

Factors Hindering Health Professionals from Achieving Hospital Goals at Moi Teaching and Referral Hospital, Kenya

Sr. Lucy Wanza

Lecturer Faculty of Commerce
Catholic University of Eastern Africa
Gaba Campus
PO Box 908 – 30100
Eldoret
Kenya

Festus M. Mwakesi

Bachelor of Commerce Student
Catholic University of Eastern Africa
Gaba Campus

Abstract

Effective management of hospitals and other healthcare institutions all emphasize a broadly accepted mission of measured performance, continuous quality improvement and responsiveness to the needs of patients, physicians, employees and community stakeholders. It is against this fact that this study aimed to investigate the factors hindering health professionals on management of Moi Teaching and Referral Hospital (MTRH), Eldoret in Kenya. The study adopted the contingency theory to guide the study and employed a case study research design. The study targeted 43 doctors who were in management positions. Data was collected using questionnaire. Analysis was done using descriptive statistics and presented using tables. The findings indicated that all the health professionals were trained on management skills during their formal study. The findings also indicated that the health professionals recruit or work with HR personnel to help them manage the hospital. The study revealed that the factor of playing double roles takes most of their work time hence less is achieved in terms of performance by the health professionals. It was concluded that many factors hinder health professionals in performing managerial duties and at the same time performing their daily schedule of their health profession. Such factors included management skills, human resource development, double roles and on job training challenges. The study recommended that the education system in Kenya should develop management curriculum for health professionals in order for them to easily handle their tasks on health care systems and to incorporate the human resource personnel to assist health care professionals in the management positions.

Keywords: Management of Hospitals, Health Professionals, Management Skills

Background of the Study

A hospital is an institution for medical treatment, appropriately staffed and equipped to provide diagnostic and therapeutic services in general medicine and surgery or in some circumscribed field of restorative medical care, together with bed care, nursing care and dietetic service to patients requiring such care and treatment. Hospitals are mainly the focal points of service delivery to the public, education for the health professionals and clinical research necessary for advancement of the field of medicine. Thus, the hospital is one of the most complex administrative organizations to manage and therefore it requires a thorough knowledge of the hospital set-up, peculiar conditions prevailing in hospital administration (Goyal, 2006).

With the increasing complexity of medical care and acceptance of the hospital as a service, adjunct services to supplement the usual medical and nursing care are being developed. Since modern hospitals have to perform more complex functions, employ highly skilled personnel and provide better facilities, their organizations have grown increasingly complex and their operations more costly.

These, together with developments outside the hospital have in turn led to new phenomena and situations such as the appearance of hospital administration and human resource management as professions, an advent of voluntary pre-payment plans for hospital service and medical care and a more prominent role of government at all levels in the hospital field. The kind of hospital, its size, environment and other variations create radically different types of situations and challenges of administration. While the science of administration is common to all institutions, the art of its application requires a wide and varied knowledge and a varying degree of emphasis on particular administrative skills for the health professionals (Shulz, 1993).

Hospital-specific management practices are strongly related to a hospital's quality of patient care and productivity outcomes. Sheldon (1995) argues that improved management practices in hospitals are associated with significantly lower mortality rates and better financial performance. There is a wide variation in hospital management scores across countries relative to their health expenditure, yet there is significant variation in the quality of hospital management practices within a country which is much greater than the average differences across countries. This suggests a great opportunity for improving poorly performing hospitals (Blaise & Kegels, 2004).

On a global perspective, a research team of more than 40 interviewers conducted interviews with almost 1,200 hospitals in Canada, France, Germany, Italy, Sweden, the United Kingdom and the United States. The team also collected hospital-level outcome statistics where they are available publicly mostly in the United States and United Kingdom. As a result of this research, a strong relationship was established between specific hospital management practice scores and specific hospital health outcomes. The management practices assessed during this research were those determining how well hospital operations, performance, and talent were managed. It was found that hospitals with higher management-practice scores had better clinical outcomes as well as higher levels of patient satisfaction and better financial performance. For instance, in the United Kingdom a one-point improvement in the management-practice score is associated with a 6 percent fall in the rate of deaths from chronic diseases (Nieneber, 2006).

The African context of management practices of hospitals is illustrated in the way the continent has undergone a major transformation of its health services over the last decade, moving from a highly fragmented inequitable system to one based on the equitable district health system. The district hospitals can be described as the backbone of health care in African countries' health system. Thus, the effective management of local health facilities such as district hospitals is essential for the implementation of health policy in Africa. Despite major achievements, the transformation has not been achieved smoothly as there has been and still is some disorder and disorganization. There has been a lack of management capacity to implement the health policies and programmes required for an effective health system (Sheldon, 1995). Freel (2012) argues that there's no doubt a hospital administrator's job is difficult and demanding, and it's only getting tougher. As competition and expenses increase, hospital executives must prepare administrators to effectively lead during a time of transformational change in our healthcare system. Freel identified five challenges that health professionals must overcome in order to successfully improve patient care while maintaining fiscal responsibility: Compete for healthcare professionals; specialize for growth; prepare for the future; improve patient care through technology and Managing Medicare and Medicaid.

Kenya's Ministry of Health (MOH) commitment to address the inherent constraints in the health sector has included deliberate decentralization efforts aimed at strengthening the effective implementation of activities at the district level, and fostering closer coordination and collaboration amongst the line ministries, donors, organizations, health professionals and other stakeholders. Among these efforts, local District Health Management Boards (DHMBs) and District Health Management Teams (DHMTs) gradually assumed responsibilities for the operation of the facilities under their jurisdiction through a single line grant, annual work plans, and procurement plans. Through the various health sector strategic plans, the MOH committed itself to decentralization by providing increased authority for decision-making, resource allocation, and management of health care to the district and facility levels (Ministry of Health, 2002).

Moi Teaching and Referral Hospital (MTRH) is the second National Referral Hospital in Kenya. It is located in Eldoret, in the Rift Valley Province of Kenya. It was opened in 1917 as a cottage hospital and it was not until the establishment of Moi University in 1984 and the subsequent establishment of the Faculty of Health Sciences at the University that the hospital elevated from a district hospital to a teaching and referral institution.

The hospital has an 800 bed capacity and receive patients from western Kenya, parts of Eastern Uganda, and the Southern Sudan.

Statement of the Problem

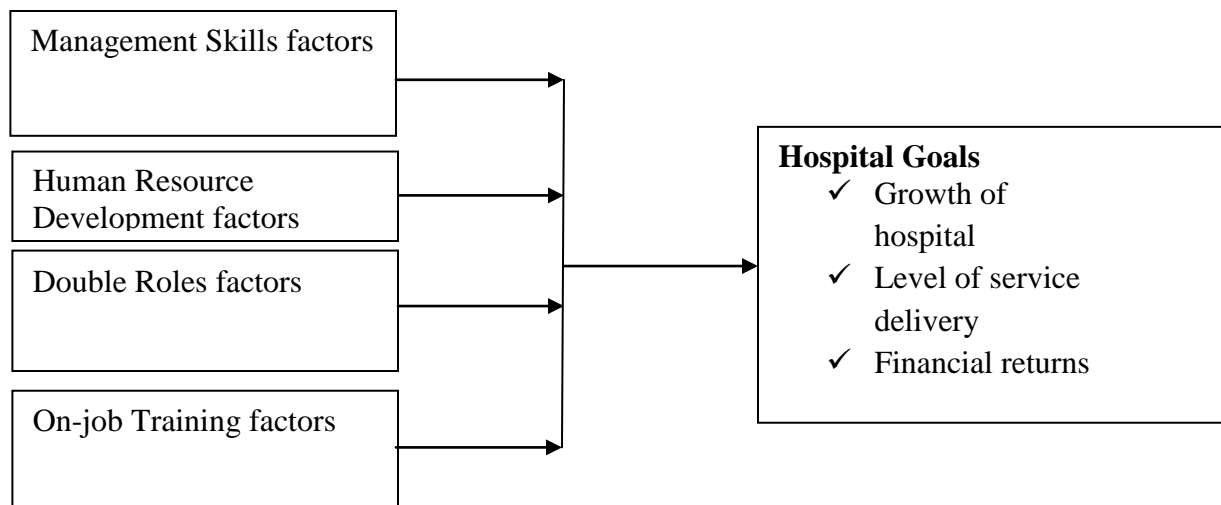
In recent years, there are a number of developments in hospital environment in Kenya that has created many challenges for health care executives, commanding hospitals to change their strategies, structure, systems, as well as the way they provide health care. A survey conducted by the Ministry of Health in Kenya found that 61 per cent of health managers were found inadequately prepared for their leadership and management roles, a scenario that negatively affects health service delivery. Untrained health managers have emerged as the biggest impediment to service delivery. Their lack of knowledge on management has led them to unconsciously mismanage health facilities, resulting to loss of money and most importantly lives of people (Situma, 2013).

Ideally, effectiveness of health service provision, especially within a decentralized health framework, depends on the strength of the district-level health institutions' management. There is need to assess the current effectiveness of the Kenyan hospitals' management systems in meeting their responsibilities in order to enhance the services of the health sector (Onyango et al, 2001). Research on the management of hospitals has in the past largely focused on technical, economic and infrastructural issues where process issues are discussed at a macro level, looking at how policy is implemented in the health sector, rather than the management process at a hospital. Freel (2012) noted that hospital administrators are responsible for making sure hospitals operate efficiently and provide quality medical care to patients. As a result, they must keep up with advances in medicine, technology and government regulations and policy changes. This is particularly important because factors that influence the motivation of health providers and managers are essential in effective healthcare reforms. Literature from these studies has therefore failed to highlight the key factors that face health professionals in management of hospitals in Kenya (Onyango et al, 2001). This study therefore focused on factors that hinder hospital professionals at Moi Teaching & Referral Hospital from achieving hospital goals. It sought to understand how hospitals managers, who are also health professionals, manage to strike a balance between their professional health care provision and management duties of running the hospital at Moi Teaching & Referral Hospital in Eldoret, Kenya.

Research Objectives

The objective of the study was to determine the factors that hinder health professionals from achieving hospital goals in Moi and Teaching Referral Hospital in Eldoret.

Conceptual Model



Source: Researchers, (2014)

Literature Review

The challenges facing Health Care Organizations and Health Care Professionals today are more complex than at any other time in our history particularly within the context of globalization and social, political and economic changes.

Today's Health Care Manager not only has to be competent in the traditional practices of management and leadership but also competent, knowledgeable and strategic in his/her approach to adapting their organization to the changing and often confusing challenges confronting today's Health Care environment. The Health Care Management specialization focuses on both the traditional components of effective management and leadership along with the specific and unique components of a changing and evolving health care system.

Previous research as provided by Osbourne (2011) shows that front line managers face challenges around self identity, particularly for those in hybrid clinical-managerial roles, and around the negative perception of management in general. They also have problems with human resources, lack of organizational support, and with too many systems and processes that are inadequate, outdated, complex, or simply inconsistent with their responsibilities. Other challenges according to Osbourne include lack of preparation for managerial roles, balancing priorities, work pressures, lack of recognition, role conflict, and the absence of power, influence and authority. Osbourne further pointed out that middle managers faced challenges around self-identity, negative perceptions of the management role and human resources issues. They also experienced a lack of involvement in decision making and felt challenged by hierarchical organizational structures which inhibited their authority over particular groups. Other challenges included role ambiguity and conflict, work pressures, job insecurity, work relationships, organizational communication, and conflicting government directives such as having cleaner hospitals, but being under pressure to save money by hiring fewer cleaners.

Managers struggle to maintain their professional identity, especially hybrids who see themselves primarily as clinicians. They often see their clinical role sidelined by managerial responsibilities (Paliadelis, 2008). Dopson (1996) argues that inherent tensions exist between the professional values of clinical and medical staff, and managerial demands for efficiency, cost control, and resource reallocation.

The negative perception of management in healthcare presents several challenges to middle and front line managers, especially as this stereotype is held both by the public and by colleagues (Preston & Loan-Clarke, 2000). Llewellyn (2001) argues that clinicians who take up management positions risk loss of respect and clinical visibility; they have to work to dispel suspicions that choosing a managerial track is not because they lack the ability to progress in their clinical careers. For hybrids, management values are seen as conflicting with their professional and personal values. The management role is also seen as one of increased pressure with no tangible rewards or recognition for the additional responsibilities.

Many hospitals have problems recruiting enough appropriately skilled staff, and also retaining current high performing managers (Loo and Thorpe 2004; Savage and Scott, 2004). The research suggests that managers sometimes feel that their role lacks definition, compounded by the lack of definitive job descriptions. A study by Llewellyn (2001) on challenges faced by managers showed that middle managers faced challenges around self-identity, negative perceptions of the management role and human resources issues.

Factors Based on Management Skills

Akrani (2011) points out that generally, [management](#) is a challenging job. It requires certain skills to accomplish such a challenge. Thus, essential skills which every manager needs for doing a better management are called as Managerial Skills. Akrani further observed that according to Professor **Robert Katz**, there are three [managerial](#) skills: technical, human and conceptual skills. A technical skill is the ability to perform the given job. Technical skills help the managers to use different machines and tools. It also helps them to use various procedures and techniques. The low-level managers require more technical skills. This is because they are in charge of the actual operations. Human relations skills are also called **interpersonal** skills. It is an ability to work with people. It helps the managers to understand, communicate and work with others. It also helps the managers to lead, motivate and develop team spirit. Human relations skills are required by all managers at all levels of management. Conceptual skill is the ability to visualize (see) the organization as a whole. It includes Analytical, Creative and Initiative skills. It helps the manager to identify the causes of the problems and not the symptoms. Apart from Prof. Robert Katz's three managerial skills, Akrani points out that a manager also needs (requires) following additional managerial skills: Communication skills; administrative skills; leadership skills; problem solving skills and decision making skills.

A study by Sriratanaban et al., (2000) on the management of public hospitals in Thailand pointed out that generally there is demand of more efficiency in public hospitals. Hospitals are generally managed by medical doctors who have mostly acquired their skills by learning-through-doing.

The cultural and political environment does not simply allow applying modern management approaches. The officially proclaimed management autonomy of hospitals for example is rarely implemented. At the same time, health care reform and the establishment of national health security schemes are changing consumers' demand for quality services and competition between providers increases. Improvements in the way public hospitals are managed must be considered seriously.

Factors Based on Human Resource Development

Human resource management (HRM) is the management of an organization's workforce, or human resources. It is responsible for the attraction, selection, training, assessment, and rewarding of employees, while also overseeing organizational leadership and culture, and ensuring compliance with employment and labor laws.

According to Sivakumaran (2013) in spite of technological advancements, one cannot rule out the importance of manpower in hospitals. Latest and modern technologies cannot substitute the contribution made by specialized manpower in the healthcare industry. To err is human, goes the old adage, probably suggesting that one need not make a big deal of mistakes committed. However, in healthcare mistakes can prove quite grave, with fatal consequences for the patient. Hence, healthcare staff should have the ability to follow and implement safe and ethical practices with highest level of technical competency. There are many challenges before the human resource department of a hospital. Sivakumaran observed the following HR challenges: shortage of workforce; training and retention of employees; developing multi-tasking workforce; developing second line staff; managing young workforce and accountability of workforce.

Human Resource Management has a place of great importance. Hence, besides other resources human resources need more development. Human resources can increase cooperation but it needs proper and efficient management to guide it. Importance of personnel management is in reality the importance of labour functions of personnel department which are indispensable to the management activity itself. Because of the following reasons human resource management holds a place of importance: it helps management in the preparation adoption and continuing evolution of personnel programmes and policies; it supplies skilled workers through scientific selection process; it ensures maximum benefit out of the expenditure on training and development and appreciates the human assets; it prepares workers according to the changing needs of industry and environment; it motivates workers and upgrades them so as to enable them to accomplish the organization goals. Through innovation and experimentation in the fields of personnel, it helps in reducing costs and helps in increasing productivity. It contributes a lot in restoring the industrial harmony and healthy employer-employee relations. It establishes mechanism for the administration of personnel services that are delegated to the personnel department.

Factors based on Double Roles

Double roles are a widespread construction where job-related issues interact with the operator to either enhance or disrupt the physiological or psychological conditions. Researchers have examined stress caused by double roles in a broad range of professional groups; for instance: pilots, nurses, accountants, teachers, university staff and managers. Thong and Yap (2000) states that although usually managers are aware of high turnover and workforce shortages of staff, a few know that the major source of high turnover and job dissatisfaction is occupational stress. The harmful effects of occupational stress are known as key problems for either employees or organizations. For employees, experiencing stress regularly contributes to the burn-out, risk of accidents and illnesses like hypertension, coronary heart disease and severe depression. In organizations, stress related problems cause poor quality of performance, lower job satisfaction, high turnover and increased work absence.

In an organization, a high level of quality of work is necessary to continue to attract and retain clients. Quality of work is mainly defined as satisfying customer's needs via the resources, activities and outcomes that arise from involvement in the workplace. Rethinam and Ismail (2007), reviewed different researches about definitions and constructs of quality of work and designated that it is a multi-dimensional construct and is made of a number of inter-related factors. Normala (2009) proposes that the key constructs of quality of work results from higher payment, job security, better reward systems, growth opportunity and participative groups among others. An organization that fails to avail such conditions to its employees will definitely face the challenge of poor quality services or goods getting to the market.

Factors Based on Job Training

Workplace literacy today is defined as much more than the three Rs of reading, writing and arithmetic, or physical strength and a strong work ethic. Modern work environments require good communication skills, the ability to work in a team, time-management skills, the ability to adapt to change, and to work with people from diverse cultures (Johnson, n.d).

Training presents a prime opportunity to expand the knowledge base of all employees, but many employers find the development opportunities expensive. Employees also miss out on work time while attending training sessions, which may delay the completion of projects. Despite the potential drawbacks, training and development provides both the company as a whole and the individual employees with benefits that make the cost and time a worthwhile investment. By equipping workers with a modern skill set, employers gain operational effectiveness and efficiency. Through good communication and teamwork skills, employees are better able to work across job functions, to apply information, and to think critically and act logically. Trained employees are able to adapt to change which is a must in today's economy.

Halepota and Shah (2011) noted that increasing dynamic technological and communication net working environment today reflects to employee attitudes and behaviours with respect of their inputs. Employee motivation is an important and critical issue specifically for health organization where they relate to patients. This study focused on the employee perception regarding procedural justices, on job training, esprit de corps, and job clarity variables towards job satisfaction in a developing country. The findings showed significant and positive impact of procedural justices, on job training, esprit de corps for job satisfaction. However, employees reported less job satisfaction with their jobs due to lack of job clarity in a developing country.

Engaged, motivated employees are more likely stay in their jobs, and reduction on employee turnover boosts the bottom line. A study on managerial responsibilities by Dopson (1996) revealed that inherent tensions exist between the professional values of clinical and medical staff, and managerial demands for efficiency, cost control, and resource reallocation. From the previous studies little has been documented on factors hindering health professionals in managing hospitals in Kenya; this is the gap the study sought to fill.

Research Methodology

The study adopted case study design. The study targeted the doctors of MTRH in management positions. The target population was 43 doctors of Moi Teaching and Referral Hospital and were all selected to participate in the study. The study used questionnaires as the primary data collection tool. The data was analyzed and interpreted using descriptive statistics (both qualitative and quantitative) to achieve the objectives of the study. This was presented in terms of means, frequencies and percentages.

Findings of the Study

The findings revealed that health professionals are trained on management skills during their training and health professionals seeking to manage hospitals are trained on management skills when they get to the top management positions. The findings were interpreted to mean that health professionals needed management skills in order to pursue their day to day challenges in their profession. The study revealed that doctors promoted from direct care roles, are often not given formal training for their new roles but expected to perform. Clinical aspects are usually addressed but management needs are rarely identified or seen as a priority. It is assumed health professionals gain these skills on the job. This hinders health professionals to achieve their clinical outcomes, patients' satisfaction and hence financial performance.

The study indicated that there is a significant relationship between the management skills and the success of health professionals. This meant that the success of health professional in management can be determined by their management skills. The study noted that at times health professionals train themselves on how to handle staff and there was an opinion that health professionals need to understand all human resource management concepts.

The study indicated that double role consumes time for the health professionals, reduces employees' perception of the health professional and there is little concentration at work due to the double roles and health professional are torn in between health provision and management duties. In contemporary health services, there is undoubtedly a great deal of pressure on those in management positions.

Health professionals have often faced the pressure to design, or redesign, its workflows to be more efficient and effective to achieve their organizational goals. This pressure comes mainly from having to cope with considerable changes both internally and in the external environment. The study indicated that most of the health professionals are capable of handling their double roles as medics and management of the hospitals. However, this was very challenging and it implied that the health professionals have to work extra hard, burn the midnight oil in order to achieve the goals of their profession. The findings were interpreted to mean that on-job training plays a vital role in the management of hospitals by health professionals. A well managed training in the workplace vastly improves the performance of hospitals, health professionals will gain skills which will assist in managing their organizations.

On the need for HR by health professionals in managing hospitals, the study showed that the human resource should oversee the recruitment of health professionals; they should also oversee the motivation of staff and the recruitment of new staff, training of the health professionals was also highlighted. This will assist in the smooth running of all departments of the hospital.

Conclusion

From the findings it was concluded that many factors hinder health professionals in doing management and at the same time performing their daily schedule of their health profession. Management skills in their field determine whether they will manage their roles or not. Health professionals who have no management skills ought to get trained on management so that they may get into their management positions.

Human resource development is also a challenge for the health professionals in their management positions. The HR personnel work with the health professionals to manage their organizations thus giving the professionals easy time in the management position. With the help of HR personnel the health professionals are in a position to be trained in order to acquire knowledge on management practice.

Double roles are seen to hinder health professionals in the management position. This makes them have little concentrations on their work of management thus may fail. Double roles deprives the health professional the time to be in the management as it gives him/her more concentration on other duties rather than management.

On- job training assists non manager's health professionals to be managers, job training enables the health professional to gain skills on the field of management hence get an easy task in the management of hospitals.

Recommendations of the Study

Following the findings and conclusions, the study made the following recommendations:-

- i. The education system should develop a management curriculum for health professionals in order to them to easily handle their tasks at the career level.
- ii. Health care systems should incorporate the Human resource personnel to assist health care professionals in the management positions.
- iii. Health care organizations should hire more professionals who will assist health professionals in easing their work load hence get a chance of being in the management position.
- iv. Health care organizations should include on-job training for their employees so as to assist them develop their career effectively.
- v. Health professionals need ample time to concentrate on their work.

References

- Akrani, G., (2011). Management Skills – Conceptual, Human Relations and Technical Skills. Retrieved on 23/6/2013 from <http://kalyan-city.blogspot.com/2011/06/managerial-skills-conceptual-human.html>
- Blaise, P. and Kegels, G., (2004). A realistic approach to the evaluation of the quality management movement in health care systems: a comparison between European and African contexts based on Mintzberg's organizational models. *International Journal of Health Planning and Management*. Vol 19 issue 4 DOI: 10.1002/hpm.769.
- Dopson, S., (1996). 'Doctors in management: a challenge to established debates', in Hughes, M. and Glover, I.(eds) *Beyond Reason? The National Health Service and the Limits of Management*, Avebury, Aldershot, pp.173-87.
- Freel, M., (2012). Challenges Hospital Administrators Must Overcome to Succeed in Today's Rapidly Changing Industry. Retrieved on 27/6/2013 from: <http://www.beckershospitalreview.com/hospital-management-administration>
- Goyal, R. C. (2006). *Hospital Administration and Human Resource Management*. 4th Ed. New Delhi: Prentice-Hall.
- Halepota, J.A., and Shah, N., (2011). An empirical investigation of organizational antecedents on employee job satisfaction in a developing country. *Transforming Government: People, Process and Policy*, Vol. 5 Iss: 3, pp.280 – 294. Emerald Group Publishing Limited. DOI [10.1108/17506161111155414](https://doi.org/10.1108/17506161111155414)
- Llewellyn, S. (2001). Two-way windows: clinicians as medical managers, *Organization Studies*, vol.22, no.4, pp.593-623.
- Loo, R. and Thorpe, K. (2004). Making female first-line nurse managers more effective: a Delphi study of occupational stress. *Women in Management Review*, vol.19, no.1/2, pp.88-96.
- Ministry of Health (2002). University of Nairobi, Population Council. A demonstration project on approaches to providing quality maternal care in Kenya: Findings from a baseline survey in four districts in Western province, Kenya. Nairobi, Kenya.
- Ministry of Health (2006). *Reversing the trends, The Second National Health Sector Strategic Plan of Kenya: Annual Operational Plan 2006/07*. Nairobi, Kenya.
- Nieneber, J., (2006). *Operations Management*. New Delhi, Prentice-Hall.
- Normala, D., (2010). Investigating the relationship between Quality Work Life and organizational commitment amongst employees in Malaysian firms. *International Journal of Business and Management*, 5(10): 75-82.
- Onyango-Ouma, et al., (2001). An evaluation of health workers for change in seven settings: a useful management and health system development tool. *Health Policy Plan*. 2001 Sep;16 Suppl 1:24-32. Retrieve on 2/4/2013. From <http://www.ncbi.nlm.nih.gov/pubmed/11599666>
- Paliadelis, P. (2008). The working world of nursing unit managers: responsibility without power. *Australian Health Review*, vol.32, no.2, pp.256-64.
- Preston, D. & Loan-Clarke, J. (2000). The NHS manager: a view from the bridge'. *Journal of Management in Medicine*, vol.14, no.2, pp.100-8.
- Rethinam, G., and Ismail, M. (2008). Constructs of quality of work life: A perspective of information and technology professionals. *European Journal of Social Sciences*, 7(1): 58-70.
- Thong, J. Y. L., and Yap, C. S., (2000). Information systems and occupational stress: a theoretical framework. *Omega; The International Journal of Management Science*, 28(6): 681-692.
- Savage, J. & Scott, C. (2004). The modern matron: A hybrid management role with implications for continuous quality improvement', *Journal of Nursing Management*, vol.12, pp.419-426.
- Sheldon, A., (1995). *Organizational issues in health care management*. New York: Spectrum.
- Situma, E., (2013). New dawn for doctors with a dream of managing hospitals. Retrieved on 14/6/2013. From: <http://www.businessdailyafrica.com/New-dawn-for-doctors-with-a-dream-of-managing-hospitals/-/539444/1678820/-/jrdc2i/-/index.html>
- Sivakuraman, J., (2013). HR Challenges in Hospitals. Cited on 23/5/2013. From <http://healthcare.financialexpress.com/life/2063-hr-challenges-in-hospitals>
- Sriratanaban et al (2000). Situational analysis of the health insurance market and related educational needs in the era of healthcare reform in Thailand. *Journal of Medical Association of Thailand* 2000. 83(12): 1492 – 1501.