A SURVEY OF COMPETENCY BASED RECRUITMENT AND SELECTION PRACTICES ADOPTED BY REGISTERED HOSPITALS IN NAIROBI

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DECLARATION

This research project is my original work and has not been presented for a degree award to any other university.

Signed: …………………..   **Date:** ……………………

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This research project has been submitted for examination with my approval as University Supervisor

Signed: …………………..   **Date:** ……………………

PROF K'OBONYO

DEDICATION

I would like to dedicate this research project paper to my father, who has instilled in me the love of knowledge and continuous learning, all the way from kindergarten stage up until my current level. I will always treasure his support and belief in my capabilities.

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I would like to acknowledge the University of Nairobi as a whole for giving me the opportunity to pursue my higher education at an advanced level. In particular, the mentorship of my supervisor greatly assisted me in my professional skill set. Thank you all.

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LIST OF ABBREVIATIONS AND ACRONYMS

CBHRM: Competency based human resource management

CIPD: Chartered Institute of Personnel and Development

HRH: Human Resource for Health

HRM: Human Resource Management

WHO: World Health Organisation

ABSTRACT

The current Human Resource for Health (HRH) challenges include inadequate and inequitable distribution of health workers; high turnover; weak Human Resource Development, planning, management and Human Resource for Health information systems and the performance management framework at all level. Most organizations have little insight into the recruiter skills that have the greatest impact on quality of hire and time to productivity. As a result, recruiter training is often unfocused and misaligned with the drivers of new hire quality. The research objective was to determine the competency based recruitment and selection practices by registered hospitals in Kenya. This study was descriptive in nature. This design is preferred because it permits comparative analysis. The researcher targeted all the sixty (60) registerd hospitals in Nairobi where a sample size of forty hospitals was selected.Primary data was collected. This was used to address competency based recruitment and selection practices. Data collected from respondents was both quantitative and qualitative in nature. Quantitative data will be analyzed using the descriptive statistics such as mean scores and standard deviations. The findings were then presented using tables, pie charts, and bar graphs for easier interpretation. On the other hand, qualitative data was analyzed using content analysis. The qualitative information was used to interpret or better understand quantitative findings. It can be concluded that the results from the findings of the questionaire demonstrated that competency based recruitment procedures were paramount in selecting new hires. The respondents recognized that competency based recruitment procedures can work hand in hand with traditional recruitment and selection procedures. The competency based approach to recruitment and selection was considered important in the recruitment and selection stage of Human Resource Management processes.Based on the findings, it is recommended that, the need to develop and implement a communication strategy to support the Human Resource Departments. It is also important to build awareness is an important starting point. HR staff and hospital management should attend workshops, classes, or conferences on competency modelling or invite external consultants.

CHAPTER ONE

INTRODUCTION

1.1   Background of the study

Smit and Cronje (1982) claim that it is people who give life to an organisation and that they can be regarded as an organisation's most important resources. Covey (1997) agrees, stating that people attain the highest value in an organisation, because they are the programmers-who produce everything else at the personal, interpersonal, managerial and organisational levels. Grier (1999) explains that the economic turbulence, globalisation, technology, changing demographics, and differences in workforce values have created almost unprecedented environmental uncertainty. In these conditions human resources is one of the few factors over which organisations have a measure of control, thus reinforcing human resources as a distinctive factor for competitive advantage. This automatically implies that other factors are conditional for entry into competition. Johnson and Scholes (2002) state that the possession of resources, including people, does not guarantee strategic success. However, the way these resources are deployed, managed, controlled and, in the case of people, motivated to create competence in those activities and business processes needed to achieve competitive advantage, differentiate the mediocre from the market leaders.

According to Mullins (2010), if the HRM function is to remain effective, there must be consistently good levels of teamwork, plus ongoing co-operation and consultation between line managers and the HR manager.'' This is most definitely the case in recruitment and

selection as specialist HR managers (or even external consultants) can be an important repository of up-to-date knowledge and skills. In a dynamic environment, health managers need to combine leadership, en entrepreneurial and administrative skills to meet the challenges that the changing socio-political, economic and technological landscape presents, as well as the expectations of patients, health professionals, politicians and the public. Without good management we will be unable to improve efficiency, effectiveness and responsiveness in the delivery of health services or upscale to achieve health goals (Travis et al.2004).

Hospitals are important vehicles for the delivery of health care, and managers of these institutions are to a large extent responsible for operationalizing the visions and objectives that policy-makers have for the health and wellbeing of a nation (Lehman et.al. 2002).Determining and assessing competencies is a vital precursor to improving professional development and the alignment of individual development with the need of an organization or profession (Calhoun et.al. 2004). The competency-based approach to professional development is well accepted in higher education (Westera 2001), and in human resource management literature where it is regarded as a critical part of the overall management development process, as it allows one to identify the gaps between current skills and the skills required (Brown 2002,Jinabhai 2005) . Appropriate programmes based on the personal needs and experiences of health managers can then be put in place to train managers to provide leadership and to ensure a sustainable improvement in the work context of health workers, and hence on the quality of care and health of the communities their organizations serve (Gough and Price 2004).

1.1.1   The Concept of Competency

The definitions of competency are varied and include the ability of a person to perform a job (Woodruffe, 1993); skills that are developed in a pattern (Bradley & Huseman, 2003); a behavior or series of actions that can be demonstrated, observed, and assessed (Manley & Garbett, 2000). The concept of competence or competency dominated the management strategy literature of the 1990s, which emphasized core competence as a key organizational resource that could be exploited to gain competitive advantage (Campbell and Sommers Luchs,1997; Mitrani et al., 1992; Nadler and Tushman, 1999). Hamel and Prahalad defined core competence as ''the collective learning in the organisation, especially how to co-ordinate diverse production skills and integrate multiple streams of technologies'' (Prahalad and Hamel, 1990).

From the perspective of a resource-based theory of the firm, sustained competitive advantage is seen as deriving from a firm's internal resources .If these can add value, are unique or rare, are difficult for competitors to imitate and are non-substitutable (Cappelli and Crocker-Hefter, 1996; Ellestro1992; Foss and Knudsen, 1996). The virtue of the core competence approach is that it 'recognises the complex interaction of people, skills and technologies that drives firm performance and addresses the importance of learning and path dependency in its evolution' (Scarborough, 1998). Snyder and Ebeling (1992) refer to competence in a functional sense, but use 'competencies' in the plural. Some authors consistently use 'competency' when referring to occupational competence (Boam and Sparrow, 1992; Mitrani et al.,1992; Smith, 1993) or treat the two as synonymous (Brown, 1993, 1994). Hartle argues that competency as a characteristic of an individual that has

been shown to drive superior job performance (1995) includes both visible competencies of knowledge and skills and underlying elements of competencies like traits and motives.

Elkin (1990) associates competence with micro-level job performance and competencies with higher management attributes and, in defining managerial competencies for the future, Cockerill (1989) combines output competences, like presentation skills, with inputs like self-confidence. The difficulty of using competence as an overarching term as well as a specific one is demonstrated by the apparently tautological definition provided by Dooley et al(2004).Competency-based behavioural anchors are defined as performance capabilities needed to demonstrate knowledge, skill and ability (competency) acquisition. Mangham (1986) noted that competence may relate to personal models, outcome models or education and training models, as well as to the standards approach in which benchmarking criteria are used. Mansfield (2004) similarly contrasts three different usages of competence: outcomes (vocational standards describing what people need to be able to do in employment); tasks that people do (describing what currently happens); and personal traits or characteristics (describing what people are like). Weinert (2001) lists nine different ways in which competence has been defined or interpreted: general cognitive ability; specialized cognitive skills; competence performance model; modified competence-performance model; objective and subjective self-concepts; motivated action tendencies; action competence; key competencies; meta-competencies.

Since competences are centred on the individual, they are viewed as independent of the social and task-specific context in which performance occurs, yet skill level is a characteristic not only of a person but also of a context. People do not have competences

independent of context (Fischer et al, 1993). Constructivist and interpretative approaches derived from phenomenology view competence as a function of the context in which it is applied, where worker and work form one entity through lived experience of work (Sandberg, 2000). Competence is constituted by the meaning that the work has for the worker in their experience (Stoof et al., 2002; Velde, 1999). Dreyfus and Dreyfus (1986), who used an interpretative approach to investigate competence among pilots and others, found that attributes used in accomplishing work are bound to the work context regardless of the level of competence attained and that in the work situation individuals acquire situational or context-dependent knowledge and skills. Other interpretative studies, with nurses (Benner, 1984) and police officers (Fielding, 1988a, 1988b), have equally demonstrated that attributes acquire context-dependency through individuals' experience of work.

1.1.2 Recruitment and Selection

Labour market shortages and recruitment difficulties have led to a more competitive recruitment market in the last decade. Lievens, van Dam and Anderson (2002) asserted that the war for talent meant that the emphasis in organisations moved from the selection to the attraction of employees. Recruitment "includes those practices and activities carried out by the organisation with the primary purpose of identifying and attracting potential employees" (Breaugh & Starke, 2000) and has long been regarded as an important part of human resource management as it performs the essential function of drawing an important resource - human capital- into the organisation (Barber, 1998). The strategic significance of recruitment is often reported in the literature (Boxall and Purcell, 2003), the emphasis

being upon the need to attract and retain high quality people in order to gain a competitive advantage, as is consistent with the resource-based view (Barney1991; Barney and Wright, 1998; Wright and McMahon, 1992).

Recruitment and selection play a pivotal role in service delivery. If utilised efficiently it can be cost effective in more than one way. From a managers point of view the objective is to get the maximum return on investment from human capital. Investments, such as salaries, cost of recruitment, training, fringe benefits, are expected to be returned in the form of profits or some sort of increase in the bottom-line. Hammersak (2002) explained that star performers usually return three to seven times their salary's worth in productivity. If the right person is appointed, training cost will be minimised, breaks in delivery decreased, and production or service increased, putting the organisation in a position of achieving its key performance objectives of: dependability, cost, speed and quality (Slack, Chamber and Johnson, 2001). The wrong appointment implies extended training, thus no service or production, or incorrect service or production, over a longer period, and higher cost to the organisation.

1.1.3 Competency Based Recruitment and Selection

Sparrow (1995) has observed that the competency literature includes a huge range of claimed benefits specific to HR processes in organisations. Included are improved recruitment and selection practices through a focus on required competencies.

Hiring competent people is of paramount importance and this is dependent on effective recruitment and selection procedures which aim to select the right individuals and reject

the wrong ones .(Hacker 1997) Costs incurred can include low productivity, potential loss of clients ,training costs ,advertising costs, recruitment fees and redundancy packages .(Smith and Granes 2002)

One of the earliest ,management writers FW Taylor(1911) bemoaned the way in which individuals were selected based on' who you knew' or who was first in the queue. Taylor introduced the idea that people should be selected for their particular skills and abilities which should be tested prior to the selection decision. Traditional recruitment and selection has been viewed as a process by which the organization tries to accurately match the individual to the job and can be compared to a jigsaw puzzle. (Stephen Bach 1990) The introduction of a competency based recruitment process can help to improve workplace performance by allowing managers to assess candidates more objectively (Farnham 2000)

1.1.4   Kenya HealthCare System

The health sector comprises the public system, with major players including the MOH and parastatal organisations, and the private sector, which includes private, for-profit, NGO, and FBO facilities. Health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities.

Kenya's health care delivery system, which is charged with meeting health policy objectives, is organised around the Ministry of Health (MoH). The Ministry of Health headed by the Minister is charged with the responsibility of setting policies, coordinating the activities of Non-Governmental Organisations (NGOs), and managing, monitoring and

evaluating policy implementation (Owino 1997). Kenya's Ministry of Health is the largest provider of health care (curative, preventive and promotive) and undertakes environmental protection and pollution surveillance (Odada and Odhiambo 1989). In general, the Ministry of Health is involved in six-health related programmes, namely promotional and preventive health care, family planning and population control, environmental protection and programme supervision, special programmes (such as disease control projects), and research. (Odada and Odhiambo 1989)

The public health system consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centres, and dispensaries. National referral hospitals are at the apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services. The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Referral and Teaching Hospital in Eldoret. The equivalent private referral hospitals are Nairobi Hospital and Aga Khan Hospital in Nairobi.

Provincial hospitals act as referral hospitals to their district hospitals. They also provide very specialized care. The provincial level acts as an intermediary between the national central level and the districts. They oversee the implementation of health policy at the district level, maintain quality standards, and coordinate and control all district health activities. Similar private hospitals at the provincial level include Aga Khan Hospitals in Kisumu and Mombasa. District hospitals concentrate on the delivery of health care services and generate their own expenditure plans and budget requirements based on

guidelines from headquarters through the provinces. (Dr. Richard Muga, Dr. Paul Kizito, Mr. Michael Mbayah, Dr. Terry Gakuruh, 2005).

The network of health centres provides many of the ambulatory health services. Health centres generally offer preventive and curative services, mostly adapted to local needs. Dispensaries are meant to be the system's first line of contact with patients, but in some areas, health centres or even hospitals are effectively the first points of contact. Dispensaries provide wider coverage for preventive health measures, which is a primary goal of the health policy.

The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organisations' hospitals and clinics, which together provide between 30 and 40 percent of the hospital beds in Kenya. (Dr. Richard Muga, Dr. Paul Kizito, Mr. Michael Mbayah, Dr. Terry Gakuruh,2005) This study, however, will be concentrated on registered hospitals in Nairobi with the view of finding(s) on the competency based procedures they utilize for recruitment.

1.1.5   Hospitals in Nairobi County

Hospitals in Nairobi are classified under various levels with the highest health institution being the referral hospital, followed by the general hospital then followed by the health centre then finally the dispensary in descending order. Clinics are normally the smallest health facilities in Kenya and can be mobile or fixed premise in nature. Nairobi county hospitals spread 1 referral hospital, 60 hospitals, 61 health centres and 395 sub health centres and dispensaries. Most of the hospitals in Nairobi have recognized modern

diagnostic and treatment center throughout East Africa. The hospitals have a state-of-the-art emergency center which provides medical care that is in keeping with international standards. Apart from the emergency center, the hospitals also have facilities such as a highly sophisticated and comprehensive diagnostic laboratory, a physical medicine center, ambulatory surgery and medical advisory services. A typical one is the Nairobi Hospital which runs clinics throughout different days and times of the week to meet the various medical needs of the patients. These clinics are Family Health Clinic, Child Welfare Clinic, Antenatal Clinic, Senior Citizens clinic, Chemotherapy Center, Diabetes Clinic, Travel and Immunization Clinic, Breast Health Clinic and Chest Clinic. The address for this hospital is Argwings Kodhek Road.

1.2   Research Problem

The current Human Resource for Health (HRH) challenges include inadequate and inequitable distribution of health workers; high turnover; weak Human Resource Development, planning, management and Human Resource for Health information systems and the performance management framework at all level (AHWO,2009). Most organizations have little insight into the recruiter skills that have the greatest impact on quality of hire and time to productivity. As a result, recruiter training is often unfocused and misaligned with the drivers of new hire quality (Recruiting Roundtable, 2008 Corporate Executive Board). Progress in achieving goals in Human Resource Recruitment strategies relies on increasing resources and most importantly on managers who are able to lead and manage teams at all levels of the health system to transform HR Strategies, plans

and recommendations into a comprehensive, harmonized approach that is effectively implemented and sustained (Amref, 2009).

The health sector is labour-intensive and dependant on its workforce for the precise application of the knowledge and technical skills in the provision of health care services. Human Resources (HR) in the sector is both a strategic capital and a critical resource for the performance of the health system. The overall goal is for employment of optimal levels of human resources and the development of capacity in line with the health needs of the population (AHWO, 2009). Over the years, organizations and industry have utilized diverse approaches to select employees. With a dire need for transformation so as to match environmental dynamics, the trend to use competency-based approaches for assessment, and development of workers has experienced a significant emergence. Organizations have turned their focus from skills acquisition and assessment to the competency modeling process for determining the needs of business and employers. Competency based human resource management (CBHRM) utilizes the concept of competency analysis to inform and improve the processes of recruitment and selection as well as performance management (Armstrong, 2005). Today's knowledge based operating environment is subject to accelerating changes, which require efficient and effective recruiting methods to satisfy the demand of organizations in addition to getting the right employees into the right jobs (Lindgren et al, 2004). In response to these demands, it's imperative to have a model that integrates competencies of persons into the recruitment process.

Currently there are several competency models available in the market which can be used for enhancing effectiveness of the HR function. These models have been developed by

functional experts, academicians and consultants basically to educate people and help them develop these competencies. For example Ulrich Dave has come out with a Human resource competency model. The need for more research into the construction of personality in addition to determinants and consequences of behavior is doubtlessly a perpetual concern of scholars. The predictive utility of employee assessment is enhanced when job type and personality constructs are matched, either based on the findings of previous research, rational analysis, or a thorough personality oriented job analysis (Raymark, Schmit, & Guion, 1997). Each year, about two hundred doctors and six hundred nurses exit the service due to poor remuneration and working environment amongst others. Resignations constitute the highest percentile of attrition. Improving the disciplinary control is still a challenge due to the poor leadership and management standards especially given that supervisors are themselves guilty of flaunting ethical standards and engaging in unprofessional conduct. Absenteeism is quite rampant and occasioned by dual practice among doctors, part-time employment of health workers on locum basis in private facilities and unauthorised private practice (African Health Workforce Observatory, 2009)

Accumulated research in academic and applied settings supports the assertion that personality can be reliably measured and is a valid predictor of job performance for most tasks. This research has demonstrated that despite the great value they portend, competency based assessment are yet to be meaningfully exploited within Kenyan recruitment settings. Therefore given this trend it would be important to conduct a study to determine the competency based procedures by registered hospitals in Nairobi. This is critical because each organization requires a tailored & standardized competency framework and previous studies such as BMC Health Services (Australia) and Amref

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(2009 have indicated the need for more research on the use of competencies especially in the recruitment and selection process. However, it is clear that there is also considerable variation in the understanding and application of the competency approach in health promotion and related fields. Despite these, past studies have inadequately addressed competency based recruitment and selection practices. Beside this, no any research on recruitment and selection is known to have been done in Nairobi. This study therefore sought to fill the existing gap by investigating the competency based recruitment and selection practices for hospitals in Nairobi County.

1.3   Research Objective

The research objective was to determine the competency based recruitment and selection practices by registered hospitals in Kenya.

1.4   Value of the Study

This research study will have various beneficiaries. The information provided can prepare organizations to face long term strategies and specifically Human Resource recruitment problems that span entire organizations and command attention of senior managers.

Human Resource professionals mastering competencies can also use the findings of this study in shaping organizations to deliver productivity gain, increased retention and improved organizational needs. Human Resource leaders using competencies are able to track critical organizational challenges relevant to recruitment. Architects of Human Resource Solutions can use the findings of this paper to transform organizations into admired centres of excellence. Furthermore, continuing Human Resource students can utilize this research paper for further insight and research on competencies and

recruitment. Overall, competencies have been shown to provide a useful base for health promotion training, academic preparation, and continuing professional develop.

The study will also be useful to the relevant government authority which rely on it in development of policy framework for recruitment and selection of personnel in hospital who are competent for the field they are mandated.

CHAPTER TWO

LITERATURE REVIEW

2.1   Meaning and Importance of Competencies

Competency refers to skills or knowledge that leads to superior performance. These are formed through an individual/organization's knowledge, skills and abilities and provide a framework for distinguishing between poor performances through to exceptional performance. Competencies can apply at organizational, individual, team, and occupational and functional levels. Competencies are individual abilities or characteristics that are key to effectiveness in work. Competencies are the characteristics of a manager that lead to the demonstration of skills and abilities, which result in effective performance within an organizational area. Competencies have been increasingly used in education and the labor market since the 1970s, when psychologists suggested the importance of testing for competency rather than intelligence. As a relatively new concept it has engaged the interest of academics and practitioners, particularly of those working in professions that have been affected by technological, organizational or cultural changes. It is accepted that a competencies approach can be helpful to describe sets of tasks, performances, skills and abilities in real-life work situations (Meresman et al.2004).

Amatetti and Carnes (2009) articulated a framework where they defined competencies as a set of related knowledge, skills, attitudes/attributes   that are necessary to successfully perform job duties and responsibilities. Knowledge, in this context, refers to what someone

knows (facts, research and principles) and it may be acquired and applied in a variety of settings, for example, through education and training or in the workplace. Skills are described as what someone does and the specific proficiencies and techniques that enable individuals to deliver effective services. Attitudes and attributes are defined as a person's perspective and personal qualities which include empathy and support, and attributes are personal characteristics such as respect and recognition. These definitions highlight that competencies refer not only to knowledge, but also to skills and attitudes. Core competency development is widely used in workforce initiatives to identify the essential elements for effective performance. Characteristics of core competencies are that they provide a set of unifying principles, are pervasive in all strategies and that they are rare and/or difficult to imitate (Prahalad and Hamel, 1990). Efforts to expand capacity to meet the needs of the population are reported as requiring a workforce with sufficient competencies to address the challenges faced (Ameretti and Cairnes, 2009). Competencies which are specific to health promotion, therefore, need to be based on the core concepts, principles and actions of health promotion as articulated in the World Health Organisation (WHO) declarations.

Core competencies need to be regularly reviewed and updated in response to changes in contemporary practice, new health needs and policy contexts. In addition, competencies may also be used as the basis for the development of standards and quality assurance mechanism, such as the certification of individual practitioners and accreditation of academic professional preparation programmes (Taub et al., 2009).

2.2   Competency Framework

Competency frameworks are a method of describing the underpinning values that shape and define the culture of an organization. They also provide clear focus to support the development of staff in order to deliver the best possible services. There are a number of competencies in each framework. Underneath each is a general description of the competency, followed by a list of attitudes/behaviours that would indicate competence in the relevant area. The process of competency development is a lifelong series of doing and reflecting. As competencies apply to careers as well as jobs, lifelong competency development is linked with personal development as a management concept. And it requires a special environment, where the rules are necessary in order to introduce novices, but people at a more advanced level of competency will systematically break the rules if the situations require it. This environment is synonymously described using terms such as learning organization, knowledge creation, self-organizing and empowerment. Within a specific organization or professional community, professional competency, is frequently valued. They are usually the same competencies that must be demonstrated in a job interview. But today there is another way of looking at it: that there are general areas of occupational competency required to retain a post, or earn a promotion. For all organizations and communities there is a set of primary tasks that competent people have to contribute to all the time (Amatetti and Carnes, 2009).

A universal framework for examining health problems and for suggesting courses of action needed for their solution was proposed and as these ideas were comprehensive they had a unifying effect, bringing together into one common front: health professionals, health

services, the scientific community, educational system, governments (municipal, provincial, federal), business sector, trade unions, voluntary organisations and the Canadian people. The Lalonde report was very influential internationally and it has been claimed, laid the foundations for the development of the Ottawa Charter, which was published by the WHO in 1986. Health promotion is viewed as not only the responsibility of the health sector, but goes beyond healthy lifestyles to well-being. Health promotion, therefore, represents a comprehensive social and political process, which not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (WHO, 1986).

Five key action areas are identified for improving the health of populations (WHO, 1986; Kicksusch, 2003). These actions include building a healthy public policy, creating supportive environments by embracing the socio-ecological approach to health where the societies in which people live and work must be able to support healthy choices in order for people to achieve health, strengthening community action by empowering and enabling communities to improve their health by becoming involved in setting priorities, making decisions, planning strategies and implementing them to achieve better health ,developing personal skills and enhancing life skills and finally by reorienting the health services through a shared responsibility by individuals, community groups, health professionals, health service institutions and governments.

2.3   Recruitment and Selection Practices

Recruitment and selection practices form a core part of the central activities underlying human resource management: namely, the acquisition, development and reward of workers. It frequently forms an important part of the work of human resource managers – or designated specialists within work organizations. However, and importantly, recruitment and selection practices are often for good reason taken by non-specialists, by the line managers. There is, therefore, an important sense in which it is the responsibility of all managers, and where human resource departments exist, it may be that HR managers play more of a supporting advisory role to those people who will supervise or in other ways work with the new employee.

As Mullins (2010) notes: 'If the HRM function is to remain effective, there must be consistently good levels of teamwork, plus ongoing co-operation and consultation between line managers and the HR manager.' This is most definitely the case in recruitment and selection as specialist HR managers (or even external consultants) can be an important repository of up-to-date knowledge and skills, for example on the important legal dimensions of this area. Recruitment and selection is often presented as a planned rational activity, comprising certain sequentially-linked phases within a process of *employee resourcing,* which itself may be located within a wider HR management strategy (Bratton and Gold 2007).

According to Mullins (2010), some of the common benchmark competency-based practices in Recruitment and Selection include:

Notices of job requirements - A template is developed to define how competencies will be reflected in .notices regarding the requirements of jobs to be filled. As the competency profiles are completed, sample notices are developed for the varied types of jobs/ roles. .

Interview and Reference Checking Guides - Template interview and reference checking guides are developed for varied types of jobs/ roles, including instructions and rating guides. These are made available to hiring managers and HR Advisors.

Template Interview and Reference Checking Guides - Template interview and reference checking guides are developed for roles/career streams and levels within Occupational Groups including instructions and rating guides. These are made available to hiring managers and HR Advisors.

Competency-based Track Record / Portfolio Reviews - Track record / portfolio reviews allow employees / applicants to document their past experiences and accomplishments that relate to the competency requirements for positions within the organization. Once completed, trained evaluators score the extent to which the required competencies are demonstrated in the written examples using standardized scoring criteria. Typically, the candidate / employee also provides references who can attest to the validity of the examples provided. Results can be used as part of the staffing process and / or for other purposes (e.g., competency gap analysis for Learning and Development; Succession Management; HR Planning).

Other Competency-based Assessment Methodologies - A variety of other competency-based assessment methodologies can be incorporated into the selection process, including

In-basket assessments, role plays or simulations of workplace situations that the employee will encounter, multi-source input (as appropriate), etc. When designing and implementing any methodology, it is important that it be defensible (i.e., reliable, fair, valid and unbiased).

Training on Competency-based Selection - Managers must have the knowledge and skills to be able to apply the various competency-based assessment methodologies noted above to arrive at valid selection decisions. Likewise, employees must be able to participate effectively to provide an accurate picture of the competencies they possess. Finally, both managers and HR professionals must be able to establish selection processes that are both efficient and effective (i.e., reliable, fair, valid and unbiased). All of this requires targeted training / orientation programs to ensure that all stakeholders have the necessary skills.

2.4   Competencies and changing perspectives on HRM

Baruch (1998) highlights the short-comings of traditional 'hard' approaches to HRM where the emphasis is on making the best use of resources (including human resources) and aligning Human Resource strategies with business plans. Baruch argues that this approach to Human Resource Management uses and involves people as passive actors. By contrast, the soft approach emphasises that people are one of the key factors involved in whether or not an organisation can deliver, and that HRM must unleash the potential that every individual can make to the organisation. Thus the soft approach emphasises people as a valued asset, as proactive actors who can be trusted and who should be developed. It emphasises participation and empowerment and expects that in return for truly

demonstrated leadership and commitment to people, people will demonstrate true commitment and loyalty to the organisation. While the hard and soft approaches are not mutually exclusive, Baruch suggests that it is the soft approach that has the potential to provide the leverage to move organisations forward, to change-enable them and to provide competitive advantage. In this light Horton (2000) suggests that competency-based management represents a cultural change towards greater employee self-direction and responsibility in the search for excellence rather than standard performance.

Hartle (1995) suggests that it is not just the organisation but also the individual who stands to benefit from the competency-based approach. The organisation benefits from better planning, better communications, improved managerial capabilities an empowered workforce, focused development planning, better value for money, and improved performance at all levels. Similarly the benefits for individuals can include clarity about what they are required to do, better dialogue with managers and colleagues, better quality management, feedback and support, more freedom to decide on the what and how of performance, a structured framework for developing performance and potential, better recognition for doing good work and an opportunity to meet expected performance in a structured and consistent way.

Within competency-based HRM, Hondeghem and Vandermeulen (2000) suggest that there are three possible roles for the HR function. The first is the customer service model, where HR managers serve line managers as customers. The second is the organisational development or consultancy model, where the HR officer functions as an internal consultant to the line manager on a range of organisational issues. The third model is the

strategic HRM model, where HR managers act as full members of the strategic management team, linking HR policy to agency mission, goals and policy.

2.5   An integrated approach to HRM – the role of competencies

The development of an effective competencies framework can provide opportunities for individual and organisational growth and, in the longer term, can enhance the success of an organisation. More specifically, when used effectively competency-based approaches can act as a powerful development and motivational tool for staff.

Research carried out in the UK in 1994 (Garavan et al, 1995) highlights a range of motives for the introduction of competencies. Interestingly, while the most common reason for the introduction of competencies was to improve performance, the numbers who did so for recruitment and training and development purposes are also significant. In a study carried out by the Hay Group (HR Focus, 1996) of competency practices in 217 companies, it was found that ninety per cent of companies used competency-based appraisal for employee development purposes, while eightyeight per cent used them to make selection or hiring decisions. This study also showed that almost twenty five percent of the companies surveyed had competency based pay systems in place. Research cited by Pickett (1998) also highlights employee development and recruitment and selection needs as common motives for the introduction of competencies. The potential role of competencies in achieving an integrated approach has been highlighted by Klein (1996)- Competencies align and integrate all HR systems if the behavioural standards of excellent

performers become the foundation for recruitment, selection, pay, performance management, promotions and development.

Armstrong (1997) stresses that competencies lie at the heart of Human resource Management since they are directly linked to a fundamental aim of strategic Human Resource Management – to obtain and develop highly competent people who will readily achieve their objectives and thus maximise their contribution to the attainment of the goals of the enterprise. He suggests that a competence framework can provide an invaluable basis for integrating key Human resource Management activities and achieving a coherent approach to the management of employees.

Similarly, Mirabile (1997) argues that while competency models provide potentially valuable information, they will be useless if they are not promoted using a coherent and systematic implementation strategy, supported by appropriate structures and processes including HR systems. For example, if identified competencies are not linked to the performance management system, or if different criteria are used to select or promote people, confused signals will be sent out to employees as to what really matters in terms of behaviour and performance.

2.6   Methodologies for developing competencies

A literature review is the most commonly used starting point (McCracken et al., 2000; Health Scotland, 2003; Shilton et al., 2003, 2005; Moloughney, 2006 and Melville et al., 2006). A literature review will inform the researcher not only on the approaches used in relation to developing the competencies but can also give important information on the

health promotion workforce and setting. This is important as countries with similar systems can benefit from flaws highlighted or gaps identified in previous studies. In addition, a literature review will add to the theory base and enhance the understanding and knowledge of the field of competency development. Finally the information gathered from the literature review can provide a focus and starting point and guide in the development phase of similar projects.

An alternative is to carry out an information gathering exercise. The purpose of this is to focus on what actually happens in practice. This activity can be carried using a number of methods but involves some sort of consultation.This can also include observing or interviewing or an exemplary practitioner to identify the actions, content and context involved in their exemplary practice (Centre for Health Policy, 2008).Other initiatives undertook surveys of a representative sample of practicing professionals to determine what they actually do in practice as they did in Scotland and the US (Health Scotland, 2003, Gilmore et al., 2005).

Mapping exercises have also been used (Meresman, 2004; Health Scotland, 2003) where mapping the domains and competencies can help identify what is considered to be core in other settings. Functional analysis is also used in developing competencies (Skills for Health, 2001, 2004). Functional analysis can be used to try and explain a recurrent activity or behaviour pattern in individuals or groups. It can seek to understand how a socio cultural institution works in terms or its roles or tasks (Hempel, 2001). This process involves identifying the core functions of a group or organisation. Then these functions are used to form a map and then key tasks are identified. However, functional analysis has

been criticised as being overly reductionist because there is too much focus on task, and on how tasks should be undertaken, to allow what has been described as the artistry of health promotion (Mendoza, et al., 1994).

Consensus building using the Delphi technique is commonly used (Howatt et al., 2000; Shilton et al., 2003, 2005; Hyndman, 2009). The Delphi method, is an attempt to obtain expert opinion and information in a systematic manner where participants are polled individually usually with a self-administered questionnaire (Fink et al., 1984). This is a multi-stage process where each stage builds on the results of the previous stage The survey is conducted over a few rounds and after each one, the results are elicited, analysed and then reported back to the group. It is an iterative process with the aim of using expert opinion to reach consensus. A Delphi is considered complete when there is a convergence of opinion or when a point of diminishing returns is reached (Fink et al., 1984). The Delphi technique, although frequently used, has been criticised as it is suggested that it reduces competencies to a meaningless middle ground and that the political aspects of health promotion can be lost in the move towards the centre (Mendoza, 1994).

All consultations whether they are Delphi, think tanks or focus groups, will use multiple rounds of consultation to ensure the widest scope of feedback possible. The feedback from the consultation process is then analysed and this is used to prepare a final draft of the competencies which can then be disseminated and ratified. However, as Moloughney (2006) states, competency set development is an iterative process and it may be necessary to cycle through some of these steps a few times. Even when a final draft set is produced, it is really only a working draft that will need to be periodically reviewed and revised as

experience with the competencies accumulates and the field itself evolves. It is generally agreed in the literature that competencies are more likely to be seen as appropriate and valid if they are developed from the bottom up with the close involvement of the professionals who have to demonstrate competence on a daily basis in their work (Birt and Foldspang, 2009). However, it can also be argued that, by basing competencies on practice as described and defined by practitioners, what is reflected is not necessarily best or evidence-based practice but rather what is commonly done (Battel-Kirk et al., 2009).

There are also limitations in using current practice (or what might be termed 'past' practice given that the development of competencies is a slow process) as the basis for competencies, particularly if they are to be used in future planning.(Prastacos et al 2005) for example, indicates that, in the business environment, competencies are often backward-looking and recommend the use of a forward-looking development model which takes cognisance of the context and the current trends within which the organisation operates. A strategic approach that looks to the future as well as current practice when developing health promotion competencies (Shilton et al.2001) and the importance of grounding competencies in current policy has also been highlighted (Health Scotland, 2003). For this reason the development of agreed upon lists of competencies has to be the result of a repeated and continuing process, characterised by interaction between the main stakeholders across the academic, practice and policy areas. It is not a purely academic exercise, neither for that matter a purely practical or political endeavour, accordingly it is necessary to develop a strongly communicative culture, with consensus building processes in focus (Birt and Foldspang, 2009).

2.6   Criticisms on Competency Frameworks

The Chartered Institute of Personnel and Development in the UK (CIPD) includes the following as the common criticisms of competency frameworks; they capture the past and are therefore out of date, they cannot keep up to date with the fast changing world, they were introduced to improve performance and they have not done so, they are unwieldy and not user friendly- they create clones; everyone is expected to behave in the same way. The publication while acknowledging the validity of these criticisms, also notes that they have been levelled with justification mainly at frameworks produced using poor practice and highlights the need for care and understanding when developing and implementing competency frameworks.

A major criticism of the competency approach, particularly in relation to professional practice, which has already been noted in relation to health promotion (Shilton, 2001) is that it may be overly prescriptive and can, therefore, limit intuition, creativity and innovation. For example, Talbot (2004) suggests that the competencies approach has a tendency to limit the reflection, intuition, experience and higher order competence necessary for expert, holistic or well developed practice. Talbot (2004) also argues that a reductionist tendency, which focuses on tasks and outcomes inherent in the approach, ignores the complex processes needed for professional practice.

Lester notes that this approach has been extensively criticised for weaknesses in its ability to represent occupations which are characterised by a high degree of uncertainty, unpredictability and discretion, and its tendency to atomise work roles rather than represent

them holistically (Lester, 1994). The competency approach has also been criticised as being overly universalistic (Bolden and Gosling 2004; Mendoza et al.1994). There is discussion in the literature of the fact that there can be an assumption that competencies and standards are equally relevant to all practitioners in all settings and situations, an assumption that is, it is suggested, obviously incorrect. This again has resonance for health promotion, which is practiced at different levels, by people from different backgrounds and in a wide variety of settings. The concept of equifinality (Berttalanffy, 1968), which argues that there can be many different and valid origins for a given outcome, can be related to the context of practice, meaning that many different behaviours on the part of the practitioner may lead to competent outcomes.

This broader interpretation of competencies should inform both the development and the implementation of competencies. The challenge of establishing competency frameworks, therefore, includes addressing the complexity of practice in a manner which is meaningful and clear while also leaving room for the many varied paths possible in successful practice. There is a need, therefore, to consider how core competencies will be expressed to be meaningful, useable, relevant and succinct. '''What is needed is a set of commonalities underlying the actions, with the recognition that specific actions will and should vary depending on the context of practice'' (Miller et al., 2010). It is important when considering the potentially negative aspects of the competency approach and the difficulties in the development, implementation and revision process to view this in balance with the many listed positive aspects of competencies which include (Shilton et al., 2001) usefulness as a shared/agreed language for defining boundaries of profession and the tasks, skills and knowledge required for adequate practice, helpfulness in developing

programmes and projects, curriculum development and in recruitment and selection ,contribution to defining/defending discipline.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

This chapter discusses the research methodology for the study including the research design, target population and sample design. In addition, data collection instruments and procedures as well as the data analysis are elaborated in this chapter.

3.1   Research Design

This study was descriptive in nature. This design is preferred because it permits comparative analysis.

3.2   Target Population

The researcher targeted all registerd hospitals in Nairobi. According to Kenya Medical Association directory (2012), there are 60 registered hospitals in Nairobi. The list of hospitals is attached as Appendix II.

3.3   Sampling Design

A sample size of forty hospitals was selected .This number is well above the generally accepted minimum of thirty. It is also large enough to give room for possible non response. Simple random technique was used to select the sample. The selected sample is attached as Appendix III.

3.4   Data Collection

Primary data was collected. This was used to address competency based recruitment and selection practices. The questionnaire was divided into two parts A and B. Part A addressed the respondent firms' profiles while part B will capture data on competency based recruitment. The questionnaire was administered to the officer in charge of the human resource function at each hospital.

3.5   Data Analysis

Data collected from respondents was both quantitative and qualitative in nature. Quantitative data will be analyzed using the descriptive statistics such as mean scores and standard deviations. The findings were then presented using tables, pie charts, and bar graphs for easier interpretation. On the other hand, qualitative data was analyzed using content analysis. The qualitative information was used to interpret or better understand quantitative findings.

CHAPTER FOUR

FINDINGS, ANALYSIS AND INTERPRETATION

4.1   Introduction

This chapter presents data analysis, findings, interpretation and presentation. Data was analyzed using descriptive tools where frequencies, percentages were used to interpret the findings. The purpose of this study was to determine competency based recruitment and selection practices by registered hospitals in Nairobi County.

4.2   Demographic Data

Table 4.1: Distribution of respondents by gender

	Frequency	Percent
Male	22	57.9
Female	16	42.1
Total	38	100.1

As shown in Table 4.2, majority of the respondents (57.9 percent) were male while 42.1 percent were female. This implies that majority of the officers in charge of the Human Resource Function were male.

Figure 4.1: Distribution of respondents by age bracket
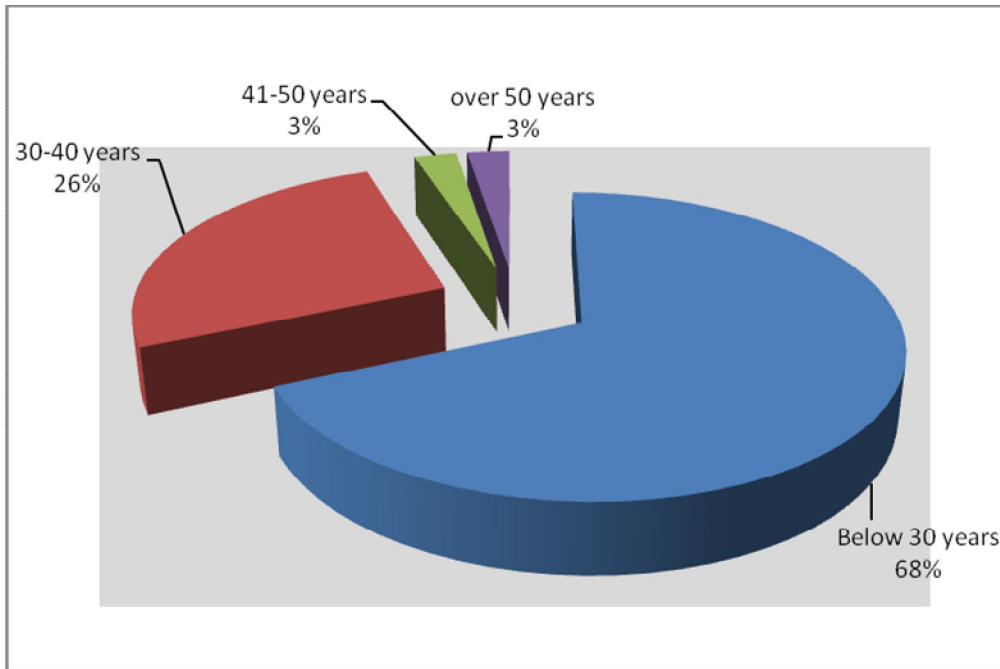
Findings presented in Figure 4.1 show that a vast majority of the respondents (68.4 percent) were below 30 years, 26.3 percent were between 30-40 years while the remaining 2.6 percent and 2.6 percent were between 41-50 and over 50 years respectively. This suggests that majority of the Human Resource Officers in registered hospitals in Nairobi County are below the age of 30 years. This is good for hospital because this category of people are young, energetic and flexible enough to cope with a fast paced working environment that is typical of institutions of this nature..

4.3   Factors considered in recruiting new staff

Table 4.2: The extent to which various factors are considered in recruiting new staff

Factor	Mean	Standard deviation
A staff with strategic thought	3.7	0.7
Good understanding of Organisation	3.3	0.8
Innovative Person	3.9	0.8
Effective and fluent communication	4.3	1.1
Good customer focus and public relations	4.3	0.9
Leadership abilities	3.7	0.9
Ability for teamwork	4.1	0.8
Ability for time management	4.4	0.6

Regarding the extent to which various factors are considered in recruiting new employees, the respondents said that good customer relations is an important factor to consider with a mean of 4.3 out of 5 (see table 4.2). Effective and fluent communication together with good customer focus and public relations are also considered as important with a mean of 4.3 each. Ability for teamwork is also not overlooked when recruiting new staff. It had a mean of 4.1. The ability to be innovative attained a mean of 3.9.

Other factors considered include leadership abilities and having strategic thought. These two factors are equally considered with a mean of 3.7. The findings implied that the most important factor to be considered when undertaking competence based recruitment and selection was the ability to manage time well. Proper time management is an important

factor to be considered in hospitals because it enables one meet set objectives within stipulated time.

As Gough and price (2004) note, appropriate programmes based on the personal needs and experiences of health managers can then be put in place to train managers to provide leadership and to ensure a sustainable improvement in the work context of health workers, and hence on the quality of care and health of the communities their organizations serve (Gough and Price 2004).

4.4   Interpersonal relations

Table 4.3: Mean and standard deviation for the measures interpersonal relations

	Mean	**Standard deviation**
Demonstrates trust, sensitivity and mutual respect	4.2	0.7
Recognizes the contrubutions diversity brings to job performance and creativity	3.9	0.7
Demonstrates altruistic empathy	4.1	0.9

As shown in Table 4.3, majority of the respondents felt that a new recruit who demonstrated trust, sensitivity and mutual respect was great. It had mean of 4.2 out of 5 while the competency aspect related to diversity in job performance had a mean of 4.1, which is relatively high. The use of altruistic empathy scored a mean of 4.1. That registered hospitals in Nairobi have embraced this aspect of interpersonal relations. Frequent disagreements and lack for respect to one another by workers, especially those within the same department bring about inefficiency which in turn threatens the very

survival of the organization. Hamel and Prahalad (1990) defined core competence as the collective learning in the organisation, especially how to co-ordinate diverse production skills and integrate multiple streams of technologies.

4.5 Self-awareness/ confidence

Table 4.4: Mean score and standard deviation for measure of self-awareness/ confidence

	Mean	Standard deviation
Accurate knowledge of his weakness	3.6	0.8
Self confidence	3.9	0.7

The findings presented in Table 4.4 show that that the respondents rated self-confidence for new recruits (mean = 3.9) not as highly as other competencies. In addition to that, the respondents scored the competence related to the new hire recognizing their own weaknesses at a mean of 3.6. This corresponds to the fourth point on the scale. This was lower than the mean for self-confidence (mean = 3.9). This was an interesting result because Self-confidence is so crucial especially in a hospital set up due to the fact that it is a life saving institution that requires minimum error and efficacy at all times,. Knowing one's weaknesses is also of significant importance because it will prevent failures attributed to venturing into things which one is not well conversant with. Cockerill (1989) combines output competences, like presentation skills, with inputs like self-confidence.

4.6 Analytical thinking

Table 4.5: Mean and standard deviaitions for the measure of analytical thinking

	Mean	Standard deviation
Information gathering skills	3.7	0.6
Use of range of resources	3.4	0.6
Looking beyond routinely explanations of organizational performance	3.7	0.8
Good in decisionmaking	4.4	0.9

The researcher was also concerned with whether the respondents applied analytical thinking in their work. The results are presented in Table 4.5, majority of the respondents felt like the competence aspect related to good decision making was of most importance to them in the recruitment and selection process and scored a high mean of 4.4. The respondents also felt that when undertaking the recruiting and selection of staff the competences related to the ability to collect and gather information in relation to the respective departments was a consideration. This had a mean of 3.7. However this was relatively lower than the competence related to decision making (mean = 4.4). In addition to that, the respondents gave a fair amount of consideration to a new hire who had the ability to think outside the box and use multiple sources when undertaking their work roles. This aspect of analytical thinking had given a mean of 3.7. The above tabulation shows that the most highly valued aspect of analytical thinking considered by the Human Resource Officers from registered hospitals in Nairobi County when undertaking their recruitment and selection of staff was a candidate who had the skills and ability to make

sound decisions in their work duties. The ability to make good and independent decisions is important especially in a hospital environment.

4.7 Adaptability/flexibility

Table 4.6: Mean scores and standard deviations for measures of adaptability/flexibility

	Mean	Standard deviation
Ability to adapt to styles and shift gears	3.8	0.8
Shows evidence of coping skills	3.9	0.8
Comfortable with new ideas and open to new information	4.1	1.0

Findings on adaptability and flexibility showed that many respondents were keen on recruiting individuals who demonstrated the ability to bring new ideas and readily accept changes that occur within organizations. As indicated in Table 4.7, innovative individuals were considered as valuable assets to their institutions and they gave a high mean of 4.1. The respondents also indicated that an individual who demonstorates that they are able to cope with their work load,work times and their peers in general was something they were on the look out for in the recruitment and selection process and gave. This measure received a score of 3.9..

4.8   Observation skills

Table 4.7: Mean scores and standard deviations for measures of observation skills

	Mean	Standard deviation
Recognition of inconsistencies	3.7	0.6
Factual description	3.7	0.8
Accurate observation	4.0	0.9

Under this section of observation skills, the ability for a potential candidate to have accurate observations was considered of utmost importance as shown by a mean score of 4.0. The officers in charge of the Human Resource function felt that an institution such as theirs required individuals who were capable of giving correct information and would consider that competence first. However, an individual who demonstrated that they could readily identify inconsistencies in their work environment as well as retain information well enough to give factual descriptions was something they placed great importance on and this was given a mean score of 3.7. An individual who also had the skills and abilities to observe and identify key elements in the work situation was also something that they would look into in the recruitment and selection process and this scored a mean of 3.7.

4.9   Sense of mission

Table 4.8: Mean scores and standard deviations for measures of sense of mission

	Mean	Standard deviation
Adequate knowledge on the organization	3.5	1.0
Desire to make things better for others	3.9	0.7

The results from the findings in Table 4.1 show that the Human Resource Officers were flexible when it came to a potential hire that may not have adequate knowledge of the organization because they could learn more about the organization once they were recruited. Because of this they gave a mean score of 3.5. However they felt that a potential new hire who not only wanted to improve their own performance but also wanted to improve performance of their workmates and thus improving the performance of the institution as a whole, was one they would consider greatly in the recruitment and selection process. This was given a mean score of 3.9.

4.10   Communication skills

Table 4.9: Mean scores and standard deviations for measures of communication skills

	Mean	Standard deviation
Speaks clearly and expresses self well	4.1	0.9
Demonstrates attentive listening	4.0	0.9
Conveys information	3.9	1.0

Communication is one of the aspects that is critical in many organizations especially the service industry. As depicted in Table 4.9, the respondents felt that an individual who demonstrates the ability to speak well and clearly was of utmost importance to them and gave a high mean score of 4.1. However, all aspects of communication were also considered important when looking for a new recruit and consequently high mean scores were given to individuals who were good listeners and who were able to convey information efficiently and effectively. The mean scores given were 4.0 and 3.9 respectively. This goes to show that the respondents felt that a potential new hire who had

good communication skills would be greatly considered and have an edge over other potential candidates.

4.11 Motivation

Table 4.10: Mean scores and standard deviations for measures of motivation

	Mean	**Standard deviation**
Commitment to organizational goals	4.2	0.8
Strive to achieve/improve	4.2	0.7
Sets high standards of performance	4.1	0.7
Disaplay high level of effort and commitment towards performing the work	4.1	0.8
Optimism/ persistence in pursuing goals	4.2	0.8

It is clear from the results in Table 4.9 that the respondents in the various hospitals felt that whenever they were undertaking the recruitment and selection exercise, they would be looking for an individual who was highly motivated. They scored all aspects of motivation generously. An individual who was committed to their institutions, who was result driven and constantly wanted to improve was someone who they were keen to recruit and they gave a mean score of 4.2. In addition, the respondents also felt that an individual who set high standards of performance in their work roles and displayed commitment in their work duties- be it working overtime or doing the job right the first time would be considered a good fit for their institutions and gave a high score of 4.1. Commitment, persistence and desire to achieve are very important inputs to any organization. If the organization gets to a level where everyone is committed and moves ahead with persistence this will make achievement of set goals and objectives easier. Hartle argues that competency is a

characteristic of an individual that has been shown to drive superior job performance (1995) includes both visible competencies of knowledge and skills and underlying elements of competencies like traits and motives.

4.12 Planning and organizing work

Table 4.11: Mean scores and standard deviations for measures of planning and organizing work

	Mean	Standard deviation
Ability to reprioritize/Assess	4.0	0.8
Defines and arranges activities in a logical and efficient manner	4.0	0.8

The results from the findings in Table 4.11 indicate that the officers in charge of the human resource function also felt that an individual who demonstrated strong skills of planning and organization would be considered highly in the recruitment and selection process. They would consider individuals who had the ability to prioritize their work activities. They were looking for recruits who knew which work activity to consider as important and also have a work plan so that there would be no consequent delays. They also looked for potential candidates who had aspects of precision processing therefore could act in a logical as well as efficient manner and they gave a mean score of 4.0.. The ability to reprioritize work is important because sometimes n there can be situations of emergency or change which may disrupt the initial work plan. In addition to that, there is a need to arrange activities in a logical and efficient manner. This facilitates effective and easier achievement of set goals and objectives.

4.13 Teamwork

Table 4.12: Mean scores and standard deviations for measures of teamwork

	Mean	Standard deviation
Contributes to organizational goals	4.3	0.6
Fosters collaboration among team members as part of teamwork	3.9	0.8

The researcher also wanted to find out whether teamwork contributed to organizational goals. The findings in Table 4.12 confirmed that the virtue of teamwork did contribute to organizational goals. This had a mean score of 4.3 with respects to individuals who were willing to contribute their current skills and abilities for the improvement of the institutions goals and objectives. At the same time, collaboration among team members as part of teamwork was expressed as imperative for a fully employment of competency based recruitment and selection with mean of 3.9. The respondents further reiterated that when conducting the recruitment and selection process they would be looking for a potential recruit who apart from utilizing their skills to contribute to organizational goals, would be able to work well with their peers through good relations and collaboration. The respondents gave a mean score of 4.3. This high score indicates that the Human Resource personnel in hospitals in Nairobi county value individuals who display these kind of competencies in order for the institutions to run smoothly. Mullins (2010) notes that the HRM function is to remain effective; there must be consistently good levels of teamwork, plus ongoing co-operation and consultation between line managers and the HR manager.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1   Introduction

This chapter presents the summary of findings, conclusions and recommendations. The chapter also give suggestions for further studies

5.2   Summary of findings

This study used descriptive survey to investigate competency based recruitment practices by registered hospitals in Nairobi.. The target respondents were selected registered hospitals in Nairobi County. Majority of the respondents (57.89 percent) were male while 42.12 percent were female.

Findings on the age of respondents showed that a vast majority of the respondents (68.4 percent) were below 30 years, 26.3 percent were between 30-40 years while the rest2.6 and 2.6 percent were between 41-50 and over 50 years respectively

Regarding the extent to which various factors are considered in recruiting new members, the respondents said that good customer relations is an important factor to consider with a mean of 4.4. Effective and fluent communication together with good customer focus and public relations are also importantly considered with a mean of 4.3 each. Ability for teamwork is not also overlooked when recruiting new members. It is considered with a mean of 4.3. A person who is innovative is also taken into consideration with a mean of

3.9. Other factors considered include leadership abilities and having a strategic thought. These two factors are equally considered with a mean of 3.7.The findings also indicated that having a good understanding of the organization was also a consideration when recruiting new members.

Concerning interpersonal relations, majority of the respondents demonstrated trust, sensitivity and mutual respect with a mean of 4.2 while others recognized the contributions diversity brings to job performance and creativity with a mean of 4.1, At the same time, some respondents demonstrated altruistic empathy. On whether the respondents have self-awareness and confidence, it was evident from the findings that many respondents considered self-confidence as an important factor in the recruitment and selection process and gave a mean of 3.9. In addition to that, they were looking for an individual who had accurate knowledge of their weaknesses but was not deemed as important as some of the other competencies and thus gave a mean score of 3.6   With regard to whether the respondents were looking for an individual who applied analytical thinking in their work, the aspect of a potential hire who had good decision making skills scored the highest with a mean score of 4.4.However individuals who displayed characteristics of having the ability to gather information systematically and have vision were also given relatively good mean scores of 3.7.

Findings on competency aspects of tadaptability and flexibility showed that many respondents were comfortable with potential candidates who were willing to bring in new ideas and who were open to new information or changes that come up in the work situation. For example introduction of Information technology systems that could improve

the work situation in order to achieve organizational goals. The mean score was a favourable 4.1..In addition the respondents emphasizedthe importance of looking for an individual who had good coping skills.This was considered in the recruitment and selection process and the mean score awarded for this was a4.0. Concerning competencies related to observation skills, majority of the respondents said that they put great consideration for a potential new hire who had a strong command of accuracy and this was given a high score of 4.0.In addition a potential hire was also required to exhibit skills relation to identifying inconsistencies as well as being able to be factual at all times. They gave a mean score for 3.7 for the two.

The researcher also wanted to know whether there was a sense of mission among the respondents. From the findings, majority of the respondents indicated that in their recruitment and selection process they were looking for individuals who possessed the desire to make things better for others with whom they were working with and not just their own individual progress in the organization. This was a necessity because in order for the organization to improve and meet its said objectives growth was required at the individual level as well as the organizational level.. The respondent also indicated that they were looking for individuals with good communication skills. The service industry heavily relies on its human resource to keep the organization running.

Hence having employees with good communication skills was of paramount importance to them.Emphasis was placed on recruiting individuals who had the ability to express themselves well, were good listeners and could convey information to the recipients efficiently and effectively. The mean scores had highs of 4.1. The respondents were also

looking for individuals who were highly motivated and this also included self motivation. A hospital, being a 24 hour institution has long working hours midnight shifts as well as patients coming with different levels of sickness from minor to major hence they would always look for a potential candidate who would be able to motivate themselves under such working conditions. The respondents gave a mean score of 4.2 for all the characteristics that entail motivation. These include commitment to the hospital, result driven, and perseverance among other characteristics. There was also great emphasis in the recruitment and selection process for looking for an individual who had good planning and organizing skills. They were looking for individuals who knew how to use tools of management for the betterment of the organization to speed up their work duties in an effective manner. They also wanted individuals who were able to prioritize their specific workloads to maximize on efficiency and who did this in a logical and systematic manner. They gave a mean score of 4.0.

The researcher also wanted to find whether teamwork contributed to organizational goals and respondents confirmed that teamwork contributed to organizational goals because hospitals operate in a time sensitive environment and all employees need to work well together because all departments heavily rely on each other to ensure that patients have the best care and attention and have a smooth transition from point of entry with the nurse, then the doctor and payment section. This had a mean score of 4.3

5.3   Conclusions

This study was carried out with the objective of determining the competency based recruitment and selection practices adopted by registered hospitals in Nairobi. It can be concluded that the results from the findings of the questionaire demonstrated that competency based recruitment procedures were paramount in selecting new hires. The respondents recognized that competency based recruitment procedures can work hand in hand with traditional recruitment and selection procedures. The competency based approach to recruitment and selection was considered important in the recruitment and selection stage of Human Resource Management processes.

The research also found that adopting a competency based recruitment and selection system is a results oriented process. It makes it easier to concentrate on the results expected of a successful or exemplary performer (Guinn, 1998). In addition the competency based recruitment and selection technique gave the recruitment staff the opportunity to focus less attention on approximations of competence such as educational level or years of experience that have little connection to verifiable results. Also competency-based recruitment plays an important role in attracting individuals who possess characteristics that might be difficult, if not impossible, to acquire by training or development efforts. A competency based approach encourages managers and other decision makers to clarify the verifiable, measurable results they expect from successful performers before a selection decision is made.

Competency-based selection, according to the respondents provides some insight into whether or not a new hire will be a good fit with the institutions culture. A competency-

based recruitment and selection process provides applicants with opportunities to outline, explain, and demonstrate their qualifications in competency-based terms. Potential candidates will not be confronted during the selection process with questions that have little or no bearing on their ability to produce desired work results

From the findings, it was noted that competencies predict effective performance, result in valid selection criteria, recognize the transferability of employees' skills and are flexible to meet the changing needs of future requirements. Furthermore, the competency model covers all aspects of what it takes to be successful in a job by examining not only knowledge and skills required but the personal attributes required as well.

5.4 Recommendation

The recruitment and selection process is one of the most important and costly investments an organization can make. Risks can be high and the cost of a bad hire can have tremendous impact in time, money and company culture.

In addition to the above discussed and detailed conclusions, the following recommendations should be taken into consideration by hospitals in their competency based recruitment and selection

> *Need to develop and implement a communication strategy to support the Human Resource Departments*

Building awareness is an important starting point. HR staff and hospital management should attend workshops, classes, or conferences on competency modelling or invite external consultants.

The management of the hospitals need to provide time and money to carry out the individualized competency identification and assessment for those targeted to receive training.

The management of the hospitals should provide strong, long-term support for the projects and act as role models for the process. Required resources need to be available over the long term. Managers will face increased workloads as a competency-based approach requires them to provide new hires with additional and more effective feedback as well as accept responsibilities for addressing performance obstacles.

The Human Resource Department must continuously evaluate the competency based recruitment and selection process and make revisions as necessary

5.5   Suggestions for further studies

While this study was able to provide additional insight into the use of competencies and its relationship to an effective recruitment and selection process in hospitals, it also revealed areas that would benefit from further research. These are:

Future research could thus focus on the other functions such as compensation and benefits. By doing so, a better and fuller understanding of the effects of core competencies on an organization's performance may be achieved.

Secondly, this study recognized the importance of measuring the performance of the hospitals' employees according to their core competencies, hence, there is a need for further study on the benefits of the competency based performance management systems.

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APPENDICES

Appendix I: Questionnaire

This questionnaire is designed to gather information on Competence Based Recruitment and Selection. The information you give will be treated with utmost confidentiality and will be solely used for academic purposes intended in this research. Please tick where appropriate next to the response you deem necessary or fill in the required information. Please respond to all the items.

PART A: PROFILE OF THE FIRM/RESPONDENT

1) Indicate your gender?

     a) Male   [ ]
     b) Female   [ ]

2) Indicate your designation/position in the institution?
     _____

3) Indicate your age bracket

     a) Below 30 years   [ ]

     b) 30-40 years   [ ]

     c) 41-50 years   [ ]

     d) Over 50 years   [ ]

PART B: COMPETENCY BASED RECRUITMENT

4) **When** recruiting new members of staff, to what extent do you consider the following aspects?

Aspect	Not at all	Little extent	Moderate extent	Large extent	Very large extent
a) Good understanding of your organization					
b) A person with strategic thought					
c) Innovative person					
d) Able to communicate fluently and effectively					
e) Good customer focus and able to relate well with the					

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	1	2	3	4	5
public					
f) leadership abilities					
g) Ability to teamwork					
h) Ability to manage time well					
i) Any other (specify)					

On a scale of 1 to 5 where 1 represents the least extent while 5 gives the greatest extent, indicate the level to which you consider the following factors when you are recruiting.

	1	2	3	4	5
5) Interpersonal Relations: *Awareness of others' feelings, needs, perceptions and concerns*					
a) Relates well to others					
b) Demonstrates trust, sensitivity and mutual respect					
c) Recognizes the contributions diversity brings to job performance and creativity					
d) Demonstrates altruistic empathy – caring for others					
6) Self Awareness/Confidence: *Knowing one's internal states, preferences, resources and limitations*					
a) Accurate knowledge of his/her weaknesses					
b) Self-confidence: strong sense of self worth and capabilities (self efficacy)					
7) Analytic Thinking: *Using data to understand patterns and develop concepts*					
a) Information gathering skills					
b) Use of range of sources					
c) Looking beyond routinely explanations of organizational performance					

d) Good in decision making					
8) Adaptability: Flexibility *in handling change*					
a) Handles day-to-day challenges confidently					
b) Is willing to adjust to multiple demands, shift priorities, ambiguity and rapid change depending on organizational demands					
c) Shows resilience in the face of constraints, frustrations or adversity					
d) Ability to adapt styles and shift gears					
e) Shows evidence of coping skills					
f) Innovation: comfortable with new ideas; open to new information.					
9) Observation Skills: *Ability to describe events factually*					
a) Ability to observe and identify key elements					
b) Recognition of inconsistencies					
c) Factual descriptions					
d) Accurate observations					
10) Sense of mission: *Commitment to the achievement of the organizational objectives*					
a) Evidence of adequate knowledge on the organization					
b) Desire to make things better for others					
11) Communication Skills: *Open clear communication*					
a) Speaks clearly and expresses self well					
b) Demonstrates attentive listening					
c) Conveys information clearly and effectively through					

written documents					
12) Motivation: *Emotional tendencies that guide or facilitate reaching organizational goals*					
a) Commitment: aligning with the goals of the organizational					
b) Achievement: strives to improve, drives for results and success					
c) Sets high standards of performance					
d) Displays a high level of effort and commitment to perseverance performing the work					
e) Optimism: persistence in pursuing goals					
13) Planning and organizing work: *Ordering activities to achieve goals*					
a) Ability to assess/reprioritize					
b) Use of time management tools					
c) Defines and arranges activities in a logical and efficient manner					
14) Teamwork: *Creating group synergy in pursuing* **collective** *goals*					
a) Contributes to organizational goals					
b) Fosters collaboration among team members and among teams					

15) Any other comments

_____
_____
_____
_____

THANK YOU FOR YOUR COOPERATION

Appendix II: List of Hospitals

Name	Location
1) Aga Khan Hospital	Parklands
2) Alpha Maternity & Nursing Home	Eastleigh
3) Avenue Hospital	Parklands
4) Central Park Hospital	Kibera
5) Chiromo Lane Med Centre	Westlands
6) City Nursing Home	Mufungano Street
7) City Park Hospital	Park Road
8) Comprehensive Medical Services	Thetha Road off Lenana Road
9) Coptic Church Nursing Home	Ngong Road
10) Dorkcare Nursing home	Munyu Road
11) Eastleigh Community Clinic	5th street, Eastleigh
12) Emmaus Innercare Nursing Home	Umoja Inner core
13) Genisis Nursing & Maternity Hospital	
14) Getrude Garden Childrens Hospital	Muthaiga
15) Guru Nanak ramgarhia Sikh Hospital	Murang'a Road
16) Huruma Nursing Home	Huruma estate
17) Ideal Nursing Home	Juja Road
18) Inder Nursing Home	Pangani
19) Jamaa Home & maternity Hospital	Rabai Road, Uhuru Estate
20) Kabiro Health care Trust	Kawangware 46
21) Kasarani Maternity & Nursing Home	Kasarani
22) Kayole Hospital Ltd	Kayole
23) Kilimanjaro Nursing Home	Eastleigh Section 1
24) Komarok Nursing Home	Komarock
25) Lions Sightfirst Eye Hospital	Loresho
26) M. P Shah Hospital	Parklands
27) Mara Maternity & Nursing Home	Kayole Estate
28) Madina Nursing Home	9 th street Eastleigh
29) Kenyatta Hospital Private Wing	KNH
30) Karen Hospital	Karen
31) Family Health Care	Off Langata Road
32) Maria Immaculate Mission Hospital	Gitanga Road
33) Mariakani Cottage Hospital	South B
34) Masaba Hospital	Adams Arcade
35) The Mater Hospital	South B
36) Melchizedek Hospital	Naivasha Road
37) Metropolitan Hospital	Rabai Road
38) Mother & Child Hospital	Eastleigh Sec vii
39) Nairobi Equator Hospital	Nairobi West

40)	The Nairobi Hospice	Next to KNH
41)	The Nairobi Hospital	Argwings Kodhek Road
42)	Nairobi Women's Hospital	Nairobi west
43)	Nairobi West Hospital	Hurlingham
44)	Ngara Nursing Home	Ngara
45)	Lianas Hospital	Kangemi
46)	The Olive Tree Hospital	South C
47)	Kijabe Mission Hospital	Kijabe
48)	Kikuyu Mission Hospital	Kikuyu
49)	Park Road Nursing Home	Park Road
50)	Parklands ambulatory Surgical Centre	Parklnads
51)	Prime Care Hospital	Tena estate
52)	Redient Health Nursing home	Pangani
53)	Right Medical Centre	Lavington
54)	St. James Hospital	Mombasa Road
55)	St. James Medical Centre Ltd	Komarock Road
56)	St. Marys' Mission Hospital	Otiende
57)	Samar Clinic & Maternity Home	Kahawa Sukari
58)	South B Nursing Home	South B
59)	Umoja Nursing Home	Umoja Phase 1
60)	Westlands Cottage Hospital	East Church Road

Appendix III: List of Sampled Hospitals

Name	Location
1) Aga Khan Hospital	Parklands
2) Alpha Maternity & Nursing Home	Eastleigh
3) Central Park Hospital	Kibera
4) Chiromo Lane Med Centre	Westlands
5) City Park Hospital	Park Road
6) Comprehensive Medical Services	Thetha Road off Lenana Road
7) Dorkcare Nursing home	Munyu Road
8) Eastleigh Community Clinic	5th street, Eastleigh
9) Genisis Nursing & Maternity Hospital	
10) Getrude Garden Childrens Hospital	Muthaiga
11) Huruma Nursing Home	Huruma estate
12) Ideal Nursing Home	Juja Road
13) Jamaa Home & maternity Hospital	Rabai Road, Uhuru Estate
14) Kabiro Health care Trust	Kawangware 46
15) Kayole Hospital Ltd	Kayole
16) Kilimanjaro Nursing Home	Eastleigh Section 1
17) Lions Sightfirst Eye Hospital	Loresho
18) M. P Shah Hospital	Parklands
19) Madina Nursing Home	9 th street Eastleigh
20) Kenyatta Hospital Private Wing	KNH
21) Family Health Care	Off Langata Road
22) Maria Immaculate Mission Hospital	Gitanga Road
23) Masaba Hospital	Adams Arcade
24) The Mater Hospital	South B
25) Metropolitan Hospital	Rabai Road
26) Mother & Child Hospital	Eastleigh Sec vii
27) The Nairobi Hospice	Next to KNH
28) The Nairobi Hospital	Argwings Kodhek Road
29) Nairobi West Hospital	Hurlingham
30) Ngara Nursing Home	Ngara
31) The Olive Tree Hospital	South C
32) Kijabe Mission Hospital	Kijabe
33) Park Road Nursing Home	Park Road
34) Parklands ambulatory Surgical Centre	Parklnads
35) Redient Health Nursing home	Pangani
36) Right Medical Centre	Lavington
37) St. James Medical Centre Ltd	Komarock Road
38) Samar Clinic & Maternity Home	Kahawa Sukari
39) South B Nursing Home	South B

40) Umoja Nursing Home	Umoja Phase 1