

Influence of talent management practices on service delivery of doctors in Nairobi, Kenya: A descriptive research study

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Research

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Abstract

Background : A reliable and dedicated health workforce is instrumental in the attainment of Universal Health Coverage and Sustainable Development Goal (SDG) three on health. This is even more appropriate for Kenya where there is a dire shortage of health workers, and where health workforce management has been devolved to county governments. This study focusses on the influence of talent management practices (attraction, training and development, and retention) on doctor's service delivery in four county hospitals in Nairobi, Kenya.

Method : The study through a descriptive research design used quantitative questionnaires to gather data from 108 doctor respondents from four County Hospitals (Mbagathi, Mama Lucy Kibaki, Pumwani Maternity, and Mutuini Hospitals) in Nairobi, Kenya. Inferential statistics were used to analyse the data. **Results :** Findings show that there is a positive correlation between attraction, training and development and service delivery of doctors. Employee retention, however, did not have an association with service delivery.

Conclusions : As Kenya adjusts to a devolved system of governance in relation to health, it is important that the attraction, training and development, as well as retention of doctors is given serious consideration if service delivery is to be improved.

Background

Perhaps at no other time in the Kenyan health sector is there need for talent management practices than now when the doctor to patient ratio is 1:16,000 (against the World Health Organization recommended one of 1:1000), and when the government has for the first time hired expatriate doctors from Cuba to ease the burden [1] [2] [3]. Further, the 2010 constitutional amendment in the country which devolved health management to the counties has exacerbated the management of doctors and other health workers (through delayed pay, harsh working conditions, etc.), which has led to an attrition of such professionals from counties [4]. Yet in order to attain Universal Health Coverage (UHC) as well as make progress on Sustainable Development Goal (SDG) three on healthy lives and well-being at all stages, it is important that intentional investment is made on health workers, and more so doctors [5] [6] [7].

Talent management, characterized by hiring, developing, managing and retaining key employees recognized as talent [8], is instrumental in the health sector in Kenya. Human Resource for Health (HRH) as one of the seven building blocks in the health sector refer to persons involved in activities whose goal is to improve health, including those who prevent, promote and treat diseases [9]. Well-supported and equitably distributed doctors and health workers in general, greatly boost health goals in a country. Therefore, it is important that HRH investments be tailored to the national setting and the country's financial ability so as to lead to economic growth, improved health outcomes and global health security [10].

Despite existing challenges, sustainable development health goal by the United Nations aims at improving health financing as well as recruiting and retaining of health personnel in developing countries [11]. The shortage of HRH in a devolved system of government compromises and undermines health development of a country. Moreover, there is a disparity in the health facilities' distribution and the available health workers where hard-to-reach regions receive less staff as well as health infrastructure [4]. In Kenya, industrial action by HRH, specifically the 2017 doctors' strike that lasted 100 days severely affected service delivery and consequently led to loss of many lives [12].

This study focuses on the influence of talent management practices (attraction, training and development, and retention) on service delivery of doctors in Nairobi City County's four county hospitals namely: Mbagathi Hospital, Mama Lucy Kibaki Hospital, Pumwani Maternity Hospital, and Mutuini Hospital. The main objective of the study was to establish the influence of talent management practices on service delivery of doctors in Nairobi City County. The study was guided by these specific objectives:

1. To establish how talent attraction influences service delivery of doctors in Nairobi City County.
2. To assess the influence of training and development on service delivery of doctors in Nairobi City County.
3. To analyze how retention influences service delivery of doctors in Nairobi City County.

Talent management practices and service delivery

According to [13] employee attraction constitutes recruitment and selection of employees, employer branding, employee value proposition and employer of choice. Talent has been termed as the key differentiator in workforce management as well as in enhancing an organization's competitive advantage [14]. This suggests that when the right candidates are attracted as doctors, the health sector will experience greater attainment of health outcomes in a country. However, in situations of conflict, for example the recent terrorist attacks in North Eastern parts of Kenya, it is difficult to attract health professionals into such regions [15].

[16] defined training and development as activities with a deliberate move to develop managerial skills and gaining the engagement and commitment of talented staff by giving them opportunities to grow in their present roles and to progress to higher level roles. Despite prevalent emphasis on heightening HRH training as part of strengthening health systems, institutions are hindered by lack of external accreditation, shortage of faculty and poor physical infrastructure whereas resources available to country level policy makers are limited [17]. The foregoing researchers also realised a paucity of information on

training and deployment policies of HRH and noted the need for evidence based deployment and training policies together with strengthened capacity for HRH in a bid to improve health systems.

Employee retention is an employer's systematic effort in creating an enabling environment aimed at retaining and encouraging workers in their daily working in the organization [18]. Employee retention is also defined as policy and practices inbuilt by firms to retain experienced workers from leaving their jobs [19]. According to [20], retention is the presence of an adequate number of well trained and properly experienced HRH critical to delivery of patient centred healthcare services across the continuum of healthcare. Globally, retention of HRH remains a great bottleneck facing decision and policy makers within countries today. Sub Saharan Africa suffers from both rural urban migration and international brain drain within nations making it hard to retain medical practitioners [21].

Service delivery is the direct output of the inputs into the health system which includes supplies, procurement, finances and health personnel. While service delivery will differ from one country to another in accurate organization and composition of health services, any well-functioning health system should have quality, comprehensiveness, accessibility, coverage, efficiency and people Centeredness [22]. Often, projected benefits are not arrived at due to malfunctioning of service delivery [23].

2.2.2 Herzberg's two factor theory

Herzberg's two-factor theory focusses on 'hygiene' factors – related to the necessity of avoiding unpleasantness and 'motivational' factors which reflect the individual's need for self-growth and self-actualization [24]. Hygiene (extrinsic) factors include company policy and administration, salary, technical supervision, status and work conditions, interpersonal relations with supervisors, subordinates and peers, personal life and job security. Motivation (Intrinsic) factors on the other hand include: recognition, achievement, likelihood of responsibility and personal growth, advancement and work itself. The presence of these factors builds a strong level of motivation which in turn yields good job performance but is not highly dissatisfying when absent [25] [26].

Application of this theory by organizations helps in managing employees towards better performance and requires the use of both intrinsic and extrinsic factors; a sole focus on satisfying employees' hygiene factors only prevents employees from growing dissatisfied but will not appraise them [27] [28]. In health facilities in Kenya, Herzberg's theory is applicable in attracting, training and development, and indeed the retention of doctors. For example, the salaries, working conditions and job security of doctors (hygiene factors) in the devolved counties, as well as opportunities for recognition and personal growth in the profession (motivational factors) are directly related to the talent management practices under this study (i.e. attraction, training and development, and retention).

Methods

Research design and study context

This research study adopted a descriptive research design. There are four county hospitals in Nairobi City County namely (Mama Lucy Kibaki Hospital, Mbagathi Hospital, Pumwani Maternity Hospital, and Mutuini Hospital). The County hospitals were chosen as they employ the majority of doctors in Nairobi City County compared to Level 1 to Level 3 health centres and dispensaries.

Population and sampling

The target population of this research consisted of 233 doctors as per information obtained from the Nairobi County Human Resource Department. In line with [29]'s argument on gathering data from a population representative from a research study, a sample size of 145 for this study was derived by Fisher's method formula for 95% confidence interval. The study adopted disproportionate stratified random sampling of the 145 respondents from the four county hospitals in Nairobi City County as shown in Table 1.

Table 1: Sampling Method

Hospital	Doctors	Sample size
	Population	
Mbagathi Hospital	104	70
Mama Lucy Kibaki Hospital	77	55
Pumwani Maternity Hospital	34	11
Mutuini Hospital	18	9
Total	233	145

Source: Nairobi County Human Resource Department

Data collection method, piloting and analysis

Quantitative questionnaires enabled the researcher to obtain primary data from the respondents and it contained questions that were closed-ended and Likert scale. The questionnaires were administered by the researcher through dropping them at the respective county hospitals and picking them up once the respondents had attended to them.

The data collected was scrutinized for consistency and completeness in preparation for analysis that was done using descriptive and inferential statistics. The Cronbach Alpha analysis helped to ascertain the research instruments' reliability by showing internal consistency of data collection instrument [30]. The researchers selected four respondents for the pilot test who were based in two county hospitals in Nairobi County. The four questionnaires were coded and responses input into SPSS which was used to generate the reliability coefficient i.e. Cronbach's Alpha (α). The recommended value of 0.7 was used as a cut-off of reliability for this study.

Ethical approval

All the participants gave their informed consent for the study. Further, ethical clearance (Protocol ID: SU-IERC 0340/19) was obtained from the Strathmore University Ethical Review Committee (where this Master of Business Administration study was based).

Results

The researchers administered 145 questionnaires to the respondents from the four county hospitals and obtained back 108 responses (74.5 response rate). The results for each of the objective are presented next.

Inferential Statistics

Correlation analysis

Pearson correlation was employed in this study with a confidence interval of 95% and a two-tail test

Table 2: Correlation analysis

		Service Delivery	Employee Attraction	Employee Training & Development	Employee Retention
Service Delivery	Pearson Correlation	1	.585**	.700**	.152
	Sig. (2-tailed)		.000	.000	.117
	N	108	108	108	108
Employee Attraction	Pearson Correlation	.585**	1	.602**	.416**
	Sig. (2-tailed)	.000		.000	.000
	N	108	108	108	108
Employee Training & Development	Pearson Correlation	.700**	.602**	1	.250**
	Sig. (2-tailed)	.000	.000		.009
	N	108	108	108	108
Employee Retention	Pearson Correlation	.152	.416**	.250**	1
	Sig. (2-tailed)	.117	.000	.009	
	N	108	108	108	108

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Authors (2019)

Employee attraction

The test for correlation displayed in Table 2 shows that there is a positive association between employee attraction and service delivery. The model of coefficients output displays that employee attraction significantly and positively influences service delivery. Thus, a unit implementation of employee attraction practices will lead to a 0.441 increase in service delivery.

Employee training and development

The test for correlation contained in Table 2 shows that there is a positive association between employee training and development and service delivery. The model of coefficients output shows that employee

training and development significantly and positively influences service delivery. Thus, a unit implementation of employee attraction practices will lead to a 0.663 increase in service delivery.

Employee retention

Similarly, the test for correlation contained in Table 2 shows that there is no association between employee retention and service delivery. The model of coefficients output displays that employee retention does not significantly influence service delivery. The study findings in Table 2 indicate that the components depicting employee attraction and employee training and development are significantly positively correlated at the 5% significance level to service delivery. However, employee retention is not significantly correlated to service delivery.

Regression analysis

The variables in this study were analysed using regression model. Service delivery was regressed against the talent management practices. The regression analysis was undertaken at 5% significance level. The results are as shown in Table 3

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.736 ^a	.542	.529	.78644

Predictors:(Constant): Employee Attraction, Employee Training and Development, Employee Retention

From the outcome in Table 3, the value of R square was 0.542, a discovery that 54.2% of the deviations in service delivery are caused by the predictor variables included in the study. Other variables not included in the model justify for 45.8% of the variations in service delivery.

Table 4: Analysis of Variance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	76.202	3	25.401	41.068	.000 ^b
	Residual	64.324	104	.618		
	Total	140.525	107			

a. Dependent Variable: Service Delivery

b. Predictors:(Constant), Employee Attraction, Employee Training and Development, Employee Retention

The study findings exhibit a significance value of 0.000 which is less than the critical value of 0.05. Thus, the overall model is significant to explain service delivery. The analysis of variance which is exhibited in Table 5 shows that the model developed is significant as evidenced by the significance value obtained when compared to the critical value. This implies that the model is appropriate in predicting service delivery by utilizing the talent management practice components selected for the study.

Table 5: Model coefficients

Model		Unstandardized Coefficients		Standard Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.521	.293		1.777	.078
	Employee Attraction	.441	.129	.304	3.433	.001
	Employee Training & Development	.633	.096	.545	6.561	.000
	Employee Retention	-.254	.167	-.111	-1.524	.130

a. Dependent Variable: Service delivery

Employee attraction and employee training and have significance values less than the critical value of 0.05. Therefore, the variables have a significant relationship with service delivery at the 95% level of significance. They have positive effects as exhibited by the respective coefficients. However, employee retention has a significance value that is greater than the critical value of 0.05, meaning that employee retention does not significantly affect service delivery.

Limitations of the study

The current study focussed on the four county hospitals in Nairobi City County. Thus, it has not been determined if the result findings would hold for private facilities and the rest of the public health organizations in Kenya. The same study could be carried out across other health cadres, other county hospitals across Kenya, public national hospitals and private hospitals in a bid to avail and properly utilize talent in these sectors.

Discussion

Employee attraction

The test for correlation displayed in Table 2 shows that there is a positive association between employee attraction and service delivery. This finding agrees with those of a study conducted by [31] who found that an organization that has attraction strategies including organizational reputation and commensurate pay scheme impacts performance. The model of coefficients output displays that employee attraction significantly and positively influences service delivery. The findings are in agreement with findings from a study done on talent attraction by [32] who found a positive and significant relationship between talent attraction and success in an organization with correlation of 0.543 and p value of 0.000 at 0.05 level of significance.

Employee training and development

The model of coefficients output affirms that employee training and development significantly and positively influences service delivery. The study findings are in agreement with findings by [33] who pointed out that learning and development policies and programs are essential components in the process of developing talent. This suggests, as [17] observed, that bottlenecks such as faculty shortage need to be addressed in order to enhance doctor training and development in health facilities in Kenya.

Employee retention

From this study, correlation and regression analyses revealed no association between employee retention and service delivery. This finding is in congruence with studies done by [34] who stated that HRH recent concerns spans issues related to retention, leadership and management, migration, accountability and dual practice as opposed to previously focused on issue of training, recruitment and development. According to [21] and [35], factors causing a turnover and leading to movement of healthcare workers from developing countries to developed countries include high workload and stress levels, decreased job satisfaction, better remuneration and ideal working conditions abroad.

Service delivery

The analysis of variance which is exhibited in Table 4 shows that the model developed is significant as evidenced by the significance value obtained when compared to the critical value. This implies that the model is appropriate in predicting service delivery by utilizing the talent management practice components selected for the study. The study findings are in agreement with that conducted by [36] who opined that understanding how to successfully recruit trained health personnel, maintain their motivation and retain them in remote and rural areas is crucial to access of health services to the most vulnerable populations. [37] has observed that only a sufficient and well-managed health workforce will be able to provide the needed service delivery in the health sector.

Conclusions

The overall objective of this study was to determine whether talent management practices influence service delivery of doctors in the four county hospitals in Nairobi City County. Thus, the study concluded that talent management practices significantly and positively influences service delivery which is in agreement with the study findings in literature, such as those by [36]. The findings further extend Herzberg's two-factor theory as both hygiene and motivators were found to be instrumental in the attraction, training and development, and retention of doctors in Kenya.

Declarations

Ethical consideration

Our study, being a Master of Business Administration dissertation from Strathmore University, Kenya, was subjected to the University's Institutional Review Board. The protocol ID was SU-IERC 0340/19.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

We wish to report that we have no competing interest (financial and non-financial).

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Authors' contributions

Both authors worked on the research idea from its conception to its actualization.

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Authors' information (optional)

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