ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

SCHOOL OF COMMERCE

"THE EFFECT OF HUMAN RESOURCE MANAGEMENT PRACTICES ON HEALTH CARE QUALITY: THE CASE OF BLACK LION TEACHING AND REFERRAL HOSPITAL"

BY:

FISIHA FIKIRU ASRAT

A thesis submitted to the department of Human Resource Management, School of Commerce, College of Business and Economics, Addis Ababa University, in partial fulfillment of the requirements for the degree of Master of Arts in Human Resource Management.

ADVISOR: DR. ZEGEYE MULUYE

JUN 2022

ADDIS ABABA, ETHIOPIA

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Approved by Board of Examiners

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Internal Examiner	Signature and Date.
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DECLARATION

I, ***FISIHA FIKIRU ASRAT***, announce that this research paper entitled "*The effect of human resource management practices on health care quality: the case of Black Lion Teaching and Referral Hospital*" is my own in partial fulfillment of the requirements for the degree of Master of Arts in Human Resource Management. The researcher wishes to state that this work has never been presented in any university or institution of learning apart from references made to the works of other people, which the researcher has dully acknowledged. Therefore, it is an original work done by me under the close supervision of my advisor, ***DR. ZEGEYE MULUYE***.

Declared by: Signature and Date.

FISIHA FIKIRU ASRAT

_____ _____

STATEMENT OF CERTIFICATION

This is to certify that ***FISIHA FIKIRU ASRAT*** has carried out his thesis work on the topic entitled *"The effect of human resource management practices on health care quality: the case of Black Lion Teaching and Referral Hospital"* under my guidance and supervision. Accordingly, I hereby assure you that his work is appropriate and standard enough to be submitted for the award of Master of Arts in Human Resource Management.

Awarded by: Signature and Date.

DR. ZEGEYE MULUYE

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DEDICATION

I dedicate this thesis to myself in recognition of my commitment and determination.

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List of Acronyms

AAU: Addis Ababa University.

CHS: College of Health Sciences.

FDRE: Federal Democratic Republic of Ethiopia.

HCT: Human Capital Theory.

HR: Human Resource.

HRD: Human Resource Development.

HRM: Human Resource Management.

TASH: Tikur Anibessa Specialized Hospital.

NGOs: Non-Governmental Organizations.

P-J –Fit: Person Job Fit Theory.

P-O-Fit: Person Organization Fit Theory.

QHC: Quality Health Care.

RBV: Resource Based View.

SAHS: School of Allied Health Sciences.

SERVPERF: Service Performance Model.

SERVQUAL: Service Quality Model.

SED: Sequential Explanatory Design.

SoM: School of Medicine.

SoP: School of Pharmacy.

SPH: School of Public Health.

Abstract

The study investigates the effect of human resource management practices on healthcare quality at Black Lion Teaching and Referral Hospital. While efficient HRM can lead to quality health care, TASH does not have any empirical research that has identified the crucial impact of HRM practices in the provision of quality health care. The study's goal was to determine the effect of recruitment, training, compensation, and performance management practices on health-care quality at TASH. The human capital, resource-based view, person-fit environment theories, and service performance model served as the foundation for the research. This research paper is explanatory-sequential in nature and focused on quantitative and qualitative data from two populations in two different stages. For the quantitative study, stage one, surveyed the opinions of 184 permanently employed physicians and nursing staff about the effect of HRM practices on HCQ. The qualitative analysis, stage two, involved 50 complaints about the consistency and compassion of the clinical and nursing staff of TASH. Using tables and charts, summary statistics that informed inferential and subsequent quantitative analysis were presented during stage one. The significance of the relationship between the predictor and the outcome variable was tested using multiple regression analysis. According to the regression model, HRM practices account for 74.3 percent of the variance in the dependent variable. Unlike recruitment and compensation management practices, hypothesis tests revealed that training and performance management practices had statistically significant relationships with health care quality at TASH. Qualitative data provided additional evidence of the importance of training and performance management in maintaining the technical quality of healthcare quality. The study concludes that by addressing training and performance management issues, Black Lion Teaching and Referral Hospital could improve the healthcare quality.

Keywords**: Human resource management practices, healthcare quality**,** Black Lion Teaching and Referral Hospital**,** Ethiopia**.

CHAPTER – ONE: INTRODUCTION

This chapter provides an overview of empirical arguments for the impact of human resource management practices on health care quality. It begins with several empirical frameworks that serve as the study's background, followed by problem statement, research questions, research objectives, research significance, scope, constraints, and study organization. It also analyzes the study variables and gives an overview of the Black Lion Teaching and Referral Hospital.

1.1 Background of the Study

Human resources are one of the most important assets of any organization. An organization is simply a group of people whose activities have been planned and coordinated to achieve common goals. An organization will be in a better position to survive and achieve its goals if it is staffed and managed by well-developed and motivated employees (Mahapatro, 2010). Human resource management (HRM) is defined as a strategic, integrated, and coherent approach to the employment, development, and well-being of employees in organizations. It has a strong conceptual foundation derived from behavioral sciences as well as strategic management, human capital, and labor relations theories. This foundation has been built with the assistance of numerous research projects (Armstrong, 2010).

Employees are one of an organization's most valuable assets because they contribute to its growth and success (Danish and Usman, 2010). Similarly, universities, as educational and research institutions, must attract, retain, and develop their employees. According to Malik et al. (2010), as cited in Singh & Biniam (2016), the performance of universities will be dependent on the effective implementation of various bundles of HRM practices such as recruitment and selection, compensation, information sharing, participative decision making, promotion, training, career planning, and performance appraisal, among others.

Human Resources Management (HRM) is a critical management task in the healthcare and other service sectors where customers face challenges due to the performance of employees with experience and high quality of performance **(**Howard et al., 2006). Human resource management plays a dynamic and critical role in the success of health-care reform.

Human resource management is becoming more important in various health care systems throughout the world. The delivery of health care necessitates the coordination of a large number of resource inputs in order to offer a diverse range of service outputs. Few, if any, manufacturing processes can keep up with the variety and rate of change of health-care production possibilities. Physical capital and consumables are the other two inputs into the healthcare system, together with human resources. The financial resources used to acquire these inputs are both capital and recurring in nature. Investment decisions in health, like those in other industries, are crucial since they are typically irreversible. They invest significant sums of money in locations and activities that are difficult, if not impossible, to cancel, close, or scale down. (WHO, 2000). However, because of their evident and significant disparities, human capital must be handled and managed quite differently than physical capital (WHO, 2003). The degree to which health services improve

desired health outcomes and are consistent with current professional knowledge is referred to as health care quality (Runciman et al., 2009). Quality can be classified as technical or functional within service organizations (Seth, Deshmukh, & Vrat, 2005). Service professionals are the best at evaluating technical quality (Mohammad, 2013). Functional quality is concerned with service delivery and is a major determinant of external quality perceptions (Steers & Porter, 2012).

The knowledge, skills, and motivation of workers determine the quality of health care (Spence & Lewis, 2009). The interaction, characteristics, and behavior of patients and frontline health personnel influence the quality of healthcare (Martin & Pimhidzai, 2013; Gayle & Obert, 2013). In the literature, healthcare quality has been addressed as either technical quality or functional quality. Primarily, researchers define technical quality as the technical accuracy of medical diagnoses and procedures or conformance to professional specifications, whereas service or functional quality refers to the manner in which health care services are delivered to patients (Edura & Kamaruzaman, 2009).

Patients have always been in a dependent position because hospitals or other health care providers have specific technical proficiency, or expertise, that practitioners, clinicians, and medical experts can better evaluate (Timmermans & Berg, 2010). It is now established that the majority of patients will never know whether a diagnosis or prescription was optimal or not (James, 2013). A section of the articles reviewed questioned patients' ability to evaluate technical quality, concluding that patients have difficulty distinguishing technical quality from functional quality (Sofaer & Firminger, 2005).

According to the WHO (2003), the number of health professionals is a significant measure of the ability to offer health care services. In addition, the skill type and degree of training show the ability to deliver health care services. Further issues of migration, from rural to metropolitan institutions and to other countries, result in a supply-demand imbalance in health care professionals. In addition to monetary incentives, recruiting and keeping health professionals necessitates the use of other methods such as housing, infrastructure, and possibilities for work rotation (WHO, 2012).

Unfortunately, many healthcare employees in many nations are dissatisfied with their pay and healthcare policies, as well as their security, safety, working conditions, and physical and administrative infrastructure (Chima, 2013). According to Weldon (2005), effective HRM practices lead to lower mortality rates and better health care. Patterson (2015) suggests more empirical research to identify HRM practices that have the greatest impact on service quality. So far, the importance of HRM in providing quality health care has yet to be empirically proven (Huselid & Becker, 2015).

Ethiopia, a low-income nation with a population of more than 109 million people and a high fertility rate, has one of the largest proportions of unmet health care requirements and is affected by a high disease burden that is reflected by the high rates of maternal and child mortality. Poor nutritional status, infections, and high fertility rates, combined with limited access to essential health services, all contribute to the country's high mortality rates. Nonetheless, despite significant

progress in improving health outcomes over the last decade, Ethiopia's healthcare system faces significant obstacles. Widespread quality deficiencies across a variety of health services have been observed, demonstrating low adherence to evidence-based standards of treatment (Yakob B, Gage A, and Nigatu TG, 2019). Despite great strides in reducing maternal and child mortality in recent years, there remains a high burden of deaths related to the quality of care mothers and newborns receive in low- and middle-income countries (LMICs) (Kruk ME, 2016). Access improvement has not been accompanied by an increase in quality; poor quality care is responsible for about 60,000 maternal and 660,000 neonatal deaths yearly in LMICs (Kruk ME, 2016).

According to the National Human Resources for Health Strategic Plan for Ethiopia (2016–2025), the following are some of the challenges for HRH in Ethiopia: Poor educational and training quality for health workers, unfair geographic distribution and professional skill mix, inadequate HRM structure and staffing levels, underutilized Human Resources Information System (HRIS), insufficient Health Workforce Regulation. In Ethiopia, the quest for higher compensation and better working conditions, as well as a lack of adequate medical equipment and personnel, prohibit healthcare organizations from providing quality healthcare. It indicates that these institutions lack established HRM functions capable of addressing the HR difficulties associated with providing great health care.

HRM practices can have an impact on the quality of health care (Yin, 2000; Michael, 2009; Patrick, 2011). High-quality outcomes are produced by HRM practices that result in highly skilled clinicians, nurses, administrators, and ancillary staff (Argote, 2000). Quality is promoted by top-level physicians and nurses working in teams with case managers, pharmacists, and social workers (Brown and Duguid, 2003). Human resource management in healthcare institutions is critical for providing efficient and effective medical services (Elarabi and Johari, 2014). Improving service quality in public hospitals necessitates the ability to attract and retain high-quality nurses (Argote & Ingram, 2000). Selective hiring and retention of physicians and nurses improves service quality (Cohen & Leviathan, 2001). Doctors are monitored to ensure that they continue to meet certain performance and practice standards in order to keep their credentials (Crewson, 2004).

The primary objective of this research is to examine how human resource management (HRM) practices affect the quality of health care (QHC) at Black Lion Teaching and Referral Hospital. This study took into account both healthcare worker and patient complaints about healthcare quality. A mixed-methods research design makes it easier to triangulate results, which ultimately improves the credibility and strength of a study's conclusions (Hesse-Biber, 2010). Human resource management is critical to providing high-quality health care (Kabene, Orchard, Howard, Soriano, Leduc, 2006). The overall performance of hospitals could be boosted when employees feel better and receive good treatment from their HR managers, in addition to increasing the current low salaries and implementing an effective incentive system that can increase job satisfaction. (Elarabi & Johari, 2014).

1.2 Background of the Study Site

Addis Ababa University, College of Health Sciences, Black Lion Hospital

Addis Ababa University (AAU) is a large, predominantly residential national university in Addis Ababa, Ethiopia. The university is Ethiopia's oldest institution of higher learning. There are thirteen AAU campuses. Twelve of these are in Addis Ababa, and one is about 45 kilometers away in Bishoftu.

Addis Ababa University, founded in March 1950 as the University College of Addis Ababa by Emperor Haile Silassie I, has contributed to the development of the country's intellectual and skilled human resources. With a student population of 51,500, AAU currently offers 225 graduate programs, 69 of which are PhDs. It also has approximately 70 departments that offer undergraduate programs leading to the degrees of BA, BSc, MD, and DVM. Since its inception, AAU has graduated over 222,000 students.

The College of Health Sciences (CHS), Addis Ababa University (AAU), is a professional health sciences college founded in 2009/10 by the consolidation of previously separate health institutions. The CHS is made up of four schools and a teaching hospital. The four schools are the School of Medicine (SoM), School of Pharmacy (SoP), School of Public Health (SPH), and School of Allied Health Sciences (SAHS). Professional training in nursing, midwifery, and medical laboratory technology is available through the SAHS. The CHS was established to encourage cross-pollination across various disciplinary paradigms; standardize curricula across disciplines; set standards and quality checks for the teaching-learning process; maximize human resource utilization through joint planning in teaching common courses and conducting research; create opportunities for collaborative research and publication; and maximize shared use of facilities for effectiveness and efficiency.

Except for the School of Public Health, which only offers postgraduate degrees at the MSc and PhD levels, all CHS schools offer professional degrees at both the undergraduate and postgraduate levels. The SPH, on the other hand, is heavily involved in providing public health courses to undergraduate students from the other schools in the CHS. The CHS has over 5000 students and over 600 full-time faculty members. The College currently offers 8 undergraduate programs and over 70 postgraduate programs. Tikur Anbessa Specialized Hospital (TASH) is the college's teaching hospital.

TASH is Ethiopia's largest specialized hospital, with over 700 beds, and serves as a training facility for undergraduate and postgraduate medical students, dentists, nurses, midwives, pharmacists, medical laboratory technologists, radiology technologists, and others who are responsible for solving the community's and the country's health problems.

1.3 Statement of the Problem

Addis Ababa University, one of Ethiopia's higher educational institutions, has the mission to "foster a democratic university that gives pride of place to its students in instruction and service provision while encouraging the robust exercise of academic freedom." This will be accomplished through the development of vibrant graduate programs and the nurturing of professional competence, humanistic education, scientific culture, academic excellence, and committed and ethical citizenship. (AAU, 2015).

Organizations are made up of people, and human capital is regarded as a critical success factor in all industries, including the health sector. As a result, it is vital to acquire competent people, assess their performance, develop their skills, motivate them to higher levels of performance, and ensure that they continue to maintain their commitment to the organization. Organizations that can attract, develop, motivate, and retain exceptional employees will be both effective and efficient. A solid human resource management system and practices assist organizations in meeting the needs of their employees as well as their overall goals. Organizations with ineffective HRM systems and practices, on the other hand, are unable to acquire competent people, properly assess their performance, and develop their capacity, and as a result, they may face the risk of stagnation or going out of business. Healthcare strategy and policy documents lay out clearly what health-care institutions, including teaching and referral hospitals, are expected to contribute. However, there is no empirical evidence that these HRM guidelines contribute to the provision of high-quality health care.

According to Huselid, M.A., and Delaney (1995), J, in their study "The Impact of Human Resource Management Practices on Organizational Performance Perspectives," there is a link between human resource management practice and firm performance, and firms that are more profitable have been using human resource management activities. According to Setia, K., and Trehan, S. (2014), in the study "Human Resource Management Practices and Organizational Performance", the chosen set of HR practices positively influences the desired organizational performance outcome via the mediating role of the firm's strategic objectives.

According to a World Bank report on the health workforce in Ethiopia in 2015, Ethiopia is one of the countries with the fewest physicians in the world. The current supply of physicians is 0.03 (n2152) per 1,000 people. This figure falls far short of the 0.55 doctors per 1,000 people required to meet both national and international benchmarks of 80% live birth coverage. According to a recent study, the number of doctors and midwives is unlikely to meet desired national staffing levels by 2015. The vast majority of Ethiopian health workers work in the public sector, with only 5.8 percent formally working in the private sector, both for profit and not for profit. On the other hand, the distribution of health workers, particularly medical doctors and specialists, is heavily skewed toward urban areas.

According to a World Bank report on the health workforce in Ethiopia in 2015, variables such as availability, competence, responsiveness, and productivity can be used to assess health worker performance. Based on the previous report, evidence of performance is scarce and, when available, is limited to a small number of cadres. There is no evidence of productivity. When it comes to competence, there is cause for concern, particularly with regard to nurses' knowledge of maternal care. Nurses' knowledge of maternal care, including abortion care and care for victims of sexual violence is quite limited. Although weaknesses in obstetrics were discovered, health officers' knowledge of clinical competency areas appears to be more adequate than their knowledge of public health competence. Only 12% of graduating health officers could plot a laboring mother's progress on a partograph. Finally, a 2010 assessment of general practitioners who graduated within the previous five years revealed that more than 70% of them were rated poor in the area of basic emergency obstetric care competency.

Hospitals in Addis Ababa are being stretched dangerously thin as a result of the high patient load and increasing complexity of cases. Thus, focusing on these institutions' practices in managing health worker recruitment, training, compensation, and performance can provide human resource management solutions that may reverse these trends. Efficient human resource management can lead to efficient and effective medical services (Elarabi & Johari, 2014). Anecdotal evidence suggests that proper human resource management is critical to providing high-quality health care (Kabeneet al., 2006).

A close examination of previous attempts to understand the role of HRM reveals a conceptual gap in our understanding of HRM drivers of quality health care. In her most recent attempt to link HRM to quality of care, Nupur (2017) conceptualized quality of health care in terms of business efficiency. This definition of health care quality may not fully explain the relationship between key decisions in health care worker management and the provision of quality services. There is a particular need to understand whether decisions about how health care professionals are recruited, trained, compensated, and evaluated for their performance are related to the quality of health care.

According to the researcher's preliminary survey, AAU does not have a clear policy for recruitment, training, compensation, and reward practices. The university's human resource management practices are governed by the general provisions outlined in Federal Civil Servants' Proclamation No. 515/2007 and related directives. In the absence of a clear HRM policy, inconsistent practices and unfair treatment of clinical staff at the university may occur. Furthermore, no previous research had fully explained the impact of HRM practices on the quality of health care at Black Lion teaching and referral hospital, College of Health Science, AAU.

Therefore, there is a knowledge gap on how HRM practices of AAU affect the quality of teaching and referral hospital practices. Taking these issues into account, the purpose of this study is to investigate the hospital's HRM practices, with a particular emphasis on recruitment, training, compensation, and performance practices.

1.4. Research Question

This study addresses the following questions:

1. How well are human resource management practices (recruitment, training, performance, and compensation) implemented at Black Lion Teaching and Referral Hospital?

2. Do HRM practices (recruitment, training, performance, and compensation) and healthcare quality have a positive or negative relationship?

3. Which of the four HRM practices influences health care quality the most at Black Lion Teaching and Referral Hospital?

1.5 Objective of the Study

The general and specific objectives of the study are presented briefly as follows:

1.5.1 General Objective

The general objective for undertaking this study is to find out the effect of selected HRM practices on health care quality at Black Lion Teaching and Referral Hospital.

1.5.2 Specific Objectives

1. To investigate to what extent HRM practices (recruitment, training, compensation, and performance) are implemented at Black Lion Teaching and Referral Hospital.

2. To determine the relationship between the human resource management practices (recruitment, training, compensation, and performance) and healthcare quality at Black Lion Teaching and Referral Hospital.

3. To identify the difference in strength of association among four HRM practices influences health care quality the most at Black Lion Teaching and Referral Hospital.

1.6 Operational Definitions of Key Terms

The following definitions of terms used in this study are adapted from related literature and modified to suit the study.

Compensation: all forms of financial returns and tangible benefits that an employee receives as part of the employment relationship.

Compensation management practice: the establishment and implementation of sound policies, programs, and practices in employee compensation. It is essentially the application of a systematic and scientific approach to compensating the employees for their work in a fair, equitable, and logical manner in accordance with their value to the referral hospitals.

Complaint: a patient's conduct indicating discontent with medical services, nursing services, and treatment conditions through letters, phone calls, or visits to the hospital, with the intent of criticizing the hospital and/or claiming reimbursement.

Content analysis: a method for objectively and methodically documenting and counting events contained in written language in order to create a quantitative description of the content of a given text.

Employee perceived service quality: the health professional's personal assessment of the quality of health care services provided to patients.

Human Resource refers to the talents and energies of people who are available to an organization as potential contributors to the creation and realization of the organization's mission and vision.

Human Resource Management: activities an organization conducts to use its human resources effectively and the aspects of management that concern the coordination of all aspects of employment, including hiring, training, compensating, motivating, disciplining, and all day-to-day interactions as well as rewarding and appraising.

Human resource management practice: the process that involves designing and implementing a set of internally consistent policies and practices that ensure a firm's human capital (employees' collective knowledge, skills, and abilities) contributes to the achievement of its business objectives. HR practices for the purposes of this research were identified as recruitment, training, compensation, and performance management.

Performance Management Practices: a process by which organizations align their resources, systems, and employees to strategic objectives and priorities.

Quality healthcare service delivery is the extent to which individual and population health services boost the likelihood of desired health outcomes while remaining compatible with existing professional knowledge.

Recruitment practices refers to the process of identifying, attracting, interviewing, selecting, hiring, and onboarding employees.

1.7 Significance of the Study

HRM researchers have recently focused on the delivery of high-quality health care as human resource management plays a major role in delivering efficient and effective medical services and improving patient satisfaction. According to Mohamed and Hameed (2015), HRM has a significant influence on healthcare quality and hospital worker performance. Elarabi and Johari (2014) concur that human resource efficiency is a major predictor of performance in public hospitals.

In the healthcare environment, effective human resource management encourages a variety of ethical activities. Some research shows that human resource management encourages proper conduct for medical practitioners by increasing professionalism in service delivery. The management of a healthcare facility ensures that resources are allocated fairly for diverse initiatives, clients, and care services. Proper management systems allow for better addressing of ethical elements of patient care as they near the end of their lives, as well as increased patient privacy and confidentiality. The development of ethical practices in the health system is critical since health facilities are assessed based on their capacity to safeguard their patients' privacy and confidentiality, as well as other ethical requirements.

The human resource management department is crucial in understanding the conflicts of values that underpin employees' behavior and improving an institution's ethical climate. When the staff confront challenges related to their interactions with people of different cultural backgrounds or ethnicity, it is frequently regarded as an ethical concern and a cultural issue, which is an example of human resource management. Human resource management is frequently referred to for ethical and other related problems. Effective human resource management is critical in promoting an ethical environment. When an organization's ethical environment is strengthened, it ensures the comfort and security of both workers and clients, which has a positive influence on healthcare quality.

Mixed methods research approaches may be crucial in tackling the sorts of research questions addressed in the HRM area. The complex and intertwined experiences of individuals, teams, and organizations require research designs that are capable of addressing issues of temporal, network, and institutional embeddedness as they relate to HRM research. In this respect, mixed methods are particularly helpful in assisting researchers' efforts to deal with issues of temporal embeddedness, as qualitative research can provide an understanding of dynamic processes while quantitative approaches can model change over time (Bainbridge & Lee, 2014).

This study will apply a mixed research design. The literature articulates the necessity for both qualitative and quantitative research to identify the extent to which HRM decision factors might predict the quality of health care (Seitio-Kgokgwe, Gauld, Hill & Barnett, 2016). On the other hand, the study's theoretical importance is found in the establishment of a multidisciplinary framework based on human capital, resource-based view, person-environment fit, and service quality theories, which expanded quality scholarship to a teaching and referral hospital setting.

In this regard, this inquiry may generate meaningful findings and will make a substantial contribution to human resource management theory, policy formation, and practice. The findings will be used to inform policy development and the implementation of quality efforts by the government, funders, and healthcare partners.

The study will provide essential insights to the management of teaching and referral hospitals on the impact of human resource management decisional factors on the quality of healthcare provided. In other words, an interdisciplinary view of human resource management methods will enable teaching and referral hospital administration to fully comprehend their impact. Identifying the impact of recruitment, training, compensation, and performance management practices will be a valuable starting point for senior management in developing effective human resource management strategies that might improve the quality of health care at Black Lion and other teaching referral hospitals in the country.

This research will help private hospitals and other for-profit and non-profit organizations, as well as government ministries, departments, and agencies, design and execute strategies that will improve the quality of health care, such as human resource recruitment, training, compensation, and performance management. Because of the study's findings, a new line of research will be opened, which will broaden the scope of HRM efforts and quality management discourse.

In Ethiopia's ten-year development plan (2021–2030), the health care industry is a priority sector within the economic pillar. Therefore, this research paper indicated the role that teaching and referral hospitals are expected to play in fully achieving the development plan, as well as the necessity for government measures to supplement teaching and referral hospitals' efforts to deliver.

1.8 Scope of the Study

Human Resource Management (HRM) is just too extensive to encompass all of its components and processes in a single study article. The study's scope was confined to the impact of HRM practices on the quality of healthcare in teaching and referral hospitals. The study focused on Black Lion Teaching and Referral Hospital, the largest specialized referral hospital in Ethiopia, which serves the entire country. The practice of HRM in the college covered both administrative, academic, and clinical staff, but the target demography of the study was confined to permanent clinical and nursing staff at the institution during the research time. The scope of this study was limited to the perceptions of clinical and nursing staff on the influence of four common HRM practices, i.e., recruitment, training, performance, and compensation management, on their ability to offer quality health care services.

The study sought to determine the magnitude and direction of the direct association between HRM practices and health-care quality. Other data collection tools, such as focus group discussions, would provide more insight into this matter, but due to time and resource constraints, only the questionnaire and interview was used as data collection tools in the study.

1.9 Organization of the Study

The study is divided into five chapters. The first chapter discusses the study's background, problem statement, research objective, research question, study delimitation, and limitation. After the research aim has been clearly outlined, the contribution of the study to the theory and practice of human resource management is explored.

The second chapter offered many linked pieces of literature to develop a deeper knowledge of the issue under investigation, namely, a theoretical and empirical evaluation of relevant literature on recruiting, training, compensation, and performance management practices, as well as health care quality. It summarizes the knowledge gaps discovered in the literature. At the end of the chapter, a conceptual model based on the study objectives and research hypotheses was offered.

The third chapter discusses the research methodology, research design, data collection methods, measurement of research variables, and data analysis techniques that were employed in the study.

The fourth chapter discusses data analysis, findings, and interpretation of results. The last chapter, Chapter 5, summarized the entire thesis, including discussions, conclusions, recommendations, and suggestions for further research.

CHAPTER – TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter provides an overview of the relevant theoretical and empirical literature. It also explores the study's theoretical foundation, as well as the link between recruiting practices, training practices, performance management practices, compensation management practices, and health care quality. The chapter ends with an overview of selected research that reveals knowledge gaps. A conceptual model and conceptual hypotheses are also proposed to address the knowledge gaps.

2.2 Conceptual and Theoretical Foundation of the Study

2.2.1. Human Resource Management: Concepts and Practices

Human resource management is a concept that has piqued the interest of management practitioners and researchers since the 1980s (HRM). Senyucel (2009) regarded HRM as a novel approach to workforce management. Human resource management (HRM) is said to make workforce management a mainstream activity in organizations (Guest, 1997). The HRM concept is viewed as providing a more integrated approach to workforce management.

Human resource development has been defined in various ways and from various perspectives by economists, social activists, industrialists, and other academics. Human resource management (HRM), or the management of work and people to achieve specific goals, is a fundamental activity in any organization that employs people. HRM is an unavoidable byproduct of starting and growing a business. Human Resource Management (HRM) is defined by Armstrong (2006) as a strategic and coherent approach to the management of an organization's most valuable assets: the people who work there and contribute individually and collectively to the achievement of its objectives. Human resource management (HRM) encompasses all management decisions and practices that have a direct impact on the people (or human resources) who work for the organization.

Human resource management (HRM), as defined by Bratton (2007), is a strategic approach to managing employment relations that emphasizes that leveraging people's capabilities is critical to achieving competitive advantage, which is accomplished through a distinct set of integrated employment policies, programs, and practices.

Wright, McMahan, and McWilliams (1994) distinguished between human resources (skilled and experienced employees) and human resource systems. They contended that an organization's human resources have a greater potential to generate value over time. However, in order to create value, human resources must demonstrate high levels of skill as well as the willingness, motivation, and commitment to engage in productive behavior that is generated by human resource management practices. Thus, HRM practices elicit some behavioral outcomes in addition to improving employees' skills and abilities. As a result, it is critical for a company to implement human resource management (HRM) practices that make the best use of its employees.

Effective human resource management is increasingly seen as having a positive impact on performance in organizations of all sizes. It is undeniable that the transition to human resource management (HRM) has increased organizational competitiveness and success (Flynn, 1997). A human resource system improves organizational performance, develops and maximizes an organization's capabilities, and contributes to the organization's continued competitive advantage (Huselid, 1995; Becker & Gerhart, 1996)

2.2.2. Theoretical Framework of the Study

The decentralization of human resource management for health indicates that teaching and referral hospitals must reconsider their human resource management capabilities to guarantee excellent health care that fulfills the Vision 2030 and Human Resource for Health policy framework. Faced with labor strikes and the requirement to provide excellent health care, teaching and referral hospitals are implementing human resource management to improve the quality of health care provided. Various hypotheses explain the link between HRM and healthcare quality. Among them are the theories of human capital, resource-based view, person-environment fit, and service quality.

A theoretical framework provides the basis on which the entire research rests (Meyer & Maltin, 2010). A theory generates research since the interlocking connections have to be tested (Leininger & McFarland, 2002).

Human resource management theory and practice are closely related to human capital, resource-based view, person-environment fit, and service quality theories, all of which are anchored in management theory. These theories, which focus on the strategic value of human resources, might thereby explain human resource management.

2.2.2.1 Service Quality Model

The SERVQUAL model is a service quality model that is used to measure service quality and customer satisfaction. In 1988, American marketing experts Valarie Zeithaml, Leonard Berry, and A. Parasuraman proposed the SERVQUAL model to analyze service quality dimensions as well as service quality perceptions. The SERVQUAL model (Parasuraman et al., 1985) and the SERVPERF model (Cronin and Taylor, 1992) were found to be useful in interpreting results on health-care quality. Service quality is measured in the SERVQUAL model by subtracting 22 expectation scores from the corresponding 22 perception scores. This approach to defining and measuring service quality as the gap between expectations and perceptions represents a significant departure from previous large-scale development efforts in health care services (Mohammad, 2013).

Although the SERVQUAL model has been used in many studies, it has theoretical and operational limitations. To begin with, SERVQUAL is designed to assess functional rather than technical quality. As a result, it may not be an appropriate measure in a sector where technical quality is an important component of service delivery, such as health care.

Other criticisms have focused on its dimensional structure as well as the instrument's interpretation and implementation (Newman, 2001).

Cronin and Taylor (1992) were the first to provide a theoretical justification for dropping the SERVQUAL expectations component in favor of the scale's purely performance measures. "SERVPERF" is the name they gave to their performance-based measure of service quality. Several studies have demonstrated that the performance-only SERVPERF scale outperforms the confirmation-based SERVQUAL scale (Brandy, Cronin, & Brand, 2002; Caruana, Ewing, & Rameshan, 2000). These studies offer little, if any, theoretical or empirical support for the E-P quality gap as a basis for measuring service quality.

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Cronin and Taylor (1992) concluded that the SERVQUAL performance items alone could provide a psychometrically superior assessment of service quality. The current study used the SERVPERF model's performance statements, as Cronin and Taylor did. This model was appropriate because the study's goal was to capture the mean agreement with statements about service performance by TASH's nursing and clinical staff.

2.2.2.2 Person Environment Fit Theory

Kristof's (1996) Person Environment Fit (P-E Fit) Theory focuses on how well employees fit into their work environment. It explains the degree to which a person is a good fit for a job or an organization and is thus important in understanding the HRM practice of recruitment. Attitudes and behaviors, according to the theory, are caused by the compatibility of individual and environmental characteristics (Dawis, 2005; Kristof-Brown, Zimmerman & Johnson, 2005).

The Person Environment Fit Theory is relevant to this study because it aids in understanding the recruitment's impact on health-care quality. Employee values and interests are advantageous if they align with those of the hiring company, and a perfect fit produces outstanding results because a match between the person and the organization promotes positive work attitudes, low turnover, and high job performance.

2.2.2.3 Resource Based View of the Firm

Penrose (1959) proposed the Resource Based View (RBV), which holds that firms can only develop a long-term competitive advantage by creating value in ways that are rare and difficult for competitors to imitate. The central tenet of the RBV theory is that competition in all industries is

becoming more intense as firms seek new ways to develop long-term competitive advantages to counter their rivals (Srivastava, Fahey, & Christensen, 2001). This implies that organizations must focus on selecting practices that can add more value.

According to Armstrong and Taylor (2014), organizations have a collection of unique resources and capabilities that serve as the foundation for long-term competitive advantage as long as they are valuable, rare, non-substitutable, and difficult to imitate. According to Fahy (2000), there are three types of resources used to gain a competitive advantage: tangible assets, intangible assets, and human resources, with humans being the most productive asset.

Human resource management researchers have increasingly relied on the RBV of the firm to explain the role of human resource practices on firm performance (Wright, Dunford, & Snell, 2001). Because employees' capabilities are required for effective service delivery and are developed through resource deployment in order to achieve a desired outcome, the resource-based theory is applicable to this study. Employee competences are groups of skills and knowledge that are exercised through organizational processes that allow firms to coordinate activities and make use of their assets. Unique employee capabilities are required for quality service delivery, and RBV can be used to analyze large-scale quality improvement efforts in healthcare.

2.2.2.4 Human Capital Theory

In his book, Human Capital, Becker (1964) appears to have coined the word "human capital" and its foundation. Becker's work was based on earlier research in which he attempted to establish if national expenditure on higher education was adequate and then U.S. college student quality could be improved. Becker was compelled to conclude at the end of his investigation that the direct returns on college education alone did not appear to warrant higher college expenditures (Becker, 1960).

In addition, Becker (1960) claimed that investments in higher education offered indirect benefits in addition to direct returns. However, Becker was unable to provide direct evidence to support his assumption that resources embedded in individuals may generate revenue. The study's approach, however, offered an essential framework for measuring human capital investments. The physical capital analogy stresses that these resources may be enhanced via investment.

Becker (1964) typified the theoretical and empirical examination of human capital, with a particular focus on education. He claimed that education improves abilities, which in turn improve productivity; higher output is then rewarded with higher earnings.

As with education, on-the-job experience or training is said to make workers more productive, and, because they are more productive, they are paid more. Therefore, the human capital theory seeks to bridge the gap between income determination and income distribution by asserting that variations in the human capital investments of individuals explain variations in individual income.

General expenditures on education and training can enhance opportunities for higher incomes for labor force participants.

Since the early 1960s, the emphasis on workplace education and training has given rise to the notion of human capital, which encompasses an individual's talents and other traits (OECD, 2001). Human capital is defined by the OECD as the knowledge, skills, competencies, and characteristics embodied in persons that promote the production of personal, societal, and economic well-being. Notably, human capital resides in individuals; learning and the acquisition of skills and knowledge occur for each individual from birth to death.

Baker's (1964) Human Capital Theory (HCT) provides a suitable paradigm for investigating the impact of human resource management activities on quality health care. Human capital analysis, in essence, places individuals at the center of the economy's focus. People move the economy, and people determine whether an economy is rich or poor; human capital is an important part of productivity and people's well-being. And it is investment in human capital, whether by obtaining skills from one's parents, attending school, or gaining knowledge and training on the job, that helps determine a person's and an economy's stock of human capital wealth (Backer, 1993).

2.3 Empirical Review

2.3.1 Human Resource Management Practices: International Context

Several studies on HRM practices in organizations in various countries have been conducted. Kumar (2007), for example, conducted a comprehensive study on the changing pattern of human resource management practices as a result of globalization on a sample of multinational companies in India. The researcher conducted the study with the goal of learning about and emphasizing the human resource management practices used by the organization to deal with a competitive situation. The study discovered the following human resource management practices in the study area based on data collected and observed situations: training, orientation, compensation, working environment, performance appraisal, and promotion. The HRM practices that have been implemented are properly matched to the needs of the time. According to the researcher, human resource managers should take a long-term view, be proactive rather than reactive, and place a premium on HR activities.

Edger and Geare (2005) and Paauwe and Richardson (1997) investigated the impact of human resource management practices on employee satisfaction, commitment, retention, presence, social climate between workers and management, employee involvement, employee trust, employee loyalty, and organizational fairness. According to the researchers, these outcomes and HRM practices can lead to improved organizational performance, such as increased profits, productivity, service quality, customer satisfaction, product/service development, and future investments.

Syed and Yan (2012) tried to see the association between high-performance human resource management practices and job rotation in the telecom sector of Pakistan, which revealed that there is a positive association between the two variables. Employee empowerment, job rotation

(increased knowledge, skills, and abilities), merit-based promotions, and performance-based pay are all factors that contribute to employee job satisfaction. Gardner et al. (2003) demonstrated the relationship between HR practices and organizational commitment. They stated that employees who are managed in accordance with HR practices turn out to be highly committed to their organization. As a result, overall operating expenses decrease while profitability increases.

Shefali and Thakr's (2007) research focuses on performance appraisal as a human resource management practice. The researchers identified some of the system's weaknesses and strengths. They stated that many public organizations have tailored their appraisal systems to efficiently manage human resource management performance in an era of intense competition. However, many changes have not been made to the system. According to the researchers' observations, the only changes made by the organizations were the implementation of a self-appraisal system.

2.3.2 HRM Practices and Quality of Health Care

HRM scholars have recently focused on the delivery of high-quality health care (Mohamed and Hameed, 2015; Elarabi and Johari, 2014; Mukhaimar and Taamenah, 2004). According to Mohamed and Hameed (2015), HRM has a significant impact on healthcare quality and hospital staff performance. Elarabi and Johari (2014) agree that human resource efficiency is an important predictor of performance in public hospitals.

Addressing gaps in HRM adoption and implementation can improve patient care (Leggat, Bartram, and Stanton, 2008). Unfortunately, the descriptive nature of related studies makes determining the importance of specific practices as drivers of quality health care difficult. According to Pathak (2005), when HRM practices are integrated and implemented together, they have a greater impact on organizational performance. The current study addresses the need to determine which practices have the greatest impact on the quality of service delivery in hospitals. It focuses on the impact of recruitment, training, compensation, and performance management on health-care quality in teaching and referral hospitals.

2.3.2.1 Recruitment and Health Care Quality

According to general recruitment theories, employees must have a "fit-in" culture in order to survive in a new job environment (Cole, 2002: Armstrong, 2009; Dessler, 2006). Under normal circumstances, an increase in the pool of applicants will improve an employer's chances of hiring the right people for job openings. Both sides of the application process should and do consider "fit."

It is impossible to overestimate the importance of recruitment in predicting organizational performance (Dessler, 2006). Recruitment practices generate a large pool of highly skilled individuals with job-related knowledge, skills, and abilities (Batt, Nohara, and Kwon, 2010). Proper recruitment results in an individual's work-related expertise being adequately matched with the job's specific requirements (Carless, 2005). This lessens the possibility of role ambiguity and

increases employee participation in workplace activities (Green & Tsitsianis, 2005). The effectiveness of staffing is determined by both the quality and quantity of the applicant pool (Orlitzky, 2007). Positive responses to recruitment are linked to better service delivery (Breaugh & Starke, 2000). Green and Tsitsianis (2005) find a positive link between recruitment and firm performance. This study aimed to address the need to investigate the role of recruitment in improving healthcare quality.

H1: There is a positive (negative) relationship between the absence of clear recruitment policy/practices and health care quality in Black lion teaching and referral hospital.

2.3.2.2 Training and Health Care Quality

Training can be viewed as an investment in the human capital of an organization. Training is the continuous process of teaching new employees the fundamental skills required to perform their job effectively and efficiently. Training is a short-term skill development campaign designed to teach middle and lower-level employees the fundamentals of their jobs. Rao (1990) defines it as a process of learning through a series of programmed behaviors. Its goal is to improve one's skills and knowledge in order to perform a specific job. The primary goal of training is to bridge the gap between an employee's current capabilities and the job requirements.

The training program is designed to provide employees with fundamental knowledge and skills. It increases employees' operating skills for performing specific jobs with proficiency by developing technical expertise. Training is critical to the organization's growth and success because it ensures that employees have the necessary skills, knowledge, and abilities to perform their assigned tasks. By selecting the appropriate type of training, employers can ensure that their employees have the necessary skills. These employees must also be kept up-to-date on the latest and best human resource practices (Niazi, 2011).

Bartlett (2001) discovered a link between workplace training and organizational commitment. Schmidt (2004) discovered that job training had a significant impact on employee performance. Because work output is determined by the level of experience of the employees, the quality of training has an impact on performance (Sahu, 2000). To gain a competitive advantage in providing the best services to customers, training and development that results in a well-productive workforce are required (Hyz & Pappas, 2005). According to Armstrong (2006), before any training is conducted, a needs analysis that involves and includes all employees must be completed.

H2: There is a positive (negative) relationship between the absence of clear training policy/practices and health care quality in Black lion teaching and referral hospital.

2.3.2.3 Performance and Health Care Quality

Performance appraisal is one of the most important HRM practices. This is because an employee's appraisal would shape either a satisfied frame of behavior after being appreciated or a dissatisfied frame of behavior after not being appreciated. Yong (1996) defines performance appraisal as "a periodic or annual evaluation and grading exercise undertaken by an organization on all its employees on the outcomes of performance based on job content, job requirements, and personal behavior in the position." According to Rao (1990), performance appraisal is a method of evaluating employees' workplace behavior. The degree of accomplishment of the tasks that comprise an individual's job is referred to as "performance."

The performance appraisal process has its origins in the controlling function of management, in which a manager ensures whether or not employees are performing at the desired level for the organization. Performance appraisal is important for organizations in a variety of ways, including serving as a relatively more objective basis for judging the merit or worth of employees for promotion, transfer, or termination, and aiding in the differentiation of efficient and inefficient workers, as cited in Saqib, Khan, Ahmed, and Ullah.

The provision of high-quality health care necessitates worker performance management. According to Chegenyea et al. (2015), performance management of health workers is the backbone of providing quality health care. Management of health workers' performance improves their effectiveness (Choudhary and Puranik, 2014) and service delivery (Musyoka, 2015).

H3: There is a positive (negative) relationship between the absence of clear performance management policy/practices and health care quality in Black lion teaching and referral hospital.

2.3.2.4 Compensation and Health Care Quality

The goal of compensation management practices is to reward people equitably and consistently based on their value to the organization. Employees can be attracted and retained through compensation (Khan, Aslam, and Lodhi, 2014). Rewards have an impact on performance (Bamberger and Meshoulam, 2000), whereas benefits have a positive impact on retention (Hong et al., 2012; Aydin (2009) observes that rewards such as empowerment, recognition, and motivation will eventually lead to organizational effectiveness. According to Kamalian (2006), there is a positive relationship between the existing reward system and employee performance.

Duberg and Mollen (2010) conducted research on reward systems in the health and geriatric care sectors. The study sought to ascertain their impact on the quality of health care provided by employees. Six (6) executives from private and public organizations were interviewed. The study also discovered that salary was an important aspect of the reward system. However, incentives such as bonuses and stock options were seen to generate an enjoyable workplace with happy workers. Employees were more motivated and effective.

Although the majority of published studies show a significant relationship between compensation management and service delivery quality, these relationships are not universal or consistent (Mosadeghrad, 2014). As a result, the question of whether compensation management practices improve or degrade health-care quality warrants further investigation. Furthermore, the impact of compensation management practices on healthcare quality in teaching and referral hospitals has received insufficient research attention in Ethiopia.

H4: There is a positive (negative) relationship between the absence of clear compensation management policy/practices and health care quality in Black lion teaching and referral hospital.

2.4 Practices of Human Resource Management in Ethiopia

Though there is a wealth of literature on HRM practices in other nations, there is a severe scarcity of prior studies on HRM in higher education and in Ethiopia in general. However, Tarekegn's (2013) study on "the history of human resource management practices in Ethiopia" is noteworthy. He emphasizes the significance of human resource management practices in developing countries, with a particular emphasis on Ethiopia. According to the researcher, the recent growth and expansion of public and private organizations, combined with the influx of multinational corporations into the country, has created a need for strategic human resource management practices.

According to the researcher, strategic human resource management is crucial in transforming Ethiopia's overall socioeconomic situation. Ethiopian HRM differs from Western human resource management practices. Contextual factors such as economic systems, political practices, and cultural and social aspects can all be blamed for this. For example, performance appraisal is one area of HRM practice that is influenced by Ethiopia's collectivist culture. Organizations typically use performance appraisals to make decisions about promotions, rewards, identifying training needs, and implementing corrective measures as needed. In Ethiopian organizations, performance evaluation is uncommon. Those who conduct performance appraisals do so on an annual basis, while others do so on a semi-annual basis. However, the one-way appraisal system frequently leads to personal feuds and rejection of the evaluation results. Furthermore, the system's nature and disconnect with cultural norms, as well as the manner in which results are communicated to employees, contribute to employee dissatisfaction and conflict.

Because it is shaped by Ethiopia's collectivist culture, rewards are distributed based on the principles of equality, so that each employee receives the same amount regardless of their contribution. Individual rewards are unacceptable because most Ethiopians believe that many important aspects of Ethiopian life are the result of collective actions.

The researcher claims that in Ethiopian culture, respect and obedience to authority and families are common norms. This context can be further explained by referring to the cultural domain of power distance. Ethiopia is a country with a high power distance in which the privileged and powerful have more rights than everyone else and are entitled to everything. Similarly, authorities and those in positions of authority have always been held in high regard.

Another area of HRM practice that is discussed by the researcher is training and development, which may be the least practiced HR element in most Ethiopian organizations. Because most organizations are concerned with short-term productivity, the long-term value of training and staff development is underappreciated. In fact, the scarcity of experts and training institutes makes the situation even more difficult. Nonetheless, there are a few organizations, such as universities and government agencies that provide their employees with additional training and learning opportunities.

However, training is not always in line with the needs of the organization; rather, it is based on the individual's interests and preferences. This is due in part to a lack of a clear human resources strategy and policy. Finally, the researcher suggests that Ethiopian organizations may be unable to compete in the global economy unless they implement effective human resource management. If organizations are to compete in the global economy, they must strive to implement a human resource strategy that combats nepotism, promotes equal opportunity, and encourages innovation and creativity (Tarekegn 2013).

2.5 Conceptual Framework of the Study

The following conceptual framework depicts the variables included in the study as well as the conceptualization of the relationship between the independent and dependent variables, i.e., human resource management practice and health care quality, which can be used to simplify the preceding literature.

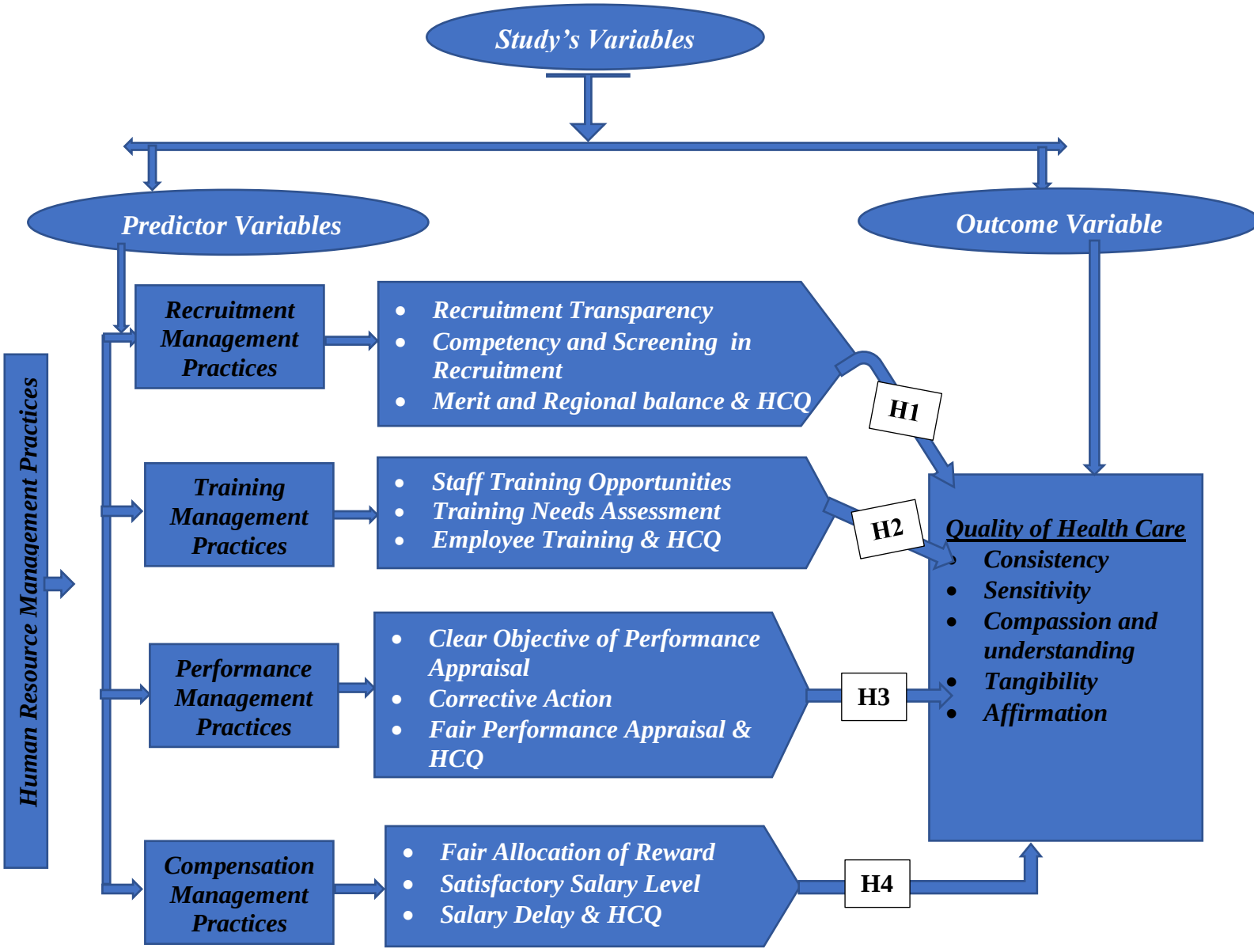


Figure 2.1: Conceptual Framework of the Study

Source: Modified from Dzansi (2016)

CHAPTER – THREE: RESEARCH DESIGN AND METHODOLOGY

This chapter discusses the methodological concerns that have been addressed during the course of the study. It includes the research design, population and sampling techniques, data sources and data collection tools, data collection procedures, the methods used to conduct the analysis, ethical considerations, and assurance of reliability and validity. The specifics are provided in the section that follows.

3.1 Research Design

Research is divided into three broad categories as per its purpose: exploratory, descriptive, and explanatory (Mark, S., Philip, L., & Adrian, T. 2009). An exploratory study is a valuable means of finding out "what is happening; to seek new insights; to ask questions and to assess phenomena in a new light" (Robson 2002:59 in (Mark, S., Philip, L., & Adrian, T. 2009). The second category is descriptive study. The objective of such studies is to portray an accurate profile of people, events, or situations (Robson, 2002:59 in Mark, Philip, and Adrian, 2009). Finally, the research may be explanatory research if it tries to establish a relationship that exists between variables. It aims at identifying how one variable affects the other; it seeks to provide an empirical explanation of the causes and effects relationship between one or more variables (Mark, S., Philip, L., & Adrian, T. 2009).

According to Plano Clark (2011), an explanatory sequential design consists of first collecting quantitative data and then collecting qualitative data to help explain or elaborate on the quantitative results. The rationale for this approach is that the quantitative data and results provide a general picture of the research problem; more analysis, specifically through qualitative data collection, is needed to refine, extend, or explain the general picture. This research paper is explanatory-sequential in nature, and its purpose is to identify the effect of human resource management practices on health care quality. This was accomplished in two stages, beginning with the quantitative stage and concluding with the qualitative stage.

The first stage entailed gathering and analyzing quantitative data. The second stage employed qualitative methods to elaborate on the quantitative stage's findings. The first stage of this study included a cross-sectional survey of physicians' and nurses' perceptions of the impact of human resource management practices on health care quality. The second stage entailed analyzing patient complaints in order to fully understand the consistency and compassionate service of health care provided by physicians and nurses of the hospital.

Despite its limitations, mixed methods research is widely regarded as contributing significantly to health science research (Östlund et al., 2011). Researchers can benefit from the strengths of each approach while minimizing their shortcomings by combining quantitative and qualitative data in the same study.

In practice, this effort makes it easier for health-science researchers to investigate the complex and multifactorial nature of human health and illness.

A follow-up explanation model was used in this study to provide a comprehensive view of the effect of human resource management practices on health care quality. Prior to collecting and analyzing qualitative data in stage 2 of this study, quantitative data from stage 1 was collected and analyzed. Stages 1 and 2 were linked by using statistical data from stage 1 to determine which variables required additional explanations in stage 2. The quantitative stage data focused on the mean extent of HRM practice adoption and its effect on the consistency, sensitivity, compassion and understanding, tangibility, and affirmation attributes of health care quality.

The qualitative data focused on analyzing patient complaints data to gain a deeper understanding of the facility's consistency and compassion for the health care services, and its goal was to assess the functional quality by analyzing patient complaints about the health care services provided. The data that was collected and analyzed during stage 1 of the study (the quantitative phase) provided a general overview of the HRM practices implemented at the facility, as well as health care providers' self-reports on the quality of health care. The stage 2 data provided more insight into the quality of health care by examining the quality of interactions between physicians, nurses, and patients before, during, and after consultation and treatment.

The purpose of this study is to explain the effect of human resource management practices on the quality of health care; a quantitative approach was prioritized. This allowed the researcher to determine the direction and significance of the relationship between HRM practices and healthcare quality. The analysis of patient complaint data provided more insight into quality issues centered on the consistency and compassion of the healthcare services at the facility. The qualitative analysis provided detailed contextual data on the consistency and compassion of the health care services by focusing on the quality of interactions prior to, during, and after patient consultation, diagnosis, and treatment. Applying this mixed methods approach allowed the researcher to collect different perspectives on health care quality from both health care professionals and patients.

In this study, the results and analysis of data from the quantitative questionnaire were used to develop the interview guide for the analysis of patient complaints data. Primary data of patient complaints was examined for a better understanding. A cross-sectional survey research design facilitated the description of physicians' and nursing staff's attitudes, opinions, and characteristics. The use of a cross-sectional design allowed for the description of relationships between variables under study, allowing the researcher to draw conclusions about the potential effect of independent variables on the dependent variable.

3.2 Target Population

The study focused on quantitative and qualitative data from two populations to allow for data triangulation. Physicians and nurses are the most knowledgeable about the technical quality of health care and the potential influence of human resources management practices on the quality of health care services. As a result, the population for the survey research included 184 physicians and nursing staff on permanent terms of employment at Black Lion Teaching and Referral Hospital at the time of the study.

Full-time employees are more likely to express their views on the impact of HRM practices on their ability to provide quality health care. Such personnel may have been recruited, trained, and compensated by the facility, and their performance may have been subject to review by facility management. Because interns, residents, and contract employees may not be subject to all human resource management interventions at the teaching and referral hospital, the respondents are only permanent employees. Interviewing them would not provide an accurate picture of how the hospital's HRM practices influenced their ability to provide quality health care.

The analysis of patient complaints sought to ascertain patients' perspectives on the service encounters with clinicians and nurses at the facility. As a result, the population of interest for qualitative analysis of patient complaint data was derived from patients or their relatives. The qualitative analysis consisted of 50 complaints about the consistency and compassion of the clinical and nursing staff at Black Lion Teaching and Referral Hospital.

3.3 Sampling Technique

Sampling is defined as the selection of a portion of an aggregate or totality from which an inference about the aggregate or totality is made. In other words, it is the process of learning about an entire population by examining only a subset of it (C.R., Kothari, 2004). Sampling is used for a variety of reasons, including the following: sample studies are typically less expensive than censuses and produce results at a relatively faster rate; sampling is the only option when the population contains a large number of members; and sampling is the only option when the population contains a large number of members (C. R., Kothari, 2004).

The quantitative stage of the study focused on a random sample of the population to collect the perceptions of physicians and nurses about the effect of HRM practices on the quality of healthcare. The quantitative phase of the study used simple random, stratified, and purposive sampling techniques to identify the respondents to whom to administer the survey instrument.

The qualitative stage included complaints relating to the consistency and compassion attributes of health care quality. As a result, the population of interest for qualitative analysis of patient complaint data was derived from patients or their relatives based on a convenient sampling technique.

3.4 Sample Size

3.4.1 Sample size for the Quantitative Phase

From a total population size of 340, a total sample population of 184 permanent physicians and nursing staff were selected based on the formula developed by Israel (2009) at a +/-5% level of precision.

$$n = \frac{N}{1 + (N*e^2)} = \frac{340}{1 + (340*(0.05)^2)} = 184$$

Where ***n*** denotes the sample population, ***N*** denotes the total population, and e^2 denotes the desired level of precision.

The survey data was collected using simple random sampling, and the number of respondents from the various departments at the facility was selected using judgmental sampling.

Table 3.1: Study Sample for the Survey

Population Strata	Total Population	Sample Size
Sub-Specialist Physician	16	13
Specialist Physician	63	31
General Practitioner	102	49
Nursing staffs	159	91
TOTAL	**340**	**184**

3.4.2 Sample size for the Qualitative Phase

Nonprobability sampling is a common technique in qualitative research where researchers use their discretion to select a sample. The ability to target specific groups of the population is clearly the most obvious advantage of non-probability sampling. Non-probability methods also have the advantage of being less expensive to implement. Savings in terms of both money and time can be realized not so much by the sampling method itself, but rather by the various modes of delivery available for these methods. The qualitative strand of this study applied a "theoretical" non-probability sampling method and involved a semi-structured interview for themes relating to the consistency and compassion of healthcare professionals, prior to, during, and after diagnosis and therapy.

The qualitative analysis consisted of 50 complaints about the consistency and compassion of the clinical and nursing staff at TASH that were derived from patients or their relatives based on a convenient sampling technique.

3.5 Research Instrument

The researcher used primary data collection methods to collect enough data to answer the research questions. To obtain first-hand information on the specific research questions, primary data was gathered from physicians and nurses. In order to collect primary data, primary questionnaires were used. Interviews were also conducted to supplement the information obtained from the questionnaires. The qualitative strand of the study analyzed raw complaints and summarized them in the complaints register, which was useful in capturing service or functional quality from the clients' and other external stakeholders' perspectives. As a result, both quantitative and qualitative data for the mixed methods design were generated.

There were closed-ended questions on the questionnaire. Closed-ended questions were used to reduce the respondent's burden. Furthermore, close-ended questions also enabled the researcher to save time and money by making it simple to calculate percentages and other statistical data for the entire group or any subgroup of participants. Once the questionnaires had been prepared, they were distributed to two experienced HR experts as a pilot test, and suggestions from the experts were taken into account. A semi-structured interview was used to collect qualitative data, allowing respondents to discuss their perspectives on a specific subject. The benefit of this method is that it is a simple, efficient, and practical way of gathering information about things that are difficult to observe. It has high validity because respondents can talk about things in depth and detail.

3.6 Data Collection Procedure

After the university's permission was granted, the researcher then proceeded to administer the questionnaires that were dropped and picked later. During the quantitative phase of the study, four research assistants were trained ahead of time to collect primary data. The researcher oversaw the assistants to ensure that the responses in the collected instruments were completed. Once in a specific service area, the enumerators were simply asked to determine whether the healthcare professional was a nurse or a physician. Following that, it was possible to request participation in the study depending on the total number of people who needed to complete the instrument in the section and the number of people who had already completed it.

Data collection procedures for the second phase entailed obtaining patients' complaints primary data from semi-structured interviews.

3.7 Validity of Survey Research Instrument

Construct validity and face validity were employed in this study. To improve the validity, expert advice and recommendations from practitioners in this field were considered. Their suggestions were used to improve the instrument. The instrument review improved its face validity. To avoid affecting the respondent's willingness to complete the questionnaire, the instrument appears to be infuriatingly simple, far too difficult, or far too repetitive.

A five-point Likert scale was used to ensure the respondents give their opinions or views that enable the researcher to collect objective data. To ensure validity, the researcher tried to avoid leading questions and make sure that the wording of the questions was simple and unambiguous.

3.8 Reliability of Survey Research Instrument

Reliability is an indicator of a measure's internal consistency. Consistency is the key to understanding reliability. Thus, reliability refers to the consistency and dependability of a measuring instrument; using it repeatedly should give us the same or similar results every time. The technique applied to assess the reliability of the data collection instrument in this study is Cronbach's Alpha. Cronbach's alpha reflects the extent to which the items in the questionnaire are related to each other. Cronbach's coefficient alpha normally ranges between 0 and 1 values, which indicate the higher the values, the higher the degree of internal consistency. Although different authors accept different values of these tests to reach the internal reliability of the instrument, the most commonly accepted value is equal to or greater than 0.70 to reach the reliability of an acceptable instrument (NUNALLY, 1978).

Reliability Statistics - Dependent Variables			
Code	**Variables**	**Cronbach's Alpha**	**N of Items**
A^{1-4}	Consistency aspect of health care quality	.791	4
B^{1-4}	Sensitivity aspect of health care quality	.701	4
C^{1-5}	Compassion and Understanding aspect of health care quality	.747	5
D^{1-4}	Tangibility aspect of health care quality	.754	4
E^{1-4}	Affirmation aspect of health care quality	.745	4
	Average Score for Health Care Quality	**.747**	**21**

Table 3.2A: Reliability test, Summary of Cronbach's Alpha for Health Care Quality.

Reliability Statistics - Independent Variables			
Code	**Variables**	**Cronbach's Alpha**	**N of Items**
F^{1-6}	Recruitment Management Practices	.761	6
G^{1-6}	Training Management Practices	.743	6
H^{1-6}	Performance Management Practices	.787	6
I^{1-6}	Compensation Management Practices	.701	6
	Average Score for HR Practices	**.748**	**24**

Table 3.2B: Reliability test, Summary of Cronbach's Alpha for HR Practices

On average, the Cronbach's alpha values for the variables health care quality is greater than the critical value of 0.70, as shown in Table 3.2. It is possible to conclude that the survey instrument is internally consistent.

3.9 Data Management and Analysis

The instruments used in the study produced both qualitative and quantitative data. Following the completion of the questionnaire, raw data was cleaned, sorted, and condensed or coded into systematically comparable data. The Statistical Package for Social Scientists (SPSS) was used for data analysis, which helped to summarize the coded data and generate the necessary statistics for the study.

3.9.1 Descriptive Analysis

Descriptive statistics provided techniques for summarizing the degree of agreement with statements on the facility's human resource management practices and the quality of health care. The mean rates of agreement and the extent of variability in responses were presented the in tables. Charts were useful in presenting the main characteristics of the sample data using mean and measures of dispersion because they provided a visual illustration of the descriptive statistics analysis.

3.9.2 Inferential Analysis

The hypothesized relationships between the independent and dependent variables were tested using inferential analysis. Multiple regression analysis was used in the study.

The multiple linear regression equation writes as follows

$$Y = \alpha + \beta 1X1 + \beta 2\ X2 + \beta 3\ X3 + \beta 3\ X3 \ldots + \beta n\ Xn + \varepsilon$$

Where, **Y** = Dependent Variable.

X = Independent Variable.

β = Regression Coefficient, change induced in Y by each X, X1-n are independent variables.

α = the constant, or Y intercept.

ε = error term that accounts for the variability in Y that cannot be explained by the linear effect of the predictor variables.

The following model represents the general model for predicting the quality of health care at Black Lion Referral and Specialized Hospital:

$$HCQ = \alpha + \beta 1RECP + \beta 2TRAP + \beta 3PERP + \beta 3COMP + \varepsilon$$

Where, **QHC** = the predicated mean score on the DV, HCQ.

α = the value of Y when all predictor variables are equal to zero

β_1, β2, β3 and β4 = the percentage change in QHC resulting from one percent change in recruitment, training, performance and compensation practice, respectively.

RECP, TRAP, PERP and COMP **=** mean score of recruitment training, performance and compensation practice, respectively.

ε = error term

The regression analysis allowed the researcher to calculate the R^2 value, which represents the percentage variance in the dependent variable that can be predicted by HRM practices. The ANOVA separated the regression coefficients for each predictor variable and tested their significance in predicting health-care quality. Self-reports from health care professionals and semi-structured were used to assess the quality of care

3.10 Coding Framework for Qualitative Analysis

The semi-structured interview was analyzed by using the three-dimension-coding framework. The analysis captured the identity of the complainant and the dimensions of the complaints. The identity of the complainant was coded into two types: patients themselves or any close relative of the patient.

Complainant's Authenticity

PT - The patient itself

RL - Close relative of the patient, such as a spouse, parent, an adult child, friends or other relationships not specified.

Complainants also identified as referred patients and primary case patients.

RP - Referred Patients

PCP - Primary Cases Patients.

Stage of medical service in which patients encounter inconvenience.

Before Diagnosis and Treatment - before diagnosis and treatment, patients should visit the medical records desk before a face-to-face consultation can occur. During this stage, complaints include topics such as registration and waiting room issues, as well as time taken before consultation.

During Diagnosis and Treatment - three sub-stages were identified: the attitude of the doctor or nurse, the patient-doctor communication, and the preliminary diagnosis. The first, doctors' or nurses' attitude is an immediate assessment of a doctors or nurses' attitude and communication with the patient. Preliminary diagnosis refers to the first point of contact between the doctor and the patient.

After Diagnosis and Treatment – this is a stage near the closure of the consultation when the patient is about to leave the hospital, with complaints typically concerning bills. Following the treatment, patients may begin to assess the treatment's effectiveness, if any.

Dimension of Complaints

Dimension of Complaints about the health care service is presented in the table below:

C	Stage	C	Complains areas	C	Complains
I	**Before Diagnosis Treatment**	**A**	Registration	**i**	Hard to register **(IAi)**
				ii	Long waiting hours **(IAii)**
				iii	High cost **(IAii)**
				iv	Others **(IAiv)**
		B	Waiting for Consultation	**i**	Long waiting **(IBi)**
				ii	Chaotic queuing **(IBii)**
II	**Before Diagnosis Treatment**	**A**	Doctors or Nurses attitude	**i**	Impatience **(IIAi)**
				ii	Disrespect patients **(IIAii)**
				iii	Not caring patients **(IIAiii)**
				iv	Unavailability of nurses on duty **(IIAiv)**
				v	Do irrelevant things **(IIAv)**
				vi	Others (**IIAvi**)
		B	Patient-Doctor Communication	**i**	Lacking communication **(IIBi)**
				ii	Not answering **(IIBii)**
				iii	No time for communication **(IIBiii)**
				iv	Others **(IIBiv)**
		C	Preliminary Diagnosis	**i**	Ignorance of medical records and previous reports **(IICi)**
				ii	No observation **(IICii)**
				iii	No inquiries **(IICiii)**
				iv	Others **(IICiv)**
		D	Examinations	**i**	Lacking basic examinations **(IIDi)**
				ii	Too many examinations **(IIDii)**
				iii	Rude examinations **(IIDiii)**
				iv	Repeated and inappropriate examinations **(IIDiv)**
				v	Long wait hours for the results **(IIDv)**
				vi	No analysis for the results **(IIDvi)**
				vii	High cost **(IIDvii)**
				viii	Privacy issue **(IIDviii)**
		E	Closure of Consultation	**i**	No lifestyle advice (**IIEi**)
				ii	No analysis before medical advice (**IIEii**)
				iii	No diagnosis conclusion (**IIEiii**)
				iv	High cost of medical (**IIEiv**)
				v	Short time for diagnosis (**IIEv**)
				vi	No treatment plan (**IIEvi**)
				vii	Misdiagnosis (**IIEvii**)
III	**Before Diagnosis Treatment**	**A**	Patient's perception of effect	**i**	No effect or little effect (**IIIAi**)
				ii	Worse than before (**IIIAii**)
				iii	Inappropriate treatment plan (**IIIAiii**)

Table 3.3: Coding framework for qualitative analysis

3.11 Ethical Consideration

Respondents were assured of the confidentiality and anonymity of their responses and were informed about the study's purpose and objectives in the cover letter attached to each questionnaire. This makes the respondents feel safe and assures them that responding to the questionnaire will not cause any harm or jeopardize their job. A suitable time was chosen for the distribution and collection of questionnaires, as well as for the interview. Busy office hours were avoided in order to increase the respondents' rate and accuracy of responses. Before distributing the questionnaire, participants were asked if they were willing. All data was handled in a way that respects and protects the confidentiality and anonymity of study participants.

The researcher followed logical procedures at every stage of the data collection process. Materials used to collect data or as a data source were properly acknowledged to reveal a finding that is humble and was conveyed in such a way, that it does not offend the participant or reader of an account. As a result, based on these ethical principles, efforts were made to ensure and maintain confidentiality throughout the course of this research work.

CHAPTER - FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter presents the data analysis, research findings, and interpretation. The chapter includes descriptive statistics that describe the general characteristics of a demographic profile. Regression analysis is used to see how the independent variable affects the dependent variable. Version 25 of the Statistical Program for Social Sciences (SPSS) aided in the analysis of quantitative survey data. The analysis results were presented in parallel sections, with Section 4.1 focusing on quantitative data and Section 4.2 on qualitative data.

4.1 Quantitative Analysis

4.1.1 Response Rate

One hundred eighty-four (184) questionnaires were distributed to the clinical and nursing staff on permanent terms of employment at Black Lion Teaching and Referral Hospital, with one hundred and sixty-five (165) completed and returned. The remaining 19 were not collected due to respondents' unwillingness to completely fill out the questionnaire. The questionnaires were correctly collected in 89.6% of the cases. The response rate of 80% reported in the table below is deemed adequate for drawing conclusions from the sample.

Response Rate	***Freq.***	***%***
Response	165	89.6
Non- Response	19	10.4
Total	184	100

Table 4.1: Survey Response Rate

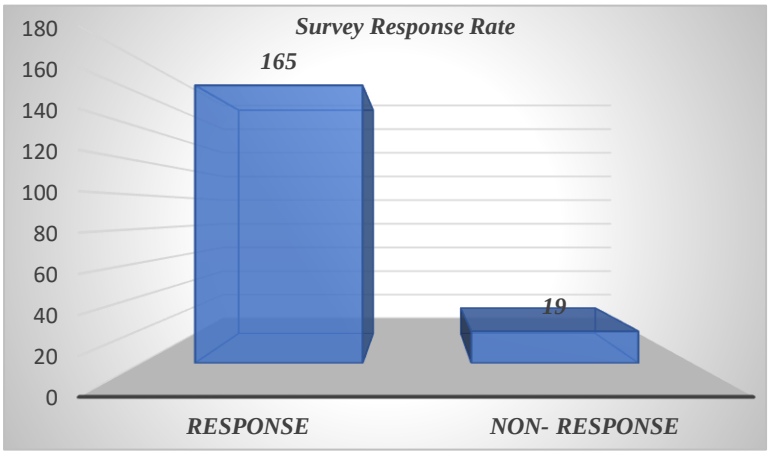


Figure 4.1: 3-D Clustered Column illustration of the Survey Response Rate.

4.1.2 Demographic Information of Respondents

The study's participants have a wide range of personal information. The respondents' demographic information was not used to understand their relationship with the dependent variable, which is health care quality. Rather, they were simply used to understand the respondents' composition of the research sample. As a result, the demographic profile of those who participated in this study is as follows:

4.1.2.1 Respondent's Gender

Gender	*Freq.*	*%*
Male	104	63.1
Female	61	36.9
Total	165	100

Table 4.2: Respondent's Gender

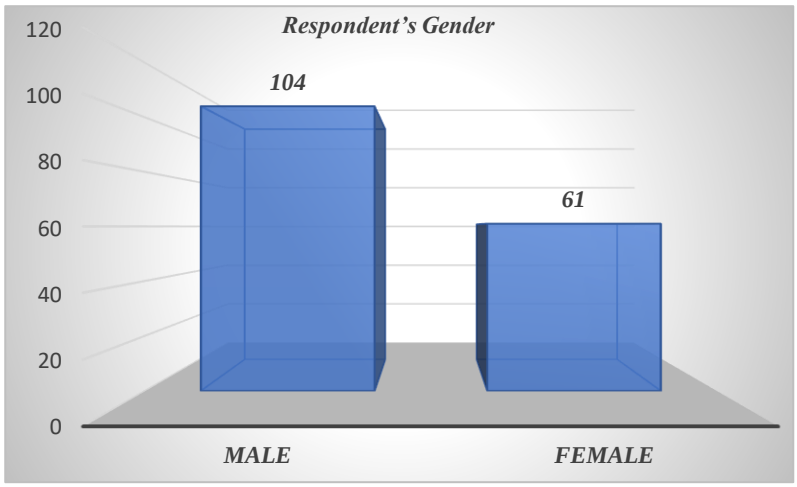


Figure 4.2: 3-D Clustered Column illustration of the Respondent's Gender.

The data in Table 4.2 shows that nearly 40% of the respondents were females, and this proportion of respondents is adequate to understand the influence of HRM on health care quality.

4.1.2.2 Respondent's Age Group

Age	*Freq.*	*%*
Under 25	6	3.63
B/n 26Yrs - 35Yrs	50	30.3
B/n 36Yrs - 45Yrs	72	43.6
Above 46Yrs	37	22.4
Total	165	100

Table 4.3: Respondent's Age Group

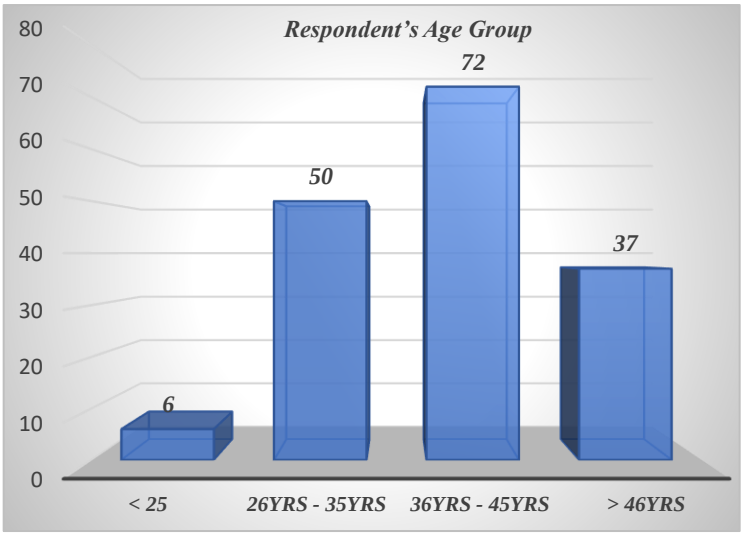


Figure 4.3: 3-D Clustered Column illustration of the Respondent's Age Group.

According to the results in Table 4.3, nearly 43% of the respondents are older than 36 years and were likely to have enough maturity to understand and respond adequately to questions about the influence of HRM on health care quality at TASH.

4.1.2.3 Respondent's Experience at TASH

Experience @ TASH	*Freq.*	*%*
Under 1Yr.	7	4.24
B/n 1Yr - 3Yrs	46	27.9
B/n 4Yrs - 8Yrs	58	35.2
B/n 9Yrs-12Yrs	37	22.4
Above 12Yrs	17	10.3
Total	165	100

Table 4.4: Respondent's Experience at TASH

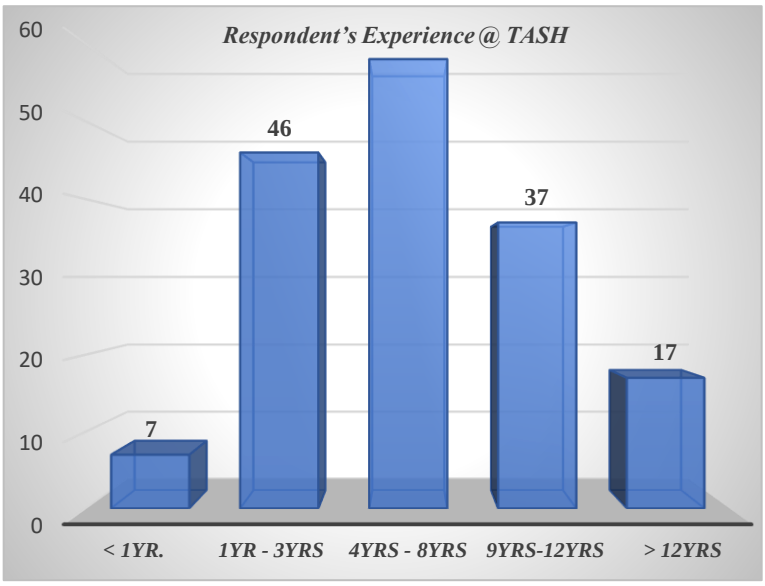


Figure 4.4: 3-D Clustered Column illustration of the Respondent's length of service at TASH.

According to the results in Table 4.4, nearly thirty-seven percent of the respondents (37%) had served for more than eight years and were likely to have enough experience to adequately respond to the question about the influence of HRM on health care quality at TASH.

4.1.2.4 Respondent's Total Years of Experience in Health Care Service

Total Years of Experience in health care	*Freq.*	*%*
Under 1Yr.	6	3.6
B/n 1Yr - 3Yrs	12	7.3
B/n 4Yrs - 8Yrs	40	24.2
B/n 9Yrs-12Yrs	51	30.9
Above 12Yrs	56	33.9
Total	165	100

Table 4.5: Respondent's Total Yrs. of Experience at health care Service

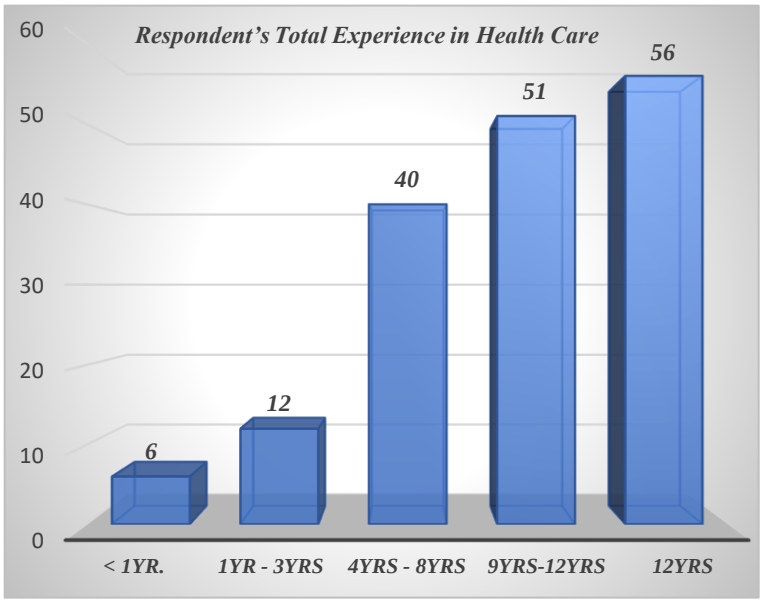


Figure 4.5: 3-D Clustered Column illustration of the Respondent's Total Years of Experience in HC service.

Table 4.5 shows that over thirty-three percent (33%) of respondents had worked in health care service delivery for more than 12 years, and nearly all of the respondents had been in the service, which is long enough to have seen the impact of recruitment, training, compensation, and performance management practices on health care quality.

4.1.2.5 Respondent's Level of Education

Level of Education	*Freq.*	*%*
Diploma	0	0
Bachelor	69	41.8
Masters	81	49.1
PhD	10	6.1
Other	5	3.0
Total	165	100

Table 4.6: Respondent's Level of Education

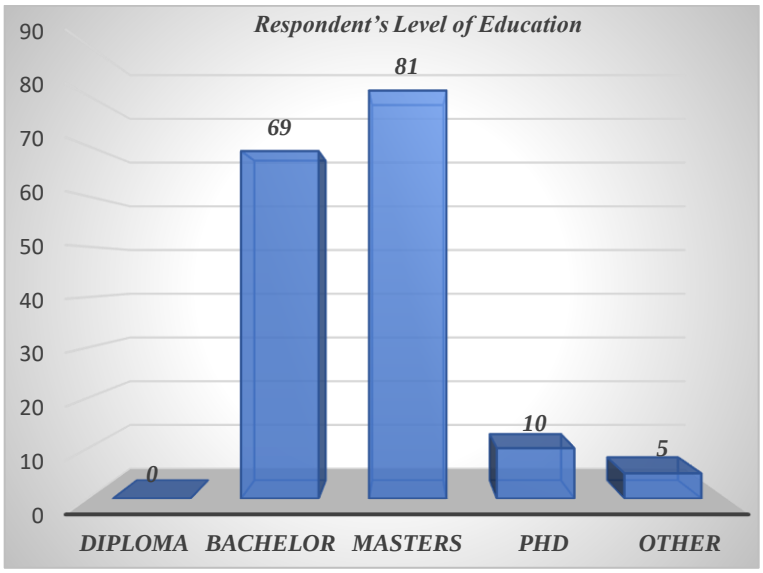


Figure 4.6: 3-D Clustered Column illustration of the Respondent's Level of Education.

According to Table 4.6, the highest academic qualification was a PhD, while the lowest was a bachelor's degree, and the majority of those included in the research sample (nearly 50%) held a master's degree (specialty degree in medicine). This could be interpreted to mean that the respondents are knowledgeable enough to understand the impact of recruitment, training, compensation, and performance management practices on health care quality.

4.1.2.6 Respondent's Area of Specialization

Level of Education	*Freq.*	*%*
Gynecology & Obstetric	22	13.3
Surgery	29	17.6
Internal Medicine	20	12.1
General Practitioner	37	22.4
Nursing Staff	52	31.5
Others	5	3.0
Total	165	100

Table 4.7: Respondent's Area of Specialization

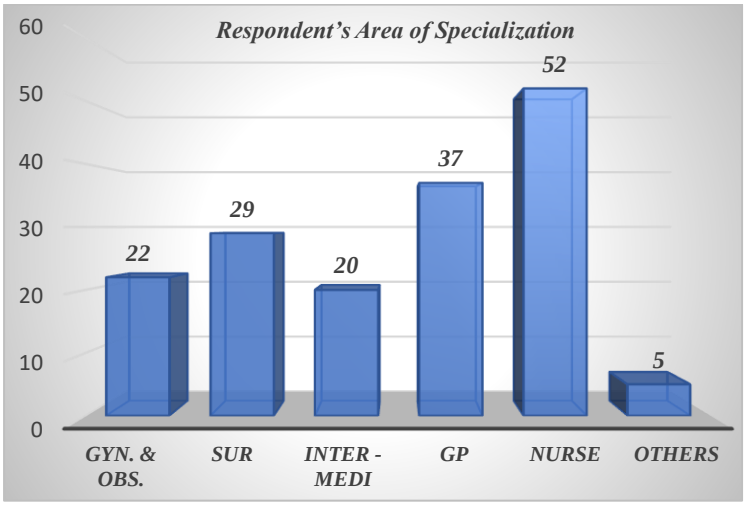


Figure 4.7: 3-D Clustered Column illustration of the Respondent's Area of Specialization.

According to Table 4.7, over thirty-one percent (31%) of the respondents included in the research sample had specialized in providing nursing care in different departments of the hospital. The current study focused on the impact of human resource management practices on health care quality. The quality of health care was assessed through the eyes of health care providers. As a result of the information in Table 4.7, respondents were either concerned with diagnosing patient problems, treating patients, or providing nursing care. This could be interpreted to mean that, as caregivers and professionals, they were in a good position to answer questions about the quality of care at TASH.

All categories of respondents were tasked with co-producing healthcare services and had the opportunity to express their views on the quality of care provided by the healthcare facility. These professional health care providers were expected to be knowledgeable about the technical quality of health care and the impact of HRM practices on health care quality.

Respondent's Gender	**Frequency**	**Percent**
Male	104	63.1
Female	61	36.9
Total	**165**	**100**
Respondent's Age Group	**Frequency**	**Percent**
Under 25	6	3.63
B/n 26Yrs - 35Yrs	50	30.3
B/n 36Yrs - 45Yrs	72	43.6
Above 46Yrs	37	22.4
Total	**165**	**100**
Respondent's Experience at TASH	**Frequency**	**Percent**
Under 1Yr.	7	4.24
B/n 1Yr - 3Yrs	46	27.9
B/n 4Yrs - 8Yrs	58	35.2
B/n 9Yrs-12Yrs	37	22.4
Above 12Yrs	17	10.3
Total	**165**	**100**
Respondent's Total Years of Experience in Health Care Service	**Frequency**	**Percent**
Under 1Yr.	6	3.6
B/n 1Yr - 3Yrs	12	7.3
B/n 4Yrs - 8Yrs	40	24.2
B/n 9Yrs-12Yrs	51	30.9
Above 12Yrs	56	33.9
Total	**165**	**100**

Respondent's Level of Education	Frequency	Percent
Diploma	0	0
Bachelor	69	41.8
Masters	81	49.1
PhD	10	6.1
Other	5	3.0
Total	**165**	**100**
Respondent's Area of Specialization	**Frequency**	**Percent**
Gynecology & Obstetric	22	13.3
Surgery	29	17.6
Internal Medicine	20	12.1
General Practitioner	37	22.4
Nursing Staff	52	31.5
Others	5	3.0
Total	**165**	**100**

Table 4.8: Summary for Respondents Profile

4.1.3 Descriptive Statistics

The following section provides the means and standard deviations of the responses, which serve as the basis for testing the study hypothesis. The researchers hypothesized that there could be a positive or negative relationship between human resource management practices and health care quality in Black Lion Teaching and Referral Hospital.

4.1.3.1 Quality of Health Care at Black Lion Teaching and Referral Hospital

The first stage of the study looked at a physician and nurse's perspective on quality, while the second stage looked at a patient's perspective on consistency, sensitivity, and tangibility of service. This allowed the researcher to obtain a summary and dispersion measure of quality needed to test the quantitative hypothesis and further explain the results using complaint data obtained before, during, and after the consultation and treatment.

This study used Plan B (contingent plan) of the research proposal, which is a direct interview of a patient complaint from the patient itself and their relatives, to corroborate and explain the opinions of health care staff on the quality of care. Document analysis of patient complaints fails because most of the data is not user-centered, not linked to the processes, large organizational size, complex structures, time constraints, and skepticism.

During the first stage of the study, physician and nurse opinions were measured using a Likert instrument anchored on a five-point scale ranging from 1 = strongly disagree to 5 = strongly agree with statements about the quality of health care at TASH.

Likert Scale	Degree of agreement
1	Strong disagreement to the statement
2	Moderate disagreement to the statement
3	Neutral to the statement
4	Moderate agreement to the statement
5	Strong agreement to the statement

Table 4.9: Likert Scale adopted by the study

Mean Score	Mean Score interpretation to the Likert Scale
When the mean Score is b/n 0 – 1.49	To mean ' Strong disagreement' with the statement
When the mean Score is b/n 1.50 – 2.49	To mean 'Moderate disagreement' with the statement
When the mean Score is b/n 2.50 – 3.99	To mean 'Neutral' with the statement
When the mean Score is b/n 3.59 – 4.49	To mean 'Moderate Agreement' with the statement
When the mean Score is > 4.50	To mean 'Strong Agreement' with the statement

Table 4.10: Mean score adopted by the study and its interpretation to the Likert Scale.

The rationale for using this scale is to facilitate better data interpretation.

The data of physicians' and nurses' personal evaluation of different aspects of health care quality at TASH from twenty-one questions were analyzed using SPSS Version 25.

To facilitate in-depth analysis, the questions were divided into five different aspects of health care quality: consistency, sensitivity, compassion/understanding, tangibility, and affirmation, with a total of 165 respondents. The percentage data for each question from all respondents to the questionnaire, as well as the average (weighted) and corresponding standard deviation from all respondents are provided.

Healthcare quality can be assessed from the perspectives of clinicians, patients, payers, and society (Wyszewianski, 2005). Recent studies on personal quality opinions have tended to focus on an internal perspective of quality (Aaron, 2013; Lepnurm et al., 2012; and Wallace, 2007). Patients, despite being the ultimate recipients of care, lack the technical knowledge to assess the quality of service provided (Lockhart, 2007).

4.1.3.1.1 Physicians and Nurses Personal Evaluation of Quality Health Care at TASH

4.1.3.1.1. A - Physicians & Nurses Personal Evaluation on the Consistency Aspect of the service at TASH

Consistency of healthcare service refers to low variability in care from shift to shift, day to day, nurse to nurse, resident to resident, attending to attending, and patient to patient. High variability among practitioners is a major issue throughout the health-care system.

Evidence-based clinical pathways, guidelines, and protocols can help reduce wide variations in care, eliminate harmful practices, draw attention to critical variables, and prevent unnecessary redundancy. They are the medical equivalent of quality assurance processes in manufacturing. By keeping treatments within a narrow range of practice, the process of care becomes more efficient, and the quality of the product—patient outcomes—improves.

The following table indicates employees' opinions on the consistency aspect of health care quality at Black Lion Specialized Teaching and Referral Hospital.

		Frequency of respondents to each degree of agreement									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
Code	***Statement***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
A^1	We bill our patients accurately.	5	3	6	3.6	8	4.8	122	73.9	24	14.5
A^2	We take a genuine interest in resolving the problems of our patients.	2	1.2	6	3.6	13	7.9	100	60.9	44	26.7
A^3	We deliver services when we say we will deliver them.	123	74.5	23	13.9	8	4.8	6	3.6	5	3.0
A^4	We complete services correctly the first time.	112	67.9	23	13.9	19	11.5	11	6.7	0	0

Table 4.11: Questionnaire survey, consistency aspect.

As indicated in the above table, 73.9% of the respondents (122) moderately agreed with the statement asked about the billing system of the hospital. The majority of respondents (60.9%) moderately agree that physicians and nurses have a genuine interest in resolving patients' problems. On the other hand, there is strong disagreement from the majority of participants about the punctuality and correctness of the hospital's first-time service.

Code	Statement	N	Min	Max	Mean	Standard Deviation
A^1	We bill our patients accurately.	165	1	5	3.93	0.782
A^2	We take a genuine interest in resolving the problems of our patients.	165	1	5	4.08	0.773
A^3	We deliver services when we say we will deliver them.	165	1	5	1.47	0.966
A^4	We complete services correctly the first time.	165	1	4	1.57	0.939
	Aggregate Score for Consistency				**2.76**	**0.865**

Table 4.12: Mean response for the statements of consistency from the survey data.

Table 4.12 shows that the mean responses to the questions asked under each attribute of the consistency aspect of health care quality ranged from 1.47 to 4.08. The responding samples strongly disagree (mean =1.47) that the hospital staff could reliably and accurately perform the promised service on the first try.

In general, the personal evaluations of physicians and nurses regarding the consistency aspect of the hospital's health care quality are neutral (mean = 2.76). In other words, they did not agree or disagree with the questions posed under each attribute of consistency in achieving the desired health outcomes.

4.1.3.1.1. B - Physicians & Nurses Personal Evaluation on the Sensitivity Aspect of the service at TASH

All health-care systems are expected to meet the goals of good health, be responsive and sensitive to population expectations, and financial equity (Silva and Valentine, 2000). The World Health Organization (WHO) defines health system sensitivity (HSS) as "how well the health system meets the legitimate expectations of the population for the non-health enhancing aspects of the health system" (Darby and Valentine, 2003).

By summarizing sensitivity and responsiveness, health systems can be evaluated as a whole in any type of interaction. The concept encompasses people's fundamental interactions and the various factors that shape their interactions with the health system. This intern can assist in anticipating and adapting to patients' current and future health needs for a better health outcome.

Respect for persons' dignity; autonomy to participate in health-related decisions; confidentiality; prompt attention; adequate quality of care; communication; access to social support networks; and choice of health care providers are the eight domains of responsiveness (Mirzoev and Kane, 2017).

The following table indicates employees' opinions on the sensitivity aspect of health care quality at Black Lion Specialized Teaching and Referral Hospital.

		Frequency of respondents to each degree of agreement									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
Code	*Statement*	*Fx.*	*%*	*Fx.*	*%*	*Fx.*	*%*	*Fx.*	*%*	*Fx.*	*%*
B[1]	We are always eager to assist our patients.	5	3.0	6	3.6	8	4.8	110	66.7	36	21.8
B[2]	Our patients receive prompt service from us.	104	63.0	37	22.4	4	2.4	16	9.7	4	2.4
B[3]	We tell patients exactly when services will be performed.	104	63.0	35	21.2	9	5.5	12	7.3	5	3.0
B[4]	We are never too busy to respond to our patients' requests.	93	56.4	43	26.1	18	10.9	11	6.7	0	0

Table 4.13: Questionnaire survey, sensitivity aspect.

According to the table above, the majority of respondents (66.7 percent) moderately agree that TASH physicians and nurses have a genuine desire to assist patients in resolving their problems. Sixty-three (63.0) percent of the respondents (104) strongly disagreed with the statement about the hospital's prompt service. The majority of participants, on the other hand, are firmly opposed to the hospital's scheduling accuracy and timely response.

Code	Statement	N	Max	Min	Mean	Standard Deviation
B^1	We are always eager to assist our patients.	165	1	5	4.01	0.830
B^2	Our patients receive prompt service from us.	165	1	5	1.66	1.073
B^3	We tell patients exactly when services will be performed	165	1	5	1.66	1.068
B^4	We are never too busy to respond to our patients' requests.	165	1	4	1.68	0.917
Aggregate Score for Sensitivity					**2.25**	**0.972**

Table 4.14: Mean response for the statements of sensitivity from the survey data.

According to the findings in the table above, physicians and nurses moderately disagree that hospital staff are willing or ready to provide services in a timely manner and in providing prompt service (a mean score of 1.66 for both attributes). The personal evaluations of physicians and nurses indicate that they moderately agree (mean = 4.01) that the hospital staff is eager to help patients.

4.1.3.1.1. C - Physicians & Nurses Personal Evaluation on Compassion/Understanding of the Staffs at TASH

In a clinical setting, compassion refers to a physician's ability to understand patients' emotions, which can lead to more accurate diagnoses and more caring treatment. It is associated with higher patient satisfaction, better medication adherence, fewer errors, and fewer malpractice cases. It even has an impact on patient health outcomes; according to a review of research, effective physician-patient communication improves patients' emotional health, symptoms, physiologic responses, and pain levels.

The following table indicates employees' opinions on the compassion and understanding aspect of health care quality at Black Lion Specialized Teaching and Referral Hospital.

Code	***Statement***	***Frequency of respondents to each degree of agreement***									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
		Fx.	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
C^1	We understand the specific needs of our patients	2	1.2	6	3.6	13	7.9	100	60.9	44	26.7
C^2	We have the best interests of our patients at heart.	113	68.5	23	13.9	18	10.9	11	6.7	0	0
C^3	We provide personalized care to each of our patients.	2	1.2	15	9.1	12	7.3	91	55.2	45	27.3
C^4	We have convenient working hours for our patients	5	3.0	6	3.6	18	10.9	122	73.9	14	8.5
C^5	We give individual attention to our patients	5	3.0	6	3.6	40	24.2	113	68.5	1	0.6

Table 4.15: Questionnaire survey, compassion and understanding aspect.

As shown in the table above, the majority of respondents agree that TASH physicians and nurses have a genuine understanding of the patients' specific needs and provide personalized care to them. However, they firmly opposed the statement requested in putting the patient's best interest first. Sixty-eight percent (60.9 percent) of respondents agree that TASH physicians and nurses give their patients individual attention.

The personal evaluations of physicians and nurses regarding the compassion and understanding aspect of the hospital's health care quality further revealed that they are neutral (mean = 3.41) in their response. In other words, they did not agree or disagree with the questions posed under each attribute of compassion and understanding in achieving the desired health outcomes.
On average, they have nothing to say about their politeness, trustworthiness, confidence, caring, in addition, personalized attention to the patients.

Code	Statement	N	Max	Min	Mean	Standard Deviation
C^1	We understand the specific needs of our patients	165	1	5	4.08	0.773
C^2	We have the best interests of our patients at heart.	165	1	4	1.56	0.933
C^3	We provide personalized care to each of our patients.	165	1	5	3.98	0.907
C^4	We have convenient working hours for our patients	165	1	5	3.81	0.762
C^5	We give individual attention to our patients	165	1	5	3.60	0.714
Aggregate Score for Compassion and Understanding					**3.41**	**0.818**

Table 4.16: Mean response for the statement of Compassion/Understanding from the survey data

4.1.3.1.1. D – Physicians & Nurses Personal Evaluation on the Tangibility aspect of the service at TASH

Intangible service is largely characterized by interactions with healthcare professionals, education on health conditions, and ultimately a better quality of health. Though the offering is primarily intangible, if the hospital is to be successful, they should integrate a few tangible aspects into the offering, such as medical equipment, patient care supplies, comfort items or foods, and a clean hospital environment. They are all-important and should be incorporated into the overall service.

The following table indicates employees' opinions on the tangibility aspect of health care quality at Black Lion Specialized Teaching and Referral Hospital.

Code	Statement	*Frequency of respondents to each degree of agreement*									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
		Fx.	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
D^1	Employees at the hospital appear to be well dressed.	5	3.0	6	3.6	8	4.8	118	71.5	28	17.0
D^2	We have advanced medical tools.	94	57.0	53	32.1	8	4.8	6	3.6	4	2.4
D^3	The hospital's physical facilities are visually appealing.	79	47.9	61	37.0	8	4.8	12	7.3	5	3.0
D^4	The materials used in hospitals are pleasing to the eye.	144	69.1	23	13.9	17	10.3	11	6.7	0	0

Table 4.17: Questionnaire survey, tangibility aspect.

As shown in the table above, the majority of respondents strongly disagree with the statement requested about the availability of advanced medical tools and physical facilities in the hospital. The majority of participants firmly support TASH physicians and nurses having appropriate dressings.

Code	Statement	N	Max	Min	Mean	Standard Deviation
D^1	Employees at the hospital appear to be well dressed.	165	1	5	3.96	0.799
D^2	We have advanced medical tools.	165	1	5	1.62	0.920
D^3	The hospital's physical facilities are visually appealing.	165	1	5	1.81	1.029
D^4	The materials used in hospitals are pleasing to the eye.	165	1	4	1.55	0.927
Aggregate Score for Tangibility					**2.23**	**0.972**

Table 4.18: Mean Response for the statements of Tangibility from the survey data.

The aggregate score (mean = 2.23) indicates that physicians and nurses moderately disagree that the hospital's physical service environment was suitable for the delivery of quality healthcare.

4.1.3.1.1. E – Physicians & Nurses Personal Evaluation on the Affirmation Aspect of the service at TASH

The assurance and affirmation aspects of health care quality refer to activities and programs that aim to "assure" or promise improvement in the quality of care in a specific medical setting or program by assessing or evaluating quality, identifying problems or issues with care delivery, designing quality improvement activities, and taking appropriate corrective action.

The following table indicates employees' opinions on the affirmation aspect of health care quality at Black Lion Specialized Teaching and Referral Hospital.

		Frequency of respondents to each degree of agreement									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
Code	***Statement***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
E^1	We are always polite to our patients.	104	63.0	37	22.4	4	2.4	16	9.7	4	2.4
E^2	We have the necessary knowledge to respond to our patients' inquiries.	5	3.0	6	3.6	6	3.6	105	63.6	43	26.1
E^3	Patients feel secure when interacting with employees	96	58.2	52	31.5	8	4.8	6	3.6	3	1.8
E^4	Our patients can rely on us.	89	53.9	51	30.9	14	8.5	11	6.7	0	0

Table 4.19: Questionnaire survey, affirmation aspect.

As shown in the table above, 63.0 percent of the respondents (104) strongly disagreed with the statement about the politeness of hospital physicians and nurses. The majority of respondents (58.2 percent) strongly disagree with the requested statement about the hospital's dependability and reliability of health care services. On the other hand, the majority of participants strongly agree that TASH physicians and nurses have sufficient expertise and knowledge to achieve the desired health outcomes.

Code	Statement	N	Max	Min	Mean	Standard Deviation
E^1	We are always polite to our patients.	165	1	5	1.66	1.073
E^2	We have the necessary knowledge to respond to our patients' inquiries.	165	1	5	4.06	0.846
E^3	Patients feel secure when interacting with employees	165	1	5	1.59	0.883
E^4	Our patients can rely on us.	165	1	4	1.68	0.890
Aggregate Score for Affirmation					**2.25**	**0.923**

Table 4.20: Mean Response for the statements of Affirmation from the survey data.

The mean responses to the questions asked under each attribute of the affirmation aspect of health care quality ranged from 1.66 to 4.06, as shown in Table 4.19.The responding samples moderately agree (mean =4.06) that the hospital staff possesses sufficient expertise and experience that is consistent with current professional knowledge. Overall, the mean result of the personal evaluations of physicians and nurses regarding the affirmation aspect of the hospital's health care quality is 2.25. In other words, they disagree moderately with the questions posed under each attribute of affirmation in achieving desired health outcomes.

Code	Variables	Mean	Standard Deviation
A^{1-4}	Consistency aspect of health care quality	2.76	.865
B^{1-4}	Sensitivity aspect of health care quality	2.25	.972
C^{1-5}	Compassion and Understanding aspect of health care quality	3.41	.818
D^{1-4}	Tangibility aspect of health care quality	2.23	.919
E^{1-4}	Affirmation aspect of health care quality	2.25	.923
	Grand Aggregate Score for Physicians and Nurses Personal Evaluation on Quality Health Care at TASH.	2.62	.895

Table 4.21: Grand Aggregate mean score of physicians and nurses personal evaluation of quality health care at TASH.

The Grand Aggregate Mean Score (mean = 2.62) of physicians' and nurses' personal evaluations of quality health care at Black Lion Teaching and Referral Hospital demonstrates that they are neutral to the questions posed under each attribute of health care quality. In other words, they were neither agreeing nor disagreeing in general.

4.1.3.2 Humane Resource Management Practice at Black Lion Teaching and Referral Hospital.

On a scale of 1 to 5, respondents were asked to indicate how much they agreed with statements about the influence of the hospital's human resource management practices on the quality of health care and the existing human resource management practices of the hospital.

Likert Scale	Degree of agreement
1	Strong disagreement to the statement
2	Moderate disagreement to the statement
3	Neutral to the statement
4	Moderate agreement to the statement
5	Strong agreement to the statement

Table 4.22: Likert Scale adopted by the study.

Mean Score	Mean Score interpretation to the Likert Scale
When the mean Score is b/n 0 – 1.49	To mean ‘ Strong disagreement’ with the statement
When the mean Score is b/n 1.50 – 2.49	To mean ‘Moderate disagreement’ with the statement
When the mean Score is b/n 2.50 – 3.99	To mean ‘Neutral’ with the statement
When the mean Score is b/n 3.59 – 4.49	To mean ‘Moderate Agreement’ with the statement
When the mean Score is > 4.50	To mean ‘Strong Agreement’ with the statement

Table 4.23: Mean score adopted by the study and its interpretation to the Likert Scale.

The rationale for using this scale is to facilitate better data interpretation.

After receiving the completed questionnaires, the data of physicians and nurses' evaluations of human resource management practice at TASH and their perceived influence of human resource management practice on the quality of health care from all twenty-one questions is analyzed using SPSS Version 25.

To facilitate in-depth analysis, the questions were divided into four HR category practices: recruitment, training, performance, and compensation management practices, with a total of 165 respondents. The percentage data for each question from all respondents to the questionnaire, as well as the average (weighted) and corresponding standard deviation from all respondents are provided.

4.1.3.2.1. Physicians & Nurses Evaluation of Recruitment Management Practice at TASH and their perceived influence of Recruitment Practices on Quality of Health Care.

The primary goal of any recruitment process is to place the right person in the right place at the right time. In this section, the recruitment process is evaluated using frequency analysis. The method of recruitment used in TASH, which is advertising in newspapers and on the internet, is evaluated in terms of recruitment speed, fairness, and transparency.

Advertising, website (internet) professional agencies, and referrals are the most common methods of attracting applicants. Through these channels, the organization can convey their values and desired image to the labor force. Online recruitment has grown rapidly in recent years and is now widely used in many organizations (Bratton & Gold 2003, 230).

The data collected from employees regarding the Recruitment Management Practice of the hospital is presented in the Table below for discussion and analysis.

Code	***Statement***	***Frequency of respondents to each degree of agreement***									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
		Fx.	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
F^1	There is transparent recruitment process in the hospital.	0	0	0	0	83	50.3	71	43.0	11	6.7
F^2	There is fast recruitment process in the hospital.	63	38.2	55	33.3	41	24.8	6	3.6	0	0
F^3	The hospital applied different method of recruitment.	79	47.9	61	37.0	8	4.8	12	7.3	5	3.0
F^4	Newspaper advertisements result in staff who are capable of providing quality health care.	2	1.2	6	3.6	12	7.3	100	60.6	45	27.3
F^5	Interviews aid in identifying workers capable of providing high-quality health care.	4	2.4	15	9.1	21	12.7	90	54.5	35	21.2
F^6	Merit and regional balance ensures staff provide quality health care.	2	1.2	6	3.6	19	11.5	117	70.9	21	12.7

Table 4.24: Questionnaire survey, Recruitment Management Practice.

TASH's permanent term physicians and nurses were asked if the hospital's recruitment process was transparent. The result showed that 83 (50.3%) employees were neutral concerning the recruitment transparency of the hospital. The frequency analysis in the above table revealed that most respondents strongly agree that the hospital applied a different and fast method of recruitment. The majority of participants, on the other hand, firmly support the role of newspaper advertisements and interviews in identifying staff who are capable of providing quality health care. The role of merit and regional balance in providing quality health care also gets magnificent support from the respondents.

Code	Statement	N	Min	Max	Mean	Standard Deviation
F^1	There is transparent recruitment process in the hospital.	165	3	5	3.56	0.618
F^2	There is fast recruitment process in the hospital.	165	1	4	1.94	0.881
F^3	The hospital applied different method of recruitment.	165	1	5	1.81	1.029
F^4	Newspaper advertisements result in staff who are capable of providing quality health care.	165	1	5	4.09	0.772
F^5	Interviews aid in identifying workers capable of providing high-quality health care.	165	1	5	3.83	0.948
F^6	Merit and regional balance ensures staff provide quality health care.	165	1	5	3.90	0.700
Aggregate Score for Recruitment Management Practice					**3.19**	**0.825**

Table 4.25: Mean response for the statements of Recruitment Management Practice from the survey data.

According to Table 4.25, the mean responses to the questions asked under each attribute of recruitment management practice ranged from 1.81 to 3.90. The responding samples moderately agree that practices such as identifying workers through recruitment interviews (mean = 3.83), merit and regional balance (mean = 3.90), and newspaper advertising (mean = 4.09) can result in quality health care.

These findings lend empirical support to Heneman's earlier claims that recruitment improved service delivery (2011). They also support Batt, Nohara, and Kwon's (2010) claim that recruitment strategies improve quality because the identified personnel have good job-related knowledge, skills, and abilities. Furthermore, proper recruitment results in an individual's work-related expertise being adequately matched with the specific job requirements (Carless, 2005).

Permanently employed employees' evaluation regarding the transparency of recruitment practices of the hospital reveals that they are neutral (mean = 2.76). However, the speed and kind of recruitment method applied by the hospital face moderate disagreement among the responding samples (mean = 1.94 and 1.81, respectively).

Overall, the mean score of physicians and nurses' evaluation of recruitment management practices at TASH and their perceived influence of recruitment practices on the quality of health care is 3.19. In other words, they did not agree or disagree with the questions posed under each element of recruitment management practice.

4.1.3.2.1. Physicians & Nurses Evaluation of Training Management Practice at TASH and their perceived influence of Training Practices on Quality of Health Care.

As discussed in the literature review section, the primary goal of employee training is to increase the effectiveness of the organization by providing employees with knowledge, skills, and attitudes that will improve their current job performance. Training programs are designed to increase employees' knowledge, skills, and capabilities in order to prepare them to face the dynamic challenges of globalization.

Training is required to improve employee performance on the job and achieve better results. It increases employees' operating skills for performing specific jobs with proficiency by developing technical expertise. Training also increased employee job satisfaction and morale, increased employee motivation, increased process efficiencies, resulting in financial gain, and reduced employee turnover.

Code	***Statement***	***Frequency of respondents to each degree of agreement***									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
		Fx.	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
G^1	There are adequate training opportunities for eligible employees.	82	49.7	59	35.8	10	6.1	12	7.3	2	1.2
G^2	There is no bias or favoritism in the process of selecting employees for training opportunities.	89	53.9	51	30.9	14	8.5	11	6.7	0	0
G^3	We are trained more than once per year	113	68.5	23	13.9	18	10.9	11	6.7	0	0
G^4	The use of training need analysis (TNA) to select trainees improves health care quality.	2	1.2	6	3.6	12	7.3	101	61.2	44	26.7
G^5	Employee training is a crucial factor for improving the quality of health care.	5	3.0	6	3.6	6	3.6	113	68.5	35	21.2
G6	Training in patient care skills improves provision of quality health care.	4	2.4	6	3.6	15	9.1	89	53.9	51	30.9

Table 4.26: Questionnaire survey, Training Management Practice.

As shown in table 25, the majority of the respondents (49.7%) indicated that TASH does not have adequate training opportunities for eligible clinical staff. They strongly disagree with the statement requested about the adequacy of training opportunities for staff in the hospital, and the frequency analysis shows there is not even a solitary training opportunity annually. By providing adequate training opportunities, organizations can maximize employees' potential and focus their energies on the needs of the organization while fulfilling their need for personal development and job satisfaction. Providing adequate training opportunities to employees not only improves the organization's quality and effectiveness, but it also serves to motivate and retain employees.

Before conducting training in any training and development program, the training needs must be identified and analyzed. In the meantime, the criteria for identifying individuals must be established without regard to personal bias. This is a critical factor in determining the effectiveness of a training program. Employees' perspectives were gathered for this study in order to assess the presence of fair criteria and procedures in TASH for selecting clinical staff members for training opportunities. As shown in the table above, the majority of the respondents (53.9%) strongly disagreed with the idea that the hospital has fair criteria and procedures to select employees for training opportunities, while 11 (6.7%) respondents agreed with the idea and 14 (8.5%) respondents neither agreed nor disagreed with the idea. This shows that TASH does not have fair criteria and procedure to select employees for training opportunities. All the eligible employees should be given an equal chance in the process of selecting trainees without any bias or favoritism.

The first and most important step in the training process is training needs assessment (TNA), which identifies and articulates an organization's human resource development needs. It serves as the foundation for determining instructional objectives, selecting and designing instructional programs, implementing programs, and evaluating training provided. A training needs assessment is used to identify the organization's goals and its effectiveness in achieving these goals. It is also used to identify gaps between employees' skills and the skills required for effective job performance, as well as gaps between current skills and the skills required to perform the job successfully in the future.

The frequency analysis concerning the use of training need assessment in improving health care quality revealed that physicians and nurses in the hospital moderately agreed that training need assessment has a positive impact in improving quality health care. Similarly, the importance of employee training and training in patient skills in providing quality health care also got strong support from respondents.

Code	Statement	N	Min	Max	Mean	Standard Deviation
G^1	There are adequate training opportunities for eligible employees.	165	1	5	1.75	0.948
G^2	There is no bias or favoritism in the process of selecting employees for training opportunities.	165	1	4	1.68	0.890
G^3	We are trained more than once per year	165	1	4	1.56	0.933
G^4	The use of training need analysis (TNA) to select trainees improves health care quality.	165	1	5	4.08	0.768
G^5	Employee training is a crucial factor for improving the quality of health care.	165	1	5	4.01	0.819
G6	Training in patient care skills improves provision of quality health care.	165	1	5	4.07	0.873
Aggregate Score for Training Management Practice					**2.86**	**0.872**

Table 4.27: Mean response for the statements of Training Management Practice from the survey.

According to the above, the mean responses to the questions asked under each attribute of training management practice ranged from 1.56 to 4.08. The responding samples moderately disagree with the statement requested about the availability of adequate training opportunities and the process of selecting employees for training opportunities in the hospital (mean = 1.75 and 1.68, respectively).

The frequency analysis from the evaluation of permanently employed employees also revealed that there is no annual solitary training opportunity for the clinical staff. Overall, the mean result of physicians and nurses' evaluation of training management practices at TASH and their perceived influence of these practices on the quality of health care is 2.86. In other words, they did not agree or disagree with the questions posed under each element of recruitment management practice.

4.1.3.2.3. - Physicians & Nurses Evaluation of Performance Management Practice at TASH and their perceived influence of Performance Management Practices on Quality of Health Care.

Black Lion Teaching and Referral Hospital, as health science college of AAU, the performance appraisal system of the hospital is regulated by the Federal Civil Servants proclamation No. 515/2007 (FDRE, 2007).

According to article 31 of the proclamation, the objective of performance appraisal shall be:

- ✓ To enable civil servants to carry out their duties effectively in accordance with the expected level, quality standards, and time and expense.
- ✓ To evaluate civil servants on a continuous basis and identify their strengths and weaknesses with a view to improving their future performance and giving reward based on results.
- ✓ Identifying employee-training requirements.
- ✓ To enable management to make its administrative decisions based on concrete evidence.

The data collected from employees regarding the performance management practice of the hospital is presented in Table below for discussion and analysis.

Code	*Statement*	*Frequency of respondents to each degree of agreement*									
		Strongly Disagreed		***Moderately Disagreed***		***Neutral***		***Moderately Agreed***		***Strongly Agreed***	
		Fx.	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***	***Fx.***	***%***
H^1	The objectives of performance appraisal of the hospital is clear to employees	104	63.0	35	21.2	9	5.5	12	7.3	5	3.0
H^2	Performance appraisal of the hospital is conducted fairly without any bias.	96	58.2	36	21.8	18	10.9	9	5.5	6	3.6
H^3	Corrective action are be taken when the result of performance appraisal is below the standard	0	0	0	0	82	49.7	73	44.2	10	6.1
H^4	When the outcome of a performance appraisal falls below the standard, the corrective action taken can improve the quality of health care.	0	0	11	1	1	6	103	62.4	50	30.3
H^5	Clear and realistic standards against performance measurement can improve the quality of health care.	5	3.0	6	3.6	8	4.8	118	71.5	28	17.0
H^5	Performance appraisal that is conducted fairly without any bias improves quality of health care.	2	1.2	6	3.6	19	11.5	125	75.8	13	7.9

Table 4.28: Questionnaire survey, Performance Management Practice.

As we can see in the above table, it is possible to reveal that 63.0% of the total respondents strongly disagreed with the statement that the objective of performance appraisal is clear, while 7.3% moderately agreed and 5.5% of the respondents became neutral. This shows a lack of clarity with performance appraisal objectives in TASH.

As Armstrong (2001) points out, accuracy and fairness in measuring employee performance are critical in the performance appraisal process. Performance measurement tools must be valid, reliable, acceptable, and specific for a performance appraisal to be effective. Furthermore, the evaluation process must be free of biases. It is also explicitly stated in Article 31 of the Ethiopian Federal Civil Servants' Proclamation No. 515/2007 that performance evaluations must be transparent. As indicated in the above table, the majority of respondents (58.2%) strongly disagreed with the statement that "performance appraisal is conducted fairly without any bias," 21.7% moderately agreed with the statement, and 10.9% of the respondents remained neutral. This indicates that the performance appraisal process in the hospital is not conducted fairly and free from biases.

If done correctly, performance appraisal can be used to take important administrative actions. However, if done incorrectly, the process of evaluating employee performance can result in lower levels of job satisfaction and productivity. In addition, penalizing poor performers is necessary to correct their behavior. Performance results, in addition to assisting employees in improving their performance, assist supervisors in making administrative decisions such as transfer, demotion, and dismissal. To this effect, employee responses show us that 44.2 percent of respondents moderately agree that appropriate corrective actions are taken when employee performance appraisal results are unsatisfactory or below the standard, whereas most of the respondents (49.7%) remain neutral or indifferent to the issue.

The responding samples moderately agree that practices such as proper collective action after performance appraisal, clear/realistic standards against performance measurement and fair performance appraisal procedures can result in quality health care.

Code	Statement	N	Min	Max	Mean	SD
H^1	The objectives of performance appraisal of the hospital is clear to employees	165	1	5	1.66	1.068
H^2	Performance appraisal of the hospital is conducted fairly without any bias.	165	1	5	1.75	1.086
H^3	Corrective action are be taken when the result of performance appraisal is below the standard	165	3	5	3.56	0.608
H^4	When the outcome of a performance appraisal falls below the standard, the corrective action taken can improve the quality of health care.	165	2	5	4.16	0.743
H^5	Clear and realistic standards against performance measurement can improve the quality of health care.	165	1	5	3.96	0.799
H^5	Performance appraisal that is conducted fairly without any bias improves quality of health care.	165	1	5	3.85	0.656
Aggregate Score for Performance Management Practice					**3.16**	**0.827**

Table 4.29: Mean Response for the statements of Performance Management Practice from the survey data.

The mean responses to the questions asked under each attribute of performance management practice ranged from 1.66 to 4.16, as shown in Table 4.28. The hospital's corrective action is rated neutrally by permanent employees (mean = 2.76). However, there is moderate disagreement among the responding samples on the clarity of the hospital's performance appraisal objectives and the fairness of the performance appraisal (mean = 1.66 and 1.75, respectively).

The responding samples moderately agree that practices such as proper corrective action for unsatisfactory results (mean = 4.16), clear and realistic standards against performance measurement (mean = 3.96), and fair performance appraisal (mean = 3.85) can result in quality health care.

Overall, the mean score of physicians and nurses' evaluation of performance management practices at TASH and their perceived influence of performance practices on the quality of health care is 3.16. In other words, they did not agree or disagree with the questions posed under each element of performance management practice.

4.1.3.2.4. Physicians & Nurses Evaluation of Compensation Management Practice at TASH and their perceived influence of Compensation Management Practices on quality of health care

The goal of compensation management practices is to reward people equitably and consistently based on their value to the organization. Employees can be attracted and retained through compensation (Khan, Aslam, and Lodhi, 2014).

Rewards have an impact on performance (Bamberger and Meshoulam, 2000), whereas benefits have a positive impact on retention (Hong et al., 2012; Aydin (2009) observes that rewards such as empowerment, recognition, and motivation will eventually lead to organizational effectiveness. Kamalian (2006) also observes a positive relationship between the existing reward system and employee performance.

A reward strategy, according to Zakaria (2011), increased commitment, retention, and employee engagement, which eventually translated into employee performance. Paying for performance has long been a source of concern in human resource management. Establishments had long believed that once pay was tied to performance, efficiency would improve. While payment-by-outcome schemes and inducements have been established to support the belief, researchers have also discovered a positive relationship between performance-based pay and staff productivity.

The data collected from employees regarding the compensation management practice of the hospital is presented in the able below for discussion and analysis.

Code	Statement	Frequency of respondents to each degree of agreement									
		Strongly Disagreed		Moderately Disagreed		Neutral		Moderately Agreed		Strongly Agreed	
		Fx.	%	Fx.	%	Fx.	%	Fx.	%	Fx.	%
I^1	Performance appraisal provide a benchmark for rewarding employees.	104	63.0	35	21.2	9	5.5	12	7.3	5	3.0
I^2	The reward allocation of the hospital is fair.	93	56.4	49	29.7	23	13.9	0	0	0	0
I^3	The hospital pays satisfactory salary to its employee.	110	66.7	44	26.7	0	0	11	6.7	0	0
I^4	Competitive salary motivates us to provide high-quality health care.	2	1.2	6	3.6	12	7.3	101	61.2	44	26.7
I^5	Earnings based on group performance help to improve health-care quality.	63	38.2	40	24.2	51	30.9	11	6.7	0	0
I^6	Quality of health care service is affected by Salary delays	2	1.2	6	3.6	50	30.3	100	60.6	7	4.2

Table 4.30: Questionnaire survey, Compensation Management Practice.

TASH's permanent term physicians and nurses were asked whether the hospital's performance appraisal provided a benchmark for rewarding employees or not. The result showed that 104 (63.0%) employees strongly disagreed with the statement. The frequency analysis in the above table revealed that most respondents strongly disagree with the statement requested about the fair allocation of rewards and the level of salary paid by the hospital to its employees.

The majority of participants, on the other hand, firmly support the role of competitive salaries in providing quality health care. The role of timely salary payment in providing quality health care also gets magnificent support from the respondents.

The mean responses to the questions asked under each element of compensation management practice ranged from 1.47 to 4.08, as shown in Table 4.30. The performance appraisal of the hospital as a benchmark for rewarding employees is rated disagreeable by permanent employees (mean = 2.66). Similarly, there is moderate and strong disagreement by the respondents to the

statement requested about the fair reward allocation and salary level of the hospital (mean = 1.58 and 1.47, respectively).

Code	Statement	N	Min	Max	Mean	Standard Deviation
I^1	Performance appraisal provide a benchmark for rewarding employees.	165	1	5	1.66	1.068
I^2	The reward allocation of the hospital is fair.	165	1	3	1.58	0.725
I^3	The hospital pays satisfactory salary to its employee.	165	1	4	1.47	0.808
I^4	Competitive salary motivates us to provide high-quality health care.	165	1	5	4.08	0.768
I^5	Earnings based on group performance help to improve health-care quality.	165	1	4	2.06	0.980
I^6	Quality of health care service is affected by Salary delays.	165	1	5	3.63	0.683
Aggregate Score for Compensation Management Practice					**2.41**	**0.839**

Table 4.31: Mean Response for the statements of Compensation Management Practice from the survey data.

The responding samples moderately agree that practices such as competitive salaries (mean = 4.08), and timely salary payment (mean = 3.63), can result in quality health care. The mean response to the statement about earnings based on group performance is 2.06, which means respondents are neither agreeing nor disagreeing with the issue.

Generally, the mean score of physicians and nurses' evaluation of compensation management practices at TASH and their perceived influence of performance practices on the quality of health care is 2.41. In other words, on average, they moderately disagree with questions posed under each attribute of performance management practice.

Code	Variables	Mean	Standard Deviation
F^{1-6}	Recruitment Management Practice	3.19	0.825
G^{1-6}	Training Management Practice	2.86	0.872
H^{1-6}	Performance Management Practice	3.16	0.827
I^{1-6}	Compensation Management Practice	2.41	0.839
	Grand Aggregate Score for physicians and nurses evaluation of different HR Practice at TASH and their perceived influence of human resource management practice on quality of health care	**2.91**	**0.841**

Table 4.32: Grand Aggregate Score for physicians and nurses evaluation of different HR Practice at TASH and their perceived influence of HR practice on HCQ.

The Grand Aggregate Mean Score (mean = 2.91) of physicians and nurses' evaluations of different HR practices at TASH and their perceived influence of human resource management practices on the quality of health care demonstrates that they are neutral or indifferent to the issue. In other words, they were neither agreeing nor disagreeing in general.

4.1.4 Inferential Statistics and Hypothesis Testing

Regression Analysis on the effects of Human Resource Management Practice on Health Care Quality at Black Lion Referral and Specialized Hospital.

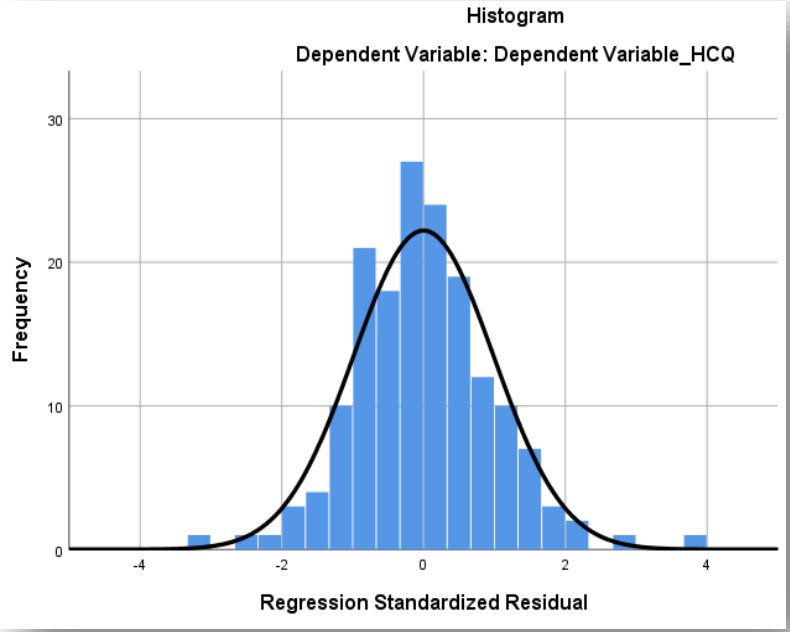
The study employed a multiple linear regression model to investigate the effects and magnitudes of some selected human resource management practices on health care quality. The researcher double-checked the necessary assumptions before analyzing the questionnaire data. These assumptions must be met in order to conduct multiple regression analysis.

4.1.4.1. Assumptions of Multiple Regression Model.

Five tests for classical linear regression model (CLRM) assumptions are performed and discussed below: normality, linearity, homoscedasticity, multicolinearity, and residual independence.

(i) <u>Test for Normality</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.

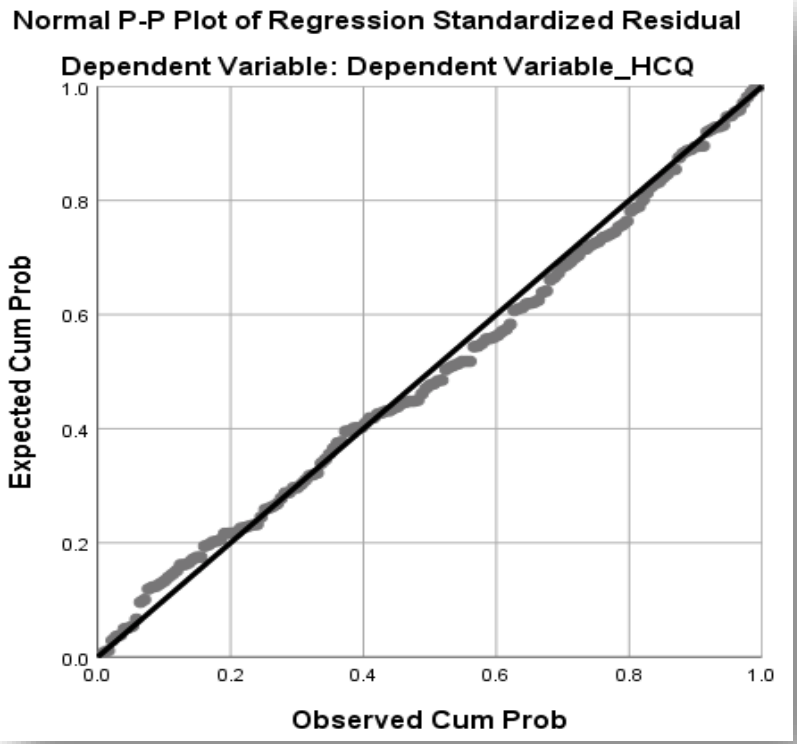
The normality test determines whether the data is well modeled by the normal distribution. The graphical (histogram and dot plot) method of testing could be used to validate this normal distribution test. When a study has a small sample size, less than 100 observations, the normality assumption becomes critical. Despite the fact that the normality assumption is not a problem because the study's observation or sample size is large enough, more than 100 observations, the researcher tested it using a normal probability plot (NPP). The decision rule is that if the fitted line in the NPP is close to a straight line, the variables of interest are normally distributed (D. Gujarati, 2004).



<u>Test for Normality</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.

Figure 4.8: Test for Normality – Histogram

Source; SPSS result of Normality.



<u>Test for Normality</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.

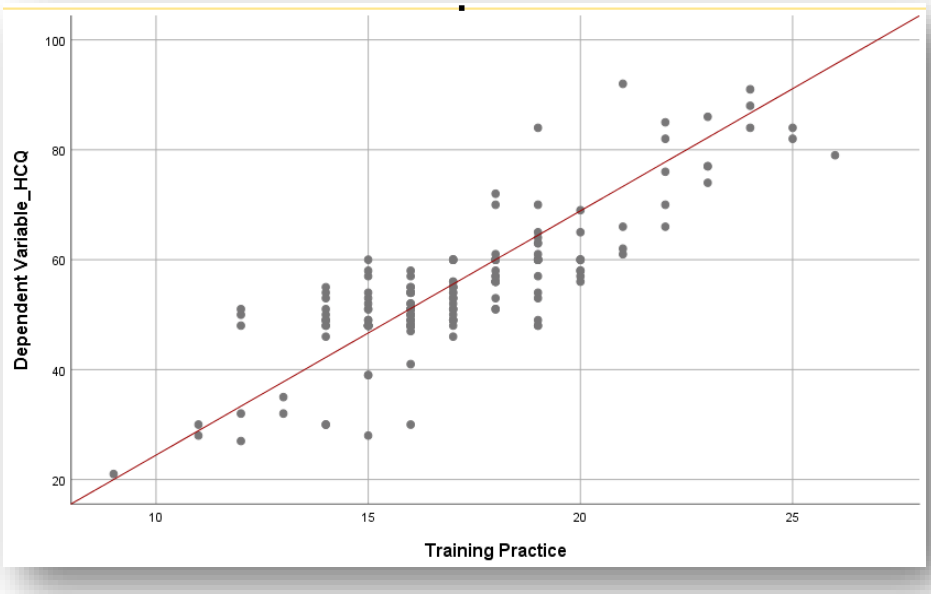
Figure 4.9: Test for Normality – Normal Probability Plot.

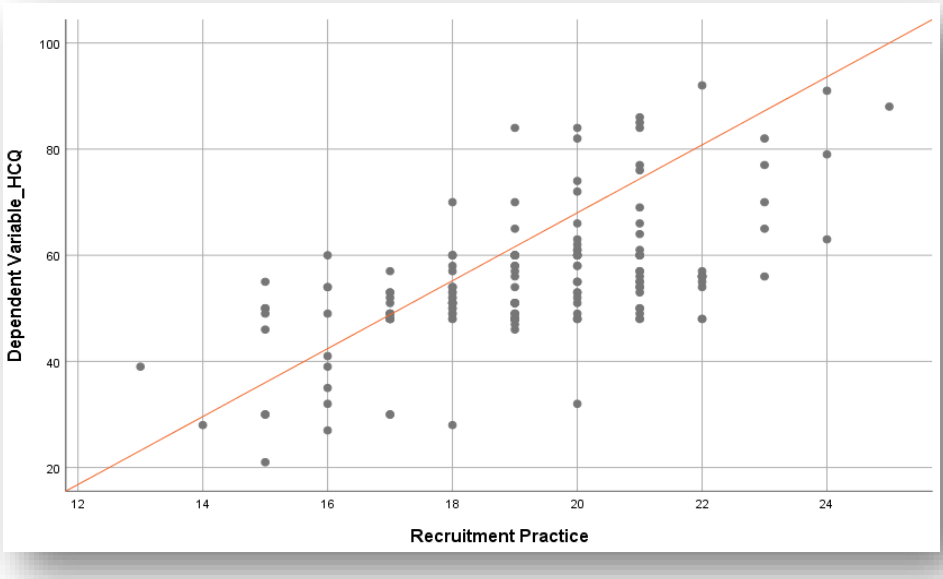
Source; SPSS result of Normality.

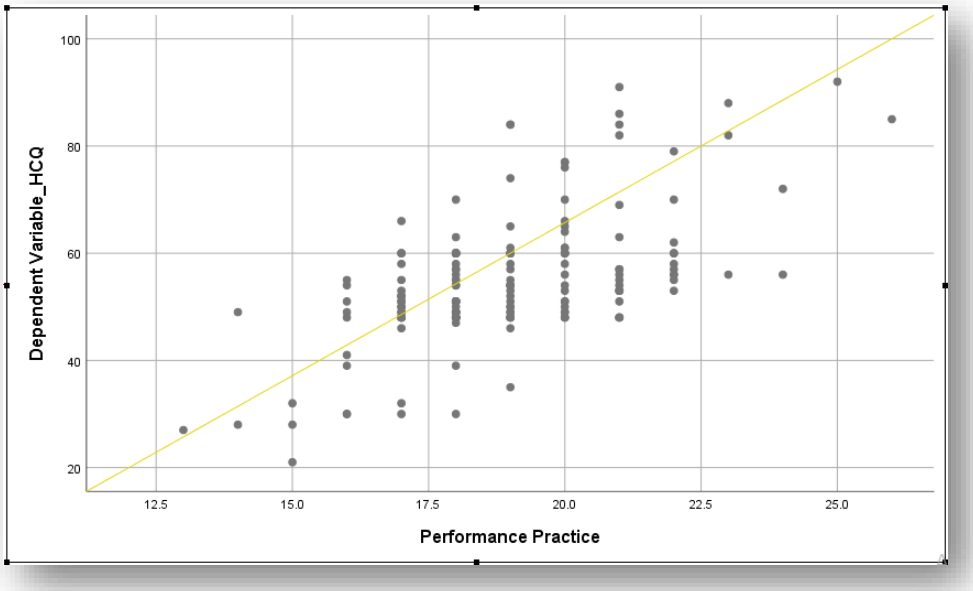
The data set in the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital is approximately normally distributed, as the fitted line in the NPP is approximately a straight line, as shown in the above figure.

(ii) **<u>Test for Linearity and Homoscedasticity</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.**

A multiple linear regression model assumes there is a linear relationship between the independent variables and the dependent variables. The homoscedasticity assumption means the range of variance for the dependent variable is uniform for all values of the independent variables. The scatterplot diagram stated below can check both assumptions.







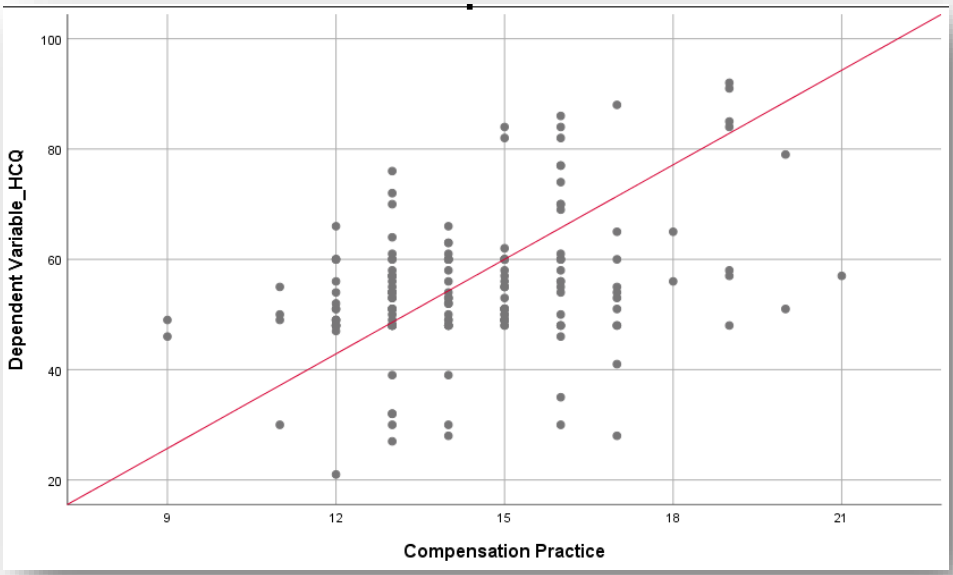


Figure 4.10: **<u>Test for Linearity</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.**

Source; SPSS result of Linearity.

Dependent and Independent Variable	Sig. Deviation from linearity
HCQ – Recruitment Practice	0.537
HCQ – Training Practice	0.051
HCQ – Performance Practice	0.143
HCQ – Compensation Practice	0.338

Table 4.33: Test for Linearity – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized hospital.

Source; SPSS result of Linearity.

From the above table, we can see that the value of all sig. deviations from linearity is greater than 0.05, and it is possible to conclude that there is no significant deviation from linearity.

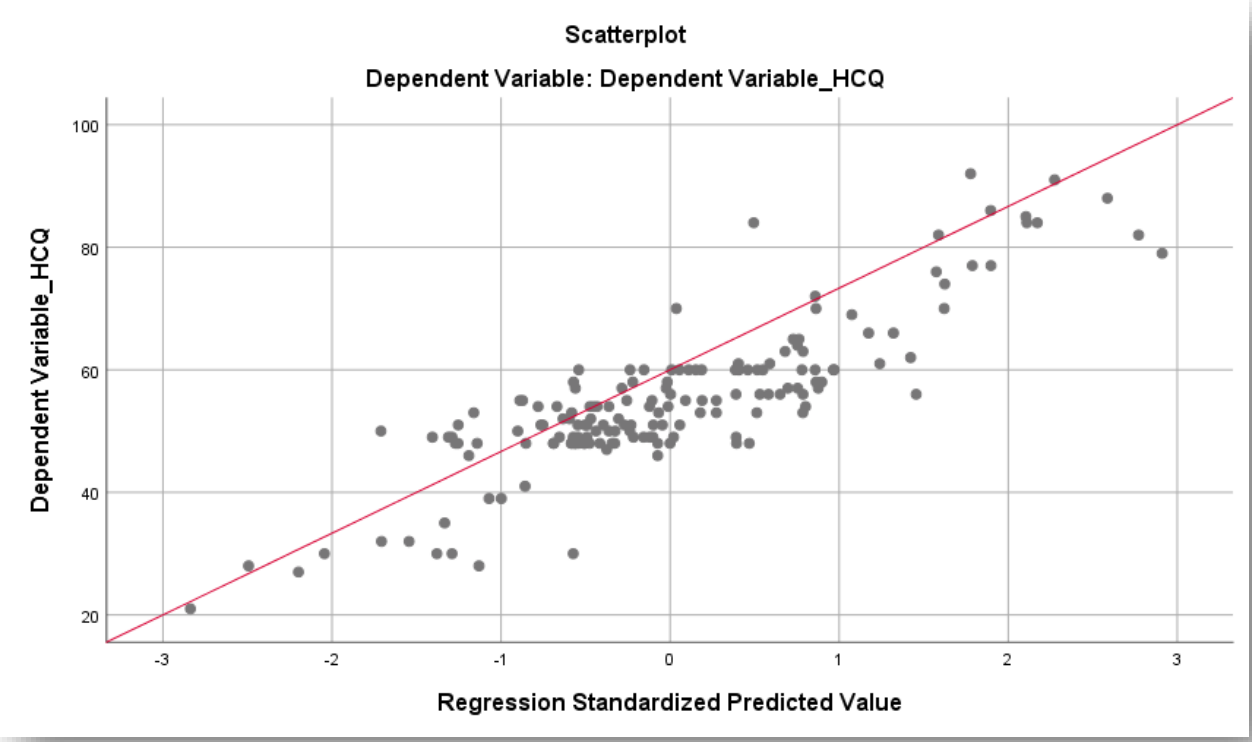


Figure 4.11: **Test for Homoscedasticity – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.**

Source; SPSS result of Homoscedasticity.

As shown in the diagram above, neither assumption poses a serious threat to the study because one straight line can be drawn to approximate the observations for all independent variables against the dependent variable, health care quality at TASH. The scatter plot diagram shows that the variance of the dependent variable is uniform, and that the variance of the upper and lower cases of the observations is reasonably similar.

(iii) <u>Test for Multicollinearity</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.

The assumption of multicollinearity is another requirement for implementing multiple linear regression models. It denotes a linear relationship between the independent variables. (Gujarati, D., 2004).

A Variable Inflation Factor (VIF) technique was used. The VIF is a measure of the reciprocal of the complement of the inter-correlation among the predictors:

$$\textbf{VIF} = 1/ (1- r^2)$$

The decision rule is a variable with a VIF value of greater than 10, which indicates the possible existence of a multicollinearity problem.

Tolerance (TOL) = 1/VIF.

Many researchers, to check on the degree of collinearity, also use it. The decision rule for tolerance is that a variable whose TOL value is less than 0.1 shows the possible existence of a multicollinearity problem. (Gujarati, D., 2004).

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	-24.486	5.440		-4.501	.000		
	Recruitment Practice	.581	.298	.102	1.951	.053	.586	1.706
	Training Practice	2.898	.231	.688	12.547	.000	.535	1.869
	Performance Practice	1.149	.296	.196	3.880	.000	.628	1.591
	Compensation Practice	-.214	.266	-.036	-.804	.422	.793	1.262

a. Dependent Variable: Dependent Variable_HCQ

Table 4.34: **Test for Multicollinearity – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.**

Source; SPSS result of Multicollinearity.

According to the above table, VIF values for all variables became less than the tolerable value, i.e., 10. Furthermore, the tolerance value of all variables increased above 0.1, indicating that this model is free of multicollinearity between the independent variables.

(iv) <u>Test for Independent of Residual</u> – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized Hospital.

The residuals in a multiple linear regression model are assumed to be independent of one another. The Durbin-Watson statistic is used to determine whether there is a serial correlation among the residuals. The Durbin-Watson statistic has a value ranging from zero to four. In general, residuals are not correlated if the Durbin-Watson statistic is close to two, with an acceptable range of 1.50–2.50.

Model Summary[b]

Model	Durbin-Watson
1	2.270[a]

a. Predictors: (Constant), Compensation Practice, Recruitment Practice, Performance Practice, Training Practice

b. Dependent Variable: Dependent Variable_HCQ

Table 4.35: **Test for Independent of Residual – the effects of Human Resource Management Practices on Health Care Quality at Black Lion Referral and Specialized hospital.**

Source; SPSS result of Independent of Residual.

4.1.4.2. Result of Regression Analysis

The multiple linear regression equation writes as follows

$$Y = \alpha + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 3\ X3 \ldots + \beta nXn + \varepsilon$$

Where, **Y** = Dependent Variable.

X = Independent Variable.

β = Regression Coefficient, change induced in Y by each X, X1-n are independent variables.

α = the constant, or Y intercept.

ε = error term that accounts for the variability in Y that cannot be explained by the linear effect of the predictor variables.

The following model represents the general model for predicting the quality of health care at Black Lion Referral and Specialized Hospital:

$$HCQ = \alpha + \beta_1 RECP + \beta_2 TRAP + \beta_3 PERP + \beta_4 COMP + \varepsilon$$

Where, **QHC** = the predicated mean score on the DV, HCQ.

α = the value of Y when all predictor variables are equal to zero

β_1, β_2, β_3 and β_4 = the percentage change in QHC resulting from one percent change in recruitment, training, performance and compensation practice, respectively.

RECP, TRAP, PERP and COMP **=** mean score of recruitment training, performance and compensation practice, respectively.

ε = error term

The regression analysis was performed based on data collected from clinical and nursing staff on permanent terms of employment at Black Lion teaching and referral hospital. It demonstrated the relationship between four selected human resource management practices and health care quality. The tables below show the regression output of the dependent variables and explanatory variables.

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Compensation Practice, Recruitment Practice, Performance Practice, Training Practice[b]	.	Enter

a. Dependent Variable: Dependent Variable_HCQ

b. All requested variables entered.

Table 4.36: Variables Entered/Removed.

Source; SPSS result.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.862[a]	.743	.736	6.307

a. Predictors: (Constant), Compensation Practice, Recruitment Practice, Performance Practice, Training Practice

Table 4.37: Model Summary, Goodness of Fit Test for HRM Practices and HCQ at TASH.

Source; SPSS result.

The other major result under the model summary table showed the R, or coefficient of correlation, of the model was 0.862, or 86.20%, and the R-Square, or coefficient of determination of the model was 0.743 or 74.30%.

HRM practices such as recruitment, training, compensation management, and performance management explained 74.30 percent of variation in health care quality ($R^2 = 0.743$) at Black Lion teaching and referral hospital. The R^2coefficient of determination in regression is a statistical measure of how well the regression predictions approximate the actual data points. An $R^2$of 1 indicates that the regression predictions fit the data perfectly. R^2 values outside the range of 0 to 1 can occur when the incorrect model was chosen or illogical constraints were applied by mistake. R-squared estimates the strength of the relationship between your model and the response variable, but it does not provide a formal hypothesis test for this relationship.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	18371.564	4	4592.891	115.464	.000[b]
	Residual	6364.412	160	39.778		
	Total	24735.976	164			

a. Dependent Variable: Dependent Variable_HCQ

b. Predictors: (Constant), Compensation Practice, Recruitment Practice, Performance Practice, Training Practice

Table 4.38: ANOVA, Analysis of Variance for HCQ and HRM Practices at TASH.

Source; SPSS result.

The result in the ANOVA table confirmed the significance of the overall model by a p-value of 0.000, which is below the alpha level, i.e. 0.05., which means, the independent variables taken together have a statistically significant relationship with the dependent variable under study.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-24.486	5.440		-4.501	.000
	Recruitment Practice	.581	.298	.102	1.951	.053
	Training Practice	2.898	.231	.688	12.547	.000
	Performance Practice	1.149	.296	.196	3.880	.000
	Compensation Practice	-.214	.266	-.036	-.804	.422

a. Dependent Variable: Dependent Variable_HCQ

Table 4.39: Regression model coefficients for HCQ and HRM Practices at TASH.

Source; SPSS result.

The research hypotheses were tested by comparing the decision rule p value of 0.05 to the p values of the predictor variables. The decision rule states that if p 0.05, the independent variable is a significant predictor of the dependent variable. The study hypothesized that there would be no significant impact of recruitment, training, compensation management, or performance management on healthcare quality at Black Lion Teaching and Referral Hospital.

The first hypothesis **(H1)** test was related to the impact of recruitment management practices on health care quality at TASH. According to the significance test, the p-value of recruitment practices is greater than 0.05 (p =.053). The study accepted that there is no statistically significant relationship between recruitment practices and health care quality and concluded that recruitment practices are not a significant predictor of health care quality at Black Lion Teaching and Referral Hospital because the p-value (.053) is greater than the decision p-value (p = 0.05). As a result, respondents were unable to explain how recruitment practices may have affected their ability to provide quality health care.

The second hypothesis **(H2)** test was related to the impact of training management practices on health care quality at TASH. According to the significance test (p =.001), the p-value of training practices is less than 0.05. The study accepted that there is a statistically significant relationship between training practices and health care quality and concluded that training practices are a significant predictor of health care quality at Black Lion Teaching and Referral Hospital because the p-value (.001) is less than the decision p-value (p = 0.05). Therefore, the respondents were able to relate how training practice may have influenced their ability to provide quality health care.

The third hypothesis test **(H3)** was related to the impact of performance management practices on health care quality at TASH. According to the significance test (p =.001), the p-value of performance management practices is less than 0.05. The study accepted that there is a statistically significant relationship between performance management practices and health care quality and concluded that performance management practices are a significant predictor of health care quality at Black Lion Teaching and Referral Hospital because the p-value (.001) is less than the decision p-value (p = 0.05). Therefore, the respondents were able to relate how performance management practices may have influenced their ability to provide quality health care.

The fourth hypothesis test **(H4)** was related to the impact of compensation management practices on health care quality at TASH. According to the significance test (p =.422), the p-value of recruitment practices is greater than 0.05. The study accepted that there is no statistically significant relationship between compensation management practices and health care quality and concluded that compensation management practices are not a significant predictor of health care quality at Black Lion Teaching and Referral Hospital because the p-value (.422) is greater than the decision p-value (p = 0.05). As a result, respondents were unable to explain how compensation management practices may have affected their ability to provide quality health care.

According to the findings of inferential statistics, training and performance management are statistically significant drivers of health care quality at the facility. This could be interpreted to mean that the hospital's efforts to train health care providers and manage their performance, as opposed to those focused on remunerating and recruiting qualified staff had significant impact on health care quality.

No	Hypothesis	R	R^2	Sig.	Result
H1	There is a positive (negative) relationship between the absence of clear recruitment policy/practices and health care quality in Black lion teaching and referral hospital.	**.862**	**.743**	**.053**	There is a negative or statically insignificant relationship between the recruitment practices and health care quality at Black Lion Teaching and Referral Hospital.
H2	There is a positive (negative) relationship between the absence of clear training policy/practices and health care quality in Black lion teaching and referral hospital.	**.862**	**.743**	**.001**	There is a positive or statically significant relationship between the training practices and health care quality at Black Lion Teaching and Referral Hospital.
H3	There is a positive (negative) relationship between the absence of clear performance management policy/practices and health care quality in Black lion teaching and referral hospital.	**.862**	**.743**	**.001**	There is a positive or statically significant relationship between the performance management practices and health care quality at Black Lion Teaching and Referral Hospital.
H4	There is a positive (negative) relationship between the absence of clear compensation management policy/practices and health care quality in Black lion teaching and referral hospital.	**.862**	**.743**	**.422**	There is a negative or statically insignificant relationship between the compensation practices and health care quality Black Lion Teaching and Referral Hospital.

Table 4.40: **Summary of Statistical Tests.**

4.2 Qualitative Analysis

Based on the quantitative analysis results, there was a need to investigate patients' satisfaction with the quality of their experience before, during, and after diagnosis and treatment. If the results are valid, training and performance management should result in satisfied patients at Black Lion Teaching and Referral Hospital.

This study used Plan B (contingent plan) of the research proposal, which is a direct interview of a patient complaint from the patient itself and their relatives, to corroborate and explain the opinions of healthcare staff on the quality of care. Document analysis of patient complaints fails because most of the data is not user-centered, not linked to the processes, large organizational size, complex structures, time constraints, and skepticism.

Thus, by conducting a semi-structured interview with the patient itself and their relatives on the themes of consistency and compassion/understanding aspects of health care quality, richer explanations of how training and performance management influence health care quality were obtained. Furthermore, an analysis of patient complaints from the interview would aid in validating physicians' and nurses' claims that the hospital provided health care that leads to desired health outcomes and is consistent with current professional knowledge. The need to corroborate the extent of consistent and compassionate service reported by physicians and nurses is another motivation for analyzing patient complaints about the service.

The two aspects of health care quality (consistent and compassionate service) were chosen for additional and richer explanation because they received the highest mean from physicians' and nurses' personal evaluations of quality health care at TASH, the descriptive results of quantitative analysis.

The personal evaluations of physicians and nurses regarding the consistency and compassion aspect of the hospital's health care quality further revealed that they are neutral (mean = 3.41 and 2.76, respectively) in their response. In other words, they did not agree or disagree with the questions posed under each attribute of consistency and compassion in achieving the desired health outcomes.

4.2.1 Complainant's Characteristics

4.2.1.1 Source of Complains

Fifty (50) semi-structured direct interviews with patients and their relatives about a healthcare service at Black Lion Teaching and Referral Hospital were conducted. Thirty-one complaints (31) were received from the patients themselves. The remaining 19 complaints were received from close relatives of the patient. The interviews were correctly conducted in 62.0% of the cases by the patients themselves directly.

Source of Complains	*Freq.*	*%*
PT	31	62.0
RL	19	38.0
Total	50	100

Table 4.41: Source of Complains

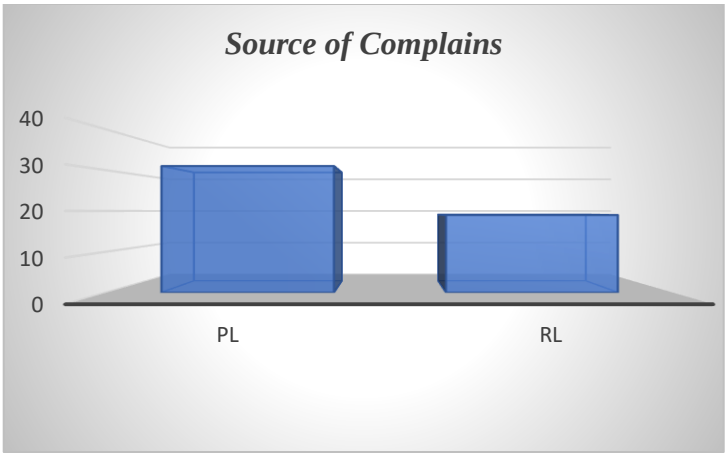


Figure 4.12: 3-D Clustered Column illustration of Source of Complains

4.2.1.2 Types of Cases

All fifty complaints came from patients with referral cases, and not a single patient had a primary case.

Types of Cases	*Freq.*	*%*
RP	50	100
PCP	0	0
Total	50	100

Table 4.42: Types of Cases

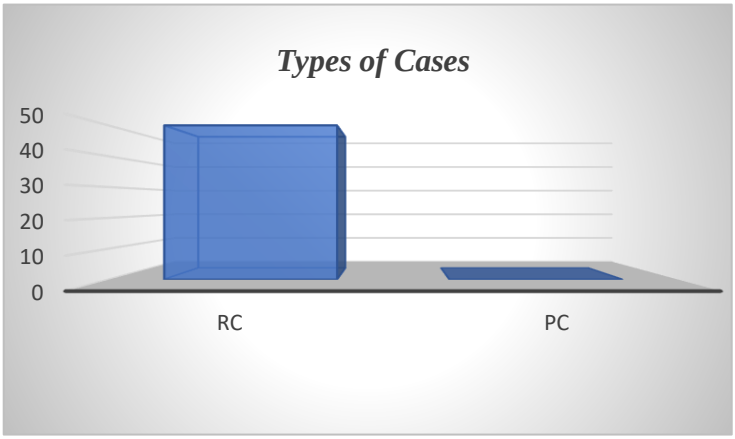


Figure 4.13: 3-D Clustered Column illustration of Types of Cases

4.2.1.2 Dimension of Complains

In three major dimensions of complaints from the 50-referral case patients, all fifty complaints about consistency and compassionate health care service were identified. The data in the table below shows that slightly more than half of the complaints were about services provided during diagnosis and treatment. One-third of complaints, on the other hand, were about the service before diagnosis and treatment. This can be interpreted to mean patients' generally being dissatisfied with doctors' or nurses' attitudes, patient-doctor communication, and preliminary diagnosis and examination.

Dimension of complaints	*Freq.*	*%*
Before dx & tx.	16	32.0
During dx & tx.	24	48.0
After dx & tx.	10	20.0
Total	50	100

Table 4.43: Dimension of Patients Complaints

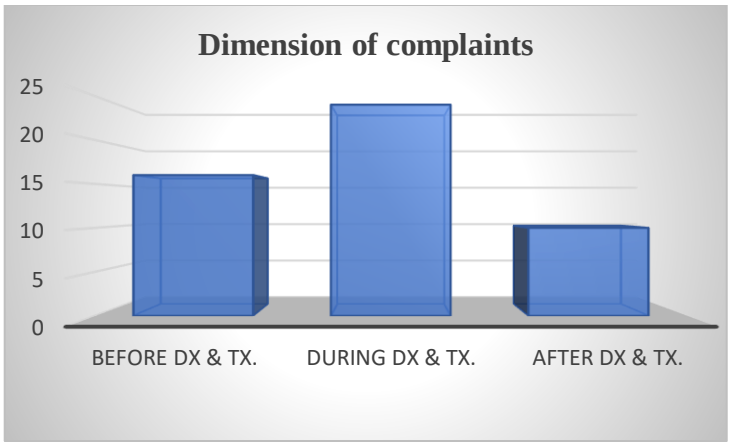


Figure 4.14: 3-D Clustered Column illustration of Dimension of Patients Complaints

Table 4.43 shows the results of the analysis of interview data, which included a count of the complaints for the various themes within the complaint categories. The table below provides an overall summary of the detailed results of the patient complaint interview data.

Complains Code	Complains areas	Complains	Fx.	%
IAi	Registration	Hard to register	**5**	**10**
IAii		Long waiting hours	**4**	**8**
IAii		High cost	0	0
IAiv		Others	0	0
IBi	Waiting for Consultation	Long waiting	**7**	**14**
IBii		Chaotic queuing	0	0
IIAi	Doctors or Nurses attitude	Impatience	0	0
IIAii		Disrespect patients	**3**	**6**
IIAiii		Not caring patients	**2**	**4**
IIAiv		Unavailability of nurses on duty	0	0
IIAv		Do irrelevant things	**3**	**6**
IIAvi		Others	0	0
IIBi	Patient-Doctor Communication	Lacking communication	**2**	**4**
IIBii		Not answering	0	0
IIBiii		No time for communication	**2**	**4**
IIBiv		Others	0	0
IICi	Preliminary Diagnosis	Ignorance of medical records and previous reports	0	0
IICii		No observation	0	0
IICiii		No inquiries	0	0
IICiv		Others	0	0
IIDi	Examinations	Lacking basic examinations	**5**	**10**
IIDii		Too many examinations	0	0
IIDiii		Rude examinations	0	0
IIDiv		Repeated and inappropriate examinations	0	0
IIDv		Long wait hours for the results	**4**	**8**
IIDvi		No analysis for the results	0	0
IIDvii		High cost	0	0
IIDviii		Privacy issue	0	0
IIEi	Closure of Consultation	No lifestyle advice	0	0
IIEii		No analysis before medical advice	0	0
IIEiii		No diagnosis conclusion	0	0
IIEiv		High cost of medical	0	0
IIEv		Short time for diagnosis	0	0
IIEvi		No treatment plan	0	0
IIEvii		Misdiagnosis	**3**	**6**
IIIAi	Patient's perception of effect	No effect or little effect	**8**	**16**
IIIAii		Worse than before	**2**	**4**
IIIAiii		Inappropriate treatment plan	0	0

Table 4.44: Summary of Interview Analysis of Complaints Data

According to the findings in Table 4.44, 14 percent of the complaints prior to diagnosis and treatment were related to long consultation wait times. However, the cost of registration, as well as the failure to use medical records and previous reports, was not a major concern for the majority of complainants. Patients' main concerns during the diagnosis and treatment phases were the lengthy wait for results (8 percent). The main complaint at the end of the consultation was misdiagnosis. Following diagnosis and treatment, the majority of complainants report little or no effect from the hospital's medication and therapy. During the health care service of the hospital, diagnosis and treatment phases were highly complained about. Based on the number of cases, it is possible to conclude that the majority of them were related to problems that were medical in nature. Functional areas of service also got many complaints, with waiting long the most common followed by a lack of effective communication.

4.2.1.2.1 Dimension of Complains – Before Diagnosis and Treatment

Complaints made prior to diagnosis and treatment were mostly about long wait times (8%) and difficulty registering (10%). When patients have a poor health condition that causes them to have little tolerance for a long waiting time, it is common for them to feel upset and/or anxious.

The complaints reflect that public hospitals in Ethiopia have difficulty attracting and retaining health care professionals and, as a result, have an inadvertently low number of physicians, nurses, and clinical staff. Together with the high volume of patients, this was believed to be the major contributor to the long waiting hours. According to the WHO (2003), the number of health workers is a key indicator of the capacity to provide health care services.

4.2.1.2.2 Dimension of Complains – During Diagnosis and Treatment

(I) Physicians and Nurses attitude towards Patients

With a total of 16 complaints isolated during the interview analysis, clinicians' attitudes toward patients in medical settings can be considered critical. Physicians' impatience was mentioned the least frequent. The second most common complaint about physicians' and nurses' attitudes toward patients is that they do irrelevant things. Disrespecting patients came in third (6%); disrespectful behaviors are distinct from general bad attitudes, which include detesting, criticizing, and/or blaming patients, with or without verbal abuse. Patients who are emotionally fragile and sensitive may require more attention than they have previously experienced.

(II) Complaints on Patient-Doctor/Nurses Communication

Because of the knowledge gap between physicians and patients, doctors typically dominate conversations and may exclude patients from decision-making. A total of two (4%) complaints were related to a lack of communication, with two patients claiming that they had no time to communicate with the clinician.

(III) Complaints during the Examination

Concerns about rude examinations, as well as physicians' conduct of medical examinations and prescribing behavior, were prominent in many complaints. Five (10%) complainants stated that the number of basic examinations performed on them was insufficient. The waiting time for their reports was deemed unacceptable by four patients. Clearly, the patients' main concerns during the examination stage were the physicians' and nurses' inability to respond to their medical needs. This is due to a lack of adequate staff to handle the facility's high patient volume.

(III) Complaints at the end of Treatment

At this stage, misdiagnosis is most commonly reported.

4.2.1.2.3 Dimension of Complains – After Diagnosis and Treatment

Following therapy, patients were most concerned with the improvement in their health. Because of the results they expected after consultation, 8 patients rated the therapeutic effect as unsatisfactory. Two patients reported that their health had deteriorated since their diagnosis and treatment. If patients perceive little therapeutic effect, it is very likely that they will feel unstable and give clinicians a low rating. Sometimes the therapeutic effect outweighs the attitude problems encountered

CHAPTER – FIVE
SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter provides a summary, conclusion, and recommendations based on the study's findings as guided by the research objectives. It discusses the research findings' theoretical, policy, and managerial implications. There are also recommendations to guide future research into the problem of ensuring quality health care by implementing human resource management practices that can influence the provision of quality health care at Black Lion Specialized and Referral hospital.

5.1 Summary

The first chapter provided an overview of empirical arguments for the impact of human resource management practices on health care quality. It begins with several empirical frameworks that serve as the study's background, followed by problem statement, research questions, research objectives, research significance, scope, constraints, and study organization. The second chapter provided an overview of the relevant theoretical and empirical literature. It also explores the study's theoretical foundation, as well as the link between four selected HRM practices and health care quality. The third chapter discusses research design, population and sampling techniques, data sources and data collection tools, data collection procedures, the methods used to conduct the analysis, ethical considerations, and assurance of reliability and validity. The fourth chapter presents the data analysis, research findings, and interpretation. The last chapter provides a summary, conclusion, and recommendations based on the study's findings.

5.1.1 Summary of Quantitative Analysis

5.1.1.1 Summary for Demographic Information of the Study's Participants

- Almost 40% of the respondents were females, and this proportion of gender is adequate to understand the influence of HRM on health care quality.
- The majority of the physicians and nurses had served for more than eight years at TASH, and over thirty-three percent (33%) of respondents had worked in health care service delivery for more than 12 years.
- The highest academic qualification data indicated that the majority of those included in the research sample (nearly 50%) held a master's degree.
- In terms of area of specialization data, thirty-one percent (31%) of respondents included in the research sample had specialized in providing nursing care in different departments of the hospital, and respondents were either concerned with diagnosing patient problems, treating patients or providing nursing care.

5.1.1.2. Summary for Descriptive Statistics – Quality of health care at TASH.

- The study found that while physicians and nurses agreed that the hospital used an accurate billing system, hospital staff were not willing or ready to provide services on time.
- The study revealed that clinicians and nurses moderately agreed that the hospital staff were always eager to assist patients. However, they strongly disagreed with the scheduling accuracy of the hospital (which failed to tell exactly when services would be performed).
- It was established that TASH physicians and nurses provided personalized care to each patient but failed to have the best interests of our patients at heart.
- The study also discovered that the physical service environment of the hospital was not conducive to providing quality health care. Similarly, they believed that the hospital staff were unable to consistently and accurately provide the promised service.
- Finally, findings revealed that responding physicians and nurses moderately believed that TASH staff were courteous and knowledgeable. However, on average, they have nothing to say or neutral about their politeness, trustworthiness, confidence, caring, and personalized attention to the patients.

5.1.1.3. Summary for Descriptive Statistics – HRM Practice at TASH.

- The result showed that 50.3% of responding employees were neutral concerning the recruitment transparency of the hospital.
- The role of merit and regional balance in providing quality health care gets magnificent support from the respondents.
- The majority of the respondents (49.7%) indicated that TASH does not have adequate training opportunities for eligible clinical staff (not even a solitary training opportunity annually). Similarly, hospitals do not have fair criteria and procedures to select employees for training opportunities.
- Physicians and nurses in the hospital moderately agreed that training needs assessment has a positive impact in improving quality health care. Similarly, the importance of employee training and training in patient skills in providing quality health care also got strong support from respondents.
- It was possible to reveal that there was a lack of clarity with performance appraisal objectives in TASH and that the performance appraisal process in the hospital was not conducted fairly and free from biases.
- The responding samples moderately agree that practices such as proper collective action after performance appraisal, clear/realistic standards against performance measurement and fair performance appraisal procedures can result in quality health care.
- It was also possible to establish that the hospital did not have a fair allocation of rewards and an unsatisfactory level of salary paid to its employees.
- The majority of participants, on the other hand, firmly support the role of competitive salaries in providing quality health care. The role of timely salary payment in providing quality health care also gets magnificent support from the respondents.

5.1.1.4. Summary for Inferential Statistics

- The study employed a multiple linear regression model to investigate the effects and magnitudes of some selected human resource management practices on health care quality. The researcher double-checked the necessary assumptions before analyzing the questionnaire data. All assumptions were met and the multiple regression analysis was successfully conducted.
- According to the statistical analysis,

- There is a negative or statistically insignificant relationship between the recruitment practices and healthcare quality at Black Lion Teaching and Referral hospital.
- There is a positive or statistically significant relationship between the training practices and health care quality at Black Lion Teaching and Referral Hospital.
- There is a positive or statistically significant relationship between the performance management practices and health care quality at Black Lion Teaching and Referral Hospital.
- There is a negative or statistically insignificant relationship between the compensation practices and health care quality at Black Lion Teaching and Referral Hospital.

5.1.1.5. Summary for Qualitative Analysis

- The population of interest for qualitative analysis of patient complaint data was derived from patients or their relatives. The qualitative analysis consisted of 50 complaints about the consistency and compassion of the clinical and nursing staff at Black Lion Teaching and Referral Hospital.
- The second stage of the study, qualitative analysis, determined that the technical quality of the health care service did not meet patients' expectations.
- The qualitative analysis revealed that physician and nurse training and proper performance management could help them meet patients' expectations by providing consistent and compassionate health care services before, during, and after diagnosis and treatment.
- The frequency of complaints about the consistency and compassionate health care service provided a better understanding of how HRM influenced the quality of health care at TASH.

5.2 Conclusion

In conclusion, the objective of this study was to investigate the relationship between human resource management practices and healthcare quality at Black Lion Teaching and Referral Hospital in two stages of investigation. The quantitative analysis provided a technical perspective on health care quality and the extent of proper application human resource management practices, whereas the qualitative analysis of patient complaints provided additional insight into TASH's service or functional aspects of quality. Training and performance management practice are statistically significant drivers of health care quality at Black Lion Teaching and Referral Hospital. Therefore, the hospital's efforts to train health care providers and manage their performance properly and strategically have a significant impact on health care quality.

5.3 Recommendation

- It is recommended that the facility should consider investigating how it can adopt a strategic approach to human resource management practices, which in turn can dramatically improve health care quality.
- According to the findings of the qualitative phase of the study, management should ensure that its patients do not complain about the consistency and compassion of healthcare service by engaging more staff and adequately training them.
- Management should implement a health information system to reduce delays during registration, previous medical records, lab investigations, radiology investigations, and prescription dispensing. In this way, patients' overall complaints could be minimized.
- The hospital permanently employs a large number of clinical staff; therefore, it is highly recommended that the human resources management of the hospital should be upgraded to the strategic level of management.
- At Black Lion Teaching and Referral Hospital, compensation management practices is negative predictors of health-care quality at the time of study. It is recommended that hospitals do much more work to ensure the potential of these practices to enhance a positive impact on health care quality.
- Performance and management training practices are the key drivers of health-care quality At Black Lion Teaching and Referral Hospital; it is recommended that the new HRM function should enhance their roles.

Performance Management Practices

- To reduce appraisers' subjective judgments, clear performance appraisal criteria and objective should be developed.
- The performance appraisal form should be standardized and tailored to the jobs of the employees. This must also be supported by the hospital's internal policy. The more closely the evaluation criteria are related to the job analysis, the more objective it will be. As a result, developing criteria based on job analysis and evaluation is critical.

- Because motivation boosts employee morale and increases organizational productivity (in this case), the hospital should create an incentive package and use the data generated by performance appraisal to motivate employees.

Training Management Practices

- The hospital should organize and provide adequate training opportunities for qualified clinical staff based on the job requirements. Simply providing training is not enough to ensure organizational success. Therefore, the hospital should consider all factors that influence the effectiveness of the organization's specific training program.
- The assessment of training needs is the foundation of any training program. As a result, TASH should practice and employ various appropriate need assessment techniques, such as questionnaires, interviews, and observation, to address both individual and institutional issues. Furthermore, the hospital's top management must devote sufficient attention and support to increasing employees' knowledge, skills, and capabilities in order to prepare them to face the dynamic challenges of globalization, as clinical staffs are the hospital's most valuable asset.
- To select employees for training opportunities, the hospital should use clear and objective criteria, and the procedure should be systematized and based on rules and regulations. All clinical staff members should be informed of the selection criteria, and the selection process should be open and transparent. Furthermore, training methods that are appropriate for the intended objectives should be carefully chosen.
- Evaluating a training and development program assists in determining program objectives, identifying program strengths and weaknesses, and determining the value of work of those changes that occur during the training and development process. As a result, it is critical that training and development programs be evaluated using specific criteria.

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Annexes

Annex I: Questionnaires for Clinical and Nursing staff in AAU

Addis Ababa University

College of Business and Economics

School of Commerce

Department of Human Resource Management

Dear respondents,

This questionnaire is intended to collect information for a research project required for partial fulfillment of the requirements for the Master of Arts in human resource management degree at Addis Ababa University's Department of Human Resource Management. At the time of the study, the questionnaire will be distributed to clinical and nursing staff on permanent terms of employment at Addis Ababa University's Black Lion Teaching and Referral Hospital to gather your opinion on the university's human resource management practices. The information you provide is critical to the research project's success. As a result, I respectfully request that you complete the questionnaire in an honest and objective manner. I guarantee that any information you provide will be used solely for academic purposes and will be kept strictly confidential.

Notice

1) There is no need to write your name.
2) Indicate your response by placing a **(√)** mark in the appropriate box.

SECTION A: RESPONDENT CHARACTERISTICS

Please provide the requested information below by ticking the appropriate boxes.

1. ***Could you please specify your gender?*** Male - ☐ Female - ☐

2. ***Could you please specify your age group?***

   Under 25 - ☐ 26yrs_35yrs - ☐ 36Yrs_45Yrs - ☐ Above 46 - ☐

3. ***Could you please specify your educational background?***

   Diploma- ☐ Bachelor- ☐ Masters- ☐ PHD- ☐

   Other (Please Specify)……..……

4. ***How long have you worked at Black Lion Teaching and Referral Hospital?***

   Under 1yr- ☐ 1yrs_3yrs- ☐ 4Yrs_8Yrs- ☐ 8Yrs_12Yrs- ☐

   Above 12- ☐

5. ***Could you specify your total years of experience in Health Care Service Delivery?***

   Under 1yr- ☐ 1yrs_3yrs- ☐ 4Yrs_8Yrs- ☐ 8Yrs_12Yrs- ☐

   Above 12Yrs - ☐

6. Could you please specify your Area of specialization?

Gynecology /Obstetric-☐ Surgery-☐ Internal Medicine-☐

General Practitioner-☐ Nursing Staff-☐

Other (Please Specify)……..……

SECTION B: PHYSICIANS AND NURSES PERSONAL EVALUATION OF QUALITY HEALTH CARE AT BLACK LION TEACHING AND REFERRAL HOSPITAL

Please indicate your level of agreement or disagreement with each of the following items by placing a check mark **(√)** in the box that best describes your choice.

Key:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

	(A) Consistency	***1***	***2***	***3***	***4***	***5***
A^1	We bill our patients accurately.					
A^2	We take a genuine interest in resolving the problems of our patients.					
A^3	We deliver services when we say we will deliver them.					
A^4	We complete services correctly the first time.					

	(B) Sensitivity	***1***	***2***	***3***	***4***	***5***
B^1	We are always eager to assist our patients.					
B^2	Our patients receive prompt service from us.					
B^3	We tell patients exactly when services will be performed					
B^4	We are never too busy to respond to our patients' requests.					

	(C) Compassion and Understanding	***1***	***2***	***3***	***4***	***5***
C^1	We understand the specific needs of our patients					
C^2	We have the best interests of our patients at heart.					
C^3	We provide personalized care to each of our patients.					
C^4	We have convenient working hours for our patients					
C^5	We give individual attention to our patients					

	(D) Tangible	***1***	***2***	***3***	***4***	***5***
D^1	Employees at the hospital appear to be well dressed.					
D^2	We have advanced medical tools.					
D^3	The hospital's physical facilities are visually appealing.					
D^4	The materials used in hospitals are pleasing to the eye.					

	(E) Affirmation	*1*	*2*	*3*	*4*	*5*
E^1	We are always polite to our patients.					
E^2	We have the necessary knowledge to respond to our patients' inquiries.					
E^3	Patients feel secure when interacting with employees					
E^4	Our patients can rely on us.					

SECTION C: PHYSICIANS AND NURSES PERSONAL EVALUATION OF HRM PRACTICE ADOPTED BLACK LION TEACHING AND REFERRAL HOSPITAL

Part I: Questions Related to the Practices of Recruitment

Please indicate your level of agreement or disagreement with each of the following items by placing a check mark **(√)** in the box that best describes your choice.

Key:

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**

	Statements	1	2	3	4	5
1	There is transparent recruitment process in the hospital.					
2	There is fast recruitment process in the hospital.					
3	The hospital applied different method of recruitment.					
4	Newspaper advertisements result in staff who are capable of providing quality health care.					
5	Interviews aid in identifying workers capable of providing high-quality health care.					
6	Merit and regional balance ensures staff provide quality health care.					

Part II: Questions Related to the Practices of Training

Please indicate your level of agreement or disagreement with each of the following items by placing a check mark **(√)** in the box that best describes your choice.

Key:

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**

	Statements	1	2	3	4	5
1	There are adequate training opportunities for eligible employees.					
2	There is no bias or favoritism in the process of selecting employees for training opportunities.					
3	We are trained more than once per year					
4	The use of training need analysis (TNA) to select trainees improves health care quality.					
5	Employee training is a crucial factor for improving the quality of health care.					
6	Training in patient care skills improves provision of quality health care.					

Part III: Questions Related to Performance Management Practices

Please indicate your level of agreement or disagreement with each of the following items by placing a check mark **(√)** in the box that best describes your choice.

Key:

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**

	Statements	***1***	***2***	***3***	***4***	***5***
1	The objectives of performance appraisal of the hospital is clear to employees					
2	Performance appraisal of the hospital is conducted fairly without any bias**.**					
3	Corrective action are be taken when the result of performance appraisal is below the standard					
4	When the outcome of a performance appraisal falls below the standard, the corrective action taken can improve the quality of health care.					
5	Clear and realistic standards against performance measurement can improve the quality of health care.					
6	Performance appraisal that is conducted fairly without any bias improves quality of health care.					

Part IV: Questions Related to Compensation Management Practices

Please indicate your level of agreement or disagreement with each of the following items by placing a check mark **(√)** in the box that best describes your choice.

Key:

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**

	Statements	***1***	***2***	***3***	***4***	***5***
1	Performance appraisal provide a benchmark for rewarding employees.					
2	The reward allocation of the hospital is fair.					
3	The hospital pays satisfactory salary to its employee.					
4	Competitive salary motivates us to provide high-quality health care.					
5	Earnings based on group performance help to improve health-care quality.					
6	Quality of health care service is affected by Salary delays					

Annex II: Interview Questions

Interview Questions for Patients about the health care service of Black Lion Teaching and Referral Hospital

1. Have you ever faced any problem during your registration and on your on waiting for consultation? (if there is any difficulty for registration, Long waiting hours, High cost)

2. Have you ever faced any problem during your diagnosis and treatment process?
   a. Any problem noticed about Doctor or Nurses attitude (if there is any impatience, disrespect for patients, not caring for patients, unavailability of physicians on duty, do irrelevant things or any other)
   b. Any problem about Patient-Doctor or Patient-Nurse communication (if there is any lack of communication, not answering, no time for communication or any other).
   c. Any problem during your Preliminary diagnosis (if there is any ignorance of medical records and previous reports, no observation (dermatology issues), no inquiries, or any Others)
   d. Any problem during your Examinations (if there is any lack of basic examinations, too many examinations, rude examinations, repeated and inappropriate examinations, long wait hours for the results, No analysis for the results, High cost, Privacy issue, or any Others)
   e. Any problem during your closure of consultation (if there is any lack of lifestyle advice, no analysis before medical advice, no diagnosis conclusion, High cost of medical, Short time for diagnosis, no treatment plan, misdiagnosis or any other)

3. Have you ever faced any problem after your treatment (if there is any No effect or little effect, Worse than before, Inappropriate treatment plan, Others

Annex II: Interview Analysis Guide

Complainant's Authenticity
PT - The patient itself
RL - Close relative of the patient, such as a spouse, parent, an adult child, friends or other relationships not specified.

Complainants also identified as referred patients and primary case patients.
RP - Referred Patients
PCP - Primary Cases Patients.

Stage of medical service in which patients encounter inconvenience.
Before Diagnosis and Treatment
During Diagnosis and Treatment
After Diagnosis and Treatment
Dimension of Complaints

C	Stage	C	Complains areas	C	Complains
I	**Before Diagnosis Treatment**	**A**	Registration	**i**	Hard to register **(IAi)**
				ii	Long waiting hours **(IAii)**
				iii	High cost **(IAii)**
				iv	Others **(IAiv)**
		B	Waiting for Consultation	**i**	Long waiting **(IBi)**
				ii	Chaotic queuing **(IBii)**
II	**During Diagnosis Treatment**	**A**	Doctors or Nurses attitude	**i**	Impatience **(IIAi)**
				ii	Disrespect patients **(IIAii)**
				iii	Not caring patients **(IIAiii)**
				iv	Unavailability of nurses on duty **(IIAiv)**
				v	Do irrelevant things **(IIAv)**
				vi	Others (**IIAvi**)
		B	Patient-Doctor Communication	**i**	Lacking communication **(IIBi)**
				ii	Not answering **(IIBii)**
				iii	No time for communication **(IIBiii)**
				iv	Others **(IIBiv)**
		C	Preliminary Diagnosis	**i**	Ignorance of medical records and previous reports **(IICi)**
				ii	No observation **(IICii)**
				iii	No inquiries **(IICiii)**
				iv	Others **(IICiv)**
		D	Examinations	**i**	Lacking basic examinations **(IIDi)**
				ii	Too many examinations **(IIDii)**
				iii	Rude examinations **(IIDiii)**
				iv	Repeated and inappropriate examinations **(IIDiv)**
				v	Long wait hours for the results **(IIDv)**
				vi	No analysis for the results **(IIDvi)**
				vii	High cost **(IIDvii)**
				viii	Privacy issue **(IIDviii)**
		E	Closure of Consultation	**i**	No lifestyle advice (**IIEi)**
				ii	No analysis before medical advice (**IIEii)**
				iii	No diagnosis conclusion (**IIEiii)**
				iv	High cost of medical (**IIEiv)**
				v	Short time for diagnosis (**IIEv)**
				vi	No treatment plan (**IIEvi)**
				vii	Misdiagnosis (**IIEvii)**
III	**After Diagnosis and Treatment**	**A**	Patient's perception of effect	**i**	No effect or little effect (**IIIAi)**
				ii	Worse than before (**IIIAii)**
				iii	Inappropriate treatment plan (**IIIAiii)**