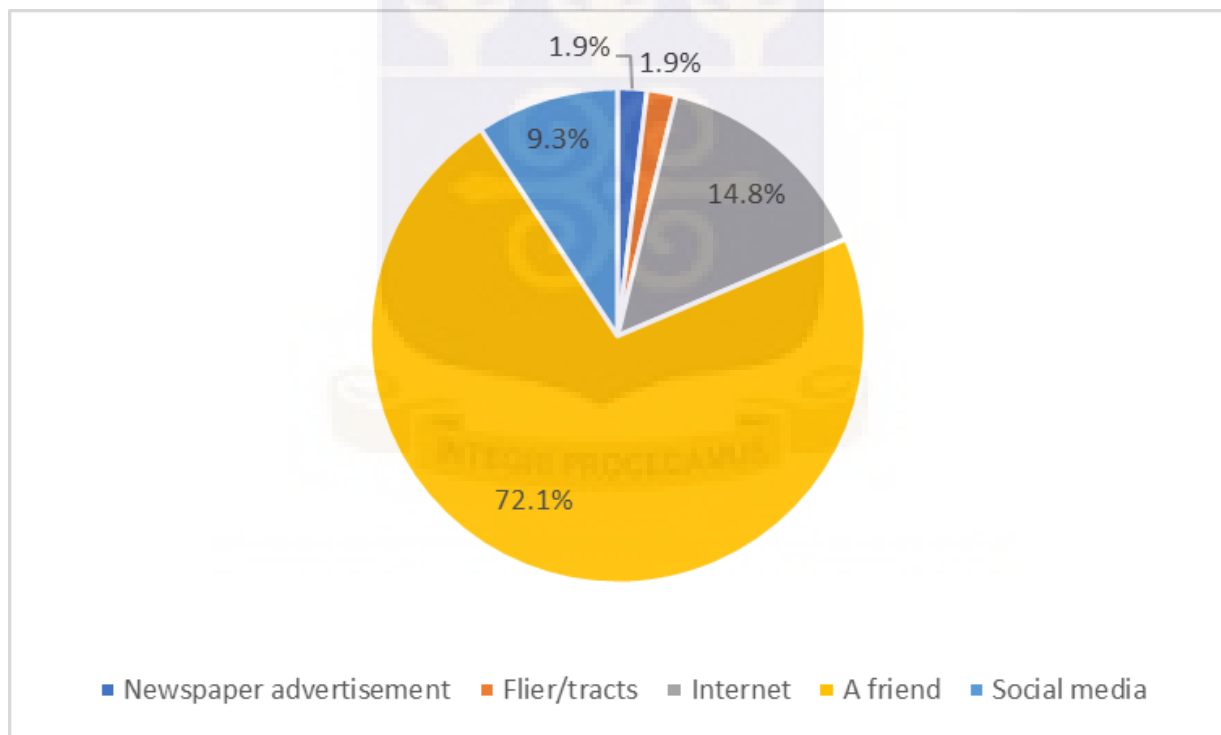
JHS/SHS	4	7
Certificate/Diploma	33	57.9
First degree/graduate	16	28.1
Postgraduate diploma	1	1.8
MSc, MPhil, Ma, MBA	3	5.3

Source: Survey data, 2019.

4.2 Objective One: To Assess the Human Resourcing Practices in Private Health Facilities in the Kasoa North Sub-District

With regards to information about the job opening, 72.1 percent of the respondents got it from a friend. The internet and social media were respectively responsible for 14.8 and 9.3 percent of information dissemination that led to employment of the respondents. Only about 1.9 percent of respondents received information about a vacancy through newspaper advertisement and fliers/tracts (Figure 4.1).

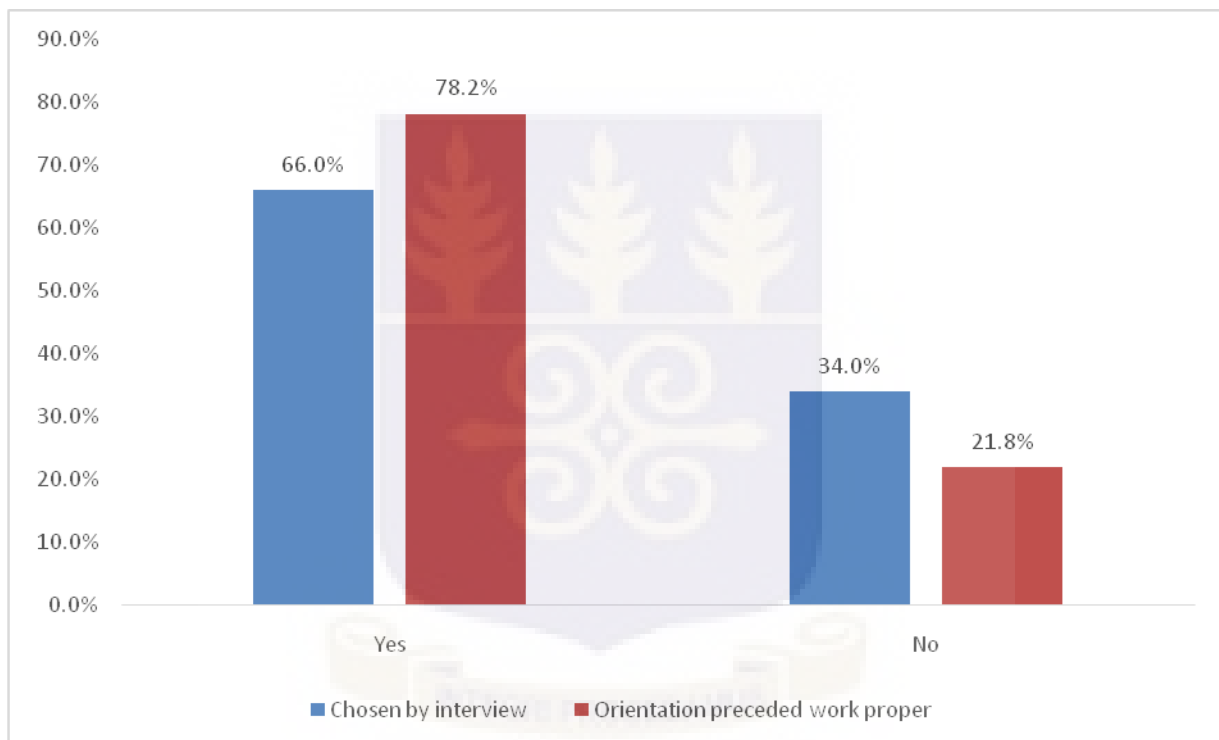
Figure 4.1: Sources of information on job vacancie



Source: Survey data, 2019.

Of the proportion of respondents who answered the question on how they were selected to fill their current positions, 66 percent said that they had to compete with others in an interview before being selected while 78.2 percent agreed that they were taken through the requisite orientation to fully prepare them for their jobs (Figure 4.2).

Figure 4.2: Employment and human resourcing processes

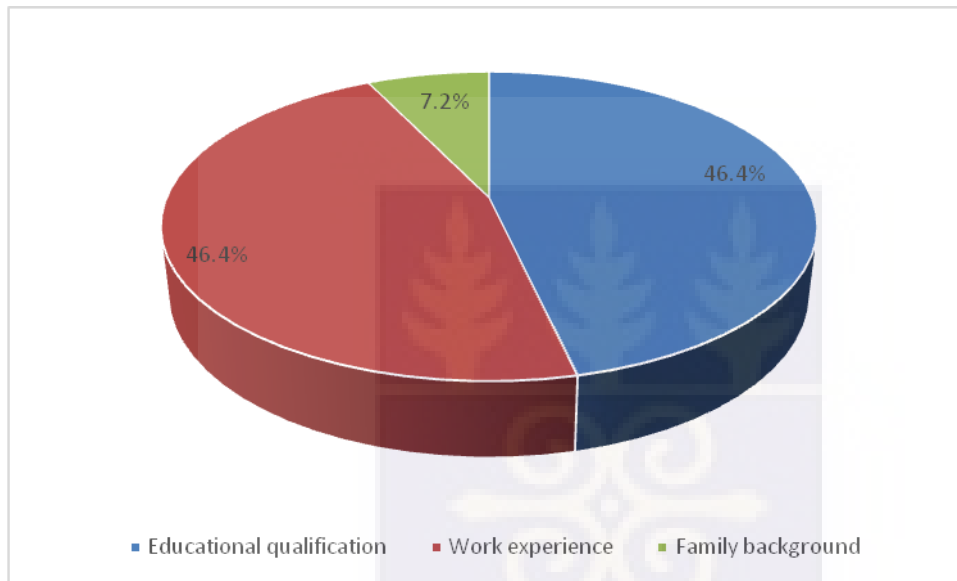


Source: Survey data, 2019.

Also, an equal proportion of respondents (46.4 % each) said that they believed their selection was based on their educational qualification and work experience. 7.2 percent of the respondents

said that they believed they got their current jobs due to their family background and the probable chance of them having a member of their family on the hiring committee.(Figure 4.3).

Figure 4.3: Factors that influence selection for employment



Source: Survey data, 2019.

4.3 Objective Two: To assess the mechanisms of human resource training and development in private health facilities

About 89.3 percent of the respondents said that employers conduct training and development programmes for employees. 80 percent of this is on-the-job training, 9.1 percent is in the form

of coaching or mentoring and 7.3 percent in the form of external training. About 3.6 percent of the respondents said that they are given coaching/mentoring, external and on-the-job training. On the frequency of training, it was found out that about 37 percent of the employees who have training receive them on a quarterly basis, 24.1 percent on a monthly basis, 22.2 percent on an annual basis, 14.8 percent biannually, and 1.9 percent said these training sessions are either unspecified, not timed or only done when necessary. With regards to some identified constraints to training and development, 50 percent of respondents identified financial constraints as the most pressing, and 33 percent said time constraints is the most inimical to training and development. 10.4 and 8.3 percent of respondents identified the most pressing constraints to training and development as absence of trainers and internal mobility problems respectively (Table 4.2).

Table 4.2: Human resource training and development

	Percentage (%)
Employers conduct training and development programmes	
Yes	89.3
No	10.7
Form of training	
On-the-job training	80.0
Coaching/mentoring	9.1
External Training	7.3
All the forms	3.6

Frequency of training

Monthly	24.1
Quarterly	37.0
Biannually	14.8
Annually	22.2
Not timed/unspecified/whenever necessary	1.9

Challenges with training and development

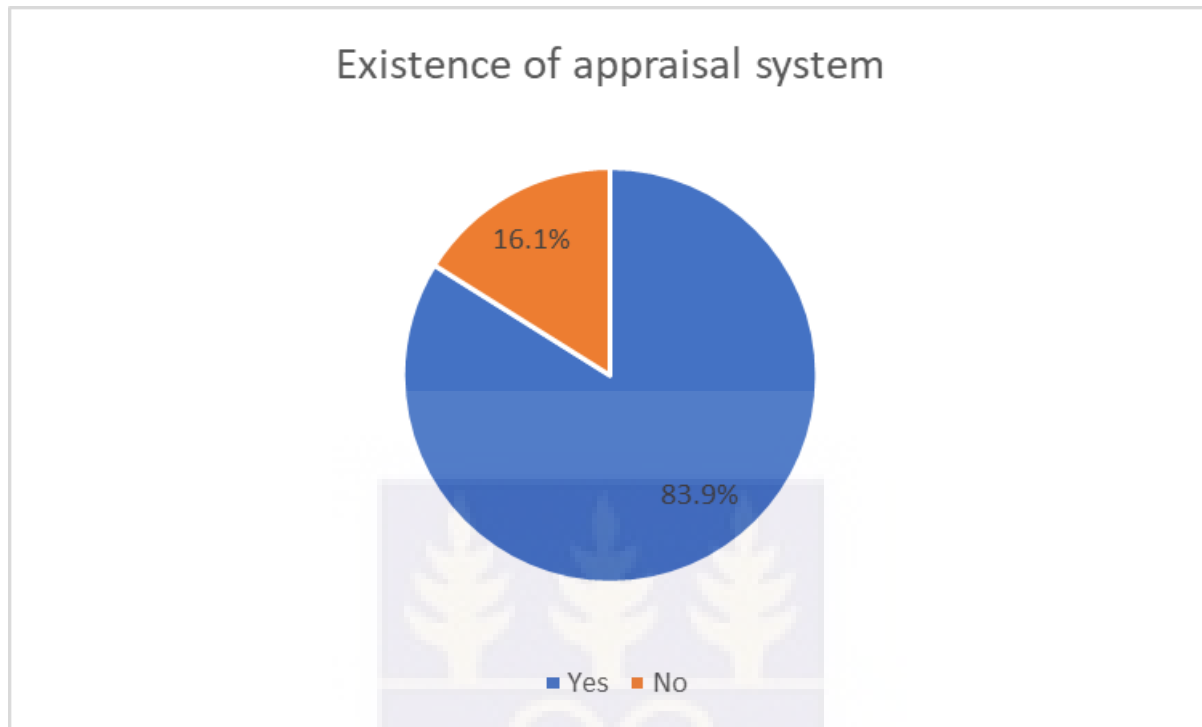
Financial constraints	50
Time constraints	33.3
Absence of trainers	10.4
Problems of internal mobility	8.3

Source: Survey data, 2019.

Employee appraisal

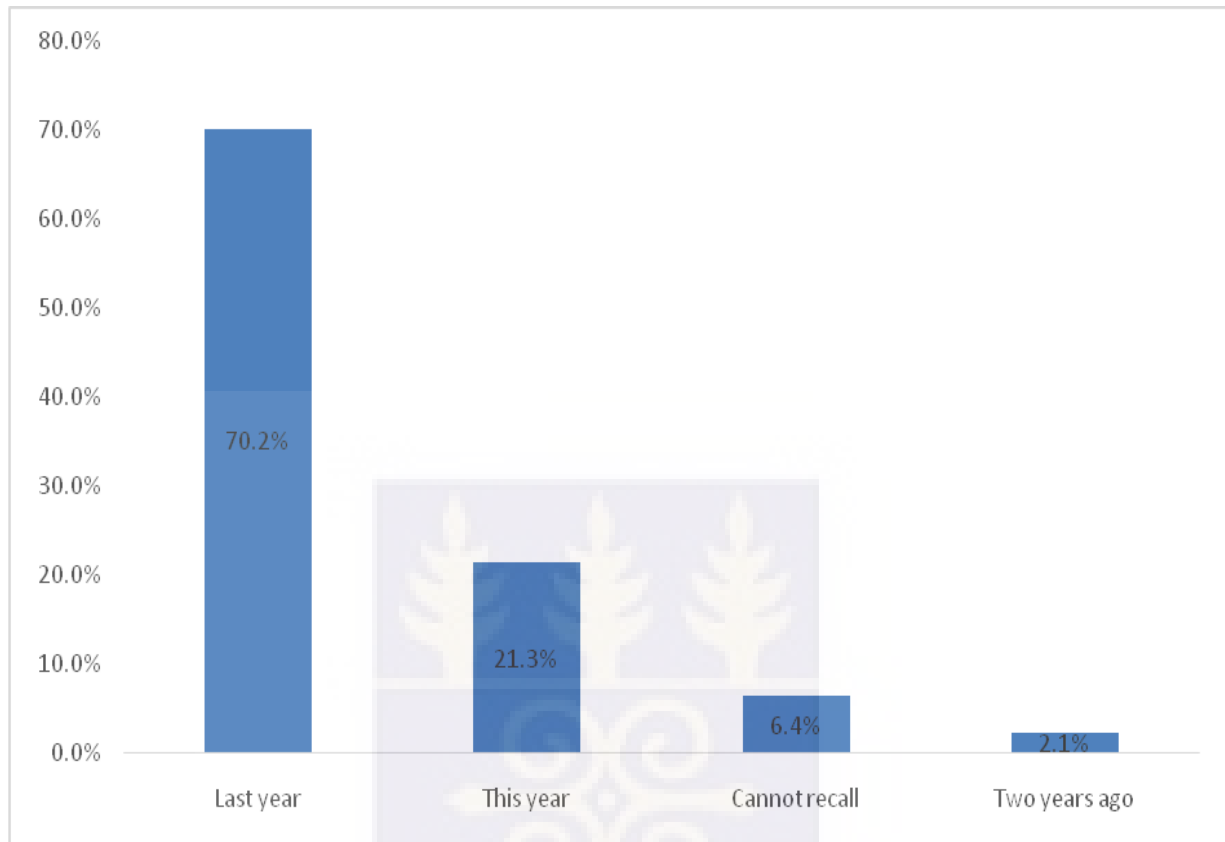
About 83.9 percent of the respondents alluded to the existence of these appraisal systems (Figure 4.4).

Figure 4.4: Appraisal system for employee performance



Source: Survey data, 2019.

About 70.2 percent of respondents said that their respective institutions last carried out an institutional appraisal one year ago while only about 21.3 percent said institutional appraisals had been carried out once in the current year. About 2.1 percent of respondents said that the last appraisal was carried out about two years ago, and 6.4 percent of respondents could not recall the last time an appraisal exercise was carried out by management (Figure 4.5).

Figure 4.5: When last appraisal of employees was carried out

Source: Survey data, 2019.

Opportunities for further studies

Respondents alluded to the presence of opportunities for employees to pursue further studies, and the mechanism for regulating this where necessary. About 71.9 percent of staff interviewed said that indeed these opportunities were available in their institutions. Of this proportion however, only 26.3 percent receive some direct assistance from their employer to aid in the pursuit of further studies. The majority (66.7 %) of this assistance, where given, comes in the form of a study-leave without pay with only about 19 and 9.5 percent coming in the form of

study-leave with pay and scholarships respectively. About 4.8 percent said that their employers offer the employees grants and 77.1 percent of them posited that the process by which such employees are selected is primarily their willingness to pursue further studies. Other processes by which employees are selected as candidates for further studies are the length/duration of service – long periods of service in the institution (14.3%) and through lobbying (8.6%) (Table 4.3).

Table 4.3: Opportunities for employees to further their education

	Percentage (%)
Opportunity to go for further studies	
Yes	71.9
No	28.1
Assistance from employer for further studies	
Yes	26.3
No	73.7
Form of assistance for further studies	
Grants	4.8
Scholarships	9.5
Study-leave with pay	19
Study-leave without pay	66.7
Selection process for assistance	

Willingness to further studies	77.1
Long service	14.3
Lobbying	8.6

Source: Survey data, 2019.

4.4 Objective Three: To determine the employee welfare-handling processes in private health facilities in Kasoa North

The results of the study show that only about 48.2 percent of the employee workforce receive some kind of health insurance for themselves and their families. About 66.1 percent of respondents said that they had received some formal package or witnessed the receipt of such a package for when employees were getting married or were bereaved. Only 37.7 percent of respondents were satisfied by management's efforts at improving welfare in the workplace.

About 69.6 percent of the respondents said that they were not aware of any system of promotion for employees within the institution. Vis-à-vis the criteria for promotion, 50 percent of respondents said it was based on long service and the other 50 percent said it was based solely on the results of performance appraisal exercises.

Respondents were asked if they saw themselves still in the employ of their current organizations in the next 5 years. Only 39.5 percent said 'yes', attributing their decision to the satisfactory growth and development of the organization and thus a willingness to stay on. The remaining 60.5 percent who said 'no' had further studies in their sights while the rest would want to change

organizations to better their lot and develop themselves (Table 4.4).

Table 4.4: Processes for handling employee welfare within the organization

	Percentage (%)
Health insurance	
Yes	48.2
No	51.8
Welfare package for marriage or bereavement	
Yes	66.1
No	33.9
Satisfactory efforts by management to improve welfare	
Yes	37.7
No	62.3
Awareness of system of promotion for employees	
Yes	30.4
No	69.6
Criteria for promotion	
Long service	50
Results of performance appraisal	50

Still in the employ of current employer in the next 5 years

Yes	39.5
No	60.5

Source: Survey data, 2019.



CHAPTER FIVE

DISCUSSION

5.0 Introduction

The chapter presents a discussion of the results, conclusions and policy recommendations stemming from the results of the analysis of data collected from private health facilities to assess human resource management practices.

5.1 Discussion of Results

Recruitment and Selection Processes

The first objective set out to identify, assess and understand some human resourcing practices employed by private health facilities. Some of these practices include the method of job-advertisement, the process of interviewing applicants, the short listing and selection of successful applicants and the processes involved in preparing the new employees for their new roles. As previously discussed, the identified practices revolve around issues arising from a centralized control (management), a strategy (including methods of job advertisement and recruitment), crisis management and the tracking of people function (including performance appraisals).

The results show that the biggest source of information on job openings that lead to employment is *friends*. Employees who got same information from fliers/tracts and newspapers were the least in this category. This is an indication of an under-developed and/or effective formal system of information dissemination especially in the private healthcare sector.

The study also identified a number of possible factors that can influence selection for a position in a healthcare facility, some of which are one's political and religious affiliations, educational qualification, work experience, family background, among others. De Simone and Harris (1998: 16) predicted that by 2000, more than half of the jobs in the United States would require that its personnel be educated beyond high school. From the study, only 7% of employees have SSS/high school educational backgrounds, the majority being Certificate/Diploma holders and beyond. This shows education is considered as one of the leading criteria in selecting employees in these health facilities. Educated personnel are a well sought-after resource in any organization especially as education is very closely linked to skill.

Recruiting of workers is an important managerial function under Human Resource Management. This is addressed under people-management theories that regulate the workforce of an organization. The results showed that an equal proportion of respondents believed that their consequent selection for their current jobs was based on their educational qualification and work experience while the minority of respondents attributed their selection to some level of *nepotism* and/or *favoritism* due to family affiliations to someone or some people on the hiring committee or in management. Machado and Melo (2013) categorically state that determining and assessing competencies especially within the healthcare sector is extremely vital for improving organizational development and aligning developmental goals with needs of an organization. As such, it is important that the selection process for every healthcare facility is fair, merit-based and devoid of bias.

Training and Development

The study, as one of its objectives, sought to assess the processes and practices employed by the human resource department of private health outfits in the training and development of their

workforce. It is incumbent on every organization to efficiently link human resources with the business strategies. Development of intellectual capital through learning, education, development and training is therefore a necessity for organizational growth. The majority of employees alluded to the existence of training and development programmes in their organizations with the majority of this category identifying on-the-job training, which connotes more of informal training, as the most common form of training with most employees identifying the most with quarterly, monthly or annual training sessions. The results of the study show that private health facilities in the sub district hardly opt for formal training for their staff as compared to the GHS where there is a platform for extensive formal and informal training. The most severe constraint to these training sessions was identified as the lack of adequate funds and also the inability of the organization to make or find time for these training sessions. These shortcomings (time and financial constraints) are identified by Price (2004) as characteristic of private organizations and SMEs. Other constraints to employee training were identified as absence of trainers and problems of internal mobility. These are limitations identified mostly with private institutions with regards to a control system which is usually centralized, and an organizational strategy which is usually characterized by limited funds and resources towards employee-management and forward-planning (Price, 2004).

Orientation

Apart from training, orientation sessions play an important role in personnel development. Especially in midwifery, staff-nurse and auxiliary nurse-midwife training, the lack of regular orientation is attributed to some of the reasons for substandard patient care. Per the results of this study, 78.2 percent of personnel interviewed agreed that they were taken through some

orientation to prepare them for their jobs. While this proportion is encouraging, it is still inadequate and demands attention.

Performance Appraisals

Price, (2004) defines HRD as a culmination of other processes in managing human resources including identifying talent (both potential and actual) and assessing performance. To build human capital, there is the need to do performance appraisals. The results also showed that a high percentage of these health facilities have in placed a designed system for appraising the performance of employees. As at the time of collecting the data, only about 21.3 percent of respondents said that employee performance appraisals had been performed in the current year. It is realized that even though the system of appraisal is in place, it is not as effective as it should be. Also, the results from these assessments do not seem to be fully implemented in terms of promotion, sanctions, awards, etc. As has been identified as typical within the Ghana Health Service, there is some infrequency of performance appraisals in regions and districts all over the country, and this is similar to the frequency of promotion reviews. Employee-performance is therefore not sufficiently matched to employee roles and to promotion opportunities.

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Employee Welfare

Employee welfare is an integral aspect of human resource management, and to assess this, the study tried to determine the employee welfare-handling processes in private health facilities. Schuler (2007) posits that a successful organization is made up of employees working at their full potential. Draft (2008) indicates that after successful selection of skilled personnel, they should be well incentivized to work and work properly. One sure way of ensuring this is to sufficiently empower the workforce and heighten their interest in and dedication for their roles.

Only about 37.7 percent of respondents rated as satisfactory the efforts by management to improve employee welfare. This goes to show that the majority of these health workers lack some the requisite form of motivation that would have been derived from efficient employee-welfare practices in the organization.

Health Packages

Also, only half of the employees interviewed have had some health insurance. Under the people management theory, for optimum employee-performance, harmony and cohesion must exist between employees and employers. For this to happen, there must be in place conduciveness in salaries, bonuses, dispute resolutions, grievance redress, workplace environment, safety and health conditions, and so on. The results show that this is grossly inadequate in these health facilities and this may very well be taking a toll on employee-performance.

Further Studies

There also were opportunities for employees to further their studies but out of this proportion (71.9 %), only 26.3 percent said that employers assisted employees in this pursuit. The most common form of assistance given employees for the furtherance of their studies was found to be mostly study-leave without pay.

Promotion

Promotion is an important form of welfare as it is a form of reward linked to performance. Half of the employees interviewed alluded to long service as being the sole criterion for promotion while the other half believed that promotion in the place of work was dependent on the results of performance appraisals. In light of this, only about 40 percent of respondents were willing to keep working with their respective organizations for the next 5 years

5.2 Conclusions

Human beings are the most important resource in any organization. They are an irreplaceable cog in the mechanism of work, and this makes the management of employees an integral part of the running of an organization. The human resource management processes in private health facilities in the Kasoa North sub-district, albeit characterized by some positive attributes, is clearly not as efficient as is expected. Recruitment processes lack adequate structure, making the process not quite equitable for all. The frequency of training and appraising of staff is also quite inadequate, and inadequate funding and time are allotted these activities. This may affect efficiency and subsequently, employee-performance and productivity. Employee motivation in the form of welfare, promotion, opportunities for further study and the provision of scholarships and grants is clearly not priority. There is therefore very low employee-satisfaction and this may affect output and may increase the rate of employee-turnover by the private healthcare facilities.

5.3 Recommendations

The study recommends that other effective job-advertisement media are reinforced to allow for effective dissemination of information regarding job openings. A lot more orientation and training should be given employees to build their capacity and better equip them for their individual jobs. The frequency of appraisals must be increased to ensure the right people are in the right positions and promotions are given where need be. Considering that the health sector is a very important one, it is imperative that the private healthcare facilities do not compromise on a quality workforce. Budget allocations should make employee training and development

priority and time made available for performance appraisals in match skill to needs and objectives.

Employee welfare serves as a great motivation for work and for output. As part of the recommendations for the improvement of welfare, the study identifies some mitigatory and remedial suggestions from the employees:

1. A systematic arrangement should be put in place to collect monthly dues or contributions for welfare purposes.
2. The organization must set up an effective welfare system for employees.
3. There should be regular performance appraisals with commensurate salary increments.
4. There should be promotions, motivational packages and prizes awarded to exceptional employees and/or for special tasks on a regular basis.

This list is not exhaustive and it is mandatory therefore that the human resource department of private healthcare facilities takes cognizance of these concerns and communicates with its employees to find ways of satisfying and motivating them so as to ensure optimum employee-performance.

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APPENDIX 1

UNIVERSITY OF GHANA BUSINESS SCHOOL SURVEY QUESTIONNAIRE

I am an MBA student of the School of Business, University of Ghana. As a requirement of the Programme, I am writing a Thesis titled, An Assessment of Human Resource Management Practices in Private health facilities within the Kasoa North sub-District. Sample employees of which you are a member are required to fill in this questionnaire. I would be most grateful if you could please spare a few minutes of your time to answer all the questions presented to you. Your responses will be anonymous and data will be combined and analysed as a whole. Your participation in the study will be greatly appreciated.

Administered to Staff and Management of Healthcare Institutions

SECTION A: RESPONDENT'S PROFILE

Please indicate your preference by ticking (✓) against your preferred option

1. Sex

☐ Male

☐ Female

2. Age Range

☐ Less than 20 years

☐ 21 – 30 years

- ☐ 31 – 40 years
- ☐ 41 – 60 years
- ☐ Above 60 years

4. How long have you been working with this Health Facility?

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 to 20 years
- ☐ 21 to 25 years
- ☐ 26 years and above

5. What is your level of educational qualification?

- ☐ JHS/SHS
- ☐ Certificate/Diploma
- ☐ First Degree/ Graduate
- ☐ Post Graduate Diploma
- ☐ MSc, MPhil, MA, MBA, etc.
- ☐ Others, please specify.....

Human Resource Recruitment

6. How did you get first-hand information about the vacancy in this facility?

- ☐ Through Newspaper advertisement
- ☐ Through internet
- ☐ Through Friend
- ☐ Through fliers/tracts
- ☐ Through Radio or TV advertisement
- ☐ Through Social Media
- ☐ Others, please specify.....

7. I had to compete with others in an interview before being selected?

Yes [] No []

8. Which of the factors below mostly influenced your selection to this position?

- ☐ Political affiliation
- ☐ Educational qualification
- ☐ Work experience
- ☐ Religious affiliation
- ☐ Family background
- ☐ Others, please specify.....

9. I had enough orientation before starting work fully?

Yes [] No []

Human Resource Training and Development

10. Do your employers conduct training and development programmes for you?

Yes [] No []

11. What form of training do you often receive?

On-the-job training

Coaching/mentoring

External training

Others, please specify.....

12. If yes, how often is it done?

☐ Monthly

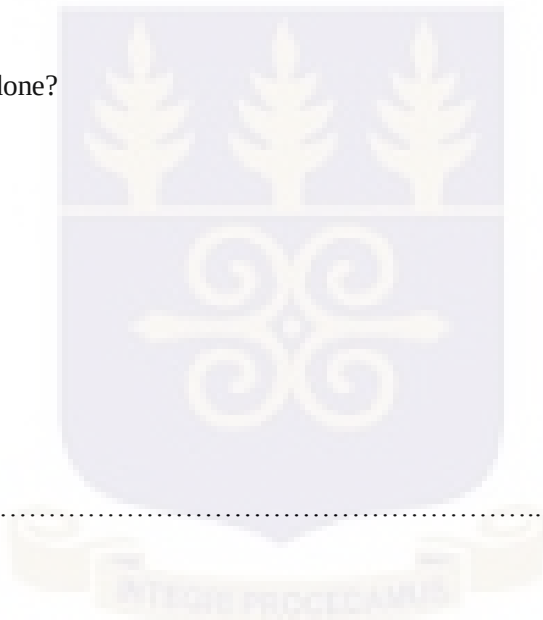
☐ Quarterly

☐ Biannual

☐ Annually

☐ Every two years

☐ Others, please specify.....



13. Do you have a designed system for appraising the performance of individual employees?

Yes [] No []

14. If yes, when was the last appraisal done?

☐ This year

☐ Last year

☐ Last two years

☐ Three years and above

☐ Don't remember

15. Do you have the opportunity to go for further studies?

Yes [] No []

16. Do you receive any assistance from your employer for further studies?

Yes [] No []

17. If yes, what form of assistance do you receive from your employer?

☐ Grants

☐ Scholarship

☐ Study leave with Pay

☐ Study leave without pay

☐ Others, please specify.....

18. How is the selection for assistantship in question 15 done?

☐ Willingness to further studies

☐ Long service

☐ Lobbying

☐ Meritorious work

☐ Others, please specify.....

19. What are the main challenges in your outfit regarding Training & Development at the moment?

☐ Financial constraints

☐ Time Constraints

☐ Absence of trainers

☐ Problems of internal mobility

☐ Other (specify).....

Employee Welfare

20. Has the institution sign you and your family on any health insurance

Yes [] No []

21. Are you aware or witnessed any formal package for staff when getting married or loose very close relation

Yes [] No []

22. Do you have any promotional system in this facility?

Yes [] No []

23. If yes, how is it done?

☐ Long service

☐ Lobbying

☐ Performance appraisal results

☐ Others, please specify.....

24. Do you receive any other allowances aside your basic salary?

Yes [] No []

25. Are you satisfied with what Management is doing currently to improve upon staff welfare in your Facility?

Yes [] No []

26. If No, what recommendation can you make to management?

.....

.....

.....

27. Do you see yourself working with this facility in the next 5years? Please explain your answer

.....

.....

.....

Thank you for being part of this study

Your time and contribution is much appreciated

APPENDIX 2

Figure 6.1: Location of health facilities within the municipality



Source: Quainoo, 2018.