

Strategic Human Resource Management: A Precursor for Promoting Quality Service Delivery in Tanzanian Referral Hospitals

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Abstract

The role of strategic human resource management (SHRM) on organization performance has received increased attention across the global in recent years. However, much is still unknown particularly in developing countries and specifically in the health sector. Therefore, the thrust of this study is to investigate the role of SHRM practices in improving provision of quality health services in Tanzanian referral hospitals. In this study, a qualitative study design with face-to-face interviews was carried out entirely by researchers to ensure consistency in questioning and probing. Experience survey design was adopted where key informants were picked purposively basing on their knowledge and experience in dealing with human resource management issues in the hospital. Collected data were subjected to qualitative conventional content analysis. Results showed that SHRM practices such as professional development, employee compensation, supervision and performance evaluation increase not only knowledge, skills and competencies, but also changes positively employees' attitudes and behaviours by creating satisfaction, commitment, motivation, intention to remain and enthusiasm, all of which result into increased level of individual performance. This enhances quality dimensions of responsiveness, reliability, tangibility, assurance and empathy directly and indirectly. It is therefore concluded that to provide quality health services and achieve long-term goals and vitality, referral hospitals should proactively cherish a strategic approach to the management of human resources and invest in such practices as professional development, employee compensation, supervision and performance evaluation. Their struggle should be directed in influencing actions and behaviours of employees to build a workforce capable and committed to deliver exceptional health services to achieve competitive edge.

Keywords: Strategic human resource management, Human resources, Referral hospitals, Tanzania health system, Quality service delivery.

Introduction

The impact of strategic human resource management (SHRM) on organizational performance has received increased attention across the global in recent years. Many scholars world-wide have recognized the vital role SHRM plays in improving organizational performance (Lin & Liu, 2016). The main argument is that SHRM practices enable organizations achieve sustainable competitive advantage because it ensures the organization with skilled, knowledgeable, competent, committed and well-motivated employees who can perform to achieve organization goals. In effect, the proliferation of SHRM was intended to reverse the traditional HRM under which people were managed like any other resources and were not considered as strategic asserts to the performance of an organization. Therefore, the roles of HRM professionals were administrative and regarded as expensive to an organization and not as an integral part of the core functions in the organization. In contrast, SHRM focuses more on the fit between human resources, management practices and organizational strategic goals with the main focus on the management of internal resources (human resources) to make organizations successful (Mitchell et al., 2013). The aim is to increase efficiency and effectiveness in performance by relying on conditions that encourage employees' involvement in

decision making and commitment to the goals of an organization and their willingness to exert considerable efforts to achieve organization goals. This signifies that SHRM places more emphasis on investments in human capital to enhance employees' productivity than traditional HRM. As such, it impacts multiple measures of organizational performance including reduced turnover, absenteeism, increased employee productivity and market value.

Although various scholars have recognized the role of SHRM on organization performance across the global, there is much that is still unknown particularly in developing countries and specifically in the health sector.

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This is because various scholars have indicated that African continent is facing serious human resource management challenges in the health sector and that Sub-Saharan Africa is highly affected (Ang, et al., 2013; WHO, 2015). It is witnessed by inappropriate application of SHRM practices that results into severe shortages of human resources that affect the ability of many hospitals to initiate and sustain credible health services. For instance, estimates show that by 2015, Tanzania had less than half the required health workforce (MoHSW, 2014), the shortage of which confronts accessibility to quality health services. Among the factors perpetuating this shortage include but not limited to poor working conditions, limited opportunity for career growth, low motivation and commitment among health workers, lack of accommodation, poor supervision and inadequate performance evaluation and feedback (Sirili & Simba, 2021). In spite of the several reforms, policies and strategies developed and implemented to address health problems mostly in developing countries and Tanzania in particular, little attention has been given to the management of human resources (Shemdoe et al., 2016).

This becomes an indication that SHRM is the most misunderstood and poorly implemented strategy in the health sector. For instance, the reviewed literature has indicated that many hospitals in developing countries face human resource management challenges including human resource shortages, attrition, absenteeism, low morale and commitment all of which can be mitigated through proper implementation of SHRM practices (Swere, 2016). This implies that although hospital management recognizes that employees are critically important asserts to the performance of the hospital, many of them frequently neglect the management systems, practices and processes needed to support this important resource. It is also propelled by little empirical data available on the extent to which SHRM practices can be used to address human resource management challenges in the hospitals even though there are overwhelmingly evidence of human resource management challenges. Lack of studies to link SHRM and provision of quality health services could deleteriously affect the development strategy in the health sector of any country and without proper studies in this field may contribute to weakening the overall performance of hospitals.

In Tanzania, the indispensable role of SHRM on health service delivery was given a due consideration since independence in 1961. Tremendous efforts have been made to develop a national health system committed to the provision of quality health services. Among the strategies undertaken to improve health service provision include construction of healthcare facilities from the national level down to community level (making the health system assume a pyramidal pattern). Other strategies include but not limited to construction of clinical schools or university hospitals with complex combination of clinical care, teaching and research, introduction of various training programmes to update health care professional skills and knowledge for better healthcare provision, designated incentives (both financial and non-financial incentives) to motivate healthcare workers, together with proactive recruitment of health professionals committed to deliver quality health services (Swere, 2016; Manzi et al., 2012; Kwesigabo et al., 2012; Munga & Maestad, 2009).

But the economic hardships of 1980s in Tanzania affected severely the provision of quality health services (Wangwe & Semboja, 1998). This led to among others shortage of health workers, low wages and incentives for health workers, shortage of drugs, equipment, medical supplies and the overall deterioration of health infrastructure that affected morale, motivation, commitment and productivity of health workers. In 1990s the government started to rejuvenate the situation by implementing health sector reforms programmes (HSRs) which were aimed at among others to create and sustain greater satisfaction of health service consumers and

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providers and improve performance of the health system and quality to make health services accessible, sustainable, effective and efficient.

In this case, referral hospitals which were positioned at the highest order level of health service provision with health specialists and services that are non-existent in other lower-level hospitals were to provide quality health services to meet the expected needs of the customers. Thus, from 2001 the government started to implement rehabilitations and organizational reforms aimed at transforming these hospitals into modern entities that could provide effective, affordable and accessible quality services and supports teaching and research through committed and satisfied clientele (Muhondwa et al., 2008).

According to the Ministry of Health and Social Welfare (MoHSW) Health Sector Strategic Plan (2009/2015), referral hospitals were to be more accessible to patients who need advanced care, have quality assurance unit to promote quality and improve human resource management for better performance. Together with health service provision, referral hospitals were to be centers for training health professionals and conduct research. They were also required to provide support services to lower level hospitals. Therefore, SHRM was incorporated as an indispensable factor for better performance through the introduction of a new Public Service Act No. 8 of 2002; Public Service (Amendment) Act, No. 18 of 2007; Employment and Labour Relations Act No. 6 of 2004; Workers' Compensation Act No. 20 of 2008; National Health Insurance Fund Act No. 5 of 2012 and many others. The intention was to provide a better way of managing public servants for effective performance.

The government also introduced performance-based systems to improve motivation and productivity of health workers, continuing professional development to keep health workers updated in terms of knowledge, skills and competencies. All these opened a door for more incentives to health professionals including annual salary increment to retain health professionals, flexible work schedules, provision of housing for specific high-level health professionals, National Health Insurance Fund (NHIF)-performance payment and many others. The intention was to ensure better integration of SHRM practices to the public organizations and that health workers are motivated, committed and work to achieve performance excellence. Therefore, referral hospitals were expected to provide quality health services to cater for services provided in lower level hospitals.

Despite all these efforts, however, anecdotal evidence shows that referral hospitals still have difficulties in providing quality health services. This is evidenced by the long queues of patients and overcrowding in such places as laboratories, pharmacies and wards. Patients take long hours or even days to see specialists owing to the patients-specialists imbalances (Khamis & Njau, 2016). It is also noted that a lack of career development, a lack of uniformity in the provision of financial incentives to health workers, fixed budgets and staff working for long hours are among the factors preventing health workers from providing quality health services (Manzi et al., 2012). The literature reviewed has also shown that health workers lack motivation and commitment to comply with the standards owing to the frequent unavailability of necessary resources, inadequate performance evaluation and feedback, non-participation in decision making processes and a general lack of concern for workers welfare by hospital management (Sirili et al., 2014).

The most recent strikes by doctors in 2012 expressing their dissatisfaction not only with their low salaries but also the conditions under which they work, resulting in provision of compromised services where patients suffered, mirrored out the situation. The most recent and frequent managerial changes carried out in these hospitals (2015-2020) also show people's dissatisfaction with the services provided. All these problems are indicative of the underutilization of the skilled human resources in these hospitals. These problems can be eliminated and or reduced if SHRM practices are exploited to the maximum. There is a dearth of empirical evidence indicating how the implementation of SHRM practices motivates workers, helps to retain them and influence their performance.

Lack of studies to link SHRM practices and provision of quality health services could send clear signals to hospital management and other practitioners that investment in SHRM practices is not something to hold a leash. In return, employees may feel that they are not valued and cared for. This may result into bad retaliation

from the employees by going slow, striking, attrition or engaging in other businesses to supplement their income while failing to provide good care to patients to meet quality dimensions of responsiveness, reliability, tangibility, assurance and empathy. Such situation may deleteriously affect health service provision by disrupting service delivery processes, training and development programs, performance evaluation processes, increased morbidity, and mortality of patients together with loss of public confidence in the facility. Astonishingly, such effects could snowball to the populations' productivity level and without appropriate measures results into stagnated economic growth of the country. This situation calls for a study to investigate the role of SHRM practices on promoting provision of quality health services in Tanzanian referral. hospital.

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Methods

An exploratory study design with qualitative approach was conducted to investigate the role of SHRM practices on promoting quality health service delivery in Tanzanian referral hospitals from May 2019 to July 2019. The main purpose was to gain new insights and better understanding on how SHRM practices impact quality health service delivery. This qualitative approach was considered imperative for this study because it provides the possibility of obtaining multiple views and perceptions of the subject matter from the participants. As such, it enabled researchers to gain in-depth and comprehensive information to understand the subject matter.

The study was conducted in four zonal referral hospitals (Table 1). The reason for their inclusion is that they are at highest administrative level in Tanzanian health system. As such, they provide outreach services and conduct clinical supporting supervision to the lower level hospitals in their respective zones. Therefore, their adoption and implementation of SHRM practices are more covered and advanced than the adoption and implementation of the same at the lower level hospital.

Table 1: Zonal Referral Hospitals in Tanzania

Zone	Regions served	Hospital
Eastern Southern zone	and Dar es Salaam, Morogoro, Pwani, Mtwara and Lindi	Muhimbili National Hospital
Northern Central zone	and Kilimanjaro, Arusha, Manyara, Kilimanjaro Tanga, Singida and Dodoma	Christian Medical Centre
Western and Lake zone	Mwanza, Kagera, Mara, Shinyanga, Simiyu, Kigoma, Tabora and Geita	Bugando Medical Centre
Southern Highlands and Southern West zone	Mbeya, Iringa, Njombe, Rukwa, Songwe, Katavi and Ruvuma	Mbeya Referral Hospital

Source: MoHSW Country Profile, 2013

Data for this study were collected from the key hospital management staffs who are dealing with human resource management issues. Specifically, data were collected from human resource managers, human resource officers, head of departments/units, head of employment and staff development, health secretaries,

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block managers, coordinators and ward in charges. These officials were purposively selected because they were directly involved in the implementation process of human resource strategies in the hospital. Together with their knowledge and experience, the researcher considered also availability and willingness to participate in the study and their ability to communicate experiences as well as opinions in an articulate, expressive and reflective manner. Therefore, the study adopted experience survey design which involves interaction with people who have knowledge and experience with the problem studied. In this case, representatives were picked purposively until the point of saturation was reached. Therefore, collection of data ended-up with 14 key informants. These were considered sufficient for qualitative study as according to Creswell (2014) a sample of 5-25 participants are considered sufficient. The researcher conducted a total of 14 key informants interviews (Table 2) whose work experience varied from 4 years to 15 years with an age range between 37 years to 54 years with a minimum of bachelor up to master level of education. The interview took between 45 minutes to 75 minutes and were carried out in the offices or other areas conveniently selected by informants.

Table 2: Categorization of key informants

Key informants	M	F	Total
Manager HR	1	1	2
HR officers	1	1	2
Health secretary	0	1	1
Heads of departments	2	2	4
Block managers	0	1	1
Coordinators	1	1	2
Ward in charges	0	2	2
Total	5	9	14

Source: Field data, (2019)

Qualitative conventional content analysis was administered for analysis. This involved reading and rereading the interview transcripts to get familiarization with the data. The reading process was followed by a three process of coding suggested by Mohajan (2018) consisting of open coding, axial coding and selective coding. During open coding, initial identification and meaning of segments from the field notes and transcripts was done. Consequently, the segments of meaning from the field notes and transcripts were clearly highlighted in relation to the research aim. The highlighted segments were again evaluated during axial step and organized in terms of context and coherence. The selective coding step involved selective scanning of all codes identified for comparisons, contrast and linkage to the research objective. After identifying codes and key concepts, further analysis was carried out to identify their similarities and differences and they were grouped together to form more precise categories that were deeply scrutinized to obtain themes. Potential themes were then compared to the coded abstracts to ensure that themes fit well with the objective of the study.

Permission to conduct this study was obtained from the institutions where the study was conducted. Both oral and written informed consent was obtained from all the key informants who participated in the study. Participants were clearly informed about the true purpose of the study and their right to withdraw from the study at any time and or refuse to answer any question without any consequences. All the information obtained during interviews was recorded in the notebook with the permission of each participant. After

discussion, the recorded information was read before participant for validation purposes. However, confidentiality and anonymity were ensured throughout while respecting the privacy of respondents and maintaining honesty, academic integrity and objectivity throughout the study.

Results

The aim of this study is to investigate the role of SHRM practices in promoting quality health service delivery in Tanzanian referral hospitals. Specifically, the study seeks to determine how SHRM practices such as professional development, employee compensation, supervision and performance evaluation influence delivery of quality health services. Presentation and discussion of results is based on the SHRM practices embedded in this study.

Professional Development

Informants revealed that both in-house training and outside training are used as professional development mechanisms. They noted that in-house training is undertaken whenever needs arise. However, limited budget normally affects such trainings particularly when trainers come from outside the facility. They showed that training employees has not only been very instrumental in building employees' commitment and willingness to offer better services, but also it has proved to be a good strategy for enhancing their confidence. They

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further indicated that as a result of severe shortage of staff in the hospital, in-house training is used as a strategy to build capacity for junior staff through mentorship. For instance, one of the informants said, “...As a result of staff shortages, we use internees and volunteers to work under the supervision of senior experienced staff through mentorship which has been instrumental to enhance their clinical knowledge...” (Interviewee label BM 011).

Informants revealed further that as a result of attending professional development courses, employees become more knowledgeable, competent and confident to deliver health services to meet patients’ needs. Also, employees develop behavioural outcomes such as job satisfaction, commitment, motivation and intention to remain, all of which lead into increased level of individual performance. One of the informants noted;

“...Employees feel that training and development support their professional growth and help them serve patients better. Normally, employees feel valued and cared for when given opportunities to develop their professions and this in turn results into increased employees’ knowledge, skills, commitment, motivation and satisfaction. All these attitudinal and behavioural outcomes make employees provide prompt and accurate services to patients...” (Interview labeled MB 07).

Informants also revealed that professional development influences employees’ trust to the management. Trust shapes employees’ attitudes and behaviors that create positive attitude which is of paramount importance in ensuring that patients’ expectations are met by service providers.

“...When employees trust their management, they tend to put in more positive efforts in performing their duties and this translates into better service provision....” (Interviewee label MH 03).

They also indicated that professional development influences decisions of employees about their willingness to stay in the hospital, and this reduces chances for the hospital to waste efforts and resources in finding replacement staff but also in serving patients better. As well, they noted that well trained and developed employees understand the scope, expectation and depth of their jobs and usually tend to be more creative and innovative in delivering health services.

Employee Compensation

Informants reported that employee compensation has ability to achieve employee satisfaction and retention as it comprises both financial and non-financial rewards that attract, motivate, satisfy and retain potential performers. They stated that doctors, specialists and super specialists are provided with house allowances, National Health Insurance Fund (NHIF)-performance payment and are given priority on securing houses within the hospital premises which all increases their morale, satisfaction and commitment to the hospital. They further noted that specialists and super specialists are provided with flexible working hours that allow them to work basing on their consultation schedules. This increases not only their morale and commitment, but also is used as a brain-drain control mechanism. For instance, one of the informants said, *“...Specialists and super specialists are working basing on their consultation schedules. They can work here and be employed somewhere else...”* (Interviewee label MB 07).

When probed on how they motivate other employees, they revealed that other employees are given overtime allowance which ranges from 20,000/- to 30,000/- per hour depending on the cadre of employment. This improves employees’ motivation and commitment not only to remain with the hospital but also to put all their vigor for improved service delivery. However, they indicated non-uniformity on financial rewards among the hospitals which discourages employees who receive less compared to others. One of the informants noted;

“...Hospital management has developed compensation strategies that attract, retain and motivate employees thereby leading to employees’ satisfaction and commitment. This encourages employees to work harder and helps to build a competitive atmosphere in the organization for employees to perform to achieve hospital goals. ...” (Interviewee label MH 06).

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Supervision

Informants revealed various supervisory mechanisms used to enhance employee performance to include the use of biometric machines which has been very instrumental in controlling staff movements and reducing staff complaints related to overtime payment. They further indicated the use of suggestion boxes which are placed in different strategic areas of the hospital. The information generated from the suggestion boxes is used as a means of generating useful information for the hospital in making various decisions on how to improve quality service delivery.

Informants stated that good supervision in the hospital has been very instrumental in providing support services to employees. It enables them deliver quality healthcare services to patients in the form of equipment and other internal service-oriented processes including provision of adequate drugs, spaced consultation rooms, clean washrooms, cleanliness services, examination tables and other necessary resources required for quality service delivery. They also revealed that supervision ensures the well-being of employees at work and enables them to exert themselves to their roles with all vigor that translate to better service provision. They further indicated that in the hospital, supervisors act as advocates for employees, as they gather and distribute resources needed by the employees in order to do a good job. They make sure that all instructions including hospital plans, policies, decisions and strategies are well communicated to each and every employee. They help to control over staff and ensuring that hospital resources are always used in the best possible manner and that employees work harmoniously. One of the informants said,

“...Supervisors have to deal with complaints, grievances and frustrations of the staff and make sure that they perform to deliver quality services. They listen to patients’ complaints related to service provision and find immediate solution...” (Interviewee label KC 014)

Performance Evaluation

Informants revealed that performance evaluation is done through Open Performance Review and Appraisal System (OPRAS). In this system, employees are provided with an opportunity to set performance targets to be achieved over a period of time, normally a year. Therefore, employees are evaluated basing on the set targets. They attested that setting performance targets triggers employees’ commitment, confidence and belongingness to perform to achieve the set goals. One of the informants said,

“...We use OPRAS to evaluate employee performance. It has been very instrumental in drawing employees’ commitment and willingness to perform to deliver quality services since it is signed as a performance contract between employee and employer...” (Interviewee label MH 02)

Informants further stated that performance evaluation provides valuable feedback to employees about their performance together with the suggestions for improvement. This helps employees to focus more on the problematic areas and commit their efforts towards better level of performance. They indicated that OPRAS results are used as a criterion for selecting ‘best worker’ in the hospital and this reduces bias and complaints among employees because employees are evaluated basing on hard evidence. They indicated that performance evaluation influences individual behavior in areas of morale building, motivation and satisfaction while influencing physical and mental well-being of employees resulting into improved employees’ productivity. One of the informants said;

“...Performance feedback provides employees with an opportunity to make corrections. This makes them committed and motivated to perform better. It influences willingness of employees to help patients and in dealing with patients’ needs and demands...” (Ward in charge – BM 010)

Discussion

The results of this study revealed that SHRM practices enhance provision of quality health services directly and indirectly. Specifically, results indicated that professional development increased not only employees’ knowledge and skills, but also changed positively their work attitude for better performance. This implies that as a consequence of professional development, employees felt more knowledgeable and confident to offer better services to patients. Apart from that, they develop behavioral outcomes such as job satisfaction, commitment, motivation and intention to remain, all of which lead into increased level of individual

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performance. This signifies that it is necessary for employees to learn new knowledge and skills that can enable them meet new challenges such as dealing with emerging but complicated issues like COVID-19 pandemic. It has been recognized previously that career development opportunities is an indispensable factor for enhancing employees knowledge, skills and competencies and is a critical strategy organizations can use to enhance employees retention (Mozael, 2015).

It also implies that professional development may stimulate innovation and creativity which are useful for employees to perform to achieve quality dimensions of responsiveness, reliability, tangibility, assurance and empathy directly and indirectly. More importantly, employees develop trust to the management as they feel that they are valued and trusted. Trust shapes employees' attitude and behaviors that result into employees putting more efforts in offering high level quality health services. Employees working in the hospital are always in a direct contact with patients, therefore their positive attitude is of paramount importance because it ensures that patients' expectations are met by service providers. As contended by other scholars, professional development makes employees become valuable assets of the organization as it improves efficiency and effectiveness in discharging their duties (Chughtai & Nadeem, 2016).

Results show that compensation gives employees power to work willingly and committed on their own efforts with all vigor to deliver quality services, which is the ultimate goal of any hospital. Both financial and non-financial rewards when properly designed and implemented may have a direct influence on satisfaction level of employees (Sopiah, 2013). Satisfaction influences employee's willingness to produce a higher quality and quantity work. Willingness to perform is a must phenomenon in a hospital where health professionals deal with people in frustrations caused by their illness.

Compensation increases employee motivation. Motivation gives employees power to work willingly and committed on their own efforts. Previous studies indicated that compensation has a direct influence on satisfaction level of employees (Yaseen, 2013). Satisfaction influences employee's willingness to produce a higher quality and quantity work. Low compensation triggers employees to try to seek side jobs or business which ultimately disrupt the quality of the employees work and concentration. Low concentration of employees negatively impacts the quality of work performance. Employee compensation can therefore be conceptualized as an integral part of SHRM practices that impacts performance of employees because it establishes the degree of relationship between employer and the employee.

Results further indicated that good supervision in the hospital makes employees complete their tasks easily because supervisors are eager to know and solve employees' problems related to their work. This enables employees handle patients' health care problems smoothly. It also changes positively employees' attitudes and behavior by creating satisfaction, commitment and enthusiasm among employees while reducing work related stress. It also builds team work spirit among themselves which are the behavioral characteristics required for the provision of quality health services. In tandem to these results, previous studies suggest that supervision increases commitment and work engagement and has an impact on competency and quality of employees in a hospital (Munawar et al., 2019). In the opinion of other scholars, the way employees think about supervisory exchange relationship influences their emotions (Blau, 1964). For instance, if the exchange is deemed to be beneficial, employees' attitudes towards work improve. This is explained in terms of job satisfaction, organization commitment and motivation. But the opposite may be true if employees become dissatisfied with the supervisory exchange relationship as he/she may reciprocate with negative emotions towards the supervisor and the workplace. His/her commitment to the organization declines as well as the level of job performance thereby negatively impacting service delivery process. This implies that the more employees become satisfied with the supervision in the hospital, the more supervision instills to employees trust and influences their satisfaction, motivation and commitment to deliver quality health services.

Results suggested further that performance evaluation enables employees set performance goals to be achieved over a period of time, normally a year. The set goals provide guidelines to the employees on how their efforts are directed towards realization of hospital goals. Employees are then evaluated basing on the set goals. Working basing on the set goals triggers employee's commitment, confidence and belongingness to perform to achieve the set goals. Therefore, through performance evaluation, employees build work

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inspirations that make them see work more important and fascinating to enhance their work efficiency (Omusebe et al., 2013). It was further noted that employees' performance is evaluated through the use of OPRAS. OPRAS provide an opportunity for employees to discuss performance results with their supervisors. This helps to assess employees' strengths and weakness in performing their duties, a situation that results into improved job performance. Previous scholars also revealed that employees understand their expectations when they share ideas with supervisors about their work performance. They gain a better understanding of their weaknesses and strengths and can adjust behaviors accordingly (Torabi & Sotoudeh, 2010). Performance evaluation enables hospital management identifies deficiencies. Deficiencies are linked to the immediate and future training needs of the employee for improved performance in the hospital. This helps employees to focus more on the problematic areas and commit their efforts toward better performance.

Conclusions

The study indicated that the task of providing the highest quality health services is the responsibility of hospital employees and it is directly influenced by attitudinal and behavioural outcomes of employees. But these employees' attitudinal and behavioural outcomes are influenced by appropriate application of SHRM practices in hospital premises. These attitudinal and behavioural outcomes become indispensable ingredients to influence employees' aspirations in areas of responsiveness, reliability, tangibility, assurance and empathy. This can lead into the following conclusions. Firstly, it is concluded that when employees are committed, motivated and satisfied with their jobs, they are more likely to do their jobs to the best of their abilities to achieve highest level of service provision. Secondly, to achieve long-term goals and vitality, referral hospitals should proactively cherish a strategic approach to the management of human resources and invest in such practices as professional development, employee compensation, supervision and performance evaluation. Their struggle should be in influencing actions and behaviours of their employees and build a workforce capable of delivering exceptional health services to achieve their competitive edge.

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Conflict of Interest

The authors declare that no potential conflict of interest regarding the research, authorship and publication of this

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