# HUMAN RESOURCE PLANNING IN FAITH BASED HOSPITALS IN KENYA

By

Stephen N.M Nzuve and Doris Chepkurui Mwarey School of Business, University of Nairobi.

#### **Abstract**

Human resource planning is an important aspect of human resources management that combines three important activities:-identifying and acquiring the right number of people with the proper skills, motivating them to achieve high performance and creating interactive links between business objectives and people planning activities (Mills, 2003). A cross sectional survey research design was employed to determine human resource planning practices in faith based hospitals in Kenya.

The findings indicated that in order to address the staffing gaps and ongoing workforce shortages in the health sector and faith based hospitals, there was need to deliberately focus on sound human resource practices as health workers are a key human resource required to save lives. Without proper planning of this key resource, our health care systems will deteriote and this may cause great losses to the Kenyan economy as quality health care is a key goal in the Kenya Vision 2030, Millennium development Goals and other national priorities. Faith based hospitals therefore need to continue to enhance human resource planning practices.

**Key Words**- Human Resource Planning, Kenya vision 2030, Millennium development goals, staffing, retention, faith based hospitals, succession planning, exit interviews, staffing gaps and alternative staffing methods.

#### Introduction

#### **Background of the Study**

Human resource planning refers to anticipating future business and environmental demands on organizations and meeting the personnel requirements dictated by those conditions and is an important input into strategic plans (Cascio, 2003). Armstrong (2006) states that hard human resource planning focuses on quantative analysis to ensure the right number of the right sort of people while soft is focused on creating and shaping the culture of the organization so that there is a clear integration between corporate goals and employees values, beliefs and behaviour thus ensuring availability of people with the right kind of altitudes and motivation who are committed to the organization, engaged in their work and behave accordingly.

It is based on assessments of the human resource requirements in terms of certain qualities and measurements of the extent to which they exist, by say use of staff surveys, the analysis of the outcomes of performance management reviews and opinions generated by focus groups. These assessments and analyses can result in plans for improving work environment, providing opportunities to develop skills and careers and adopting a total reward approach which focuses on non-financial "relational" rewards as well as the financial "transactional" rewards. They can also lead to the creation of a high commitment strategy which incorporates such approaches as creating functional flexibility, designing jobs to provide intrinsic motivation, emphasizes team working, de-emphasizing hierarchies and status differentials, increasing employment security, rewarding people on the basis of organizational performance and enacting organizational specific values and culture that bind the organization together and gives it focus (Marchington & Wilkinson, 2005).

Birch (2003) states that traditionally, several methods for human resource planning have been used, ranging from workforce to population ratios to standard staffing norms for individual institutions. Different methods have addressed the supply side, demand side of the work force or both. These methods have however failed to recognize the effects of shared competencies, the potential of substitution between employees and the multiple tasks performed by others. These approaches to addressing workforce imbalances, attrition rates and changes in client needs may still be useful for organizational planning however new thinking is required for the emerging competitive environments.

Approaches to estimating human resource requirements have also been few and plagued with methodological and conceptual limitations. One of the key challenges has been the lack of easily accessed work force databases to conduct complex modelling activities such as the use of data on client needs, organizational objectives and management information systems that reflect on output and costs. The field of human resource planning also requires a variety of human and material resources to inform the policy decisions related to human resource planning such as visionary leaders who have human resource planning and modelling knowledge and who are familiar with the organizational context(O`brien-pallas,2001).

Most faith based hospitals in Kenya are coordinated by three umbrella bodies; The Christian Health Association of Kenya (CHAK) coordinates most protestant affiliated hospitals, the Kenya Episcopal Conference through the Catholic Secretariat (KEC-CS), the national and coordinating arm that provides oversight, lobbying, advocacy and representation of the extensive catholic health facilities across Kenya, and the Supreme Council of Kenya Muslims (SUPKEM) which coordinates Islamic faith based health facilities. According to the Ministry of Medical services, 2009 the faith based health services account for 30% of health care coverage in Kenya and it is estimated that this percentage is higher in the rural areas of Kenya.

The three bodies also coordinate nurse training colleges and clinical medicine colleges in various parts of Kenya. These bodies act as the link between their affiliate health facilities and the two ministries responsible for health care in Kenya; the Ministry of Medical Services (MOMS) and the Ministry of Public Health and Sanitation (MOPHS). They are also the main linkages to Non Governmental Organizations and partners in the health sector. In 2009, SUPKEM, CHAK and KEC-CS signed a memorandum of understanding with MOMS and MOPHS that stipulates the operating relationships, mutual support and resource allocation from the government towards health care services delivered by their constituent health facilities (KEC, 2008). There are however other faith based health facilities that are registered with the Ministry of Medical Services that are not necessarily members of these three umbrella bodies and can be found in the Ministry of Medical Services health facilities list of 2009.

#### **Statement of the Problem**

The Ministry of Health (2008) report indicated that there has been and continues to be an acute shortage of health personnel including in faith based hospitals due mostly not to shortage of supply of such personnel but rather due to a freeze on recruitment that has been part of a wider fiscal policy effected by the Government of Kenya in the early 1990's. A study carried out in Malawi by (Hurst, 2002) focused on mobility of registered nurses between ages 25 and 30 and above 30 years old and showed that those aged 25 and 30 were more likely to leave as opposed to above 30 years and thus retention strategies should be focused more on these group.

A study on the human resource planning process in the health sector carried by Githua (2006) did not include participation by faith based hospitals. There is need for a study in this area to ensure this important sector is able to deliver on its mandate.

#### **Objective of the Study**

The objective of the study was to determine human resource planning practices in faith based hospitals in Kenya.

### **Contributions of the Study**

The findings of this study would be of value and interest to various stakeholders.

- a) Faith based hospitals and other health care facilities will benefit by implementing effective human resource planning practises.
- b) Human resource managers and planners will be enlightened on the extent of application of human resource planning practises in faith based hospitals in Kenya.
- c) The study will provide information that will be useful to Governments in the region in designing and implementation of human resource planning policies.
- d) Other researchers and students of human resource management, faith based hospitals and human resource planning will find this study a useful guide in carrying out more research in this area.

## **Research Design and Methodology**

A cross sectional survey research design was adopted with the target population being the heads of the Human Resource Management Function in 76 faith based hospitals that are listed in the Ministry of Medical Services health facility listing of 2009. A stratified random sampling design was adopted with the population being categorized into two categories as per the listing:-Primary hospitals and other hospitals. After categorization of health facilities, then random sampling under each category was done with 50% under each category being sampled. The sample size was thus 38 units with 13 units being faith based hospitals under the 1<sup>st</sup> strata and 25 units from the 2<sup>nd</sup> strata. Primary data was used with respondents requested to fill structured questionnaires with close ended questions.

## **Data Analysis and Findings**

### Characteristics of the Respondent

100% responses were received from the targeted 13 heads of human resources management in the primary hospitals category while there was an 80% response rate from the 25 targeted heads in the other hospitals. The majority of the faith based hospitals in the study had a bed capacity of 100 beds and above with staffing levels of over 100 full time employees. The respondents indicated that the hospital administrator handles the human resource function among other administrative duties.54% and 71.3% of primary hospitals and other hospitals respectively surveyed reported not having any kind of formal written human resource plans. Among the

facilities with formal written plans, 50% reported having revised these in the last two years, 18% in the last 3 to 5 years while 32% had not revised the human resource plans in over 5 years.

## **Human Resource Planning Practices**

#### Incorporation of human resource plans into overall strategic plans

Respondents were asked to indicate to which extent on a scale of 1 (not at all) to 5 (great extent) each human resource planning practice was practised in their hospital.46% of the faith based hospitals to a moderate extent incorporated human resource plans into overall strategic plans while 9% did not incorporate human resource plans into the overall strategic plans.

### Involvement in the human resource planning process

60% of the faith based hospitals indicated that only senior management was involved in the human resource planning process while only 12% had involvement of employees together with management.

### Incorporation of labour market statistics in human resource planning

The survey revealed that incorporation of labour market statistics in human resource was largely applied to a moderate extent with 42% of the respondents indicating that their hospital applied this practice moderately.

#### Calculation of staff entry projections

This is not widely practised as only 10% of the respondents indicated having applied this to either a great or very great extent. 75% indicated that this was not practised at all with hiring being needs based.

### Computation of staff exit projections

This was not a common practice with one of the respondents indicating "We never like to think about a nurse leaving and i think that is why we have not made it a practice to keep track of staff exits". Another respondent indicated that even though there is no tracking of exiting staff, there is always expectation especially after the government advertises for new jobs. 80% of the respondents had never computed staff exit projections.

### Use of retirement data for human resource planning

60% of faith based hospitals incorporated information from retirement and exit interviews to a great or very great extent.10% did not use this information at all with 20% using the information to a moderate extent.

#### Management awareness of employee skills

75% of the respondents indicated that they were aware, to a great extent, of the employee skills inventory and existing skills gaps with 63% of the designing training programs to address the gaps identified in the skills.

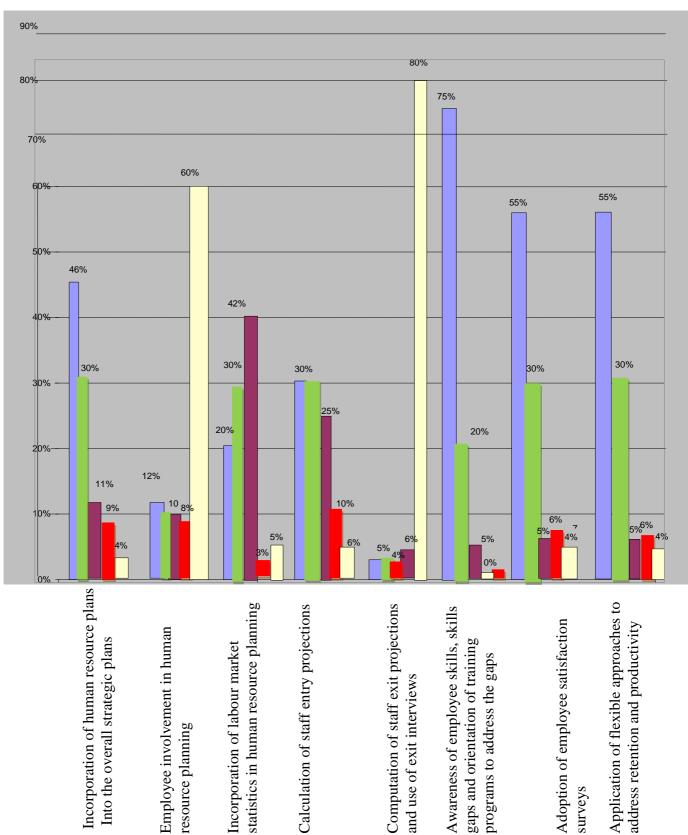
### Employee satisfaction surveys

75% of the respondents made use of employee satisfaction surveys for decision making to either a great or very great extent with 55% practicing this to a moderate extent, 9% to a low extent and 30% not using employee satisfaction surveys at all.

### Adoption of flexible approaches to address retention and productivity

Alternative staffing and work methods such as use of part time, shifts and subcontracting methods are employed to a great extent in 55% of faith based hospitals and 30% applying these strategies to a moderate extent and the rest low or none at all.

Figure 1: Human Resource Planning Practices in Faith Based Hospitals in Kenya



Employee involvement in human

resource planning

Incorporation of labour market

Into the overall strategic plans

Application of flexible approaches to Adoption of employee satisfaction surveys

Awareness of employee skills, skills

and use of exit interviews

gaps and orientation of training

programs to address the gaps

address retention and productivity

| KEY | SCORE | EXTENT            |
|-----|-------|-------------------|
|     | 5     | VERY GREAT EXTENT |
|     | 4     | GREAT EXTENT      |
|     | 3     | MODERATE EXTENT   |
|     | 2     | LITTLE EXTENT     |
|     | 1     | NOT AT ALL        |

## **Importance of Human Resource Planning**

The survey sought to establish the respondent's perception of the importance of human resource planning

**Table 1: Importance of Human Resource Planning** 

| Importance   | Mean | Std.      |
|--|------|-----------|
|  |      | Deviation |
| Addresses employee shortages and surpluses               | 3.3  | 0.32      |
| Advocacy for human resource financing                    | 3.1  | 0.88      |
| Highlighting competency and skills gaps in the hospitals | 2.9  | 0.67      |
| Improves employee retention                              | 2.9  | 0.71      |
| Encourages proactive Human Resource Management           | 2.8  | 1.16      |

The highly ranked reasons for human resource planning are to address employee shortages and surpluses (3.3) followed by advocacy for human resource financing (3.1), highlighting competency and skills gaps and improving employee retention each at (2.9) and encouraging proactive human resource management (2.8) respectively. The standard deviations are low indicating a close agreement in responses.

#### **Conclusion**

Human resource planning in faith based hospitals seems to largely apply to alternative staffing methods such as use of shifts as a major human resource practice while others such as calculation of staff entry and exit projections are only moderately applied. Human resource planning is largely carried out by hospital administrators with little involvement of non management

employees. Application of employee satisfaction surveys and exit interviews seems to play a big role in human resource planning in the faith based hospitals in Kenya and that such information is also used to enhance retention and productivity in the hospitals as part of their human resource planning efforts.

Human resource planning is important for faith based hospitals especially for addressing employee shortages and surpluses, advocating for human resource financing, highlighting competency and skills gaps, improving employee retention each and encouraging proactive human resource management.

#### **Recommendations**

To address the staffing gaps and on-going workforce shortages particularly in the health sector there is need to deliberately focus on sound human resource planning practices a way of addressing major staffing shortages in faith based hospitals in Kenya.

### Suggestions for further research

The study focused on human resource planning practices in faith based hospitals. It would be useful to investigate other elements of human resource management to complement this study.

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