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AN ASSESSMENT OF HUMAN RESOURCE MANAGEMENT PRACTICE IN THE GHANA HEALTH SERVICE INSTITUTIONS WITHIN THE WA MUNICIPALITY

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ABIGAIL ABIDA SULEMANA

THESIS SUBMITTED TO THE DEPARTMENT OF PLANNING AND MANAGEMENT, FACULTY OF PLANNING AND LAND MANAGEMENT OF THE UNIVERSITY FOR DEVELOPMENT STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A MASTER OF PHILOSOPHY DEGREE IN DEVELOPMENT MANAGEMENT.

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BY

ABIGAIL ABIDA SULEMANA (BA. Integrated Development Studies) (UDS/MDM/0253/12)

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SEPTEMBER, 2015

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DECLARATION

Student

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere:

Candidate's Signature .... Date ....

ABIGAIL ABIDA SULEMANA

Supervisor

I hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on supervision of the thesis laid down by the University for Development Studies.

....

Supervisor's Signature .... Date

NAA (DR.) ERNEST Y. KUNFAA

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ABSTRACT

Human resource management is of great significance in making institution and organisations successful. Therefore activities regarding the human resource should not be done on adhoc basis but should be planned, documented and implemented as well. It is the problem of ad hoc human resource management that has inspired this study to assess the human resource management practice in the Ghana Health Service Institutions within the Wa Municipality. This study employed the descriptive research design while adapting both the qualitative and quantitative methods. Both primary and secondary data sources were used. The tools employed to collect primary data on a "one-off" basis were the survey and interview. The study revealed that, GHS had a lot of set goals and objectives but were not able to achieve the objectives because there are still health facilities without the required number of personnel. They had in-service training, orientation and general training programmes for their staff. The study also revealed that, health workers had job satisfaction regardless of whether they felt motivated or not. Employee relations were generally satisfactory but the level of satisfaction varied from issue to issue. Based on the findings of this study, it can be concluded that, GHS as an institution within the Wa Municipality is a well-structured institution whose practices are largely planned even though some plans are not documented. In addressing the problems of ad hoc HRM Practices related to HRM should be properly planned, documented and implemented according to laid down plans and procedures.

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Last but not the least, I would like to express my deepest appreciation to all those who provided me support throughout the period of writing this thesis.

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DEDICATION

I dedicate this work to the Almighty God, my mum (Margaret A. Mahama), my husband (Bob B. Zaato) and my son (Edric W. Zaato).

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BECE	Basic Education Certificate Examination
CIPD	Chartered Institute of Personnel and Development
CHPS	Community-Based Health Planning and Services
DHMT	District Health Management Team
GHS	Ghana Health Service
GHSIWM	Ghana Health Service Institutions in the Wa Municipality
HC	Health Centre
HF	Health Facility
HIV	Human Immuno-deficiency Virus
HR	Human Resources
HRP	Human Resources Planning
HRH	Human Resource for Health
HRM	Human Resource Management
HRMP	Human Resource Management Practice
HWs	Health Workers
IOU	I Owe You
MDGs	Millennium Development Goals
MOH	Ministry of Health
MHD	Municipal Health Directorate
MSLC	Middle School Leaving Certificate

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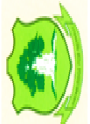

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QHP	Quality Health Partners
RDHS	Regional Directors of Health Services
SHRM	Society for Human Resource Management
SHS	Senior High School
SSS	Senior Secondary School
TB	Tuberculosis
TNA	Training Needs Assessments
UNICEF	United Children Education Fund
UW/R	Upper West Region
UWRHD	Upper West Region Health Directorate
WHO	World Health Organisation
WMHD	Wa Municipal Health Directorate
WRHD	Wa Regional Health Directorate
WRH	Wa Regional Hospital

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background of the Study

As many public organisations shift towards a performance-oriented approach to the delivery of public services, human resource management (HRM) personnel are expected to provide valuable input into the decisions regarding staff management and core objectives of the governmental entity. The changing nature of work in public sector organisations requires a new emphasis on human capital management to support and improve the public entity's operational and strategic objectives (French and Goodman, 2012).

Boxall et al (2007) remarked (as cited in Armstrong, 2009) that: "Human resource management covers a vast array of activities and shows a huge range of variations across occupations, organisational levels, business units, firms, industries and societies.' The characteristics of HRM are that it is diverse, strategic and commitment-oriented, is founded on the belief that people should be treated as assets and is a management-driven activity. Draft (2006) indicated that, Human resource management refers to the design and the application of formal systems in an organisation to ensure the effective and efficient use of human talent to accomplish organisational goal. This system includes activities undertaken to attract, develop, and maintain an effective workforce. According to Byars and Rue (2004), Human resource management encompasses those activities designed to

provide for and coordinate the human resources of an organisation. The human resources of an organisation represent one of the largest investments. Bureau of Labour Statistics (2014) stated the duties of Human Resources Managers as; to plan, direct, and coordinate the administrative functions of an organisation. They oversee the recruiting, interviewing, and hiring of new staff; consult with top executives on strategic planning; and serve as a link between an organisation"s management and its employees.

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The practice of human resource management (HRM) is concerned with all aspects of how people are employed and managed in organisations. It covers activities such as strategic HRM, human capital management, corporate social responsibility, knowledge management, organisation development, resourcing (human resource planning, recruitment and selection, and talent management), performance management, learning and development, reward management, employee relations, employee well-being and safety and health and the provision of employee services (Armstrong, 2009).

The review of HRM in the Sub-Saharan African countries by Debrah (2001) revealed that, perhaps with the sole exception of South Africa, which essentially exhibits Western culture in organisations, traditional African culture exerts a strong influence on HRM. As noted by Fashoyin (2000) in Debrah (2001) it has been argued that HRM in Ghana is still predominantly an administrative and bureaucratic function but, perhaps HRM in Ghana, as elsewhere in Africa, relies

heavily on assertive norms, with HR decisions being influenced by the personal relationships between managers and employees. In such an environment, recruitment and selection are heavily influenced by relations rather than by objective assessment of the suitability of job applicants. He contends that this does not mean that merit is never taken into consideration, but rather that family affiliation and friendship have great influence.

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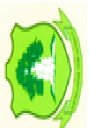

According to Buchan (2004), HRM in health has to function in a sector with some unique characteristics. The workforce is large, diverse, and comprises separate occupations often represented by powerful professional associations or trade unions. Some have sector-specific skills; others can readily move from the health sector to employment in other sectors. The avowed first loyalty of those with sector-specific skills and qualifications (physicians, nurses, etc.) tends to be to their profession and their patients rather than to their employer. Mujeeb (2012) asserted that, HRM in healthcare involves several processes. When effectively integrated they provide significant economic benefit to the Healthcare organisations. Workforce planning, recruitment, induction, orientation and on boarding, skills management, training and development, personnel administration, compensation, time management, travel management, payroll employee benefits administration, personnel cost planning, performance appraisal and good labour relations are all part of HRM. It is important to maximise the usage of available healthcare personnel in the public sector by managing them properly. Best HRM practices are essential to meet this goal.

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The Human resource management capacity of many countries in the African region is generally weak. There is growing recognition that weak human resource management is among the most serious system barriers to performance of the health system. The capacity of the Human Resource for Health (HRH) management system remains weak within the context of implemented reforms (Ovberedjo, 2007). The WHO African Region seems to have the bulk of the problems in the way of HRH development and management. It faces extreme pressure in major areas such as producing the required number of key health cadres and utilising them and managing them in such a way that they remain motivated to serve in their respective countries. The crucial role of HRH in health systems has not been fully appreciated until recently. Many health programmes have consistently experienced shortages of suitable health personnel as one of the major constraints in not accomplishing intended objectives. This has been noted especially in developing countries which have the highest disease burden and where the Millennium Development Goals (MDGs) seem to be beyond reach (Nyoni etal., 2006).

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A World Health Organisation (WHO) survey shows that only 14 out of 31 countries indicated that they have a Human resource for health (HRH) policy and strategy document; five countries responded that it was developed between the years 1995-2000 and the other five indicated it was developed during 2001- 2004. Also, the majority of countries surveyed 68 percent (21countries) indicated having no access to guidelines on Human Resource for Health (HRH) policy and plan

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development. WHO's survey also revealed that only 52 percent of respondent countries indicated presence of at least one person with HR qualifications on their staff because long-term workforce planning, career development, improved working conditions and professional autonomy were not given due attention (Ovberedjo, 2007).

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The overall goal of the Human resource policy is to improve and sustain the health of Ghana's population by supporting appropriate human resource planning, management and training so that there is adequate production of appropriate trained staff and that the staff is motivated and retained to perform effectively and efficiently. The HRM policy is being driven by changes in the health sector policy. The following are the HRM policy measure for the next five years: Increase the production and recruitment of health workers focusing on mid-level staff, Retain, distribute equitably and increase productivity of health workers by strengthening supervision, refining compensation and intensive schemes, and enhancing legislation and regulation, Advocate and mobilise other professionals related to health care to contribute to the promotion and maintain of health; and Empower environmental health inspection to standards for environmental hygiene (MOH, 2007).

The Ghana Health Service (GHS) is a public service body and an autonomous executive agency responsible for implementation of national policies under the control of the Minister for Health. The Ghana Health service which is under the

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Ministry of Health is the main healthcare provider. Employees of GHS are no longer part of the civil service. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities. Teaching Hospitals, Private and Mission Hospitals are not categorised under GHS. As part of the functions of the GHS, it is supposed to undertake management and administration of the overall health resources within the service, provide in-service training and continuing education and perform any other functions relevant to the promotion, protection and restoration of health (GHS website, 2014). These functions fall in line with some human resource management practices.

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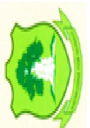

In recent years it has been increasingly recognised that getting human resource (HR) policy and management "right" has to be at the core of any sustainable solution to health system performance. This is partly a result of the need to upscale capacity in many country health systems to meet the Millennium Development Goals. A well-motivated and appropriately skilled and deployed workforce is crucial to the success of health system delivery (Buchan, 2004).

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1.2 Problem Analysis and Statement

The importance of the human resources management to the success or failure of health system performance has, until recently, been generally overlooked. Health sector reform in many countries in the 1990s focused on structural change, cost containment, the introduction of market mechanisms and consumer choice but with little direct attempt to address HR aspects (Buchan, 2004). However the importance of HRM cannot be over emphasis.

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The primary function of a human resource department is to provide support to operating managers on all human resource issues. Thus, most human resource departments fulfill a traditional staff role and act primarily in an advisory capacity (Byars and Rue, 2004). The overall purpose of human resource management according to Armstrong (2009) is to ensure that the organisation is able to achieve success through people, to increase organisational effectiveness and capability, to be concerned with the rights and needs of people in organisations through the exercise of social responsibility. Desseler (2008) asserted that, HRM aids you to avoid some personnel mistakes you do not want to make while managing: Hiring the wrong person for a job, have your people not doing their best, waste time with useless interviews, and allow a lack of training to undermine your department's effectiveness. Proper management of human resources is critical in providing a high quality of health care. Effective human resources management strategies are greatly needed to achieve better outcomes from and access to health care around the world (Kabene etal., 2006).

"Human Resource for Health continues to play a critical role in the service's objective of improving access to health care. Manpower availability and proper utilisation still remain the critical areas of focus in addressing this objective" (UWRHD, 2011). Human resource Management is a catalyst and a strong tool in the proper utilisation of the health manpower available in the Upper West Region and Ghana.

Human Resource Managers still operate in terms of personnel management not Human Management. According to Guest (1987) as cited by Henderson (2008), the strategic nature of personnel management is predominantly dealing with day-to-day issues, Ad hoc and reactive in nature: a short-term perspective rather than strategic. Human resource management is dealing with day-to-day issues; but proactive in nature and integrated with other management functions, a deliberately long-term, strategic view of human resources. Byars and Rue (2004) stated that "most managers are periodically involved to some extent in each of the major human resource functions. For example, at one time or another, almost all mangers are involved in some aspects of employee recruiting, selection, training, developing, compensation, team building, and evaluation". The question here is who performs the human resource function in the institution, organisations and the departments. Are they trained, or they are just general practitioners, do they go by the right practice or is on ad hoc bases?

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According to Debrah (2001), with the exception of a few companies in the private sector, job analysis and HR planning are generally not considered important in organisations. In Ghana, the instability in the political and economic environments makes it extremely difficult for organisations to undertake any meaningful HR planning. There is very little HR planning as organisations tends to be reactive rather than proactive and long-range planning is not seriously considered. This is because planning departments often lack adequate personnel with expertise in statistics, forecasting, organisation development and strategic HRM. Moreover, many managers do not themselves have professional training in HRM and hence, do not possess the skills to carry out some specialist HRM functions. So, where any planning is done at all, it is confined to setting general and departmental goals and rarely includes carefully developed strategic plans for translating these goals into realisable targets. There is not much emphasis on strategic HRM and, as such, HR issues are not integrated into organisational strategies.

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According to UWRHD (2011), there are only 14 medical doctors as against the estimated 37 required in the Upper West Region. Wa Municipality has an acute shortage of the supply of health personnel. The Ghana Review International (2015) reported that the Wa Regional Hospital in the Upper West Region is in dire need of doctors.

Could this be because of human resource management problems? The lack of attention to human resource issues is not confined to the health sector. For many

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years commentators have bemoaned the traditionally low priority given to people management issues within most organisations (Bach, 2001).

GHS as a decentralised department (District Health Management Team) do not have a human resource managers but health administrators who also HRM issues as well. Does this imply a void in the management of HR and its related handles issues? Does this void mean ad hoc HRM?

Machado and Melo (2013) stated that, arbitrary management practices would create psychological conflict within your staff and that conflict within the self is a source of stress that would hinder work performance.

It is against this background of the problem of a possible void and ad hoc human resource management that has inspired this study to fill this knowledge gap by conducting an empirical assessment of HRM practices in the GHS institutions within the Wa Municipality to ascertain whether there is a void in HRM practices or not.

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1.3 Research Questions 1.3.1 Main Questions

What are the Human Resource Management Practices in the Ghana Health Service Institutions within the Wa Municipality?

1.3.2 Sub-Questions

1. How is human resourcing done in the Ghana Health Service Institutions within the Wa Municipality?
2. What are the human resource strategies for training and development in the Ghana Health Service Institutions within the Wa Municipality?
3. What programmes are designed and implemented to ensure employee welfare in the Ghana Health Service Institutions within the Wa Municipality?
4. How is employee relations handled in the Ghana Health Service Institutions within the Wa Municipality?

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1.4 Research Objectives

1.4.1 Main Objectives

To assess the human resource management practices in the Ghana Health Service Institutions within the Wa Municipality.

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1.4.2 Sub-objectives

1. To ascertain how human resourcing is done in the Ghana Health Service Institutions within the Wa Municipality.
2. To determine the human resource strategies for training and development in the Ghana Health Service Institutions within the Wa Municipality.
3. To examine the programmes that are designed and implemented to ensure employee welfare in the Ghana Health Service Institutions within the Wa Municipality.
4. To determine how employee relations is handled in the Ghana Health Service Institutions within the Wa Municipality.

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1.5 Scope of the Study

The geographical perspective of the study is limited to the Wa Municipality, focusing on the human resource management practices in the Ghana Health Service. The scope covers the HRM Practices of Management in the Healthcare Delivery Facilities in the Wa Municipality and views of staff with regards to HRM practices.

1.6 Rationale of the Study

There is a possible void and ad hoc human resource management practice in the Ghana Health Service Institutions within the Wa Municipality. So this study does seek to fill this knowledge gap by conducting an empirical assessment of HRM

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practices in the GHS institutions within the Wa Municipality to ascertain whether there is a void in HRM Practice.

In the Upper West Region, findings will unearth the views of regional health staff on human resource management. The health workers and other staff of the Upper West Regional Health Directorate (UWRHD) will equally have a fair knowledge on issues related to appropriate human resource management practices.

This study will help social scientists in studying social relationships related to human resource management practice and in seeking answers to various social problems associated with human resource management. This research would also aid the researcher to gain familiarity with the phenomenon and to achieve new insights into the subject.

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This study will generate knowledge that would provide information in relation to human resource management practices to government to make favourable decision as regards HRM practices in Ghana. Findings will form the bases for identifying intensive and comprehensive suggested interventions covering various national and international programmes, projects and activities to address problems associated with Human resource management practice in Ghana Health Service, the Ministry of Health and in other government ministries and departments in Ghana as a whole.

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1.7 Limitations of the study

Most elderly health staff shun away from answering the questionnaire. This is a limitation because they have worked for several years at the health facilities and have invaluable experience.

The other limitation of this study includes the following; the respondents may have been biased about information they gave out since too much information may put them on the spot of not having the best human resource management practices.

The health workers, who are the clinical technical staff, did not have adequate time to respond to the questions because of their direct contact with most patients who needed attention and also they sometimes had emergencies to deal which also was a limitation.

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1.8 Organisation of the study

This research is organised in five chapters. Chapter one consists of background, problem statement, research questions, research objectives, scope of the study, rationale of the study and limitations of the study. Chapter two focused on; definition of concepts on Human Resource Management Practice. It also entails the reviews of literature, theoretical framework and conceptualisation. Chapter three is focused on the methodology of the study providing information on the profile of the study area, sampling techniques and processes. Chapter four presents

analysed data, results of the study and discussion of findings. Chapter five covers the summary of the findings, conclusions and recommendations of the study.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews theories, concepts and debates related to the study. It is to consider the critical points of current knowledge including substantive findings of scholars and researchers, as well as theoretical and conceptual framework of the study. According to Creswell (2009), a literature review means allocating and summarising the studies about a topic.

2.2 Definitions of Concepts

Human Resource Management Practice: Human Resource Management Practice in this context refers to the tasks like planning, recruitment, selection (posting), training and development, implementing employee welfare and handling employee relation that Ghana Health Service manages. For this study therefore, HRMP are the same as the HR functions.

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Human resource: In this study, human resource refers to the staff of the Ghana Health Service including, the trained support staff who work at the various health facilities in the Wa Municipality. In this study the term employee is synonymously used with human resource or staff. An employee in this context is anyone who has agreed to be employed under a contract of GHS, to work for some payment in the form of salary.

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Human Resourcing: Human resourcing comprises of human resource planning, recruitment and selection or postings.

Conflict: These include disagreements and grievance health workers face as a result of their work.

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Health workers: They include Clinical and non-clinical staff who are trained and work at a public health facility. It also refers to those who provide preventive or curative healthcare services in health facilities with their supportive staff.

Employee welfare: This has to do with issues related to employee motivation, job satisfaction and employee safety and health.

Employee relations: This has to do with conflict management, disciplinary measures and grievance handling systems in the GHS.

Training and development: Training and development in this content refers to in orientation, in-service training, and access to further studies of the health workers in the Wa Municipality.

2.3 Theoretical Framework

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

2.3.1 The Scientific Approach to Management

Frederick Winslow Taylor (1856-1915) insisted that management itself would have to change and, further, that the manner of change could be determined only by scientific study; hence the label scientific management emerged. Taylor suggested that, decisions based on rule of thumb and tradition be replaced with precise procedures developed after careful study of individual situation. To use this approach, managers should develop standard measures for doing each job, select workers with appropriate abilities, train workers in the standard methods, support workers and eliminate interruptions, and provide wage incentives (Draft, 2008).

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2.3.2 Contingency Approach

Contingency theory is grounded in the idea of organisations as social systems, produced a more comprehensive view of behaviour of people at work based on interaction of a number of variables, such as structure, tasks, technology and the environment. Contingency theorist ideas were based on what was appropriate in given circumstances; where the effect on people of one variable was contingent on its relationship with one or more others (Cole, 2004).

In the contingent approach to management, different situations and conditions require different management approaches. Proponents believe there is no one best way to manage; the best way depends on the specific circumstances (Rue and Byars, 2003).

The contingency view means that a manger's responses depend on identifying key contingencies in an organisational situation. The contingency view tells us that what works in one setting might not work in another. When managers learn to identify important patterns and characteristics of their organisation, they can fit solution to their characteristics (Draft, 2008).

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2.3.3 Institutional Theory

Institutional theory attends to the deeper and more resilient aspects of social structure. It considers the processes by which structures including schemas, rules, norms, and routines, become established as authoritative guidelines for social behaviour. It inquires into how these elements are created, diffused, adopted, and adapted over space and time; and how they fall into decline and disuse. Although the ostensible subject is stability and order in social life, students of institutions must perforce attend not just to consensus and conformity but to conflict and change in social structures (Scott, 2004)

Institutional theory views organisation as social entities that seek approval for their performance in a socially constructed environment. As such, organisations conform to gain legitimacy and acceptance, which in turn facilitate survival (Meyer and Rowan 1977; Zucker 1977; Jackson and Schuler 1995 cited by Scott, 2004).

According to Scott (2004), research conducted on institutionalization (Scott 1987; Zucker 1987) points to both internal and external environmental influences on the practices of organisations. These include internal pressures from formalised structures and processes. External pressures emanates from the state (laws and regulations), the professions (licensure and certification), as well as other organisations within the same industry. Two popular assertions of this perspective are that: Institutionalized activities are resistant to change and also Organisations in institutionalized environments are pressured to become similar (Meyer and Rowan 1977; Dimaggio and Powell 1983). Within this theoretical perspective, context is a major explanation for both resistance to change and the adoption of new HRM practices. Meaning, HRM practices are rooted in the history of organisation and its environment, the study of which gives useful insight to current practices. Again, HRM practices may be adopted by organisations simply because others have done so (Schuler and Jackson, 1995).

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2.3.4 Maslow's Hierarchy of Needs

According to Cole (2004), Maslow's studies into human motivation led him to propose a theory of needs based on a hierarchical model with basic needs at the bottom and higher needs at the top. This theory made a considerable influence in development management theory in the 1950s/60s. These needs are as follows: Self-Actualisation Needs, Esteem Needs, Love Needs, Safety Needs and Physiological Needs.

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People tend to satisfy their needs systematically, starting with the basic physiological needs and then moving towards the hierarchy. Maslow's theory provide an early useful framework for discussion about the variety of needs that people may experience at work, and the ways in which their motivation can be met by managers.

2.3.5 Expectancy Theory

The expectancy theory approach to motivation is based on the idea that employee beliefs about the relationship among effort, performance, and outcomes as a result of performance and the value employees place on their outcomes determine their level of motivation. The expectancy approach postulates that an employee's level of motivation depends on three basic beliefs: expectancy, instrumentality, and valence. Expectancy refers to the employee's beliefs that his or her effort will lead to the desired level of performances. Instrumentality refers to the employee's belief that attaining the desired level of performance will lead to the desired

outcome. Valence refers to the employee's belief about the value of the outcome (Rue and Byars, 2003).

Draft (2008) stated that, "expectancy theory is based on the relationship among individual's effort, the individual's performance, and the desirability of outcomes as associated with high performance".

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2.3.6 Equity Theory

According to Rue and Byars (2003) Equity theory is based on the idea that people want to be treated fairly in relationship to others. Equity exists then a person perceives his or her job inputs and outcomes to be less than the job inputs and outcomes of another person. A person's perception of inputs and outcomes, are not necessarily the actual inputs and outcomes. Inputs are what an employee perceives are his or her contribution to the organisation (i.e. education, intelligence, experience, training, skills, and the effort exerted on the job). Outcomes are the rewards received by the employee (i.e. pay, reward intrinsic to the job, seniority benefits, and status).

Equity theory also postulates that the presence of equity in a person creates tension in the person that is propositional to the magnitude of the equity. Furthermore, the tension will motivate the person to achieve equity or reduce equity. The strength of the motivation varies directly with the amount of equity. A person might take several actions to reduce equity:

1. Increase inputs on job if his or her inputs are low relative to the other person.
2. Reduce inputs if they are high relative to the other person's inputs and to his or her own outcome.
3. Quit the job.
4. Request a pay increase.

According to Cole (2004), satisfactory outcome is the prime motivator of the expectancy theory.

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2.3.7 Goal-Setting Theory

Goal-setting theory described by Edwin Locke and Gary Latham, proposes that managers can increase motivation by setting specific, challenging goals that are accepted as valid by subordinates, then helping people track their progress towards goal achievement by providing timely feedback (Draft 2008).

According to Cole (2004), the thinking behind Goal Theory is that motivation is driven primary by the goal or objectives that individuals set for themselves. Goal theory suggests that the goal itself provides the driving force. Locke (1968) first proposed the idea of working towards goals was in itself a motivator. His research indicated that performance improved when individuals set specific rather than vague goals for themselves. When this specific goals were demanding, performance were even better. General exhortations to do ones best appear to be less effective than identifying specific targets and aiming for them. Goal theorists (Locke and Latham, 1988) also argued that an individual's motivation is enhanced

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when feedback on performance is available. Other important factors include goal commitment (the extent to which the individual is committed to pursuing the goal even when things get rough), and self-efficacy (the perception that one has the ability to achieve the goal). Goal commitment is likely to be enhanced when goals are made public and when they are set by the individual rather than imposed externally.

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2.3.8 Theory X and Theory Y

McGregor's Theory X and Theory Y are essentially set of assumptions about behaviour. McGregor saw two noticeable different sets of assumptions made by managers about their employees.

The first set of assumption regards employees as being inherently lazy, requiring coercion and control, avoiding responsibility and only seeking security, McGregor termed Theory X. McGregor's second set of assumptions; Theory Y see people in a more favourable light. In this case employees are seen as liking work, which is as natural as rest or play; they do not have to be controlled or coerced, so long as they are committed to the organisation's objectives. Under proper conditions they will not only accept but also seek responsibility; more, rather than less, people are able to exercise imagination and ingenuity at work (Cole 2004).

This has to do with the management style a manager should adopt in order to be an effective manager. The adoption of both theories will lead to effective

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management. This is the theory under pinning the study of an assessment of human resource practices in the GHS institutions within the Wa Municipality.

2.4 Empirical Review

2.4.1 Human Resource Management

Human resource management is a modern term for what has traditionally been referred to as personnel administration or personnel management. However, some experts believe human resource management differs somewhat from traditional personnel management. They see personnel management as being much narrower and more clerically oriented than human resource management (Byars and, Rue 2004).

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According to Armstrong (2009), Human resource management (HRM) is a strategic, integrated and coherent approach to the employment, development and well-being of the people working in organisations.

For the purposes of this study, we will use only the term human resource management and not personnel management.

2.4.2 The Best Practice Approach of Human Resource Management

Pfeffer identified seven practices of successful organisations, as adopted by Armstrong (2009) and, Marchington and Grugulis (2000). This approach is based on the assumption that there is a set of best HRM practices that are universal in the

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sense that they are best in any situation, and that adopting them will lead to superior organisational performance. A number of lists of ‟best practices‟ have been produced, the best known of which was produced by Pfeffer (1998a), namely;

1. Employment Security
2. Selective hiring
3. Self-managed teams/team working
4. High compensation contingent on performance
5. Training to provide a skilled and motivated workforce/ Extensive training
6. Reduction of status differentials
7. Sharing information

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Pfeffer‟s seven best practices are essential in organisational performance; however they might not be practicable to the letter in the corporate world. Especially implementing "reduction of status differentials" might be difficult in practice. Manual workers and white-collar staff are both valuable staff but would be considered/ treated differently as regards to status.

According to Gould-Williams (2003), Marchington and Grugulis (2000) argue that the list of ideal HR practices is fundamentally flawed because each practice is selected on the basis of very limited evidence. They suggest that Pfeffer's stance is simplistic and unitarian as he assumes workers desire to be subjected to the prescribed practices. There is also insufficient description of each practice, making

it difficult for managers to implement them and researchers to study their effects. Thus measures of HR practice vary considerably between studies.

The following list of best practices was drawn up by Guest (1999) and cited by Armstrong (2009):

1. Selection and the careful use of selection tests to identify those with potential to make a contribution.
2. Training, and in particular a recognition that training is an on-going activity.
3. Job design to ensure flexibility, commitment and motivation, including steps to ensure that employees have the responsibility and autonomy fully to use their knowledge and skills.
4. Communication to ensure that a two-way process keeps everyone fully informed.
5. Employees share ownership programmes to increase their awareness of the implications of their actions on the financial performance of the firm.

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Armstrong (2009) draws on the work of Delery and Doty (1996), who identified seven strategic HR practices that are related to overall organisational performance: the use of internal career ladders, formal training systems, results-oriented appraisal, performance-based compensation, employment security, employee voice and broadly defined jobs.

Marchington and Grugulis (2000) concluded that, there are times when best practice appear to present contradictory messages. They are not universally

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applicable, and they tend to ignore any active input from employees other than to help achieve employer goals into the organisations for which they work. It is not clear that employees are as enthusiastic about the model as their employers, and if they are, their views are not accorded the same space. The concept needs to be analysed much more systematically for it to be worthwhile and that some agreement may be necessary as to what elements might be included in any definition and how these are to be measured.

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2.4.3 Human Resource Management and Organisational Performance

The primary goal of human resource management in any organisation is to facilitate organisational performance (Byars and Rue, 2004).

The Holy Grail sought by many human resource management researchers is to establish that HRM practices demonstrably cause improvements in organisational performance. Much research has been carried over the last decade, most of which at least shows that, there is a link between good HRM practice and firm performance. As Guest (1997) argues, "The distinctive feature of HRM is its assumption that improved performance is achieved through the people in the organisation." If, therefore, appropriate HR policies and processes are introduced, it can also be assumed that HRM will make a substantial impact on firm performance (Armstrong, 2009).

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There are various perspectives about the relationship between HRM and organisational performance. Pfeffer (1994, 1998) argues that a particular set of human resource (HR) practices can increase company profits, that the impact is more pronounced when complementary groups (or 'bundles') of HR practices are used together, and that this conclusion holds good for all organisations and industries irrespective of their context (Marchington and Grugulis, 2000).

According to MacDuffie (1995) and cited in Guest (1997), Innovative human resource practices are likely to contribute to improved economic performance only when three conditions are met: when employees possess knowledge and skills that managers lack; when employees are motivated to apply this skill and knowledge through discretionary effort; and when the firm's business or production strategy can only be achieved when employees contribute such discretionary effort. I will argue that all three conditions must be met for HR practices to contribute to performance.

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According to Guest's (1997) normative theoretical model, individual behavioural and attitudinal outcomes are predicted to have a direct impact on organisational performance. The impact of HR practices is anticipated to be less due to intervening factors, but may nevertheless be significant. Similarly Storey notes: 'the demonstration of a causal linkage between different HR practices and business performance is fraught with immense difficulties because of the vast range of confounding variables' (1992: 40). However, if we adopt Barney's view

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of achieving sustained competitive advantage, then HR practices may moderate the relationship between an organisation's human capital and attaining superior performance (Barney, 1995; Wright *et al*., 1994; Sparrow *et al*., 1994). If so, then HR practices may both directly and indirectly (through trust and individual outcomes), impact on organisational performance (Gould-Williams, 2003).

I absolutely agree with Gould-Williams conclusion that HR practices may, both directly and indirectly, impact on organisational performance but these factors are not exhaustive since other factors may also have a direct and indirect impact on organisational performance.

HR practices can make a direct impact on employee characteristics such as engagement, commitment, motivation and skill; if employees have these characteristics it is probable that organisational performance in terms of productivity, quality and the delivery of high levels of customer service will improve; and if such aspects of organisational performance improve, the financial results achieved by the organisation will improve (Armstrong, 2009).

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2.4.4 The HR Practices that Impact on Performance

Table 2.1; A table showing the HR practices that impact on performance

HR Practice Area	How it Impacts
Attract, develop and retain high quality people	Match people to the strategic and operational needs of the organisation. Provide for the acquisition, development and retention of talented employees, who can deliver superior performance, productivity, flexibility, innovation, and high levels of personal customer service and who "fit" the culture and the strategic requirements of the organisation
Talent management	Ensure that the talented and well-motivated people required by the organisation to meet present and future needs are available
Job and work design	Provides individuals with stimulating and interesting work and gives them the autonomy and flexibility to perform these jobs well. Enhance job satisfaction and flexibility which encourages greater performance and productivity
Learning and development	Enlarge the skill base and develop the levels of competence required in the workforce. Encourage discretionary learning which happens when individuals actively seek to acquire the knowledge

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	and skills that promote the organisation‟s objectives. Develop a climate of learning a growth medium in which self-managed learning as well as coaching, mentoring and training flourish
Managing knowledge and intellectual Capital	Focus on organisational as well as individual learning and provide learning opportunities and opportunities to share knowledge in a systematic way. Ensure that vital stocks of knowledge are retained and improve the flow of knowledge, information and learning within the organisation
Increasing engagement, commitment and motivation	Encourage productive discretionary effort by ensuring that people are positive and interested in their jobs, that they are proud to work for the organisation and want to go on working there and that they take action to achieve organisational and individual goals
Psychological contract	Develop a positive and balanced psychological contract which provides for a continuing, harmonious relationship between the employee and the organisation
High performance management	Develop a performance culture which encourages high performance in such areas as productivity, quality, levels of customer service, growth, profits,

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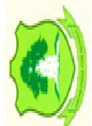

	and, ultimately, the delivery of increased shareholder value. Empower employees to exhibit the discretionary behaviours most closely associated with higher business performance such as risk taking, innovation, and sharing. of knowledge and establishing trust between managers and their team members
Reward management	Develops motivation and job engagement by valuing people in accordance with their contribution
Employee relations	Develops involvement practices and an employee relations climate which encourages commitment and cooperation.
Working environment– core values, leadership, work/life balance, managing diversity, secure employment	Develop 'the big idea" (Purcell *et al*, 2003), i.e. a clear vision and a set of integrated values. Make the organisation 'a great place to work"

Source: Armstrong (2009)

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2.4.5 Human Resource Management in Ghana

In Ghana, socio-cultural factors make HR managers vulnerable to charges of nepotism and favouritism in the treatment of employees. Traditions and other socio-cultural issues impose some constraints on managerial efficiency and effectiveness in the HRM. Although the functions of the HR manager in Ghana are still general administrative and bureaucratic ones, managers are now acting more as change agents (Debrah, 2001).

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2.4.6 Human Resources Management in Ghana Health Service

According to an assessment carried out by QHP, MOH and GHS (2005), Human Resource Management in the GHS is being decentralised; Human Resource Managers have been appointed for all the regions, however, capacity for efficient and effective HRM has not been adequately developed at that level. Districts do not have assigned HR officers to handle personnel functions and so staffing issues are not given much attention and this ultimately affects the work of the Regional HR Managers.

Six of the ten regions in Ghana have unanalysed data on staff retention while the other four regions have no data at all. Upper West Region has no staff retention data. All but one region (Central) reported having mechanisms in place to attract staff to their regions. Currently staffs are posted arbitrarily and those with influence in high places have lobbied to reject postings to areas they do not want. Only two

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of nine regions (Western and Brong Ahafo) use personnel data specifically for planning redistribution of staff.

The assessment has it that, it is only in Central and Northern Regions that orientation is offered to all employees. It emphasizes the mission, goals, and performance expected, and makes people feel welcomed and valued. In Upper West, orientation is routinely offered but does not emphasize the mission, the goals, and the performance expected by the region. In the remaining regions, other orientation programmes exist but are not implemented. A formal centralised procedure for discipline exists but it is described as ineffective. Staff may express grievances at meetings or through petitions but this procedure is not formalised. All but Central and Upper West Regions reported having formal procedures for staff discipline.

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Seven of the nine Regional In-service Training Coordinators reported conducting regular training needs assessments (TNA). Between one and ten TNAs were carried out per region in 2004. Regional TNAs most often involved the RDHS, programme heads, training coordinators, and district hospital coordinators. Only Eastern Region produced a TNA report for review. Only Western and Brong Ahafo Regions report having no formal programmes to train staff for management and leadership positions. All other regions have a programme whereby senior staff are selected and sponsored to attend. Regions also conduct one-week orientation

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programmes for district directors to brief them on GHS policies and legislative issues.

The director and deputy directors of GHS/HRDD concede that supervision is an area where capacity needs to be built. There was a lack of consensus on the division's involvement in strengthening supervision through internal and external courses. Monitoring is supposed to be done on a quarterly basis using guidelines/checklists, but reports are not written in all cases. Four of the ten regions reported having no clear system for staff supervision. In three regions, there are established lines of supervision but they are not well understood. Only Upper East, Northern and Western Regions report having established lines of supervision that supervisor's understand.

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However, it appears that staff performance appraisals are as infrequent in regions and districts as they are at the central level, and they are similarly tied to promotion reviews. All regions except Upper West have performance appraisal systems.

It also stated that, Salaries are fixed and not dependent on productivity or quality. Six regions reported having no welfare benefits in place for staff among them is the Upper West region, while three have benefits programmes, not assessed for effectiveness.

2.4.7 Human Resource Management Practice

The practice of human resource management (HRM) is concerned with all aspects of how people are employed and managed in organisations. It covers activities such as strategic HRM, human capital management, corporate social responsibility, knowledge management, organisation development, resourcing (human resource planning, recruitment and selection, and talent management), performance management, learning and development, reward management, employee relations, employee well-being and Safety and health and the provision of employee services (Armstrong, 2009).

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According to Byars and Rue (2004), Human resource functions (HRM practices) encompass a variety of activities that significantly influence all areas of an organisation. The Society for Human Resource Management (SHRM) has identified six major functions of human resource management:

1. Human resource planning, recruitment, and selection.
2. Human resource development.
3. Compensation and benefits.
4. Safety and health.
5. Employee and labour relations.
6. Human resource research.

The above classification by The Society for Human Resource Management (SHRM) provides the conceptual framework for the study. For the purpose of this study, five of these functions have been selected and classified into three major functions.

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Human resource planning, recruitment, and selection are classified under Human resourcing. Human resource development is captured as Human resource training and development. Compensation and benefits and Safety and health are captured under Employee welfare. Employee and labour relations is captured as Employee relations leaving out the labour relations aspect.

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2.4.8 Human Resource Management Practice in Ghana

Debrah (2001) asserted that historical, economic and socio-political factors have, in the past, had a significant impact on the HR functions and will continue to do so in the future. He further argued that HR function is still very much an administrative and bureaucratic function in Ghanaian organisations. It deals, essentially, with basic issues about employee resourcing, training and development, performance appraisal, and internal employee relations, such as discipline, transfer, and reward/ remuneration systems, among others. Career planning, job design, and personnel research are largely neglected in Ghanaian organisations. This is because personnel departments are usually poorly, or inadequately, staffed. Moreover, many managers do not themselves have professional training in HRM and, hence, do not possess the skills to carry out some specialist HRM functions.

2.4.9 Human Resourcing

Human resourcing comprises human resource planning and human resource recruitment.

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2.4.9.1 Human Resource Planning

Human resource planning (HRP), determines the specific number of jobs to be filled. Human resource planning sometimes referred to as work force planning or personnel planning have been defined as the process of "getting the right number of qualified people into the right job at the right time." Put another way, HRP is "the system of matching the supply of people internally (existing employees) and externally (those to be hired or searched for) with the openings the organisation expects to have over a given time frame." Basically, all organisations engage in human resource planning either formally or informally (Byars and Rue, 2004).

According Reilly (2003) as cited in Armstrong (2009) workforce planning is "a process in which an organisation attempts to estimate the demand for labour and evaluate the size, nature and sources of supply which will be required to meet the demand". Armstrong (2009) further added that, human resource planning aims to ensure that the organisation has the number of people with the right skills needed to meet forecast requirements.

Demand and Supply forecasting are elements of human resource planning activities. According to Armstrong (2009), demand forecasting is the process of estimating the future numbers of people required and the likely skills and competences they will need. The basis of the forecast is the annual budget and longer-term business plan, whiles Supply forecasting measures the number of people likely to be available from within and outside the organisation, having

allowed for absenteeism, internal movements and promotions, wastage and changes in hours and other conditions of work.

In Ghana, the instability in the political and economic environments makes it extremely difficult for organisations to undertake any meaningful HR planning. There is very little HR planning as organisations tend to be reactive rather than proactive and long-range planning is not seriously considered. This is because planning departments often lack adequate personnel with expertise in statistics, forecasting, organisation development and strategic HRM. So, where any planning is done at all, it is confined to setting general and departmental goals and rarely includes carefully developed strategic plans for translating these goals into realisable targets (Debrah, 2001).

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GHS has a HR Planning and Monitoring Department which is responsible for human resource needs and capacity assessment, norms and availability monitoring, attrition and relocation monitoring, mapping, impact evaluation, information and data base management (GHS website page, retrieved on 2014)

2.4.9.2 Human Resource Recruitment

According to Byars and Rue (2004), recruitment involves seeking and attracting a pool of people from which qualified candidates for job vacancies can be chosen. Most organisations have a recruitment or employment function managed by the human resource department. The magnitude of an organisation's recruiting effort

and the methods to be used in that recruiting effort are determined from the human resource planning process and the requirements of the specific jobs to be filled. They further stated that, recruitment should include seeking and attracting qualified job candidates. Recruitment concerns providing a pool of people qualified to fill these vacancies. Robbins and Coulter (2003) stated that, recruitment is the process of locating identifying and attracting capable applicants.

Byars and Rue, (2004) stated that, questions that are addressed in the recruitment process include: What are the sources of qualified personnel? How are these qualified personnel to be recruited? Who is to be involved in the recruiting process? What inducements does the organisation have to attract qualified personnel? They also added that organisations have at their disposal a wide range of external sources for recruiting personnel. External recruiting is needed in organisations that are growing rapidly or have a large demand for technical, skilled, or managerial employees.

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The assertion that external recruiting is needed in organisations that are growing rapidly or have a large demand for technical, skilled, or managerial employees may not be applicable to all organisations. Organisations with slow growing pace or have a small demand for technical, skilled, or managerial employees may require to recruit externally to explore the larger pool of talent that is available to enhance the opportunity of employers selecting a more capable employee whose

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skills will be used as a catalyst to giving the organisation competitive advantage and progress.

2.4.10 Human Resource Training and Development

Training is done to fill gap between the skills and knowledge they have at present and the skills and knowledge the organisation wants them to have in order to fulfil set goals. It ensures that employees are able to perform to the required standard. Whenever someone new is employed they need to be trained; this may take the form of an induction programme to make the new employee feel welcome and orientated to the culture and working methods of the organisation (Bloisi, 2007).

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The growth of an organisation is closely related to the development of its human resources. When employees fail to grow and develop in their work, a stagnant organisation will most probably result. A strong employee development programme does not guarantee organisational success, but such a programme is generally found in successful, expanding organisations (Grobler, 2011). HR development include the orientation of new employees, job-skill training, retaining to accommodate technological changes, career planning to identify paths and activities for individual employees as they develop within the organisation and assessing how employees perform (Mathis and Jackson, 2004). Although training is seen as an important HRM function, in Ghana there are few opportunities for many employees to undergo training, particularly off-the-job external training.

Where there is training at all, it is mainly informal, on-the-job training (Debrah, 2001).

The GHS Training and Capacity Development Department is responsible for post-basic training including fellowships administration, learning resource development and in-service training. It is also responsible for the administration and management of bonds and bonds redemption and keeps an up-to-date record of all such issues in collaboration with the HR Planning and Monitoring Department (GHS website, 2014)

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2.4.10.1 Human Resources Capacity Development of the Health Sector in the Upper West Region

According to 2011 report of the Upper West Regional Health Directorate, during the period, six (6) health professionals were granted study leave with salary to pursue post-graduate training programmes in various fields including Public Health. About Fifty (50) different in-service training activities were organized at the regional level for the clinical, public health and support service areas to update the knowledge and sharpen the skills of the workers for improved service delivery with Public Health accounting for nearly 70 percent (32) of these trainings. The Regional Health Directorate with the support of UNICEF conducted leadership training for sub-district leaders and core DHMT (District Health Management Team) members to build their capacities in financial management, planning,

teamwork, and on the core functions and values of the GHS. In all a total of two hundred and ninety five (295) Sub-district and DHMT staff were trained.

Staff performance appraisal was also given priority attention during the year under review. All District Directors of Health Services, Deputy Directors, Programme Coordinators including other Senior Managers and Junior Officers at all levels had their job performance evaluated and the results of this evaluation used to identify appropriate capacity enhancing activities to improve staff competencies.

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The above strides notwithstanding, attraction, retention and equitable distribution of critical personnel remained an important issue during the period. Medical Officers, Midwives and Anaesthetists were particularly difficult to attract into the region. Measures such as monetary incentives and other non-monetary packages were therefore put in place in health facilities as a regional policy to retain the few available. Health facilities especially the hospitals also adopted strategies including the "locum" system to attract general medical practitioners in times of need to sustain service delivery (GHS/UWRHD, 2011).

2.4.11 Employee Welfare

Employee welfare has to do with issues related to employee compensation and benefits, motivation, job satisfaction, commitment and employee safety and health.

According to Durai (2010), employers have the first and direct responsibility to provide welfare facilities to the employees. Their active involvement in the employee welfare facilities is crucial to the success of the welfare programmes. They usually provide these facilities to attract and retain the talented employees. He further added that, the welfare of the employees is one of the comprehensive responsibilities of the employers. It should not be confined only to Welfare Associations, death donations and similar activities; rather, it must move from a working environment focus to the employees" living conditions. Employers provide certain welfare facilities in conformity with the statutory requirements. The employers may also offer certain facilities voluntarily to improve the well-being and motivational levels of the employees. Organisations usually appoint labour welfare officers to supervise the welfare activities carried out in the organisation.

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2.4.11.1 Motivation

High performance is achieved by well-motivated people who are prepared to exercise discretionary effort. Motivation is concerned with the strength and direction of behaviour and the factors that influence people to behave in certain ways. The term, "motivation" can refer variously to the goals individuals have, the ways in which individuals chose their goals and the ways in which others try to change their behaviour (Armstrong, 2009).

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Armstrong (2009) also stated that, motivating other people is about getting them to move in the direction you want them to go in order to achieve a result. Motivating yourself is about setting the direction independently and then taking a course of action that will ensure that you get there. Motivation can be described as goal-directed behaviour. People are motivated when they expect that a course of action is likely to lead to the attainment of a goal and a valued reward that satisfies their needs and wants. Well-motivated people engage in discretionary behaviour; in the majority of roles there is scope for individuals to decide how much effort to exert. Such people may be self-motivated, and as long as this means they are going in the right direction to attain what they are there to achieve, then this is the best form of motivation.

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He further stated that, there are two types of motivation; intrinsic and extrinsic motivation. Intrinsic motivation can arise from the self-generated factors that influence people's behaviour. It is not created by external incentives. It can take the form of motivation by the work itself when individuals feel that their work is important, interesting and challenging and provides them with a reasonable degree of autonomy (freedom to act), opportunities to achieve and advance, and scope to use and develop their skills and abilities. Extrinsic motivation occurs when things are done to or for people to motivate them. These include rewards, such as incentives, increased pay, praise, or promotion; and punishments, such as disciplinary action, withholding pay, or criticism.

Employment and working conditions in the formal or informal economy embrace other important determinants, including, working hours, salary, workplace policies concerning maternity leave, health promotion and protection provisions, etc. (WHO website, 2014). According to Mathis and Jackson (2004) compensation rewards people for performing organisational work through pay, incentives and benefits. Reward/compensation in Ghana for lower level, unskilled and semiskilled employees is driven by the national minimum wage. Currently, all allowances and other financial benefits have been incorporated into the gross pay. This form of direct financial compensation is referred to as consolidated pay (Debrah, 2001).

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2.4.11.2 Job Satisfaction

Armstrong (2009) thinks, the concept of job satisfaction is closely linked to that of engagement. Job satisfaction refers to the attitudes and feelings people have about their work. Positive and favourable attitudes towards the job lead to engagement and therefore job satisfaction. Negative and unfavourable attitudes towards the job indicate job dissatisfaction.

The level of job satisfaction is affected by intrinsic and extrinsic motivating factors, the quality of supervision, social relationships with the work group and the degree to which individuals succeed or fail in their work. Purcell et al (2003) believe that discretionary behaviour that helps the firm to be successful is most likely to happen when employees are well motivated and feel committed to the

organisation and when the job gives them high levels of satisfaction. Their research found that the key factors affecting job satisfaction were career opportunities, job influence, teamwork and job challenge (Armstrong, 2009).

2.4.11.3 Commitment

Commitment refers to attachment and loyalty. It is associated with the feelings of individuals about their organisation. As defined by Porter et al (1974), commitment is the relative strength of the individual's identification with, and involvement in, a particular organisation. The three characteristics of commitment identified by Mowday et al (1982) are:

1. A strong desire to remain a member of the organisation.
2. A strong belief in and acceptance of the values and goals of the organisation.
3. A readiness to exert considerable effort on behalf of the organisation.

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2.4.11.4 The Link between Motivation, Job satisfaction and Commitment

Attitude has direct impact on job satisfaction. Organisational commitment on the other hand, focuses on their attitudes towards the entire organisation. Although a strong relationship between satisfaction and commitment has been found, more recent research gives more support to the idea that commitment causes satisfaction. Motivation is a human psychological characteristic that contributes to a person's degree of commitment (Stoke, 1999). Studies on work motivation seem to confirm that it improves workers' performance and satisfaction. Job satisfaction is so important in that its absence often leads to lethargy and reduced

organisational commitment (Levinson, 1997, Moser, 1997). Dornstein and Matalon (1998) describe eight variables that are relevant to organisational commitment. These are interesting work, co-workers" attitudes towards the organisation, organisational dependency, age, education, employment alternatives, attitude of family and friends (Tella , Ayeni , Popoola , 2007).

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2.4.11.5 Safety and Health

Safety and health policies and programmes are concerned with protecting employees and other people affected by what a company or institution produces and does.

Occupational health deals with all aspects of safety and health in the workplace and has a strong focus on primary prevention of hazards. The health of the workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress related disorders and communicable diseases and others (WHO, 2014a). Armstrong (2009) thinks safety programmes deal with the prevention of accidents and with minimizing the resulting loss and damage to people and property. They relate more to systems of work than the working environment, but both safety and health programmes are concerned with protection against hazards, and their aims and methods are clearly interlinked.

Healthcare workers (HCWs) are exposed to several occupational hazards such as biological hazards; TB, Hepatitis, HIV/AIDS, physical hazards; such as noise,

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radiation, slips trips and falls, psychosocial hazards; such as shift work, violence and stress, fire and explosion hazards; such as using oxygen, alcohol sanitizing gels. HCWs need protection from these workplace hazards (WHO, 2014b).

2.4.12 Employee Relations

Employee relations is the relationship an employer builds with its employees to encourage a satisfactory working environment. The employment relationship should be more than an economic exchange where employees receive a financial reward for their services. It should also include a psychological relationship of shared goals and values, and a sense of belonging (Bloisi, 2007).

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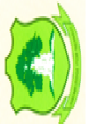

2.4.12.1 Organisational Conflict

Organisational conflict is conflict between employees and the organisation itself. Organisational conflict pits employees or groups of employees against the organisation. From an organisational perspective, conflict can be viewed as anything that disrupts the “normal” routine. Conflict in organisation is often assumed to be unnatural and undesirable; something to be avoided at all costs. Conflict can lead to rigidity in the system in which it operates, distort reality, and debilitate the participants in the conflict situation. Changes in policies that negatively affect employees, such as a cutback in benefits offered, are one source of organisational conflict. Reorganisations, corporate downsizing, layoff of employees, and tightening of expenses are other examples of sources of organisational conflict (Rue and Byars, 2003).

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2.4.11.2 Conflict Management

Conflict is unavoidable. So therefore every organisation should learn how to manage it. In the view of Kreitner and Kinicki (2004), conflict is a process in which one party perceives that its interests are being opposed or negatively affected by another party.

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Conflict is inevitable among humans. When two or more social entities (i.e., individuals, groups, organisations, and nations) come in contact with one another in attaining their objectives, their relationships may become incompatible or inconsistent. Relationships among such entities may become inconsistent when two or more of them desire a similar resource that is in short supply; when they have partially exclusive behavioural preferences regarding their joint action; or when they have different attitudes, values, beliefs, and skills (Rahim, 2001).

Management must know when to eliminate conflict and when to build on it. Today's managers must accept the existence of conflict and realize that to attempt to stop, all conflict is a mistake. The general consensus is that conflict itself is not undesirable; rather, it is a phenomenon that can have constructive or destructive effects. However, the impact of the conflict on the organisation must also be considered. If the conflict ends in the selection and promotion of the better-qualified person, the effect is constructive from the organisation's viewpoint. At the same time, there may be destructive effects. The overall work of the organisation may suffer during the conflict. The loser may resign or withdraw as a result of the failure. The destructive effects of conflict are often obvious, whereas

the construct' effects may be more subtle. The manager must be able to see these facts and weigh them against the costs (Rue and Byars, 2003).

Destructive conflict in organisations should be managed in such a way that it doesn't spill over or trickle down to other persons who were not originally involved. However lessons should be derived from every conflict so that it does not hamper organisational progress.

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2.4.12.3 Conflict Management Styles

Conflict management styles are approaches to resolving conflict situations either in an organisation or personal grounds. Rue and Byars (2003) think that, even though some conflict may be beneficial to an organisation, unresolved conflict or conflict that is resolved poorly usually results in negative consequences such as job withdrawal behaviours, unionization activity low morale, and lower levels of goal attainments. Successful resolution of conflict among employees often depends on the employees' immediate manager or managers.

According to Thomas and Kilmann (2010), in conflict situations a person's behaviour, is described along two basic dimensions: assertiveness, the extent to which the individual attempts to satisfy his or her own concerns, and cooperativeness, the extent to which the individual attempts to satisfy the other person's concerns. These two dimensions of behaviour can be used to define five methods of dealing with conflict:

Competing is assertive and uncooperative, a power-oriented mode. When competing, an individual pursues his or her own concerns at the other person's expense, using whatever power seems appropriate to win his or her position. Competing can simply be described as a win-lose situation.

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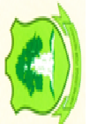

Collaborating is both assertive and cooperative. When collaborating, an individual attempts to work with the other person to find a solution that fully satisfies the concerns of both. It involves digging into an issue to identify the underlying concerns of the two individuals and to find an alternative that meets both sets of concerns. Collaborating between two persons might take the form of exploring a disagreement to learn from each other's insights, resolving some condition that would otherwise have them competing for resources, or confronting and trying to find a creative solution to an interpersonal problem. It can be considered as a win-win situation.

Compromising is intermediate in both assertiveness and cooperativeness. When compromising, an individual has the objective of finding an expedient, mutually acceptable solution that partially satisfies both parties. Compromising falls on a middle ground between competing and accommodating, giving up more than competing but less than accommodating. Likewise, it addresses an issue more directly than avoiding but doesn't explore it in as much depth as collaborating. Compromising might mean splitting the difference, exchanging concessions, or

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seeking a quick middle-ground position. This is both a win-lose and a lose-win situation.

Avoiding is unassertive and uncooperative. When avoiding, an individual does not immediately pursue his or her own concerns or those of the other person. He or she does not address the conflict. Avoiding might take the form of diplomatically sidestepping an issue, postponing an issue until a better time or simply withdrawing from a threatening situation which makes it a lose-lose situation.

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Accommodating is unassertive and cooperative. It is the opposite of competing. When accommodating, an individual neglects his or her own concerns to satisfy the concerns of the other person; there is an element of self-sacrifice in this mode. Accommodating might take the form of selfless generosity or charity, obeying another person's order when you would prefer not to, or yielding to another's point of view. It is a lose-win situation

2.4.12.4 Conflict Management Style of Health Professionals

Despite an abundance of years in schools, most physicians and nurses are lacking in basic skills necessary for resolving conflicts. Due to the chaos and complexity that exist in most health care environments, a majority of health care professionals are busy thinking about the next patient (Gerardi, 2014).

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Sportsman and Hamilton (2007) stated that, a study in 2000 supported the findings of studies from the 1980 and 1990s, indicating that the conflict management styles of avoidance and accommodation is still frequently used in health care work places, despite the emphasis on collaboration as an effective strategy for conflict management. The conflict management styles used by nurses included low use of competition and collaboration and high use of avoidance and accommodation in their interactions. Staff nurses were found to use avoidance as their predominant conflict Management.

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2.5 Conceptual Framework

This aspect introduces the conceptual framework of the study. The conceptual framework provides a readily understood, logical and consistent approach to enhance coherence across the subject under study which will document the derivation of clear conclusions. A conceptual framework is a representation of the main components of the study or issue of interest, showing their interrelationships or linkages. It serves to develop a common understanding of which issues should be included in an assessment. A conceptual framework helps to explain why we are doing a project in a particular way. It can also help to understand and use the ideas of others who have done similar work. Below is the diagram representing the conceptual framework.

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Figure 2.1

HRM PRACTICES IN GHS INSTITUTIONS WITHIN THE WA MUNICIPALITY

Human Resource Planning
- Forecasting HR Needs
- Meeting HR Needs

HR Training and Development
- Orientation and Training Employees
- Appraising employees' performance
- Assisting employees develop career plans

Employee Welfare
- Motivation
- Job Satisfaction
- Safety and Health

Employee Relations
- Conflict Management
- Disciplinary Measures
- Grievance Handling systems

Planned, Supervised and Implemented Activities with Rewards

Heightened Institutional Performance

Source: Author's construct (2015)

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2.5.1 Explanation of the Conceptual Framework

The diagram above is an illustration of the importance of human resource management practice and how it can lead to heightened performance in an institution or organisation. The Human Resource Management Practices also known as HR functions include; Human resource planning, recruitment, and selection, Human resource development, Compensation and benefits, Safety and health, Employee and labour relations and Human resource research as stated by a Byars and Rue (2004) as the six major functions of human resource management functions identified by the Society for Human Resource Management (SHRM).

The conceptual framework is made up of four functions out of the six functions of HRM. These four functions adapted include; human planning, human resource training and development, employee welfare and employee relations. These HRM practices are to be performed in GHS institution within the Wa Municipality to provide for and harmonise human resources. This therefore becomes the components of the HRM Practices. Each HRM practice has its tasks and duties that are supposed to be carried out by the human resource management specialists who are often called the human resource managers or officers. These tasks or duties are also known as the activities.

This conceptual framework has a trickling down effect from Human Resource Management Practices (HRMP) to the heightening institutional performance. The set of activities under the Human Planning perspective include: Forecasting HR

Needs and Meeting HR Needs. With the HR Resource Training and Development perspective, the activities includes; orientation and training employees, appraising employees‟ performance and assisting employees develop career plans. Employee Welfare perspective has it activities as; motivation, job satisfaction and safety and health. Employee Relations perspective also entails the following activities; conflict management, disciplinary measures and grievance handling systems. All this activities are connected and are to be performed hand in hand with each other at the same level. All these functions are to be planned, supervised and implemented with a reward system, which will result into a heighten performance in Ghana Health Service Institution within the Wa Municipality.

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For human resource management practice to take place that means that the person or people in charge of the human resources have actualised the human resource functions by working with it to meet the human resource needs of the institution and the human resource themselves. This would also mean that human resource management would have to be proactive in dealing with these activities that are related to the human resource by planning and implementing these HRM activities listed above.

The primary goal of human resource management in any organisation is to facilitate organisational performance. One of the most effective ways to enhance organisational performance is to increase productivity. The American Productivity Center defines productivity as the efficiency with which an organisation uses its

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labour, capital, material, and energy resources to produce its output (Byars and Rue, 2004).

Efficiency in the utilisation of resources would imply doing the right thing that has to be done with resources at the right time. This could be harnessed by making the human resource management practices work. Efficiency in human resource management practice would require that, the Human Resource Manager to minimise wastage and maximise benefits from the use of resources. For efficiency in human resource management then HRM practices should be planned and implemented to strengthen and increase the productivity of human resources. This will therefore heighten the general performance of the GHS institution.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research Methodology is the systematic and theoretical analysis of the methods applied to a field of study. It typically encompasses research design, sampling design and, data collection and analysis methods. This chapter examines the possible approaches that would be used in the collection of data.

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3.2 Research Design

According to Babbie (2005), research design involves a set of decisions regarding what topic is to be studied, among what population, with what research methods, for what purpose. Research design is the process of focusing your perspective for the purpose of a particular study. As pointed out by Becker, 1989; Yin, 1991 and cited in Sarantakos (2001) stated that research design normally prescribes, among other things, the logical sequence in which the study is to be carried out, as well as the elements of the study, its methods of data collections and analysis and all administrative procedures that need to be considered for the study to be carried out without problems or delay.

According to Creswell (2009) “research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis”. Panneerselvam (2011) stated that, “descriptive

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research is carried out with specific objective(s) and hence it results in definite conclusions. This research tries to describe the characteristics of the respondents in relation to a particular practice or culture of importance".

The study adopts a descriptive research. The method of research utilised in descriptive research is survey method with the mixed method approaches which comprises both quantitative approaches and the qualitative approaches. According to Leddy and ormord (2010), "a survey research involves acquiring information about one or two groups of people perhaps about their characteristics, opinions, attitudes, or previous experiences by asking them questions and tabulating the answers. The ultimate goal is to study a large population by surveying a sample of the population". However, it has the potential of presenting misleading results since it draws inferences about a particular population from the responses of the sample. The research design for the study is therefore the descriptive survey research with mixed method approaches.

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The survey research is paramount to this study because it allows the researcher summarise responses with percentage and frequency and draw inferences about Ghana Health service institutions in the Wa Municipality. It also provides numeric descriptions of trends, attitudes or opinions of the health workers on HRM. This study employed the survey research which draws on a cross-sectional study. A cross-sectional study is simply data collected at a single point in time, often over a short period to provide a snapshot picture or information. Data here was collected

from a large cross section of respondents from a large population on a "one off" basis ("ad hoc" survey). The method will be used to examine the human resource management practices in the Ghana Health Service Institutions in the Wa Municipality.

3.2.1 Mixed Research Method

The mixed research method which combines the qualitative and quantitative approaches was adopted for this study. According to Creswell and Plano Clark (2007) and cited in Creswell (2009), "the mixed method approach is more than collecting and analysing data; it also involves the use of both approaches in tandem so that the overall strength of the study is greater than either qualitative or quantitative research".

The merits of this approach include its ability to merge qualitative and quantitative data to make available a widespread data analysis. The use of the mixed method is able to overshadow the individual limitation of either qualitative or quantitative approach. It gives a clearer and more complete picture of a phenomena being studied.

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"Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to social or human problems. The process of research involves emerging questions and procedures; collecting data in the participants" settings; analysing the data inductively, buildings from particulars to general

themes; and making interpretations of the meaning of the data. The finally writing report has a flexible writing structure" (Creswell, 2009).

Creswell (2009) further appointed that, "quantitative researcher is a means for testing objectives theories by examining the relationship among variables. These variables can be measured typically on instruments so that numbered data can be analysed using statistical procedures. The final written report has a set structure consisting of introduction, literature and theory, methods, results and discussion". This implies that the report of this study; an assessment of HRM practices in GHSIWM will include introduction, literature reviews, interpretations of the meaning of the data and writing a report in a flexibly written structure, combining with presentation of results and discussion of findings.

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3.3 Population of the Study

The population of the study refers to the entire scope of the interest of the study which includes the target and the study population. The Target Population refers to the number of all units from the phenomenon who are supposed to be investigated that exist in the area of investigation. The target population for this study included staff of the Regional (UWRHD), Wa Municipal Health Directorate (WMHD) and health facilities in the Municipality. This actually makes the population an infinite one since one cannot determine the total number of this target population.

The study population is the actual population that was studied as part of the target population. This population included the top management of the UWRHD, the WMHD and the Wa Regional Hospital. Also health workers from the various health facilities were included in the study excluding orderlies and security personnel. Data was collected from only health workers who were not on annual or study leave.

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3.4 Sampling Design

The population of this study was very large and taking a total enumeration or census of all the units in the population is impossible. A sample was therefore selected to represent the study population such that the sample reflects the characteristics of the whole populations of health workers in the Wa Municipality. Sampling aids the researcher with manageable population size from which data was collected. With sampling there is more accuracy of data collected due to the limited size and less time used to collect data.

3.4.1 Sample Size

The Miller and Brewer (2003) sample size determinant was used. According to Miller and Brewer (2003), sample size can be calculated with the sample size determinant.

Sample Size Determinant: $$n = \frac{N}{1 + N(a^2)}$$

n = Sample size

N =Total population

a = Margin of error (5%)

n = unknown

N =471

a = 0.05

Sample Size Determinant: $\mathbf{n} = \dfrac{471}{1+471(0.05^2)}$

$= 216$

3.4.2 Sampling Technique

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

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The probability sampling technique gives each and every unit within the population an equal chance of being selected or to be represented in the sample. This method was used in order to help reduce biases and improve objectivity in the study. The type of probability sampling technique which was employed in the study included systematic sampling technique.

The systematic sampling technique was used to sample the health workers from the various health facilities in the Wa Municipality. This technique was used

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because the list of health workers in the health facilities in the Municipality was known. The list of the health workers was arranged in an orderly manner and the sampling fraction was used to select the elements in the list which were considered as part of the sampled population.

The sampling fraction (K) was determined by using K=N/n, where N is the total population (471) and n is the sample size (216). K was therefore the 2th interval. There was a random selection of numbers between 1 and 2 to determine which number to start the selection from. The number 2 was chosen and the selected numbers to be part of the sample size were 2, 4, 6, 8, 10 until the sample size of 216 was obtained. Any selected element who was not available was replaced with the next element.

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The non-probability sampling technique was used to enable the research have certain category of respondents who were knowledgeable in the area of the study and also people who were available for questioning. However the technique does not give the entire sample population equal chances of being selected. The type of the non-probability sampling which was used is the purposive sampling.

With purposive sampling, sampling units were selected intentionally because of their characters that are harmonious to the criteria set for the study. This sampling type was necessary for the study since respondents were selected based on their ability to answer research questions and the objectives of the study. The purposive

sampling technique was used to collect data from experts and people with relevant knowledge about HRM practices in the GHS within Wa Municipality. This sampling technique was used to collect data from the management of the GHS institutions in the Wa Municipality. These people were selected because of the knowledge they had about the health workers. However, the demerit of this technique is that, the researcher cannot guarantee that every element of the population was represented.

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3.5 Sources of Data Collection

The two major data to be collected are secondary and primary. The secondary data was explored through the reviewing of literature that was relevant to the study. The primary data was collected from the study area. The research employed data collection tools like the questionnaire and interview in obtaining the primary data.

3.5.1 Review of Secondary Information

Secondary information is a source of information that is collected by a person or organisation other than the users of the information and includes both qualitative and quantitative information. Secondary information was drawn from the review of existing literature. Information was obtained from books, journals, census report, newspaper publications as well as the internet that has to do with human resource management practices in the Ghana Health Service Institutions in the Wa Municipality. It is a useful source for identifying relevant literature, provides a

background for identifying key questions for unstructured, structured and semi-structured interviews and also provides bases for comparison for this study.

3.5.2 Tools for Primary Data Collection

This section describes the questionnaire and interview as the data collection techniques used in the study.

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3.5.2.1 Questionnaire

According to Panneerselvam (2011), the success of survey method depends on the strength of the questionnaire used. A questionnaire consists of a set of well-formulated questions to probe and obtain responses from respondents. The Questionnaire designed for this method of data collection is formal questions that are framed and written down for respondents to provide the answers. Questionnaire with open-ended and close-ended questions were used to gather information from respondents on the problem investigated. Open-ended questions were mainly employed in order to probe for further in-depth information or to clarify answers after using close-ended questions in order to acquire qualitative data. Close-ended questions had predetermined or pre-coded answers for respondents to choose from in order to acquire quantitative data. The choice of using a questionnaire was to enable the researcher collect both quantitative and qualitative data. The questionnaire is used to avoid collecting large amounts of data and huge range of answers which may not be useful in this study. It helps makes the researcher sure of asking everyone the right questions and the same

questions for issues of conformity. However some people did not return their questionnaires.

The questionnaire made use of check list and rating scale. The respondent simply checked the items that were observed present or true on the list. The rating scale (Likert scale) was used to evaluate feelings or opinions of the health workers and management of the GHSIWM. Respondents were asked to evaluate their satisfaction level on various issues related to HRM practices.

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3.5.2.2 Interview

Interview is a method of field investigation where by the researcher meets the respondents and asks specific questions through an interaction. According to Twumasi (2001), the interviewing technique is an appropriate method for all segments of the population. According to Silverman 1993 as cited in Leedy and Ormrod (2010) asserted that, interviews can yield a great deal of useful information. The researcher related to facts, peoples" beliefs and perspectives about facts, feelings and motives, including past and present behaviours.

An advantage of using interview method in data collection is that, the mood of the respondent can be assessed and can appraise the validity and reliability of the answers given. Also, contradictory information in responses can be clarified from the respondent during interview. The structured, semi-structured and unstructured interviews would be employed. Structured interviews involved the use of a

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questionnaire with standard set of predetermined questions to be administered. Semi-structured interviews were a set of standard questions with tailored probing questions asked to get more clarification. These enable interviewees to express themselves freely; however they are guided by the interviewer to make responses within the scope of this study. These interviews were be face to face interviews in order to establish rapport with respondents and gain their cooperation, and also intended to yield high response rate. However, it is time consuming and financially expensive. The unstructured interviews were used to clear responses from key informants.

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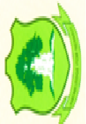

The Key Informant Interviews technique was used to collect information from the Deputy Director in charge of Administration at the UWRHD, Assistant Regional Human Resource Manager at the UWRHD, the Health Administrator at the WMHD, the Health Administrator at the Wa Regional Hospital. They were identified as the right people to be key informants based on their knowledge and the positions they occupy. The selected respondents have an average knowledge of the HRM practices of Ghana Health Service Institutions in the Wa Municipality. The key informant interviews were an efficient and effective way to collect information about the HRM practices. The interviews with key informants were conducted face to face and one on one with the interviewer. These interviews were conducted using a semi-structured questionnaire. The key informant interviews were used to identify new issues or to confirm findings from other data source.

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3.6 Research Validity and Reliability

Validity is a measure of precision, accuracy and relevance. It reflects whether the instruments and indicators measure what they are supposed to measure. It also refers to the ability to produce findings that are in agreement with the theoretical and conceptual values of the study. Reliability is a measure of objectivity, stability, consistency and precision. It refers to the ability of the instrument used to produce the same findings every time the procedure is repeated.

The purpose of the research is well defined to enhance consistency and accuracy of data. To increase the level of validity and reliability, questions to help detect errors were posed in the questionnaire. All questions were answered by respondents not interviewers. Interviewer would remain objective while interviewing a respondents being guided by the purpose of the research in order to avoid biases. This is to enhance reliability and validity of the purpose of the study. Based on the nature of the larger respondents that is, the nurses and doctors, questions would be answered when only they were not attending to a patient. This was to eliminate absent mindedness when answering the questionnaire which can affect validity and reliability of the study.

To limit data processing errors, the computer with the support of Statistical Package for Social Science (SPSS version19) and Microsoft Office Excel (MOE, 2010) was used for data organisation and analysis.

Pre-testing of questionnaire was done at the Konta north clinic in the Wa Municipality to ascertain the reliability of data. Seven questionnaires were issued out to the health workers. Five out of the seven questionnaires were retrieved. This was to test the sequence of questions. These retrieved questionnaires aided the researcher to re-edit the other questionnaires that were yet to be administered. A questionnaire was also given to the Regional Health Administrator who has the relevant knowledge as regards the meaning of health terminologies and other issues related to health for the necessary corrections to be made. These corrections were effected on the questionnaire before they were administered.

3.7 Administration of Questionnaires

Quantitative and Qualitative designed questionnaires was administered to health workers. The data was collected between 5th and 26th May, 2015.

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The questionnaires were distributed to the accessible respondents of which the study units are all literates. The questionnaires were therefore given to them to answer and were retrieved in a week's time. Some questions were retrieved in a two to three weeks' time. The questionnaires were retrieved for analysis and discussion.

3.8 Procedure for Data Organisation, Analysis and Reporting

Data was organised by inputting quantitative and qualitative data into MOE and imported it into SPSS. Quantitative data focuses more on numerical or statistical

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data. Qualitative data collected was coded and entered from paper questionnaires into SPSS for analysis.

Both Quantitative and Qualitative data analysis methods was used to examine the data that was collected. The concurrent mixed method was used for analysis by merging both qualitative and quantitative data. Creswell (2009) defined the concurrent mixed methods procedures are those in which the researcher converges or merges qualitative and quantitative data in order to provide a comprehensive analysis of the research problem.

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The researcher analysed the data collected by establishing categories through editing, coding, tabulation and interpretation of raw data. Editing is the procedure that improves the quality of the data. Coding was done by allocating alphabets and numbers to the categories of data and inputting them on the computer. Tabulation was part of the procedure wherein the data were put in the form of tables. Analysis work after tabulation was based on percentages and frequencies. Other data was also processed into various graphical forms.

The output of quantitative data was presented using charts, graphs, frequencies and percentages which gave a graphical representation of the data collected. The Qualitative data was non-numerical and they were usually in-depth responses about what people think and how they feel. This data was analyzed by summarising, describing, interpreting and relating to other Quantitative and

Qualitative data. Microsoft Excel and SPSS were used to facilitate analysis. Data on excel was summarised into various topic to enable the drawing of tables and charts. SPSS was used for direct analysis of organised data by using simple analysis (frequency and percentages) and cross tabulations.

The Thomas-Kilmann Conflict Mode Instrument (TKI) is what is adapted in this study to analyse conflict management styles in Ghana Health Service Institutions in Wa Municipality (GHSIWM). This instrument assesses an individual's behaviour in conflict situations.

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3.9 Profile of Study Area

The study location is Wa Municipality in the Upper West Region of Ghana. The research is to be conducted in the Ghana Health Institutions within the Wa Municipality.

3.9.1 Location and Size

The Upper West Region, the youngest of the ten regions of Ghana was carved out of the former Upper Region in 1983 with the view to accelerating development of the area. The Region is located in the north-western corner of Ghana. To the South, the Region shares borders with the Northern Region. To the east it shares borders with the Upper East Region and to the north and west, it is bordered by Burkina Faso. The Black Volta forms a natural boundary in the west between the region and Burkina Faso. The Region has an estimated landmass of 18,476km2. It

is the seventh largest region in Ghana in total land area, and is made up of eleven (11) districts, thus Wa Municipal, Wa East, Wa West, Nadowli, Jirapa, Lambuisie-Karni, Lawra, Sissala East and Sissala West, Nandom and Daffiama Bussie Issa. Wa is the regional capital of the Upper West Region and it is located in the Wa Municipality.

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Wa Municipal Assembly was created out of the then Wa District in 2004 with legislative instrument (L1) 1800 in pursuance of the policy of decentralisation started in 1988.This makes it the largest urban centre in the region. The Municipality shares boundaries with Daffiama Bussie Issa District to the North,

Sawla-Tuna-Kalba District to the South, Wa West District to the West and Wa East District to the East. Wa Municipal lies within latitudes 1°40"N to 2°45"N and longitudes 9°32"W to 10°20"W with an area of 1,662.7 km^2.

3.9.2 Population Size and Density

According to the 2010 Population and Housing Census, the Upper West Region has a population of 702,110 people comprising 341,182 (48.6%) males and 360,928(51.4%) females. This figure implies the Region has a population density of about 38 persons per km2. The 2010 Population and Housing Census further revealed Upper West forms 2.8% of the total population of the nation. The three major ethnic groups are the Dagaabas, Wala and Sissala. Wa Municipal has a population of 107,214 people comprising 52,996 males and 54,218 females making 15.3% of the total population of the region.

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3.9.3 Health Facilities

The Region has a total of 174 health facilities comprising a Municipal hospital, five (5) district hospitals and the others are clinics, health centres, CHPS and some private health facilities. The Wa Municipality has a total of thirty-six (36) health facilities with four (4) of these being private. A sod cutting ceremony has taken place for the commencement of a 160 bed ultra-modern regional hospital in Wa Municipality.

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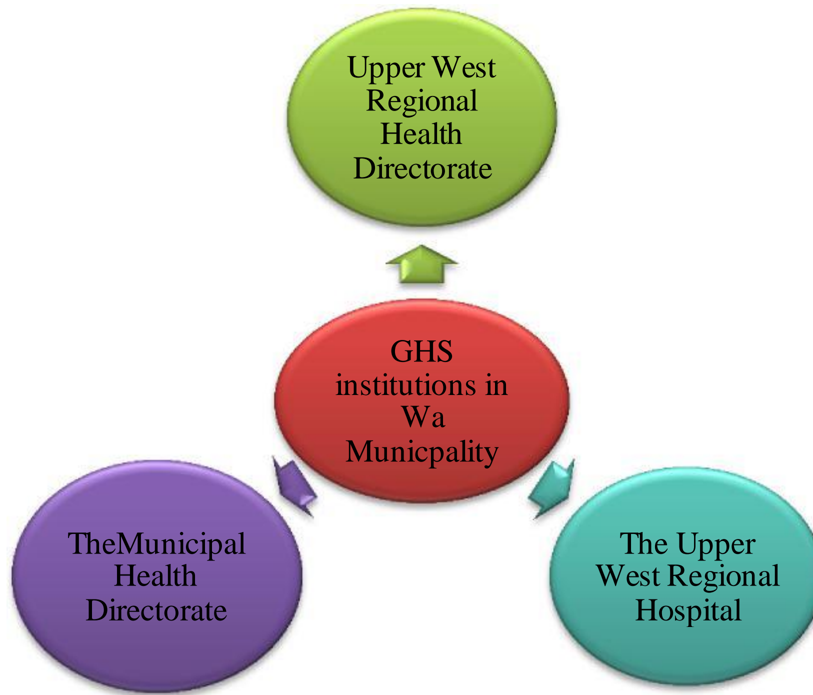
3.9.4 Ghana Health Service Institutions within Wa Municipality

Figure 3.1: GHS Institutions within the Wa Municipality



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Source: Field Survey (May, 2015)

See figure 3.2, the Map of Wa Municipality at Appendix III

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CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter covers analysed data, the results of the study and the discussion of findings. This data was collected in May, 2015. The data is represented in figures and tabular form, and with explanations. The chapter considers the demographic characteristics of respondents; their ages, marital status, occupation and educational status. Other areas covered include HR planning, Employee training and development, Employee welfare, Employee relations and the views of health workers from the various health facilities under GHS within the Wa Municipality.

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4.2 Characteristics of Respondents

These capture the demographic characteristics of respondents. The data on the general information of respondents included: ages, sex, marital status, occupation and educational status. The ages and sex of respondents has been cross tabulated in to a single table.

Table 4.1: Age and Sex of Respondents

Ages	Sex				Sub-total	
	Male		Female			
	Frequency	Percent	Frequency	Percent	Frequency	Percent
20-25	17	33.3	43	26.3	60	27.9
26-30	17	33.3	74	44.9	91	42.2
31-35	11	22.2	20	11.9	31	14.3
36-40	3	5.6	8	5.1	11	5.2
41-45	0	0.0	3	1.7	3	1.3
46-50	0	0.0	4	2.5	4	1.9
51-55	1	2.8	10	5.9	11	5.2
56-60	1	2.8	3	1.7	4	1.9
Total	51	100	165	100	216	100

Total = 216

Male 23.4 percent

Female 76.6 percent

Source: Field Survey (May,2015)

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Key informants and staff of the various health facilities (health workers) were selected from the various age groups above. From the table, the modal age ranges from age 26-30. The modal age range (26-30) has the highest occurrences of about 42 percent. This indicates that most respondents are between the ages of 26 to 30. This confirms the limitation stated earlier under study limitation, that the older staff shun away from answering the questionnaire. From the table, there are more female respondents than male respondents. The age range from 20 – 35 forms about 84 percent and age range from 31-60 forms just about 16 percent of the total respondents. The female population forms 76.6 percent and the males form 23.4 percent of the 216 respondents. The female respondents are by far greater because most of the health workers are females especially in the nursing department.

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WHO (2008) indicated that, generally women make up about 42% of the estimated global paid working population. Within the health sector, in many countries women comprise over 75 percent of the workforce, making them indispensable as contributors to the delivery of health care services. This information supports the revelation of the study that 76.6 percent are females.

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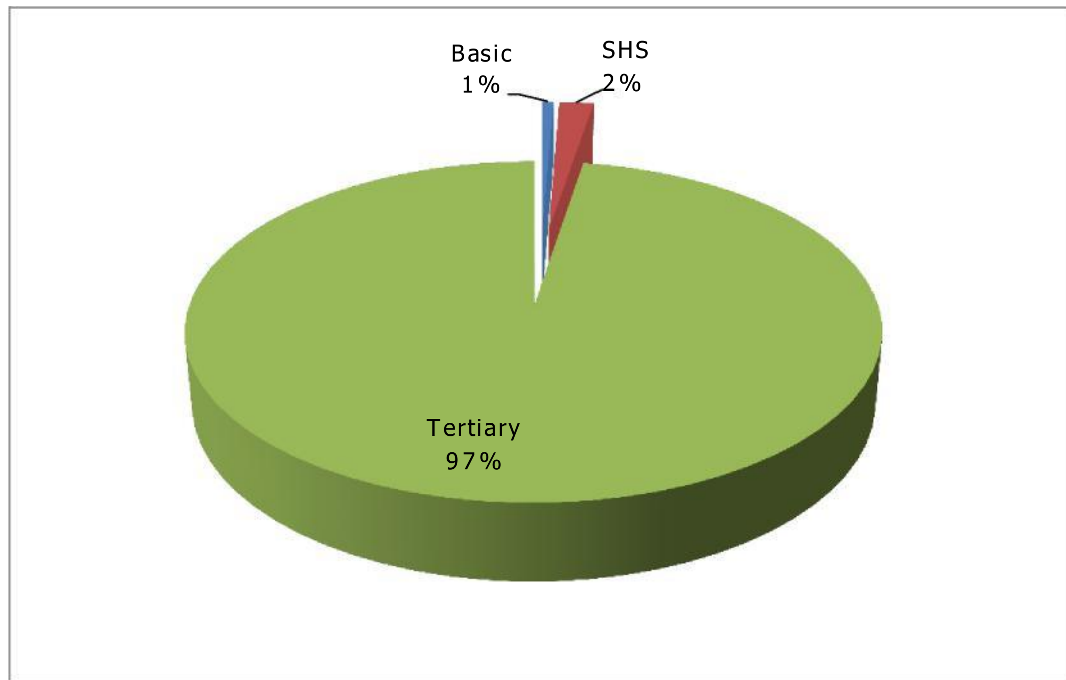
Figure 4.1: Educational Status of Respondents



Source: Field Survey (May, 2015)

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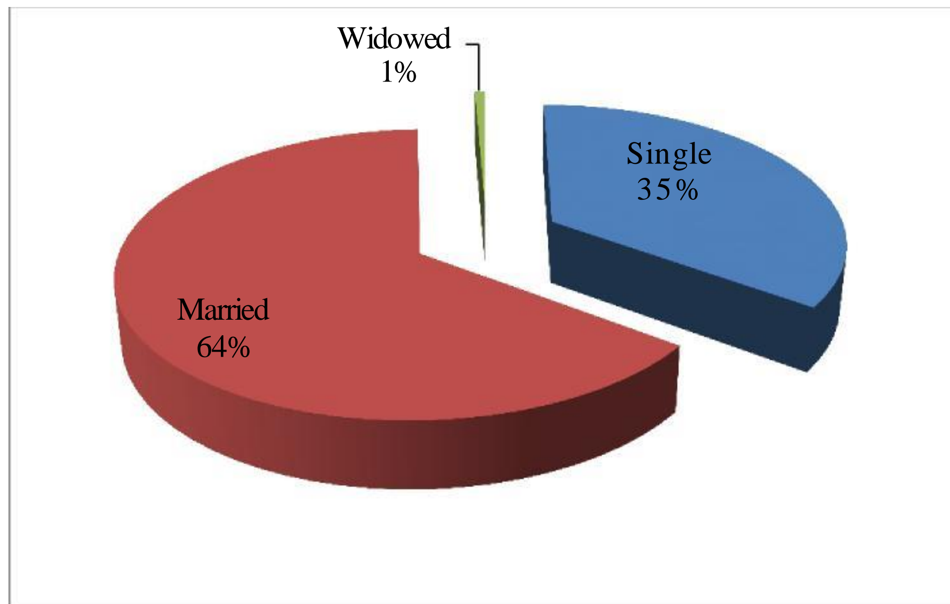
The health sector is largely a literate population except the untrained workers. That is why the entire number of respondents comprised 97 percent of people who have attained tertiary education, 2 percent have attained senior high education and 1 percent have attained basic education.

Contrary to the high level of respondents who have attained tertiary and secondary education (99 percent) in this study, GSS (2014) survey stated that, on the level of educational attainment of the population 15 years and older only, 14.7 percent have acquired Secondary/Senior Secondary School (SSS) or Senior High School (SHS) or a higher level of education. GSS (2014) further stated that, nearly one-fifth of the adult population (19.7 percent) has never been to school while

44.6 percent have attained a level below Middle School Leaving Certificate (MSLC) or Basic Education Certificate Examination (BECE) and about 21 percent of the population has MSLC/BECE based on the level of educational attainment of the population 15 years and older only.

Figure 4.2: Marital Status of Respondents



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Source: Field Survey (May, 2015)

A greater number of the health workers were married (64 percent), with 35 percent being unmarried and only one (1) percent being widowed. According to the GSS (2014) survey, the mean age at first marriage is 22.6 years, with females marrying about four years earlier than their male counterparts. Since most of the respondents are above 23 years, that could account for a larger percent being married.

Table 4.2: Occupation and Category of Respondents

Category of Health workers	Occupation	Number of interviewees	Percent
Physicians and Medical (physician) Assistants	Generalists and specialists doctors and Medical (physician) Assistants.	6	2.6
Nurses and Midwives	Professional nurses, Professional midwives, Auxiliary nurses, Enrolled nurses and Community health nurses	173	79.9
Other Clinical Staff	Field technicians, Health assistants and Health extension worker	8	3.9
Laboratory Technicians	Laboratory assistants and Laboratory technicians	3	1.3
Pharmaceutical Personnel	Intern Pharmacists, Dispensary assistants	6	2.6
Health Management and Support Staff	Health services administrator, Principal personnel officer, Accounts personnel,	21	9.7

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	Biostatistics assistants, Personnel officer, Medical records personnel and support staff.		
Total		216	100

Source: Field Survey (May, 2015)

The occupation of respondents has been categorised into the various health professions. Nurses and Midwives formed the dominant occupation with a percentage of 79.9 while all other occupation put together was 20.1 percent of the total respondents.

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From the study, it has been revealed that women formed the chunk of the total respondents. WHO (2008) has it that, in many countries, women still tend to be concentrated in the lower-status health occupations, and to be a minority among more highly trained professionals. In particular, the distribution of women by occupational category tends to be skewed in favour of nursing and midwifery personnel and other ‶caring‶ cadres such as community health workers. Women are often poorly represented in other categories, e.g. physicians, dentists, pharmacists and managers.

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4.3 Human Resource Planning, Recruitment and Selection (Postings)

4.3.1 HR Planning

The GHS institutions in the Wa Municipality is been headed by the Upper West Regional Health Directorate (UWRHD). The UWRHD has a HR officer for the region as a whole. All the public health facilities with the exception of the Regional hospital (WRH) are manned by the Municipal Health Directorate (WMHD). The WRH has its own management unit. The WMHD and the WRH have no HR officers/mangers. Issues of HR as well as the other administrative duties assigned and implied to his position are handled by their respective Health Administrators.

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HR Planning is considered an important system in the GHS institutions in the Wa Municipality (GHSIWM) and have a formal system of Human Resources Planning. GHSIWM plan their HR requirement well in advance and have HR planning system that is able to provide manpower. The institution does not only plan but do implement these plans. Their planning include an assessment of future environmental factors and their likely impact on health workers requirements, estimate future needs for health workers, estimate the supply of health workers and current number employed. The Upper West Regional Health Directorate (UWRHD) did not have the required HR needed to run the health facilities due to government quota system in admissions in health institution. According to the Health Administrator at the UWRHD, the UWRHD had a plan to meet the require HR for the health facilities but it is not documented. The plans include training

more staff, opening of more nursing training schools and retaining all nurses after the basic training. The UWRHD had a lot of set goals and objectives to achieve but could not achieve it with the current available staff because the staff available is not adequate to be able to achieve these goals and objectives the UWRHD have set for themselves. The Health Administrator further stated that "*there are still health facilities without the required number of personnel"*. The UWRHD could not also ascertain the number of HR that will be needed in the Region in five (5) years" time.

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The Wa Municipal Health Directorate (WMHD) did not have the required HR needed to achieve the goals and objectives set for the institution and the reason being scarcity and attrition of health staff according to the WMHD Health Administrator. The institution had plans to meet the required HR by sponsoring existing staff to pursue those courses where there was inadequate staffing. According to the WMHD, three (3) people were going on retirement in 2015 and it is UWRHD that had the mandate of replacing staff who go on retirement. The WMHD attributed staff attrition to marital and health grounds. The mechanisms in place to attract staff to the Municipal were by creating a conducive and an enabling environment. According to the Health Administrator of the Regional Hospital, the WRH also did not have the required number of staff due to retirements, deaths, transfers and poor replacement procedures. The hospital was not able to meet the objectives with the current staff because of shortage of staff which causes low productivity. The WRH plans to request for more staff from the

health training institutions and council. It was stated that the required number of health staff is known because there is a standard norm set for all health facilities but could not tell the number of HR that will be needed in five years time.

Sixteen (16) people are due for retirement this year (2014) but they did not know whether the exact number will be replaced or not, since they have to seek for recommendation from the Regional Health Directorate and clearance from the Ministry of Finance. The mechanism in place to attract staff is providing incentives, accommodation, fuel and allowances for staff at deprived areas.

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4.3.2 Recruitment and Selection (postings) of Staff

The Health Schools are under MOH and not GHS but the UWRHD is in charge of postings of health workers from the health institutions to the health facilities. The GHS has a structured recruitment system in place and is properly documented and followed. Admission in to the training institutions does not necessary mean recruitment. It is after the training of the health personnel that one can ascertain those who are recruited in the GHS since some may leave the country for other countries but those who do not leave and have successful completed the training are recruited in to GHS. According to the Deputy Director in charge of Administration, about 95 percent of trained personnel end up being recruited into GHS as health workers. He further stated that, GHS needs to influence the admission process of personnel into the training institutions. The admission process faces a lot of challenges due to a wide spread of protocol; people using

their positions to get people into the schools where the trainees are not interested in the work but only in the salaries they get to take home at the end of the month. This behaviour tends to affect the quality of work since some of the trainees are not committed. These uncommitted staff do not see the service as a called when recruited into GHS but as a source of income to make a living.

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The UWRHD said there was data on staff retention. The reasons for staff attrition were attributed to marital reasons, quest for further education and the desire to change to a new environment. There are mechanisms in place to attract staff to the Region comprising the following, namely:

1. Providing more residential accommodation in collaboration with the Municipal and District Assemblies (staff housing)
2. Providing monetary incentives such as allowances outside what the government has remunerated
3. Providing free accommodation for those in the rural areas
4. Granting promotion to staff in deprived areas

According to the UWRHD, the main factors that influenced posting of staff were equity principle; posting based on the staffing needs of service delivery points, married couple need to join their partners, influential persons and political interference. The staffing needs of service delivery point are ascertained through a facility needs assessment. The WMHD thinks that the main factors that influenced the posting of staff is based on knowledge, skills and qualification of the staff. According to the WRH, postings are influenced by upgrading/promotions, length

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of stay at a particular station, health issues, study leave, marriage, and availability of accommodation. Debrah (2001) asserted that historical, economic and socio-political factors have in the past, had a significant impact on the HR functions and will continue to do so in the future.

4.3.2.1 Factors that influences Postings of Staff according to the Health Workers

1. Marital issues: spouses want to be closer to their partners
2. Geographic location: people are mostly posted to the region where the health institution is located
3. Political Influence: "The whom you know" phenomenon (politicians influence postings of staff based on their political power)
4. Tribalism and Nepotism: Favours done to people from the same tribe and those who are acquaintances respectively
5. Bribery : Money offered in order to gain favour of posting

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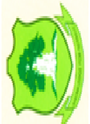

The data revealed that 30.1 percent of the respondents think postings were affected by socio-political factors and 69.9 percent think that posting were not affected by SPF but were done according to where the services of the health workers are more needed.

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4.4 HR Training and Development

In order to get the best from employees they need to be trained (Bloisi, 2007). The UWRHD has in-service training for the health staff. They also have orientation and training programmes for their employees which are on yearly bases for UWRHD and on quarterly bases for WMHD. This is also done whenever the need arises. The activities of the in-service training unit include the following, namely:

1. Collate the training plans of the unit into a composite plan.
2. Document the training done and the categories of staff participating.
3. Capture the trainings in the in-service training logbook of staff.
4. Training needs assessment
5. Organise training to upgrade knowledge of staff
6. Monitoring and evaluation
7. Recommend staff for study leave

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The WRH has no In-service Training Unit however it also organises refresher training for staff on the job schedules. It also had a remedial training in basic computation skills on the job and had a designed system for appraising the performance of individual employees annually. The WRH and health facilities were supervised quarterly. The staff go for further studies yearly but it is done in turns because the health facilities need the them to attend to patients.

Management of the various GHS institutions in the Wa Municipality; UWRHD, WMHD and WRH assist employees to develop career plans by offering them

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career counselling especially when they decide to pursue further studies and counselling on career progression within GHS an how to choose relevant courses. They also assist the staff by granting them study leave to pursue their various career programmes. The main challenges regarding training and development at the UWRHD and WRH are, namely:

1. Training on the job
2. Job specific training
3. Budget constraints
4. Knowledge transfer
5. General statistical and software training
6. Problems of internal mobility

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The main challenge regarding training and development at the WMHD is budget constraints. The HR training tools put in place to answer HR and training challenges successfully at UWRHD, WMHD and WRH are, namely:

1. Staff appraisal interviews, performance review/evaluation
2. Training for the middle and top management
3. Upward and downward feedback
4. Mentoring of new staff

4.5 Employee Welfare

Employee welfare comprises staff motivation and safety and health responses of management.

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4.5.1 Staff Motivation

All the three institutions (UWRHD, WMHD and WRH) motivate their staff. They stated the activities implemented for the motivation of their staff to include:

1. Staff durbars: Organising end of year best staff awards
2. Providing training opportunities to hard working staff
3. Paying allowances to critical staff in short supply such as doctors
4. Housing of staff: provide accommodation for some staff since their accommodation facilities are not enough for all staff
5. Staff welfare: Mourning with staff, Attending Nuptial celebrations and protecting staff from work hazards
6. Encouraging staff to go for further studies
7. Counselling on relevant courses for staff to pursue
8. Send off parties
9. Conducive atmosphere: For staff to be able to work. Management provides things and conditions such as equipment and materials for effective service delivery and gives the necessary orientation for the staff to be aware of the dos and don'ts of the service so that the lay down rules of the service would be adhered to.

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The staff agreed to it that all these motivational packages are available but one may not be eligible to access a particular package at a time. With regards to further studies, a staff stated that: *"we go for further studies in batches. Your seniors have to go before you but most of them are still around. So you have to wait for your time"*.

The data also revealed that, 28.1 percent respondents feel motivated and 71.9 percent did not feel motivated. However, this does not imply that there were no motivational strategies. It is possible that motivations did not meet the individual expectation.

4.5.2 Safety and health

The programmes in place to ensure employee safety and health are ensuring proper disposal of waste and providing protective clothing to staff. The institutional programmes that are being implemented and monitored by management of UWRHD on employee safety and health are: undertaking infection prevention and control systems training. The institutional programmes that are being implemented and monitored by management of the WRH for employee safety and health are: Infection control session, Consumables, Protective clothing and clean environment. The institutional programmes that are being implemented and monitored by WMHD management on employee safety and health are: maintaining a clean environment, adequate security for staff and training staff to prevent and handle fire outbreak. Also 59.0 percent respondents felt safe at the health facilities and 41.0 percent did not feel safe. The feeling of insecurity was attributed to the lack of security men at some health facilities.

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The UWRHD, WMHD and WRH as GHS institutions had accident prevention programmes which include, namely;

1. Workplace inspections

2. Activities to promote comfort in the workplace
3. Inspections that address accident causes, unsafe conditions and unsafe behaviours
4. Employee training in accident prevention and good safety practices
5. Reinforcement and recognition of safe behaviours

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The Deputy Regional Director in charge of Administration at the UWRHD stated that: In instances of accidents where the staff is a victim, the institution's compensation scheme for such employees are as follows: "*the staff is assisted to obtain compensation under the workman's compensation Act through the Labour department and the staff is also granted sick leave to enable them recover*".

In relation to the assistance provided for employees with personal problems that influence their work performance, he further stated that: *"The assistance provided for employees with personal problems that influence their work performance include; counselling and guidance services, fellowship and support depending on the employee's situation; where necessary financial support"*. All the GHSIWM also give support in kind and sick/annual leave to enable the staff take care of his/her problem.

The employee welfare benefits in place include: funeral benefits (provision of coffin and money), sick leave, and monetary assistance to be paid back which is usually refer to as IOU (I Owe You). This is applicable to UWRHD, WMHD and

WRH. The WRH has a staff welfare contribution fund which members have access to in times of difficulty.

Table 4.3: Employee Welfare Status of the GHS Institutions in Wa Municipality

GHS Institutions	Motivation Strategies	Safety and Health Measures	Welfare Activities
UWRHD	Averagely satisfactory	Averagely satisfactory	Averagely satisfactory
WMHD	Satisfactory	Satisfactory	Satisfactory
WRH	Averagely satisfactory	Averagely satisfactory	Averagely satisfactory

Source: Field Survey (May, 2015)

UWRHD - Upper West Regional Health Directorate

WMHD - Wa Municipal Health Directorate

WRH - Wa Regional Hospital

On a scale of one to five (five being the highest, three being adequate and one being the least), Highly Dissatisfactory, Dissatisfactory, Averagely Satisfactory, Satisfactory, and Highly Satisfactory were assigned values respectively.

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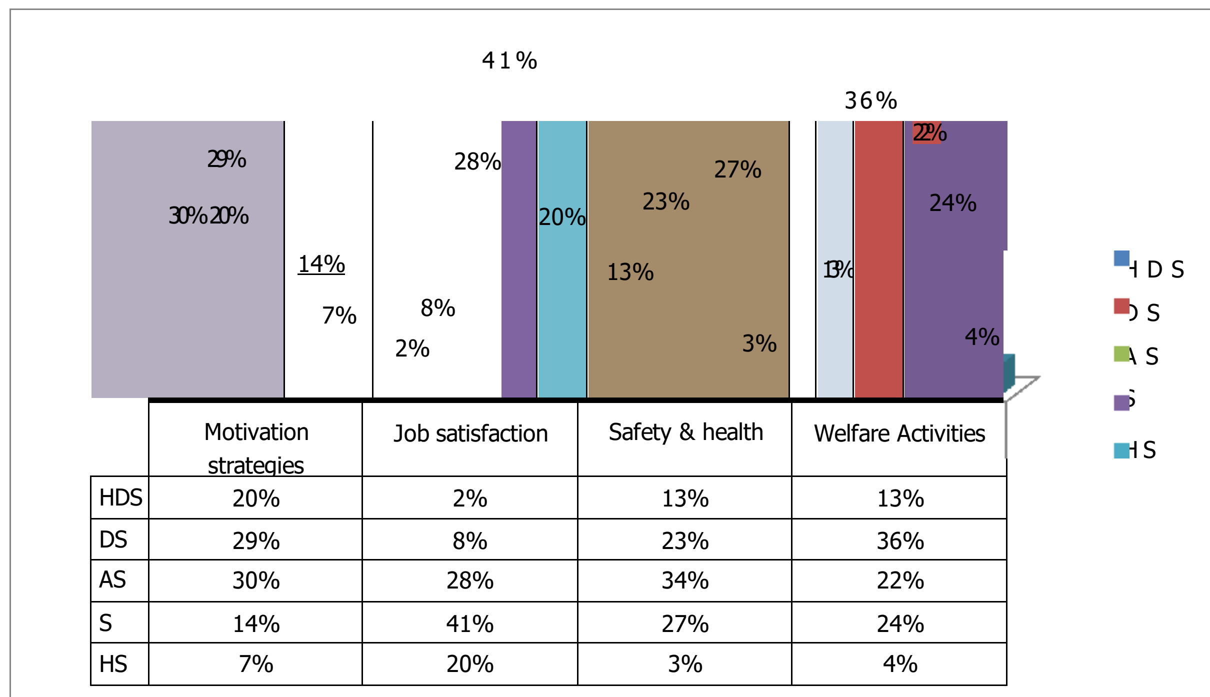
With regards to motivation strategies, the UWRHD rated themselves as being averagely satisfactory, WMHD rated themselves as being satisfactory and WRH rated themselves as being averagely satisfactory. With safety and health measures, the UWRHD rated themselves as being averagely satisfactory, WMHD rated themselves as being satisfactory and WRH rated themselves as being averagely satisfactory. Also with welfare activities, the UWRHD rated themselves as being averagely satisfactory, WMHD rated themselves as satisfactory and WRH rated themselves as being averagely satisfactory.

Figure 4.3: Views of Health Workers on Employees' Welfare



	Motivation strategies	Job satisfaction	Safety & health	Welfare Activities
HDS	20%	2%	13%	13%
DS	29%	8%	23%	36%
AS	30%	28%	34%	22%
S	14%	41%	27%	24%
HS	7%	20%	3%	4%

Source: Field Survey (May, 2015)

Table 4.4: The Mode of Responses

Responses	Motivation Strategies	Job Satisfaction	Health & Safety	Welfare Activities
Mode	3	4	3	2

Source: Field Survey (May, 2015)

Abbreviations and codes

HDS - Highly Dissatisfied 1

DS - Dissatisfied 2

AS - Averagely satisfied 3

S - Satisfied 4

HS - Highly Satisfied 5

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The levels of satisfaction were coded on a likert scale of one to five (1 - 5) with "highly dissatisfied" coded one (1) being the least and five (5) for "highly satisfied" being the highest.

Motivation strategies had a mode of three (3); this implies that most respondents were averagely satisfied with motivational strategies. According to Armstrong (2009), motivation strategies aim to create a working environment and to develop policies and practices that will provide for higher levels of performance from employees.

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Job satisfaction had a mode of four (4); this implies that most respondents were satisfied with their Job. Safety and health had a mode of three (3); this implies that most respondents were averagely satisfied with Safety and health measures. Welfare activities had a mode of two (2); this implies that most respondents were dissatisfied with welfare activities.

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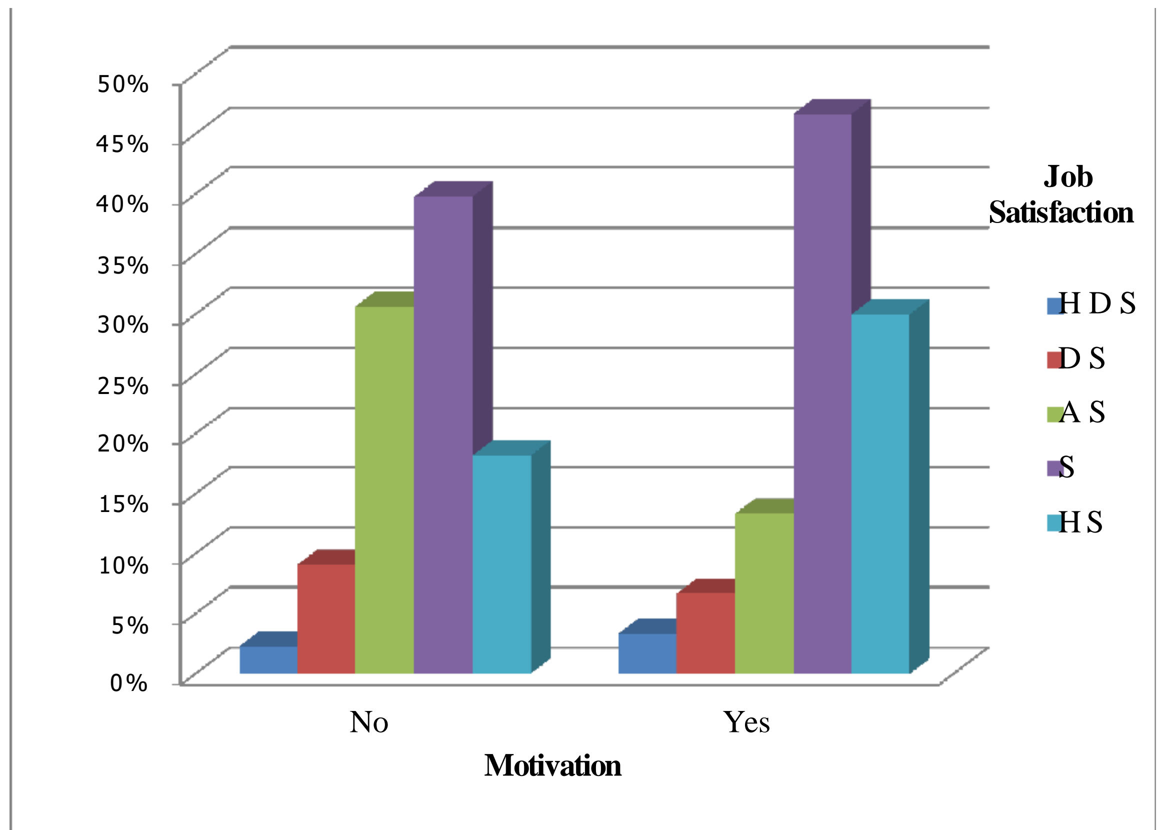
Figure 4.4: Job Satisfaction and Motivation Cross Tabulation



Source: Field survey (May, 2015)

Abbreviations

HDS - Highly Dissatisfied

DS - Dissatisfied

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AS - Averagely satisfied

S - Satisfied

HS - Highly Satisfied

The levels of satisfaction were coded on a likert scale of one to five (1 - 5) with "highly dissatisfied" coded one (1) being the least and five (5) for "highly satisfied" being the highest.

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This chart represents motivation and job satisfaction. The bars show whether there was motivation or not (horizontal axis) and on the vertical axis represents the level of job satisfaction. At a point where respondents think they were not motivated, job satisfaction was high and at a point they think they were motivated, job satisfaction was still high. It can therefore be concluded that, the health workers are committed to their work regardless of the motivational strategies in place. This behaviour of the health workers can be linked to the Goal Theory. According to Cole (2004), the thinking behind Goal Theory is that motivation is driven by the goal or objectives that individual set for themselves. Goal theory suggests that the goal itself provides the driving force. The goal for the health workers is to care for the patients and this in itself is their driving force (commitment).

The work of the health workers could be compared to that of McGregor's Theory Y which states that employees are seen as liking work, which is as natural as rest or play; they do not have to be controlled or coerced, so long as they are committed to the organisation's objectives (Cole 2004). These health workers

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could be seen as liking their work and were therefore committed to it with or without motivation.

On the other hand, for those who did not feel motivated might have been thinking of only extrinsic motivation; such as rewards, incentives, increased pay, praise, or promotion while failing to recognise intrinsic motivation. Armstrong (2009) stated that, intrinsic motivation can arise from the self-generated factors that influence people's behaviour. It could take the form of motivation by the work itself when individuals feel that their work is important, interesting and challenging and provides them with a reasonable degree of autonomy (freedom to act), opportunities to achieve and advance, and scope to use and develop their skills and abilities.

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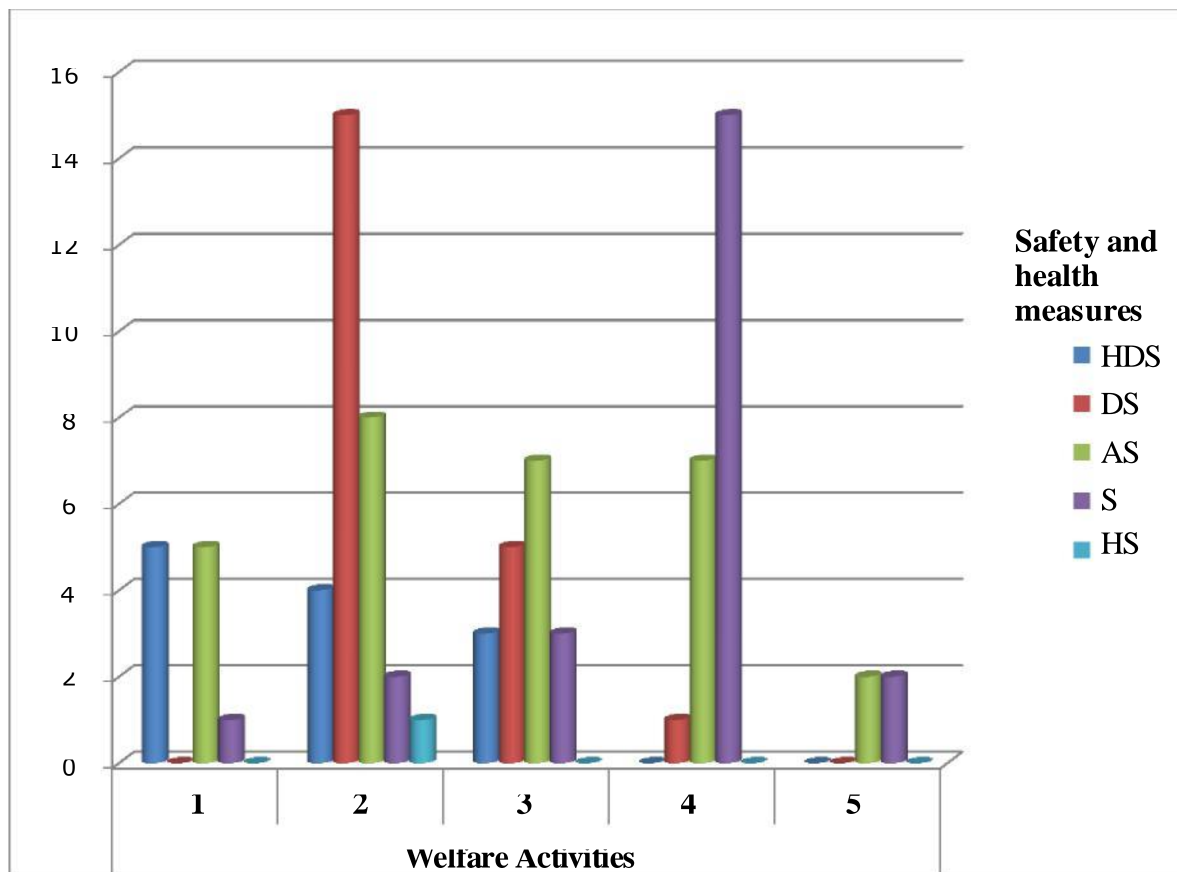
Inferences could therefore be drawn that the health workers experience certain level of motivation; being either extrinsic or intrinsic which therefore results in to job satisfaction confirming the statement made by Armstrong (2009) that, the level of job satisfaction is affected by intrinsic and extrinsic motivating factors. It is therefore suggested that job satisfaction is largely affected by commitment and motivation (both intrinsic and extrinsic).

Figure 4.5: Welfare Activities and Safety &Health Cross Tabulation



Source: Field S urvey (May, 2015)

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Abbreviations

HDS - Highly Dissatisfied

DS - Dissatisfied

AS - Averagely Satisfied

S - Satisfied

HS - Highly Satisfied

The levels of satisfaction were coded on a likert scale of one to five (1 - 5) with "highly dissatisfied" coded one (1) being the least and five (5) for "highly satisfied" being the highest.

The welfare activities on the chart were scaled from 1-5 showing levels of satisfaction just as in the Safety and health measures. Reading from the graph, you will comprehend that, where welfare activities were dissatisfactory, safety and health measures score the highest points in dissatisfaction and where welfare activities were satisfactory; safety and health measure score the highest points in being satisfactory as well. So therefore it could be concluded that welfare activities and safety and health measures have mutual relationship.

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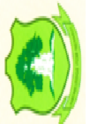

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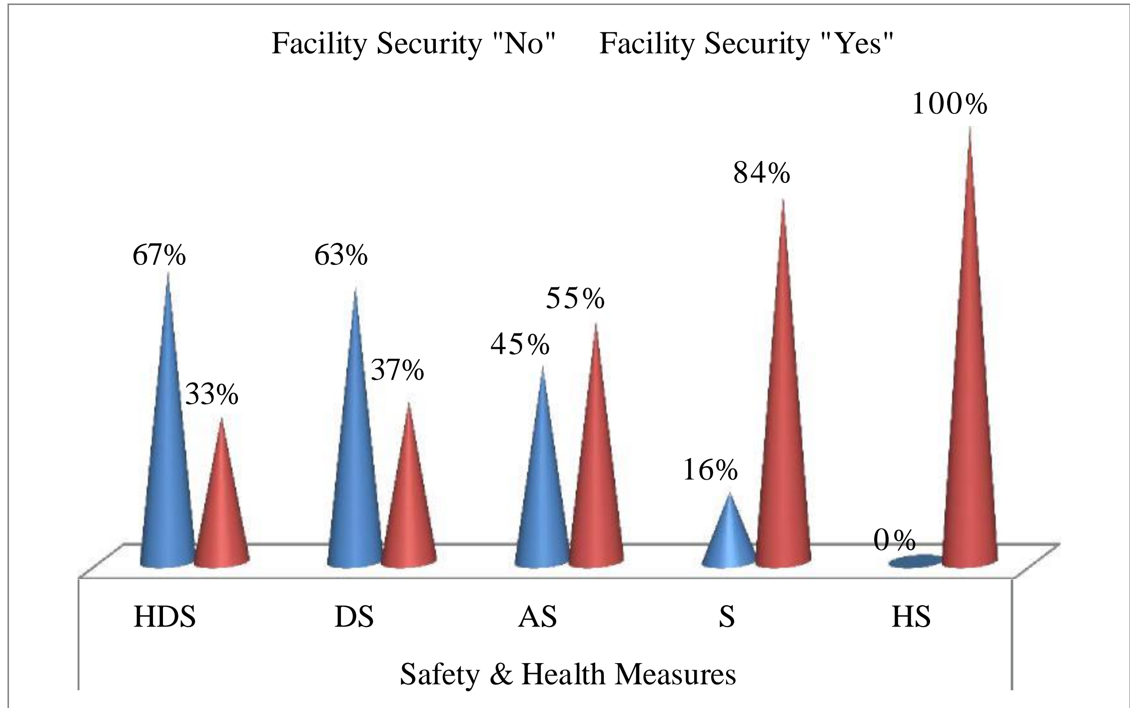
Figure 4.6: Facility Security and Health & Safety Cross Tabulation



Source: Field Survey (May, 2015)

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Abbreviations

HDS - Highly Dissatisfied

DS - Dissatisfied

AS - Averagely satisfied

S - Satisfied

HS - Highly Satisfied

The levels of satisfaction were coded on a likert scale of one to five (1 - 5) with "highly dissatisfied" coded one (1) being the least and five (5) for "highly satisfied" being the highest.

This chart analyses the feeling of security and the level of satisfactions as regards Safety and Health measures. As the level of satisfaction of the health workers gets higher, more respondents felt secured at the health facility. However, the number of respondents who felt insecure about facility dwindles. At the level where people are highly dissatisfied with Safety and health measures, most respondents did not have a feeling of facility security (67 percent) and respondents who had the feeling of facility security were only 33 percent. However at the level where respondents were highly satisfied with safety and health measures, respondents who didn't have a feeling of facility security declined to 0 percent and respondents who had the feeling of facility security increased to 100 percent. As satisfactory level of safety and health measures increased; the number of respondents who felt secured at the health facility increased from 33, 37, 55, 84 percents to 100 percent while the number of the respondents who felt insecure decreased from 67, 63, 45, 16 to even 0 percents. These imply that, the health workers feel secured at the level where Safety and health measures of the health facilities are highly satisfactory. It could therefore be concluded that where the safety and health measured at a health facility is satisfactory to the health workers, they feel more secured.

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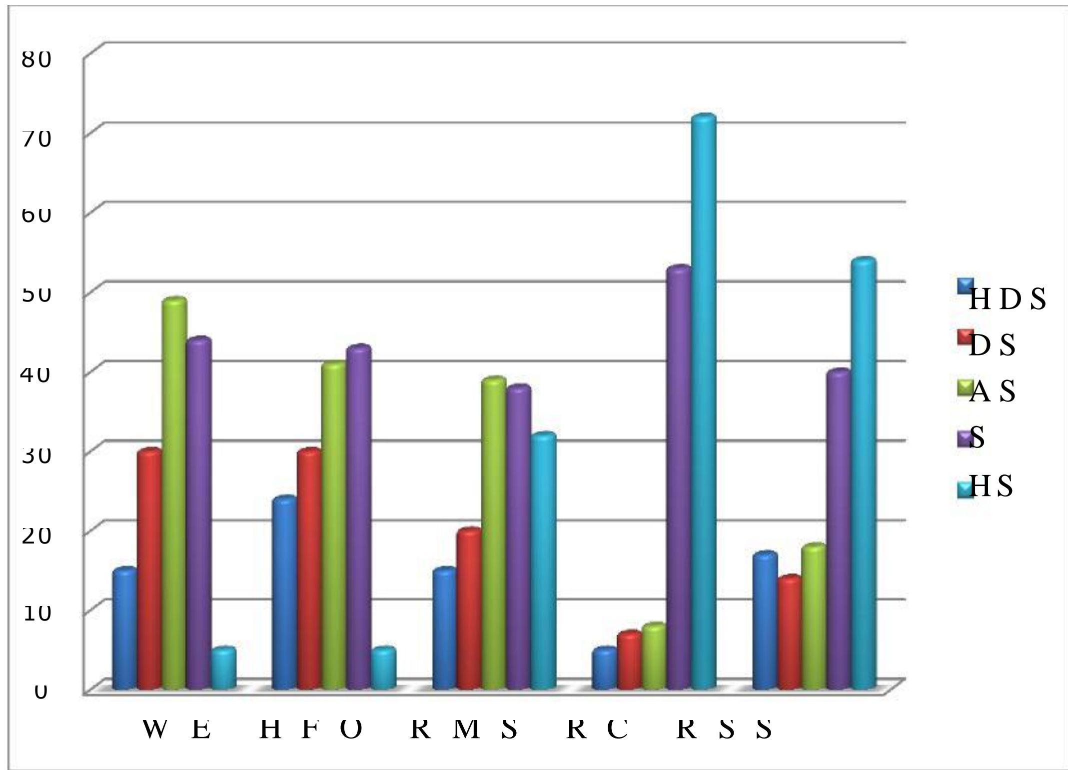
4.6 Employee Relations

Employee relations dialogue on the conflict management styles, disciplinary measures and channel of expressing grievances used in the GHS Institution within the Wa Municipality. Unresolved conflict and grievances in any institution can lead to further agitations and tension in workplace which can cause low

productivity if not managed properly. Unresolved personal conflicts can become a source of negative attitude towards the job and the organisation which may result into decreased commitment and quit the job.

Figure 4.7: Views of Health Workers on Employee Relations



Source: Field Survey (May, 2015)

WE - Working Environment

HFO - Health facility operation

RMS - Relation between management and staff

RC - Relation among co-workers

RSS - Relation between staff and immediate supervisor

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Abbreviations

HDS - Highly Dissatisfied

DS - Dissatisfied

AS - Averagely satisfied

S - Satisfied

HS - Highly Satisfied

On a scale of one to five (five being the highest, three being adequate and one being the least), Highly Dissatisfactory, Dissatisfactory, Averagely Satisfactory, Satisfactory, and Highly Satisfactory were assigned values respectively.

As pointed out by Bloisi (2007), healthy relations need to be maintained with employees to ensure a productive workforce. They need to be able to communicate and negotiate with unions and other employee representatives to ensure that a stable working environment is maintained.

Most respondents were averagely satisfied when it comes to Working Environment of the health facilities, satisfied with Health facility operations, averagely satisfied with Relation between management and staff, highly satisfied with Relation among co-workers and highly satisfactory Relation between staff and immediate supervisor.

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4.6.2 Conflict Management Styles

Thomas (1974) stated that, the scores below indicate the repertoire of conflict-handling skills which an individual uses in the kind of conflict situations that arises.

Competing: High scores: 8-12; Middle scores: 4-7; Low scores: 0-3

Collaborating: High scores: 9-12; Middle scores: 6-8; Low scores: 0-5

Compromising: High scores: 9-12; Middle scores: 5-8; Low scores: 0-4

Avoiding: High scores: 8-12; Middle scores: 5-7; Low scores: 0-4

Accommodating: High scores: 7-12; Middle scores: 4-6; Low scores: 0-3

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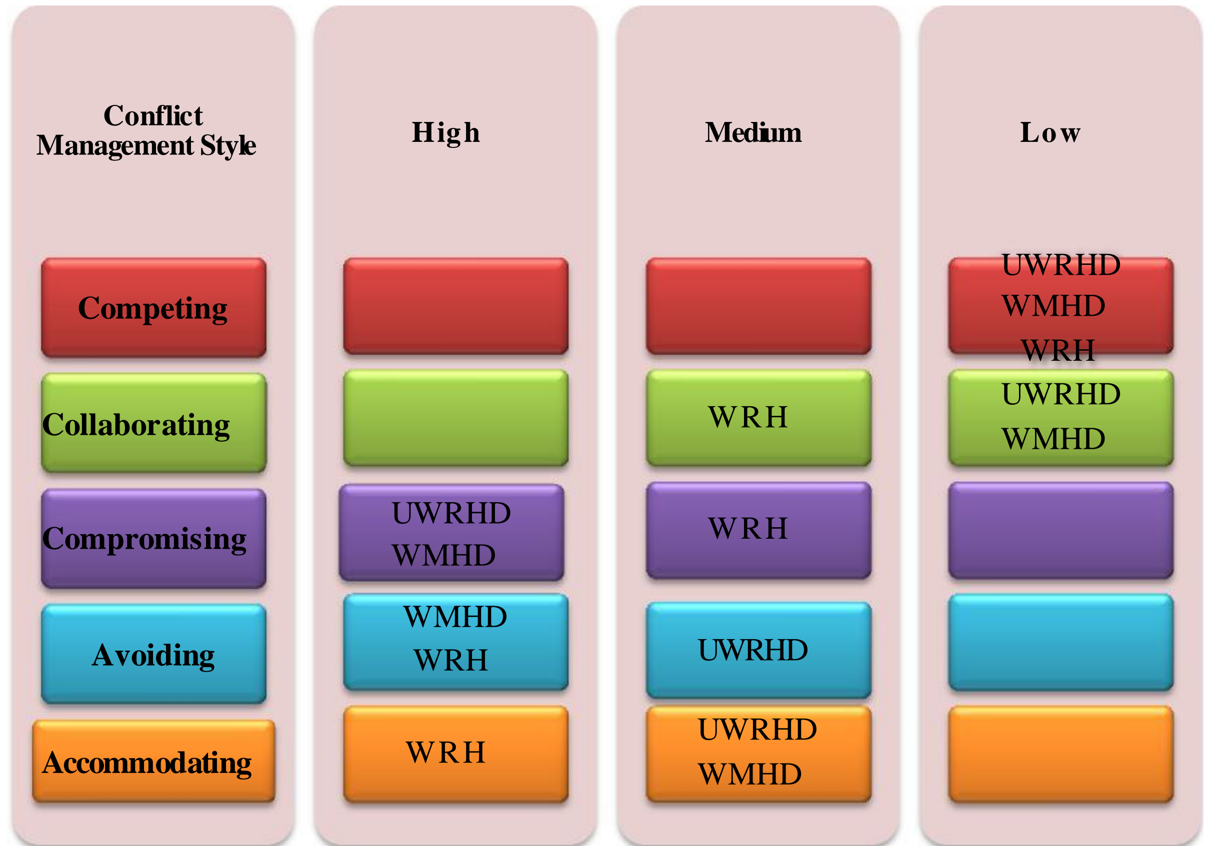
Figure 4.8: Conflict Management Styles in GHS within Wa Municipality



Source: Field Survey (May, 2015)

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UWRHD	-	Upper West Regional Health Directorate
WMHD	-	Wa Municipal Health Directorate
WRH	-	Wa Regional Hospital

For UWRHD the most used conflict management style was compromising while the least used were Competing and Collaborating. For WMHD most used conflict management styles are compromising and Avoiding and the least used were Competing and Collaborating. For WRH most used conflict management style were Avoiding and Accommodating while the least used was Competing.

From the table above, the three institutions use all the conflict management styles even though some styles were used more than others. This conforms to Thomas and Kilmann (2010) assertion that, each of us is capable of using all five conflict-handling modes; none of us can be characterised as having a single, rigid style of dealing with conflict. Individual uses some modes better than others. The conflict behaviours which an individual uses are a result of both his personal predispositions and the requirements of the situation in which he finds himself.

The study revealed that, competing and collaboration are the least used styles in conflict management in GHSIWM. From the occupational data analysis, nurses and midwives comprises about 80 percent, making them the chunk of the research population. This confirms the assertion of Sportsman and Hamilton (2007) that,

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the conflict management styles used by nurses included low use of competition and collaboration and high use of avoidance and accommodation in their interactions.

4.6.3 Disciplinary Measures and Channel of expressing Grievances

There were disciplinary measures against staff misconduct. The GHS had a code of conduct and disciplinary procedure guide in place against staff misconduct. The WRH has disciplinary measures against minor and major offenses. Disciplinary measures include; caution, verbal warnings, query, suspension without pay, facing the disciplinary committee and at worst a dismissal from service. The GHS also had channels for expressing grievance; which the staff are aware off. Grievances were expressed through immediate supervisors (the in-charge), management, petitions, and at meetings.

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4.7 Human Resource Management in General

4.7.1 Views of Management on the major factors that affect HRM practices in the GHS within Upper West Region:

1. Inadequate critical health professionals e.g. doctors, pharmacists, Midwives laboratory/diagnostic technicians
2. Inequitable distribution of available staff, between urban/rural
3. Inadequate motivation for health workers
4. Slow pace in promoting staff and replacement system
5. Unwillingness for health professionals to accept posting to deprived regions and rural areas

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6. Database not strong enough to manage HR
7. Inadequate staff accommodation
8. Lack of commitment of some nursing and medical

staff Source: Field survey (May, 2015)

4.7.2 Challenges relating to Human Resource Management in GHS (Situating GHS in 2019) are, namely:

1. Retaining qualified staff
2. Staff motivation
3. Better use of modern technologies
4. Identifying, developing and using competencies of employees
5. Making database up to dated

Source: Field Survey (May, 2015)

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Table 4.5: Satisfaction Level of the Human Resource Management Practices

Satisfactory Level of HRM Practices	UWRHD	WMHD	WRH
Human resource planning	S	S	S
Training and development programmes	S	AS	S
Employee welfare programmes	AS	AS	AS
Employee relations	AS	S	AS

Source: Field Survey (May, 2015)

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UWRHD	-	Upper West Regional Health Directorate
WMHD	-	Wa Municipal Health Directorate
WRH	-	Wa Regional Hospital

The levels of satisfaction were coded on a likert scale of one to five (1 - 5). 1. Highly Dissatisfactory (HD), 2. Dissatisfactory (DS), 3. Averagely Satisfactory (AS), 4. Satisfactory (S) and 5. Highly Satisfactory (HS)

The overall HRM practices was evaluated by the management of UWRHD, WMHD and WRH based on the four (4) HRM practices; HR resourcing, HR training and development, Employee welfare and Employee relations. The three institutions were all satisfied with the HR planning, recruitment and posting and were averagely satisfied with Employee welfare programmes. However, UWRHD and WRH were satisfied while WMHD was averagely satisfied with Training and development programmes, and when UWRHD and WRH were averagely satisfied, WMHD was satisfied with Employee relations.

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is the final part of the research study. It summarises all findings of the study discovered on the field. The chapter ends by providing recommendations to help make HR management planned but not ad hoc in especially Ghana Health Service Institutions within the Wa Municipality, other Ghana Health Service Institutions, public institution and other institutions in Ghana.

5.1 Major Findings and Conclusions

The GHS as an institution is a well-structured institution which generally does most of its activities on planned and not on ad hoc bases. The GHS is a well organised, controlled institution just as its mother organisation, WHO. It was on these bases that the GHS within the Wa municipality was been managed. The HR was managed according to laid down procedures, processes and practices of GHS. The GHS institutions in the Wa Municipality comprise the Regional Health Directorate, the Municipal Health Directorate and the Regional Hospital. The GHS institutions in the Wa Municipality is been headed by the Upper West Regional Health Directorate. The UWRHD has a HR officer for the region as a whole. All the public health facilities with the exception of the Regional Hospital are manned by the WMHD. The Regional hospital has its own management unit.

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The WMHD and the WRH have no HR officer/manger. Issues of HR as well as the other administrative duties assigned and implied to his position are handled by their respective Health Administrators. So therefore the possible void at the GHS institutions as a result of lacking a human resource officer/manager is occupied by the health administrators and their personnel officers at the WMHD and WRH level and at the regional level the HR officer and Deputy Director in charge of Administration takes control of the HRMP.

Data revealed that 23.4 percent of health workers were males and 76.6 percent were females. These statistics makes the female population more than three times that of the male population. Ninety-seven percent of respondents attained tertiary education.

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5.1.1 Human Resource Planning

GHS is an organised institution with standard reporting systems in place. Reporting is done monthly from the health facilities to their various supervisory units which are also collated to form reports. GHS (UWRHD) publishes these reports in book form stating their achievements and the way forward for them but it cannot be ruled out that they have planned activities that are not documented. The GHS had a lot of set goals and objectives to achieve but were not able to achieve them with the current staff they had because they are not adequate to be able to achieve these goals and objectives they had set for themselves because

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there are still health facilities without the required number of personnel. The postings and placement of staffs is handled at the UWRHD level.

The management of the various GHS institutions in the Wa Municipality stated that, the main factors that influenced posting of staff were the staffing needs of service delivery points, marriage, influential persons and political interference, knowledge, skills and qualification of the staff, upgrading/promotions, length of stay at a particular station, health issues, study leave and availability of accommodation. According to the health workers, the factors that influences postings of staff are marital issues, posting based on the region where the health institution is located, tribalism and nepotism, "the whom you know" phenomenon and bribery. About 30 percent respondents think postings are affected by socio-political factors and about 70 percent think otherwise. The factors that influence postings in the GHS cut across geographic and socio-political issues. The study revealed that both admissions into the health training institutions and posting of staff into GHS are being influenced by wide spread protocol.

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5.1.2 Employee Training and Development

The UWRHD has in-service training for the health staff. The institution also had orientation and training programme for their employees which was on a yearly bases for UWRHD and on quarterly bases for WMHD. The orientation and training was also done whenever the need arises. The WRH had no In-service Training Unit but offers refresher training for staff on the job schedules. The

WRH and health facilities were supervised quarterly. The staff go on further studies annually. There was also a system designed for annual performance appraisal.

Management of the GHS institutions in the Wa Municipality: UWRHD, WMHD and WRH assist employees to develop career plans by offering them career counselling especially when they decide to pursue further studies and counselling on career progression within GHS and how to choose relevant programmes. They also assisted the staff by granting them study leave to pursue their careers. Health workers from both the WMHD and WRH indicated that, they actual get orientation, in-service training, refresher training and that the facilities are supervised quarterly. They go on further studies, even though it is done in tends and that management assists them to develop career plans by offering career counselling. The health workers also asserted that they are appraised annually based on their performance.

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The main challenges regarding training and development are: Training on the job, job specific training, budget constraints, knowledge transfer, general statistical and software training and problems of internal mobility. The HR training tools put in place to solve HR training challenges successfully are: Staff appraisal interviews, performance review/evaluation, Training for the middle and top management, Upward and downward feedback and mentoring of new staff.

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5.1.3 Employee Welfare

The GHS motivates its staff in various different ways. Among the motivation strategies include creating a conducive environment for work such as: Availability of award schemes, provision of the equipment and materials for effective service delivery, give the necessary orientation for the staff to be aware of the dos and don'ts of the service so that the lay down rules of the service would be adhered to, the opportunity to sharpen their professional skills through workshops and further studies, provides accommodation for some senior staff and caring for the general for welfare of staff.

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About 28 percent respondents felt motivated and about 72 percent did not feel motivated. However, this does not imply that there were not motivational strategies. It is possible that motivations did not meet the individual expectation. The respondents who felt safe at the health facilities are 59 percent and 41 percent did not feel safe. The feeling of insecurity was attributed to the lack of security men at some health facilities. Most respondents were averagely satisfied with motivational strategies and with safety and health measures. However most respondents were satisfied with Job satisfaction and most were dissatisfied with welfare activities in place at the health facilities.

At the level where respondents think they were not motivated, job satisfaction was satisfactory and at the point they think they were motivated, job satisfaction was also satisfactory. It could therefore be concluded that, the health workers were

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committed to their work regardless of the motivational strategies in place. The driving force could be the fact that they liked their work and were therefore commitment to their work. Inferences could therefore be drawn that, the health workers experience certain level of motivation; being either extrinsic or intrinsic which therefore results in to job satisfaction.

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The study revealed that welfare activities and safety and health measures have a mutual relationship. Across tabulation of safety and health measures and feeling of facility security indicated that, at the level where respondents were highly satisfied with safety and health measures, the number of respondents who didn't have a feeling of facility security declined to 0 percent and respondents who had the feeling of facility security increased to 100 percent. This implies the health workers felt secured at the level where safety and health measures of the health facilities were highly satisfactory. It's therefore concluded that when the safety and health measured at a health facility was satisfactory to the health workers, they feel more secured. Safety and health Measures at the health facilities include: infection prevention and control system training, maintaining a clean environment and also regular inspection of workplace. Safety and health measures also include prevention of accidents. The accident prevention methods at the health facilities include: workplace inspections, activities to promote comfort in the workplace, inspections that address accident causes, unsafe conditions and unsafe, behaviours, employee training in accident prevention and good safety practices, and reinforcement and recognition of safe behaviours. In instances of accidents where

the staff was a victim, the staff was assisted to obtain compensation under the workman's compensation Act through the Labour department. The staff were also granted sick leave to enable them recover.

The assistance provided for employees with personal problems that influence their work performance are counselling and guidance services, fellowship and support depending on one's situation (where necessary financial support). They also gave support in kind and sick/annual leave to enable the staff take care of his/her problem

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5.1.4 Employee Relations

GHS is not rigid in using the conflict management styles. People used different styles depending on the situation. It could therefore be concluded that the conflict management style GHS uses depends on the individual handling or resolving the conflict.

Avoiding as a conflict management style may be used when the individual resolving the issues may not want to confront the issues relating to the conflict which may be due to not wanting the conflict to escalate. Avoiding as a conflict management style might imply reporting to a higher authority.

Most respondents were averagely satisfied when it comes to working environment of the health facilities, satisfied with health facility operation, averagely satisfied

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with relation between management and staff, highly satisfied with relation among co-workers and highly satisfactory relation between staff and immediate supervisor.

The study also revealed that, the major factors that affect HRM practices in the GHS within Upper West Region includes: Inadequate critical health professionals e.g. doctors, pharmacists, Midwives laboratory/diagnostic technicians, Inequitable distribution of available staff, between urban/rural, Inadequate motivation for health workers, Slow pace in promoting staff and replacement system, Unwillingness for health professionals to accept posting to deprived regions and rural areas, Database not strong enough to manage HR, Inadequate staff accommodation and Unsatisfactory behaviours of some health workers. Situating GHS in 2019, the challenges relating to HRM that GHS may face are: Retaining qualified staff, Staff motivation, Better use of modern technologies, Identifying, developing and using competencies of employees, and making database up to date.

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5.2 Recommendations

Based on the above major findings and conclusions of this study, the research classified the recommendations for this study into three categories of short term, medium term and long term.

In the short term that is time spanning from 1 to 3years, the following recommendations should be considered to aid in the organisation and the operationalisation of HRM practices in the GHS institutions;

1. With the intention of GHS institutions of getting more staff in to the health facilities, it would require more motivation for staff. So therefore a conscious effort should be made to continuously motivate staff in order to get their best and get them to be more committed to health care.

2. All Human Resource Management Practices should be consciously planned, documented and implemented to help eliminate issues regarding plans which were not documented. This would further aid the mainstreaming of effective and efficient HRM practices into the managing Ghana Health Service employees by ensuring that all HRM practices are consciously planned and not on ad hoc bases.

3. The GHS should endeavour to improve areas that scored low on the level of satisfaction scale. For instant motivation strategies and welfare activities related to the health workers. All Human resource officers/managers

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should try to adapt best practices related to Human Resource Management in order to enhance their work. This would improve the overall HRM practices in GHS.

4. Devise a system for merit based promotion that would reward staff in underserved areas to take care of the Inequitable distribution of available staff between urban/rural which is caused by the unwillingness for health professionals to accept posting to deprived regions and rural areas.

5. The study revealed that conflict management style used was based on the individual handling the resolution for the conflict. In charges responsible for conflict management should endeavoured to handling conflicts with the collaborative conflict management style as literature has it that conflict management in the Health service should be collaborative.

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In the medium term that is from 3 to 5years, the following recommendations should be considered to ensure a more effective and efficient HRM practices in the GHS institutions;

1. GHS should provide structured training in HR management for all regional HR managers and the health administrators at all levels since their task involve both administrative and typically Human Resource Management Practices. This training should consist of the HRM principles and practices.

2. Due to attrition and other social issues, health staff may leave to other health facilities and retaining qualified staff becomes a problem. Management of the various health facilities should endeavour to have about 100 percent retention of trained staff especially at the health facility level. Retention would reduce the number of attrition of the health workers in the health facilities. This would aid in the solving of the problem of inadequacy of health workers in the health facilities.

3. Encourage the development of HR plans at the regional and district levels to ensure that available staff are posted to areas of greatest need. This would help solve the problem of inequitable distribution of available staff between urban/rural. The staff who willingly accepts postings to the rural area should be motivated by promoted them at a faster pace.

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4. Improve on scholarships and post-basic training for the health workers to serve as motivation for them since some health workers felt inadequately motivated.

5. MOH is in charge of health service school and therefore recruits health workers for GHS however GHS has no influence in their recruiting. GHS are not satisfied with the behaviours of some health workers. It was therefore recommended that there is the need for GHS to influence the intake of nursing and medical students since the end up working with it.

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There should be therefore collaboration between MOH and GHS in recruiting health workers. Institute a process of regular recruitment planning and review meetings regarding recruitment between MOH, GHS and other agencies which support GHS to facilitate more effective coordination and collaboration.

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Finally in the long term that's from 5 years and above, the following recommendations should be considered to ensure a successive effective and efficient HRM practices in the GHS institutions;

1. Identifying, developing and using competencies of employees were listed among the potential challenges in 5 years to come. The orientation and training programmes should address current service challenges and should be used to identify and develop unique employee skills and competencies so that these competencies would be used to improve HRM practices and healthcare in general.

2. Increase the intake of health professionals in health schools in order to train more health staff to fill in the health facilities especially training more critical health professional like doctors to curtail the inadequacy of critical health professionals e.g. doctors, pharmacists, Midwives laboratory/diagnostic technicians.

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3. The world is becoming more prone to using technology even in health services. Better use of modern technologies may be a problem if health service workers are not trained in that direction.

4. With more numbers of health workers in the near future making database up to date may be a problem. Therefore more effort should be directed towards building a more effective and proactive database management team who would be able to stand working with a large populace. The GHS institutions in the Wa Municipality need to introduce a strong data base management system since the study revealed that the institutions" database is not strong enough.

5. Collaboration with and lobby Municipal and District Assemblies to enable health facilities to improve the conditions of work e.g. staff accommodation, providing borehole for health facilities without any source of water, providing solar lamps for staff in deprive areas without electricity and other incentives. Since Inadequate staff accommodation is a problem in the Wa Municipality and the Region as a whole.

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UNIVERSITY FOR DEVELOPMENT STUDIES

REFERENCE

Armstrong M. (2009), *Armstrong's Handbook of Human Resource Management Practice* (11th ed.). London and Philadelphia: Kogan Page Limited

Babbie E. (2005), *The Basics of Social Research* (3rd ed.). USA: Thomson Wadsworth

Bach S. (2001), *HR and New Approaches to Public Sector Management: Improving HRM Capacity,* Workshop on Global Health Workforce Strategy Annecy, France, 9-12 December 2000

Bloisi W. (2007), *An Introduction to Human Resource Management*. London: McGraw-Hill Education

Buchan J. (2004), *What Difference does ("good") HRM Make?* Human Resources for Health, Published: 07 June 2004, http://www.human-resources-health.com/content/2/1/6

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Human Resources Managers, online at http://www.bls.gov/ooh/management/human-resources-managers.htm (retrieved on July 16, 2014).

Byars L.W. and Rue L. L. (2004), *Human Resource Management (*7th ed.). New York: The McGraw−Hill Companies

Cole G. A (2004), *Management Theory and Practice* (6th ed.). London: Thomson Learning

Creswell (2009), *Research Design; Quantitative, Qualitative and Mixed Methods Approaches* (3rd ed.).USA: Sage publications Inc.

Debrah, Y.A (2001), *"Human Resource Management in Ghana" In Budhwar, P. and Debrah, Y.A. (eds) Human Resource Management in Developing Countries.* London: Routledge pp 190-208

Draft L. R. (2008), *New Era of Management* (2nd ed.). International edition, USA: Thomson Higher Education

Durai P. (2010), *Human Resource Management*, India: Pearson Education

French P. E. and Goodman D. (2012**).** *An Assessment of the Current and Future State of Human Resource Management at the Local Government Level*. Review of Public Personnel Administration, SAGE Publications

UNIVERSITY FOR DEVELOPMENT STUDIES

Gerardi D., *Conflict Management Training for Health Care Professionals:* Available on line (http://www.mediate.com/articles/gerardi4.cfm, retrieved on 3rd March, 2014).

Gould-Williams J. (2003): *The importance of HR practices and Workplace Trust in Achieving Superior Performance:* A study of Public-Sector Organisations, The International Journal of Human Resource Management, 14:1, 28-54

Ghana Review International (2015), Shortage *of Doctors hits Wa Regional Hospital,* published on 3/08/15 accessed on 8/8/15.

Ghana Statistical Service (2012), *2010 Population and Housing Census Summary Report of Final Result.* Accra: Ghana Statistical Service Publication

Ghana Statistical Service (2014), *Ghana Living Standards Survey Round 6 (GLSS6), Main Report.* Available on line at GLSS6_Main%20Report.pdf

Grobler P. A., Wärnich S., Carrell M. R., Elbert N. F., Hatfield R. D.(2011) *Human Resource Management in South Africa. United Kingdom: Cengage Learning EMEA*

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Guest D. E. (1997): *Human Resource Management and Performance: A Review and Research Agenda,* The International Journal of Human Resource Management, 8:3, 263-276

Henderson I. S. (2008), *Human Resource Management for MBA Students*, Published by the CIPD

Jackson S. E. and Schuler R. S. (1995), *Understanding Human Resource Management in the Context of Organisations and their Environments.* Annual Reviews of Psychology 46:237-64

Kabene M. S., Orchard C., Howard M. J., Soriano A. M., and Leduc R. (2006). *The Importance of Human Resources Management in Health Care: A Global Context. Human Resources for Health 2006, 4:20.* This article is online at: http://www.human-resources-health.com/content/4/1/20

Kreitner R. and Kinicki A. (2004), *Organisational Behaviour* (6th ed.). New York: McGraw-Hills/Irwin.

Leedy P. D. and Ormrod J.E. (2010*), Practical Research: Planning and Design (9th ed.).* Upper Saddle River: NJ, Merrill

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Machado C. and Melo P, (2013) *Effective Human Resources Management in Small and Medium Enterprises,* IGI Global

Mathis L. R and Jackson H. J (2004), *Human Resource Management (10th ed.)*.Mason, USA: South-western Thomson Learning

Mick Marchington & Irena Grugulis (2000): *'Best Practice' Human Resource Management: Perfect Opportunity or Dangerous Illusion?,* The International Journal of Human Resource Management, 11:6, 1104-1124

Ministry of Health (2007), *Human Resource Policies and Strategies for the Health Sector*, *2007 – 2011*

Miller R. L. and Brewer J. D. (2003), *The A-Z of Social Research*. London: Saga Publication Limited

Mujeeb L. M. (2012), *Importance of Best Human Resource Management Practices and the Need for a Human Resource Information System (HRIS) for the Public Health Sector in Sri Lanka*: Sri Lanka Journal of Bio-Medical Informatics 2012;3(2):-55-62

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Nyoni J., Gbary A., Awases M., Ndecki P. and Chatora R. (2006), *Policies and Plans for Human Resources for Health: Guidelines for Countries in the WHO African Region*. WHO Regional Office for Africa, Brazzaville

Ovberedjo M. (2007), *Human Resources Management Capacity in the African Region: Challenges and Prospects in Crises for Human Resources for Health in the African Region*. African Health Monitor, January-June 2007.Vol 7, No. 1

Panneerselvam R. (2011), *Research Methodology*. New Delhi: PHI Learning Private Limited

Quality Health Partners, Ministry of Health and Ghana Health Service (2005). *Assessment of Current Human Resource Management Systems and Practices in the Ghana Health Service and Ministry of Health.* Accra: Quality Health Partners.

Rahim M. A (2001): *Managing Conflict in Organisations* (3rd ed.). Westport: Quorum Books.

Robbins S.P and Coulter M. (2003), *Management (7th ed.)*. Upper Saddle River: New Jersey, Prentice Hall

Rue L.W. and Byars L.L. (2003), *Management Skills and Application (10th ed.).* New York: McGraw-Hill Irwin

UNIVERSITY FOR DEVELOPMENT STUDIES

www.udsspace.uds.edu.gh

Sarantakos S. (2005), *Social Research (3rd ed.).* New York: Palgrave Macmillan

Scott W. R. (2004), *Contributing to a Theoretical Research Program. Chapter prepared for Great Minds in Management: The Process of Theory Development*

Smith K. G. and Hitt M. A.,(eds). Oxford UK: Oxford University Press.

Sportsman S. and Hamilton P. (2007) : *Conflict Management Styles In the Health Professions*, Journal of Professional Nursing, Volume 23, Issue 3 , Pages 157-166, May 2007

Tella A, Ayeni O.C, Popoola O.S (2007). *Work Motivation, Job Satisfaction, and Organisational Commitment of Library Personnel in Academic and Research Libraries in Oyo State, Nigeria*. Library Philosophy and Practice 2007 (April)

UNIVERSITY FOR DEVELOPMENT STUDIES

Thomas, K. W. (1974). *Thomas-Kilmann Conflict Mode Instrument (excerpts).* Tuxedo, NY: Xicom. Retrieved on 2/3/14. Available online at http://nceln.fpg.unc.edu/sites/nceln.fpg.unc.edu/files/resources/3-%20Dr%20Seuss-KilmanConflictModeInstrument.pdf

Thomas K. W. and Kilmann R. H. (2010), *Thomas-Kilmann Conflict Mode Instrument Profile and Interpretive Report;* Report prepared for PAT SAMPLE

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March 2, 2010 and interpreted by Trainer J. Available online at www.cpp.com/Pdfs/smp248248.pdf

Twumasi P. A. (2001), *Social Research in Rural Communities (2nd ed.).* Accra: Ghana Universities Press.

UWRHD (2011), *Upper West Regional Health Directorate 2011 Performance Report*. Ghana Health Service.

World Health Organisation (2008), *Gender and Health Workforce Statistics* in Spotlight on Statistics Issue 2. Febuary, 2008. Available online at http://www.who.int/hrh/statistics/spotlight_2.pdf accessed on 01/03/15.

WHO (2014a), *Occupational health*. Available online at http://www.who.int/topics/occupational_health/en/ accessed on 12/02/14.

WHO (2014b), *Health workers; Health worker occupational health.* Available online at http://www.who.int/occupational health/topics/hcworkers/en/ accessed on 12/02/14

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APPENDIX I

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF PLANNING AND LAND MANAGEMENT

DEPARTMENT OF PLANNING AND MANAGEMENT

GRADUATE SCHOOL

Human Resource Management Practice in GHS Institution within Wa Municipality.

This questionnaire is in relation to my thesis for the award of an MPhil Degree in Development Management. This research is solely for academic purposes and is confidential. All aspects of the research will be conducted in accordance with research ethics. Kindly spare some minutes to complete this questionnaire. This questionnaire is to be answered by the Management of the Regional Health Directorate, the Municipal Health Directorate and the Regional Hospital.

Characteristics of Respondents Age:

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Sex: Male [ ] Female [ ]

Marital status: Single [ ] Married[ ] Separated [ ] Divorced [ ] Widowed[ ]

....

Educational status: None [ ] Basic[ ] SHS [ ] Tertiary [ ] Other (specify)…. Occupation/position in GHS:

....

Name of the unit where you work:

A. Human resource planning, recruitment and selection (postings)

1. Do you have the required human resources needed? Yes [ ] No [ ]

1a. If no, why? ....
....

2. What plans do you have to meet the required human resources? ....

3. Do you know the number (the categories) of human resources
....
required at the health facilities? Yes [ ] No [ ]
....
4. Do you know the number of human resources that will be required in 5 years time?Yes [ ] No [ ]

4a. If no, why?..

5. Are you able to meet you objective with the current staff you have now? Yes [ ] No [ ]

5a. If no, why? ....

6. How many people will be going on retirement this year?

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7. How will they be replaced?...

8. Do you have data on staff retention? Yes [ ] No [ ]

9a.If yes, how many staff have left to work in other places? ....

9b.Why did they leave? ....

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10. Human Resources Planning	Yes	No	I don't know
We have a formal system of Human Resources Planning			
b. We plan our Human Resources requirement well in advance			
c. Our HR planning system is able to provide manpower			
d. Human Resources Planning is considered as an important system in our organization			
e. We have implemented the human resource plans			

f. Assessments of future environmental factors and their likely impact on people requirements			
g. Estimate future needs for people and competences			
h. Estimate the supply of people			
i. Current number employed			

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11. Are there mechanisms in place to attract staff to the Region/ Municipality?
    Yes [ ] No [ ]

11a.If yes, how is it done? ....
....

12. Human Resource Recruitment

a. We have a structured recruitment system. Yes [ ] No[ ]
b. Our recruitment system is properly documented and followed. Yes [ ] No[ ]

13. What influences the postings of staff? ....
....

15. Are there socio-political issues that influences staff postings? Yes [] No[]

15a. If yes, what are they?
....

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B. Human Resource Training and Development

1. What does the in-service training unit do for your staff?
    ....
    ....

2. Do you have Orientation and training programmes for employees? Yes [ ] No [ ]

2a. If yes, how often is it done? Monthly Quarterly Biannual Annually Every two years Other (specify) ....

3. Do you conduct regular training needs assessments? Yes [ ] No [ ]

3a. If yes, how often is this assessment carried out? Monthly Quarterly

Biannually Annually Every two years Other (specify)..........................

4. How often are staff and health facilities supervised? Monthly Quarterly

Biannually Annually Every two years Other

(specify) ....

5. Do you allow your staff to go for further studies? Yes [ ] No [ ]

5a. If yes, how often is it done? Monthly Quarterly Biannually

Annually Every two years Other (specify) ....

6. Do you have a designed system for appraising the performance of individual employees? Yes [ ] No [ ]

6a If yes, how often is it done? Monthly Quarterly Biannually

Annually Every two years Other (specify) ....

6b If no, why is it not done?...

....

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7. Do you assist your employees to develop a career plan? Yes [ ] No [ ]

7a If yes, how do you assist employees in developing career plans?

....

....

7b If no, why?...

....

8. Is remedial training in basic computation skills offered?

....

....

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Circle as many as possible

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

Li Training on the job

Li Budget constraints

Li Leadership development and training

Li Right person to the right position

Li enteral statistical training

Li Absence of trainers

Li Problems of internal mobility

Li Development and implementation of the HR concept

Li Other (specify)...

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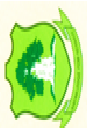

10. Which HR and training tools do you have in place (or are you developing at the moment) to answer HR and training challenges successfully?

Li Staff appraisal interviews, performance review/evaluation

Li Competence database (competencies and skills)

Li Staff opinion survey

Li High quality recruitment

Li Training for the middle and top management

Li Upward/ downward feedback

Li Mentoring of new staff

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Other (specify)..

C. **Welfare of the Human Resource**

1. Job Satisfaction/Employee Motivation/benefits

a. Do you motivate your staff ? Yes [ ] No [ ]

b. What are the activities implemented to motivate them?...............................

....

c. Rate the Overall the employees motivate strategies. 1. Highly Dissatisfactory [ ] 2. Dissatisfactory [ ] 3.Averagely Satisfactory [ ] 4.Satisfactory [ ] 5. Highly Satisfactory[ ]

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Safety and health

a. What programmes do you have in place to ensure employee health and safety?..

b. What institutional programs are being implemented and monitored by management on employee safety and health? ....

c. Does your institution have a formal accident prevention programs? Yes [ ] No [ ]

If yes, do they include:

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El An analysis of work-related injuries

El Workplace inspections

El Activities to promote comfort in the workplace

El Inspections that address accident causes, unsafe conditions and unsafe behaviours

El Employee training in accident prevention and good safety practices

El Reinforcement and recognition of safe behaviours

El Others (specify).....

If no, why not?..

d. What is the institution's position on employee compensation in instances of accidents where the staff is a victim?

....

....

e. On a scale of one to five (five being the highest, three being adequate and one being the least), how will you rate the effectiveness of the institution's safety and health programs? 1. Highly Dissatisfactory [ ] 2. Dissatisfactory [ ] 3. Averagely Satisfactory [ ]4.Satisfactory [ ] 5. Highly Satisfactory[ ]

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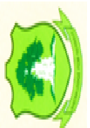

Overall Employees welfare

a. What assistance do you provide for employees with personal problems that influence their work performance?

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. Do you have employee welfare benefits in place? Yes [ ] No [ ]

If yes, what are they? ....
....

If no, why?

c. Rate the overall satisfaction with employee welfare activities?

1. Highly Dissatisfactory [ ] 2. Dissatisfactory [ ] 3.Averagely Satisfactory [ ] 4.Satisfactory [ ] 5. Highly Satisfactory[ ]

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D. Conflict Management

Conflict Management Style

These pair of statements describes possible behavioural responses to conflict. For each pair, please circle the “A” or “B” statement which is the most characteristic of your behaviour while managing conflict in your outfit. In many cases, neither the “A” nor the “B” statement may be very typical of your behaviour, but please select the response which you would be more likely to use.

1. A There are times when I let others take responsibility for solving the problem.

B Rather than negotiate the things on which we disagree, I try to stress the things upon which we both agree.

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2. A I try to find a compromise situation.

B I attempt to deal with all of his and my concerns.

3 .A I am usually firm in pursuing my goals.

B I might try to soothe the other's feelings and preserve our relationship.

4.A I try to find a compromise solution.

B I sometimes sacrifice my own wishes for the wishes of the other person.

5. A I consistently seek the other's help in working out a solution.

B I try to do what is necessary to avoid useless tensions.

6. A I try to avoid creating unpleasantness for myself.

B I try to win my position.

7. A I try to postpone the issue until I have had some time to think it over.

B I give up some points in exchange for others.

8. A I am usually firm in pursuing my goals.

B I attempt to get all concerns and issues immediately out I the open.

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9.A I feel that differences are not always worth worrying about.

B I make some effort to get my way.

10. A I am firm in pursuing my goals.

B I try to find a compromise solution.

11. A I attempt to get all concerns and issues immediately out in the open.

B I might try to soothe the other's feelings and preserve our relationship.

12. A I sometimes avoid taking positions which would create controversy.

B I will let him have some of his positions if he lets me have some of mine.

13. A I propose a middle ground.

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B I press to get my points made.

14. A I tell him my ideas and ask him for his.

B I try to show him the logic and benefits of my position.

15. A I might try to soothe the other's feelings and preserve our relationship.

B I try to do what is necessary to avoid tensions.

16. A I try not to hurt the other's feelings.

B I try to convince the other person of the merits of my position.

17. A I am usually firm in pursuing my goals.

B I will let him have some of his positions if he lets me have some of mine.

18. A If it makes the other person happy, I might let him maintain his views.

B I will let him have some of his positions if he lets me have some of mine.

19. A I attempt to get all concerns and issues immediately out in the open.

B I try to postpone the issue until I have had some time to think it over.

20. A I attempt to immediately work through our differences.

B I try to find a fair combination of gains and losses for every one.

21. A In approaching negotiations, I try to be considerate of the other person's wishes.

B I always lean toward a direct discussion of the problem.

22. A I try to find a position that is intermediate between his and mine.

B I assert my wishes.

23. A I am very often concerned with satisfying all our wishes.

B There are times when I let others take responsibility for solving the problem.

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24A If the other's position seems very important to him, I would try to meet his wishes.

B I try to get him to settle for a compromise.

24. A I try to show him the logic and benefits of my position.

B In approaching negotiations, I try to be considerate of the other person's wishes.

25. A I propose a middle ground.

B I am nearly always concerned with satisfying all our wishes.

26. A I sometimes avoid taking positions that would create controversy.

B If it makes the other person happy, I might let him maintain his views.

27. A I am usually firm in pursuing my goals.

B I usually seek the other's help in working out a solution.

28. A I propose a middle ground.

B I feel that differences are not always worth worrying about.

29. A I try not to hurt the other's feelings.

B I always share the problem with the other person so that we can work it out

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Channels for Conflict Resolution

1. Are there channels for raising grievance? Yes [ ] No [ ]
2. If yes, what are the channels?
3. How do you express your grievances? At meetings Through petitions Through the in-charge Other (Specify) ....
4. Is this procedure formalised? Yes [ ] No [ ]

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5. Do you have a disciplinary measure against staff misconduct?

If yes, what are they?...........
....

If no, why?..
....

E. Questions on the views of management on human resource management practice

1. What are the major challenges in the management of human resources in the Region? Tick as many as possible

Shortage of professionally trained staff, e.g. doctors, pharmacists, nurses, health administrators, laboratory/diagnostic technicians

Inequitable distribution of available staff, between urban/rural

Inadequate motivation of health workers

Inefficient staff management

No strategic HR plan in place

Inadequate number of HR officers

Database not strong enough to manage HR

Cannot hire and fire at regional/municipal level

Difficulty attracting staff

High attrition rates

Difficulty getting those on study leave back to post

Difficulty replacing retired staff

Inadequate staff accommodation

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Li Lack of commitment of some nursing and medical staff

Li Other (specify) ....

2. What assistance/interventions are needed to solve these problems?
....

....

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3. Situate your centre in 2019: what in your opinion will be the biggest challenges for your outfit (relating HR management) at that time?

Li Retaining qualified staff

Li Staff motivation (low wages, learning, development, etc)

Li Doing more with less (less resources and staff)

Li Recruitment of well qualified staff

Li Better use of modern technologies

Li To develop analytical skills to meet increased demand for the administrative data

Li To adapt to the new process of survey production

Li Identifying, developing and using competencies of employees

6. On a scale of one to five (five being the highest, three being adequate and one being the least), how do you rate the overall satisfaction with HRMP of the WRHD/WMHD?1. Highly Dissatisfactory (HD) 2. Dissatisfactory (DS) 3. Averagely Satisfactory (AS) 4.Satisfactory (S) 5. Highly Satisfactory (HS)

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HRM Practices	HD	DS	AS	S	HS
a. How do you rate the HR planning, recruitment and posting?	1	2	3	4	5
b. How do you rate the welfare programs?	1	2	3	4	5
c. How do you rate the training and development programs?	1	2	3	4	5
d. How do you rate the employee relations?	1	2	3	4	5

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THANK YOU FOR YOUR COOPERATION

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APPENDIX II

UNIVERSITY FOR DEVELOPMENT STUDIES

FACULTY OF PLANNING AND LAND MANAGEMENT

DEPARTMENT OF PLANNING AND MANAGEMNET

GRADUATE SCHOOL

Questionnaire on Human Resource Management Practice in GHS Institution within Wa Municipality;

The questionnaire is in relation to my thesis for the award of an MPhil. degree in Development Management. This research is solely for academic purposes and is confidential. All aspects of the research will be conducted in accordance with research ethics. Kindly spare some minutes to complete the questionnaire. This questionnaire is to be answered by the Staff at the Health Facilities.

Characteristics of Respondents

Age:

Sex: Male [ ]   Female [ ]

Marital status: Single[ ] Married[ ] Separated[ ] Divorced [ ] Widowed[ ]

Educational status: None[ ] Basic[ ] SHS[ ] Tertiary[ ] Other(specify)....

Occupation/position in GHS:

Name of the facility where you work:

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Views/Perception on Human Resource Management Practice

1. Do you have a human resource department? Yes [ ] No [ ] I don't know[ ]
2. What does the human resource department do?

   ....
3. **Employee Relations** ....

On a scale of one to five (five being the highest, three being adequate and one being the least), rate the effectiveness of the safety and health programs in this facility? 1. Highly Dissatisfactory (HD) 2. Dissatisfactory (DS)3.Averagely Satisfactory (AS) 4.Satisfactory (S) 5. Highly Satisfactory (HS)

4. **Employee Relations**	**HD**	**DS**	**AS**	**S**	**HS**
a. How do you rate the Working Environment of the facility?	1	2	3	4	5
b. The way the facility is managed?	1	2	3	4	5
c. Do you have a good relation between management and staff?	1	2	3	4	5

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d. Are you in good terms with your co-works?	1	2	3	4	5
e. How do you rate your relation with your immediate supervisor?	1	2	3	4	5

14. What influences the postings of staff?..
....

15. Are there socio-political issues that influences staff postings? Yes [] No[ ]

15a. If yes, what are they? ....
....

F. Human Resource Training and Development

11. What does the in-service training unit do for your staff?

....

....

12. Do you have Orientation and training programmes for employees? Yes [ ] No [ ]

2a. If yes, how often is it done? Monthly Quarterly Biannual Annually Every two years Other (specify) ....

13. Do you conduct regular training needs assessments? Yes [ ] No [ ] 13a. If yes, how often is this assessment carried out? Monthly Quarterly Biannually Annually Every two years Other (specify)..........................

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14. How often are staff and health facilities

supervised? Monthly Li Quarterly Li Biannually Annually Li Every two

years Other (specify) ....

15. Do you allow your staff to go for further studies? Yes [ ] No [ ]

15a. If yes, how often is it done? Li Monthly Quarterly Biannually Li Annually

Li Every two years Li Other (specify)....................

16. Do you have a designed system for appraising the performance of

individual employees? Yes [ ] No [ ]

16a If yes, how often is it done? Li Monthly Li Quarterly Li Biannually

Annually Li Every two years Li Other (specify).........

16b If no, why is it not

done? ....

....

17. Do you assist your employees to develop a career plan? Yes [ ] No [ ]

17a If yes, how do you assist employees in developing career plans?

....

....

17b If no, why?...

....

18. Is remedial training in basic computation skills offered?

....

....

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Job Satisfaction/Employee Motivation/benefits

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Are you motivated for your services? Yes [ ] No [ ]

What are the activities implemented to motivate you?

....

....

Rate the Overall the employees motivational strategies. 1. Highly Dissatisfactory [ ] 2. Dissatisfactory [ ] 3.Averagely Satisfactory [ ] 4.Satisfactory [ ] 5. Highly Satisfactory [ ]

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Rate your overall level of job satisfaction

1. Highly Dissatisfactory (HD) 2. Dissatisfactory (DS) 3.Averagely Satisfactory (AS) 4.Satisfactory (S) 5. Highly Satisfactory (HS)

Employee	HD	DS	AS	S	HS
How do you rate the working Hours of the facility?	1	2	3	4	5
The amount of responsibility you are given	1	2	3	4	5
Rate the Overtime allowance offered by the facility?	1	2	3	4	5
How do you rate your salary	1	2	3	4	5
Do you think your effort is adequately recognised?	1	2	3	4	5

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Safety and health

Does working in the facility give you a feeling of security? Yes [ ] No [ ] If no,

why?..

Does the facility take safety measures for employee safety? Yes [ ] No [ ] If yes, what are

they?...

If no, why?..

Do you get assistance when you are facing personal problems that might influence your work performance? Yes [ ] No [ ]

If yes, what are they?...

On a scale of one to five (five being the highest, three being adequate and one being the least), rate the effectiveness of the safety and health programs in this facility? 1. Highly Dissatisfactory [ ] 2. Dissatisfactory [ ] 3.Averagely Satisfactory [ ]4.Satisfactory [ ] 5. Highly Satisfactory[ ]

Do you have employee welfare benefits in place? Yes [ ] No [ ]

If yes, what are they? ....

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....

If no, why?...
....

Rate the overall satisfaction with employee welfare activities

1. Highly Dissatisfactory [ ] 2.Dissatisfactory [ ] 3.Averagely Satisfactory [ ] 4.Satisfactory [ ] 5. Highly Satisfactory[ ]

Channels for Conflict Resolution

Are there channels for raising grievance?

If yes, what are the channels?

How do you express your grievances?

At meetings Through petitions Through the in-charge

Another channel, (Specify) ....

Is this procedure formalised? Yes [ ] No [ ]

Do you have a disciplinary measure against staff misconduct? Yes [ ] No [ ]

If yes, what are they? ....
....

If no, how is misconduct managed?..
....

THANK YOU FOR YOUR COOPERATION

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