

HUMAN RESOURCE PRACTICES AND PERFORMANCE OF PUBLIC HOSPITALS IN LAMU COUNTY, KENYA

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ABSTRACT

The high labor shortage in the health care sector is demonstrated by the 1.69/1000 health services provider-to-population ratio across all health care tiers. There is not a single medical facility in Lamu County that received a quality of care service delivery score higher than 60%. The current study aimed to explore the effect of human resource practices on performance of public hospitals in Lamu County, Kenya. The research aimed to explore effect of decision-making practices and communication level on public hospitals in Lamu County, Kenya. A mixed method research design was used for this study in order to gather both qualitative and quantitative data. The study focused on 329 workers who are working at public hospitals in Lamu County. A total of 167 respondents were chosen using stratified sampling procedures. The required sample size was determined using the Yamane formula and a 95% level of confidence. The primary data collection was done through the utilization of open-ended and close-ended questionnaires. Both quantitative and qualitative data was gathered. Statistical Package for Social Science (SPSS version 26) was employed to analyze quantitative

data in descriptively and inferentially. The analyzed data was presented through frequency tables, and charts. Qualitative data was analyzed thematically and displayed in narrative and prose form. The results showed that the study factors had a considerable impact on the performance of public hospitals. This suggests that the independent variables; decision-making practices and communication level explained differences in the dependent variable. The research remarked that decision-making practices and communication level, positively affect the performance of public hospitals in Lamu County. The study recommends that hospital management should invest in communication infrastructure, such as electronic communication platforms and patient portals, to facilitate seamless information exchange among healthcare teams and with patients. Moreover, training programs should focus on improving communication skills among healthcare professionals, emphasizing active listening, empathy, and cultural sensitivity.

Keywords: Human Resource Practices, Decision Making Practices, Communication Level and Performance.

INTRODUCTION

Organizations are confronted with new challenges in the form of resource acquisition and optimization in today's competitive business environment. In every organizational situation, good management practices should lead to increased service delivery, efficiency, and effectiveness. Organizations can function effectively thanks to the connections between management techniques. The discipline of management is broad, with distinct organizational endeavors and skills that differ among businesses and industries. Any discipline's organizational functionality is impacted by management practices (Naschold, 2017).

Over the past few decades, the traditional view of human resources as merely an administrative function has evolved into a strategic partner for organizational success. Studies have repeatedly demonstrated that businesses with advanced HR departments typically beat rivals in terms of output, creativity, employee happiness, and total financial performance (Danilwan & Dirhamsyah, 2022). The modern business environment, with its diverse workforce, globalization, and technological innovations, has made it more important than ever for human resource management to match employee competencies and skills with company goals. It is now critical to look at how HR practices can improve organizational performance as businesses compete for talent and deal with higher customer expectations (Irani, Kilic & Adeshola, 2022). The performance of Kenya's public hospitals and the larger health sector is subpar when viewed through the lens of management expertise. Hospitals are substantially worse managed than other kinds of facilities, and worse still than public hospitals, claim Bloom et al. (2009). In the initial months of the 2018–2019 fiscal year, the situation of the healthcare industry, particularly hospitals, gained national attention. The media has reported on the reality of deplorable facilities, outdated equipment, and apathy among healthcare professionals. The criticism has been over lack of funding. Management experts believe that these public health institutions' systems must be flawed. With outdated infrastructure, crumbling buildings, underutilized equipment, crowded wards, delayed service procedures, inadequate personnel combined with low motivation among the available staff, and lack of monitoring, the government was highlighted as the cause of the worsening service delivery (Okara, 2012).

Therefore, management of medical staff and other resources is a crucial part of every business, including hospitals. Through management, goals are established, strategies for achieving them are put in place, and resources needed are mobilized. Implementing suitable techniques and tactics to guarantee that resources are efficiently distributed and used without wastage or improper allocation constitutes proper management (Chowdhury & Shil, 2017). Effective management techniques have significantly improved hospitals and the provision of high-quality healthcare in many spheres of human endeavor. Given the widening gulfs in privilege, effective management makes sure that people and groups in both urban and rural locations receive services that uphold, improve, and restore health (Ferlie, 2017).

The high level of healthcare inequality in the sub-region is a result of inefficient human resources practices in the health service sector in areas south of the Sahara Desert. For instance, there are still significant health disparities in South Africa even after the nation attained independence in 1994 and adopted a constitution requiring the government to implement the right to health and sound health policies. These disparities result from a number of causes, including the breakdown of family lives under the previous apartheid government, migrant labor without service entitlement, and discrimination based on race and gender (World Bank, 2018). Large health disparities between the rich and the poor, as well as significant differences in the quality of healthcare received in government hospitals, are linked to inefficiencies in human resources management in Kenya (Takashima, Wada, Tra & Smith, 2017). Even though hospitals in developing nations receive the majority of funding allocated to health systems, these disparities still persist.

Organizational performance is a metric that evaluates how well a company achieves its goals (Provan, 2015). According to Ndahiro, Shukla, and Oduor (2015), the idea of organizational performance holds that a corporation is a voluntarily assembled collection of productive assets made up of capital, human, and physical resources with the aim of accomplishing shared goals. Given that human capital in the organization is an important resource that contributes to effective performance, it is critical to evaluate performance based on strategic alignment of available human resources. Human resource practices, according to Atieno and Kyongp (2017), have a positive effect on organizational performance because they frequently lead to a significant increase in organizational skills, which is a fantastic way to further foster innovation.

Organizational performance has become a cornerstone of all organizations due to its broad-reaching effects, both positive and negative, on an organization's resilience, growth, and competitiveness. According to Nashold (2017), the system's long-term objectives are to endure, adapt, and grow for enhancing a competitive advantage. This is measured by the organizational performance. Organizations connect change management techniques with performance maximization.

Aspects of organizational performance include customer satisfaction, employee retention, innovation in products or services, management/employee relationships, employee attraction, and employee relationship management (Hashmi, Amirah, Yusof & Zaliha, 2021). Many metrics, including increased productivity, timely delivery, quantity and quality of output, and the efficiency and effectiveness of the task completed, can be used to assess performance (Musyoki & Ngugi, 2017). The ability to produce desired results with the least amount of resources is known as efficiency. Employee effectiveness is defined as their ability to meet the required goals or targets (Kura, Shamsudin, Umrani, & Salleh, 2019). The ratio of output to input serves as a proxy for productivity. It also acts as a gauge for the amount of output produced per unit of resource used. DeNisi and Murphy (2017) define quality as the ability of a service to satisfy the needs of its clients, whether they are explicit or implicit. Academic consensus on hospitals' performance is not universal. Regarding the number of beds occupied, costs, payroll ratios, death rate, accreditation, growth, and resource acquisition. Bloom et al. (2019) state that hospital administration and manufacturing company administration are not particularly comparable.

The way public hospitals operate as a whole is greatly influenced by their HR practices. Providing top-notch medical treatment, enhancing patient outcomes, and guaranteeing the satisfaction of patients and healthcare personnel all depend on effective management and strategic use of human resources (Anwar & Abdullah, 2021). Engaged healthcare professionals are more probable to be dedicated to their work, offer compassionate care, and have lower absenteeism rates, according to Mousa and Othman (2020). Engaging employees through recognition programs, feedback mechanisms, and a positive work environment can boost morale and overall hospital performance.

Kenya's health sector comprises of 2.5% of the GDP in the country, and 43% of it is dominated by private healthcare facilities. The National Health Sector Strategy (NHSSP) 2015-2018 lists a lackluster management structure as one of the major causes of Kenyans' declining health condition. It is essential to increase the sense of empowerment among medical staff members and involve communities in procedures of managing healthcare facilities if greater hospital performance is to be achieved through management. The public and other shareholders have articulated concern about the need for the government to improve and revive the country's administration of the health sector, particularly by raising the caliber of medical professionals hired in hospitals (Jones, 2016).

The public hospitals in Kenya were in appalling conditions, provided the lowest quality of care, and had inadequate management to blame. The study identified effective management as a prerequisite for improved hospital performance. Human resource practices, which are frequently overlooked, are essential components of strengthening health systems. Hospitals are labor-intensive establishments that need efficient management techniques to raise the bar for patient outcomes and healthcare standards. This is the outcome of workers' performance, which is impacted by the management techniques used.

The health sector has identified improved procurement and availability of essential health products and technologies as a priority reform, in addition to digitizing records, developing healthcare facilities, and developing infrastructure. Health is one of the social pillars mentioned in Kenya's long-term development plan, Vision 2030, as it is essential for the maintenance of human capital as well as good health.

County referral health services encompass all Level 4 and Level 5 primary and secondary health care facilities in the counties that give inclusive patient diagnostics, medical treatment, surgical treatment, rehabilitation treatment, specialized outpatient care, and facilitate and coordinate horizontal and vertical referrals.

National Referral Services: This includes all Level 6 referral hospitals, government agencies, blood transfusion services, national laboratories, and research and training facilities for highly specialized services are included in this category. The current study will concentrate on Lamu County's level 3, 4, and 5 hospitals.

Statement of the Problem

Making decisions, coordinating, ensuring accountability, developing production procedures and rewards, and recruiting and motivating personnel are all part of hospital management. To ensure that hospitals perform well in terms of providing healthcare, proper management of healthcare facilities is required (Dovlo, 2016). In an effort to improve health outcomes, Kenya's successive governments have instituted a number of health policies since the country's independence, including universal healthcare, a structural adjustment program, the imposition and removal of user fees, a protocol for healthcare delivery, and the transfer of healthcare responsibilities to county levels (RoK-MoH, 2016; RoK – KNBS, 2017; and WHO, 2018). These actions resulted in the expansion of the public healthcare infrastructure, but the nation's health system and service delivery remain inadequate. Numerous medical professionals,

especially physicians, have left public health systems for the private sector or overseas due to unfavorable working conditions, low pay, and unsatisfactory patient care. Rarely, medical personnel from public hospitals work full-time jobs in the private sector (Kuremu, 2016). Because of this condition, public hospital skilled medical staff is overworked.

A World Bank survey report from (2018) states that poor patient care and strained staff-patient relationships have been major issues for most public hospitals in Kenya. The current state of affairs at Lamu County's public hospitals demonstrates how prejudice and subpar service delivery have led to delays in service delivery and generally subpar performance (Mwikali & Bett, 2019). Over the past ten years of devolution, public hospital employees have faced many challenges, such as frequent strikes and a high rate of employee turnover in Kenya. This has forced the management of the hospital and the county government to reevaluate how they are using HR procedures to get rid of the problem.

There are methodological gaps in the key studies on this topic. For example, Stephen and Bula's (2017) study on the quality of health care services delivered at JOOTRH and human resource management practices utilized a case study research design, whereas the proposed research will utilize a descriptive research design. There is also a contextual difference between Taiko's (2020) research on the impact of HRM rehearses on workers' execution in public hospitals in Kajiado County and the current research, which will be done in Lamu County. The fact that Kazira's (2014) study was carried out in the banking industry rather than the contemporary public health sector creates even more contextual gaps regarding its findings regarding the relationship between HR rehearses and worker commitment in banking at Standard Chartered Bank (Kenya). It is insufficient to address the poor performance of public hospitals by focusing only on efficiency without also considering issues of quality and welfare. The study aimed to explore human resource practices applied in public hospitals and how they impacted key health outcomes, resource allocation and use efficiency, and the quality of services provided. The research was done in public hospitals in Lamu County.

Objectives of the study

- i. To determine the effect of decision making practices on performance of public hospitals in Lamu County, Kenya
- ii. To establish the effect of communication level on performance of public hospitals in Lamu County, Kenya

LITERATURE REVIEW

The section reviews theoretical underpinning of the study, presents empirical literature and the conceptual framework.

Theoretical Review

The research was directed by resource based view theory, dynamic capabilities theory, agency theory and stakeholder theory.

Resource Based View Theory

Barney (1991) developed the theory. The theory integrates the external (industry structure) and internal (core competence) strategic vantage points. More broadly, resources can be defined as organizational (routines or processes like lean manufacturing), intangible (brand names, technological know-how), or physical (property rights, capital). The idea that an organization is a collection of capabilities and that economic rent is the foundation of firms' resource-based perspective. While traditional strategy models place more emphasis on what the company's competitors are doing, the RBV emphasizes that a company's internal capabilities need to align with external market developments. In essence, the Resource-Based View (RBV) holds that an organization's internal dynamics, including its capabilities and assets, are critical factors in the process of making strategic decisions.

The RBV approach stresses the firm's strategic capabilities as the basis for dominance rather than a never-ending hunt for the ideal environment fit. Resources are the tangible human, organizational, and physical assets that can be employed to carry out plans that create value. Conversely, capabilities are intricate groups of acquired knowledge and skill that are used by organizations through organizational procedures to help them manage and maximize their resources. Capability is a collection of resources with the ability to carry out a task or activity. The resource-based view theory focuses on the strategic identification and utilization of resources for establishing a competitive advantage, and it can be used to explain how organizations achieve competitiveness by offering higher quality to clients in novel ways. The theory is utilized in this research to explain how strategic resource identification and utilization has allowed public hospitals to become competitive. The understanding of management practices and their relationship to intermediary performance in this research is based on the resource-based perspective. It continues by implying that organizations possess particular assets that enable them to achieve better long-term results.

Dynamic Capabilities Theory

The theory was created by Teece, Pisano, and Shuen (1997). According to the theory, by following specific tactics, an organization can acquire and maintain a competitive edge in a setting that is changing quickly. The theory clarifies the idea of capability, which is an organization's ability to make use of its resources. According to Teece (2018), dynamic capabilities are those that the organization regularly modifies and reorganizes in order to increase their adaptability.

In order to deal with the unpredictable operating environment of the organization, the capabilities are being adapted. The organization's capabilities, which include policies and procedures that strengthen its core competencies, are what set it apart from competitors. According to Gruchmann, Seuring, and Petljak (2019), an organization's capabilities are dynamic because they need to be continuously developed, adjusted, and reconfigured in order to achieve alignment with the rapidly changing environment of the organization.

The operating environment of organizations has changed, leading to an increase in competition on a local, regional, and global scale. Businesses, including those in the public sector, must align internal resources with external resources and abilities to adapt to a harsh operating

environment due to the intense and violent competition. This helps the organization gain and maintains a competitive advantage. The need for this theory's application stems from the fact that modern public sector managers, like those in the private sector, must contend with rising external demands on their organizations and declining internal organizational flexibility to react and respond favorably.

Empirical Review

Decision-Making Practices and Performance of Public Hospitals

A research by Issack and Muathe (2017) on the effectiveness of public health institutions in Mandera County, Kenya in terms of strategic management techniques. This investigation used a hybrid research design approach. There are fifty (50) public health institutions in Mandera County. From the research, hospital administrators need to make choices that promote the best possible patient care while also achieving monetary execution as indicated by more conventional metrics like occupancy rates, return on equity, and return on assets. Therefore, hospital administrators' strategic decisions carry a great deal of weight. Because organizational decision makers must take into account factors like patient access to services, quality of care, reliability, and healthcare institutions present particular management challenges.

Abdul-Lateef's (2019) study in Nigeria examined the connection between public hospital performance and outsourcing decision-making processes. Using a target population of six (6) federal medical centers and teaching hospitals in southwest Nigeria, a survey research design was used. 108 respondents were chosen for the research using a multi-stage sampling technique that was applied to three (3) teaching hospitals in southwest Nigeria. Inferential and descriptive statistics were utilized to analyze the data, which were gathered using an interview guide and a well-structured questionnaire. From the results, it was determined that low participation in decision-making procedures, a lack of trust in the vendor's competence, the absence of motivating incentives, and excessive disengagement procedures were barriers to efficient outsourcing decision practices. On the other hand, operational cost reduction, enhanced service delivery, and an emphasis on the association's core competencies were the advantages of outsourcing decision-making processes.

Belghiti, De Brouwere, Meessen, and Bigdeli (2020) did a research on decision-making and strengthening the health system in Morocco. The Moroccan healthcare system was the subject of the study. The research's results demonstrated that various temporalities have an impact on how a health system is managed, and this understanding enables a more realistic examination of the challenges and achievements of strategies for bolstering the health system. The results also showed that temporality analysis, which influences decision-making processes and the dynamics of health system functioning, can be used to strengthen health systems.

According to a study by Mugasia (2021), hospital managers should make decisions based on making sure patients receive high-quality medical care that is timely and addresses the population's health needs. It is the managers' responsibility to guide the company toward achieving its objectives and performance targets. The management should make sure that

members are given the proper authority to make decisions and that there are fruitful discussions about how to deliver and enhance high-quality patient care.

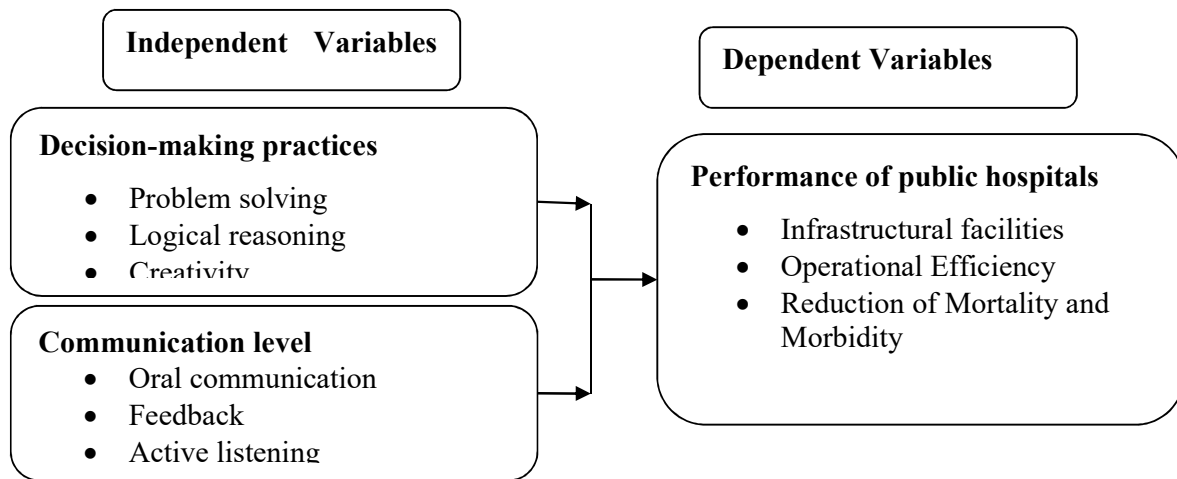
Communication Level and Performance of Public Hospitals

Zangeneh (2021) did a research in Iran on the degree of communication in healthcare and the significance of demographic factors. The statistical population in this descriptive-analytic research consisted of 926 nurses who were employed in 2018 at the Imam Reza Hospital's Educational, Therapeutic, and Research Center, which is connected to Kermanshah University of Medical Sciences in Kermanshah, Iran. Additionally, the sampling technique employed was random sampling. In terms of gathering data, a two-part survey. The study's results showed that nurses had a poor understanding of communication techniques. It is advised that nurses include communication skills training courses in their continuing education programs and on-site training to raise the caliber of nursing services. When evaluating the impact of high-quality service delivery on patients' decisions about healthcare at Green Hill Hospital and Bechem Government Hospital in India.

In Uganda's local government, Musenze, Munene, Ntayi, and Balunywa (2014) did a survey on the correlation between communication and quality service delivery, using total quality management as the mediating variable. The findings uncovered that without communication, quality service cannot be realized. There is no way to separate the three dimensions, as quality services are achieved through continuous quality monitoring that is delivered from the foundation and because quality standards are set in advance and services are communicated via a feedback loop. Positive word of mouth (WOM) from patients can open doors for prospective clients to utilize the hospital's services, which enhances the hospital's overall performance.

A survey on the influence of communication on the provision of high-quality healthcare in mission hospitals in Meru County was carried out by Mutunga (2022). The study design used was descriptive. CEOs, HR, PR, and other staff members were among the key hospital stakeholders who were targeted as responders. Patients, vendors, and nearby residents made up the external stakeholder group. The study discovered that in mission hospitals, communication significantly improved the quality of service delivery ($R=0.498$, $F=6.922$, $P=0.00$). All staff members at Mission Hospitals were commended for their effective communication and customer service skills, which are essential for maintaining the quality of services they provide to patients.

Conceptual Framework



RESEARCH METHODOLOGY

A mixed method research design was utilized for this research, utilizing both qualitative and quantitative data. The aim of mixed research is to collect, examine, and incorporate both qualitative and quantitative data into one main study or a group of related studies. The study targeted 329 human resources for health working at the five (5) public hospitals in Lamu county. Given the recent dissatisfaction at the facility that has been linked to issues with remuneration and related human resource management, the doctor, clinical, and nursing staff are thought to be a suitable population. The population for the study is considered appropriate as doctors, clinicians, nurses, hospital board members, hospital administrators and human resource officers working in the hospitals are most knowledgeable about technical quality of health care, and the likely influence of human resources practices on performance of hospitals i.e. services offered to the patients. The ideal sample size was explored using the 90% confidence level Yamane formula (Yamane, 1973). A representative sample of 169 was scientifically selected for this study.

The primary and secondary data was utilized in the research. The Lamu County Government was in charge of managing the public sectors where the chosen employees provided the data. To gather primary data, a closed-ended and open-ended questionnaire was utilized. The researcher utilized the drop and pick method of data gathering to ensure that participants have enough time to answer the study's questions. The cited annual county reports were the source of secondary data.

There was a collection of both qualitative and quantitative data. Depending on the goals of the research, both themes and content analysis were utilized in the analysis of qualitative data. Data was sorted utilizing thematic analysis into themes and codes, and the results were reported verbatim within quote marks (Golafshani, 2003). The SPSS version 26 was utilized to analyze data descriptively and inferentially. Tables, charts, means and standard deviation were utilized to exhibit the descriptive statistics findings.

RESULTS AND FINDINGS

The response rate shows that 152 of the 167 targeted respondents who received the questionnaires completed and returned them. This corresponds to a 91.0% response rate, which is considered satisfactory for the research. This is supported by Creswell (2017) who claim that a 50% response rate is enough for reporting and analysis, a 60% response rate is acceptable, and a 70% or higher response rate is noteworthy. Data on gender showed that 78 (51.3%) of the participants were male while 74 (48.7%) were female. This suggests that in order to eliminate any potential gender bias in the research outcomes, respondents were chosen from all gender groups. This supports the Kenyan Constitution (2013) on gender rule, which specifies that no more than two-thirds of the members in any elected or appointive offices must be of the same gender. Data on Age distribution of the respondents showed that 39.5% of the participants who are majority were between the ages of 36 and 45. Conversely, only 9 (5.9%) of the respondents were younger than 25 years. These results demonstrate that study participants came from a variety of age groups within the public hospital workforce. This demographic trend could reflect recent graduates entering the healthcare sector, attracted by opportunities for employment in public hospitals or driven by a sense of duty to serve their communities. Moreover, younger staff members bring fresh perspectives and technological savvy to hospital operations, contributing to innovation and efficiency. Data findings on educational levels attained revealed that 72 (47.4%) of the participants had obtained a bachelor's degree, followed by 36 (23.7%) with a master's degree, 31 (20.4%) with a diploma, and only 12 (8.5%) with a doctorate. These findings suggest that every respondent possessed the necessary reading skills to comprehend the data this study was looking for. Data on work experiences showed that 39 (25.7%) of the participants had worked at public hospitals for fewer than 5 years, 76 (50.0%) for between 5 and 10 years, and 37 (24.3%) for more than 10 years. The results unequivocally show that most workers have between five and years of experience. Longer tenure in the health sector is probably indicative of more experience.

Decision-Making Practices and Performance of Public Hospitals

The researcher found several claims on how decision-making practices affect public hospitals' performance. Regarding decision-making practices and how they have affected public hospitals' performance, respondents were asked to rank their agreement with each assertion utilizing 5-likert scale from 1-strongly disagree to 5-strongly agree. The outcomes are exhibited in Table 1.

Table 1: Descriptive Statistics for decision-making practices

Statements	1	2	3	4	5	Mean	Std. Dev
Management at hospital directly consult workers' representative on changes in staff levels	9 (5.9%)	13 (8.6%)	12 (7.9%)	84 (55.3%)	34 (22.4%)	3.62	0.732
Employees are involved in plans and strategies	11 (7.2%)	14 (9.2%)	14 (9.2%)	77 (50.7%)	36 (23.7%)	3.57	0.719

for development of hospital							
The hospital assigns specific duties to the appropriate departments.	16 (10.5%)	11 (7.2%)	17 (11.2%)	72 (47.4%)	36 (23.7%)	3.53	0.717
With defined responsibilities, there is a clear reporting relationship.	16 (10.9%)	18 (11.8%)	19 (12.5%)	68 (44.7%)	31 (20.4%)	3.49	0.674
The hospital makes sure that each employee's job is clearly defined.	5 (3.3%)	12 (7.9%)	23 (15.1%)	71 (45.8%)	41 (27.0%)	3.56	0.698
Average scores						3.55	0.708

Source: Field Data (2024)

The outcomes shown in Table 1 demonstrated that most participants agreed that management at hospital directly consult workers’ representative on changes in staff levels (mean = 3.62, Std. Dev = 0.732). The respondents agreed that employees are involved in plans and strategies for development of hospital (mean = 3.57, Std. Dev = 0.719). The participants agreed that hospital assigns specific duties to the appropriate departments (mean = 3.53, Std. Dev = 0.717). This indicates that decision-making practices at the operational level, such as those related to clinical protocols, staffing levels, and workflow optimization, have a direct impact on the efficiency and effectiveness of healthcare delivery within public hospitals. Inclusive decision-making, where staff at all levels are involved, is often associated with higher employee morale and better engagement. When workers feel their voices are heard and valued, they are more motivated and satisfied with their jobs. This inclusivity fosters a sense of ownership and responsibility, leading to innovative solutions and practical improvements in hospital operations. Regular staff meetings, feedback mechanisms, and participatory committees exemplify this approach, ensuring that diverse perspectives contribute to decision-making. The outcomes agree with the findings of a research by Mikkelsen, Aas and Gran (2018) who emphasized the importance of participatory decision-making processes that engage diverse stakeholders, including healthcare professionals, patients, and community representatives, in setting organizational priorities and driving strategic change. Hospitals that adopt transparent, evidence-based decision-making frameworks are better positioned to align their resources with community needs, optimize service delivery models, and achieve measurable improvements in patient outcomes and satisfaction levels.

Furthermore, the results revealed that most participants agreed that with defined responsibilities, there is a clear reporting relationship (mean = 3.49, Std. Dev = 0.674). The participants also agreed that hospital makes sure that each employee's job is clearly defined.

(mean = 3.56, Std. Dev = 0.698). This show that hospitals that leverage performance metrics, benchmarking data, and predictive analytics to inform decision-making enhanced productivity, minimize errors, and ensure timely access to high-quality care for patients. The hierarchical decision-making, where decisions are made primarily by senior management with little input from lower-level staff, can create significant communication gaps. This top-down approach may overlook crucial insights from those who interact directly with patients and daily hospital operations. Consequently, decisions may be less effective and slower to adapt to new issues or changing circumstances. Additionally, hierarchical decision-making can lead to employee disengagement, as workers might feel undervalued and excluded from important processes, potentially increasing turnover and decreasing overall morale. The results are supported by the findings of Issack and Muathe (2017) who established that empowering frontline staff members with the authority to make localized decisions and implement process improvements fosters a culture of accountability, innovation, and continuous improvement that drives performance excellence. By fostering a culture of collaboration, transparency, and accountability, hospitals optimized their decision-making processes at all levels, leverage data-driven insights to inform strategic and operational priorities, and ultimately enhance the quality, efficiency, and sustainability of healthcare services for the benefit of patients and communities.

Communication Level and Performance of Public Hospitals

The researcher found multiple assertions regarding the impact of communication level on public hospital performance. Regarding the level of communication and how it has impacted public hospitals' performance, participants were inquired to rank their agreement with each statement utilizing 5-likert scale from 1-strongly disagree to 5-strongly agree. The findings are exhibited in Table 2.

Table 2: Descriptive Statistics for Communication Level

Statements	1	2	3	4	5	Mean	Std. Dev
The organization's communication channels are incredibly efficient.	7 (4.6%)	12 (7.9%)	17 (11.2%)	76 (50.0%)	40 (26.3%)	3.67	0.686
There are official, effective, and accountable communication channels.	9 (5.9%)	15 (9.9%)	13 (8.6%)	71 (46.7%)	44 (28.9%)	3.58	0.695
For effective communication, the chain of command is clearly defined.	11 (7.2%)	13 (8.6%)	14 (9.2%)	69 (45.4%)	45 (29.6%)	3.61	0.674
Interpersonal communication among healthcare teams play in	12 (7.9%)	14 (9.2%)	16 (10.5%)	74 (48.7%)	36 (23.7%)	3.63	0.701

reducing medical errors and improving patient safety within public hospitals.							
The feedback given by the people helps to reinforce operational systems set by the county government	10 (6.6%)	14 (9.2%)	13 (8.6%)	78 (51.3%)	37 (24.3%)	3.65	0.637
Average scores						3.63	0.679

Source: Field Data (2024)

The outcomes shown in Table 2 demonstrated that most of the participants agreed that organization's communication channels are incredibly efficient (mean = 3.67; Std. Dev = 0.686), there are official, effective, and accountable communication channels (mean = 3.58; Std. Dev = 0.695) and for effective communication, the chain of command is clearly defined (mean = 3.61; Std. Dev = 0.674). Effective communication within public hospitals is essential for facilitating collaboration among healthcare teams, ensuring the timely exchange of information, and fostering patient-centered care practices. High levels of internal communication within public hospitals foster a collaborative environment that enhances overall performance. When information flows freely between departments, it enables coordinated efforts in patient care and operational management. For instance, regular inter-departmental meetings and comprehensive handover protocols ensure that all staff members are informed about patient statuses, treatment plans, and any changes in hospital policies. Leonard, Graham, and Bonacum (2021) noted that inadequate communication among healthcare providers can lead to medical errors, delays in treatment, and adverse events, compromising patient safety and contributing to avoidable harm. Conversely, hospitals that prioritize open, clear, and transparent communication channels among staff members are better positioned to identify and address potential risks, coordinate care more effectively, and mitigate the likelihood of adverse outcomes.

Further, the outcomes also revealed that most participants agreed that interpersonal communication among healthcare teams play in reducing medical errors and improving patient safety within public hospitals (mean = 3.63; Std. Dev = 0.701 and the feedback given by the people helps to reinforce operational systems set by the county government (mean = 3.65; Std. Dev = 0.637). The level of communication within public hospitals directly influences staff morale, job satisfaction, and retention rates. Open and transparent communication from hospital leadership plays a significant role in maintaining staff engagement and trust. When leaders regularly communicate goals, challenges, and changes, it builds a culture of transparency and accountability. Workers feel more connected to the hospital's mission and are more likely to be motivated and committed to their roles. This agrees with Zangenen (2021) who established that healthcare professionals who perceive communication within their organization as effective and supportive are more likely to experience greater job satisfaction,

commitment to the organization, and overall well-being. Conversely, poor communication practices, such as lack of feedback, unclear expectations, or hierarchical communication structures which contribute to feelings of disengagement, frustration, and burnout among staff members, ultimately impacting their performance and willingness to remain in their roles. Further, Mutunga (2022) noted that hospitals that prioritize effective communication with patients, including active listening, empathy, and clear explanations of treatment options, are more likely to experience higher levels of patient engagement, treatment adherence, and overall satisfaction with their healthcare experience.

Performance of Public Hospitals

Several statements on the performance of public hospitals were identified by the researcher. Regarding how well public hospitals are performing, participants were questioned to show their agreement with each item using 5-likert from 5-strongly agree to 1 strongly disagreed. The outcomes are displayed in Table 3.

Table 3 Descriptive Statistics for performance of public hospitals

Statements	1	2	3	4	5	Mean	Std. Dev
I am not satisfied with how the hospital handle staff complaints	16 (10.5%)	20 (13.2%)	18 (11.8%)	65 (42.8%)	51 (33.6%)	3.64	0.638
Communication system is informative and provide immediate feedback	19 (12.5%)	17 (11.2%)	21 (13.8%)	67 (44.1%)	28 (18.4%)	3.51	0.656
I am provided enough information by the hospital to do my job well	11 (7.2%)	22 (14.5%)	24 (15.8%)	62 (40.8%)	33 (21.7%)	3.58	0.652
I am not able to produce quality work as specified in the hospital goals	69 (45.4%)	57 (37.5%)	26 (17.1%)			1.49	1.661
I am not satisfied with the flexibility of work in the hospital	13 (8.6%)	21 (13.8%)	19 (12.5%)	60 (39.5%)	39 (25.7%)	3.53	0.632
My hospital has up to date equipment and facilities (tangibility)	15 (9.9%)	24 (15.8%)	27 (17.8%)	65 (42.8%)	21 (13.8%)	3.48	0.657
Average scores						3.21	0.816

Source: Field Data (2024)

The outcomes presented in Table 3 established that most participants agreed that they are not satisfied with how the hospital handle staffs complaints (mean = 3.64, Std. Dev = 0.638), communication system is informative and provide immediate feedback (mean = 3.51; Std. Dev = 0.656), and we are provided enough information by the hospital to do our job well (mean = 3.58, Std. Dev = 0.652). Engaged healthcare professionals are more likely to be devoted to their work, offer compassionate care, and have lower absenteeism rates. Engaging employees through recognition programs, feedback mechanisms, and a positive work environment boost morale and overall hospital performance. The findings are supported by the results of a research by Mousa and Othman (2020) who established that hospitals that implement robust recruitment practices, such as competency-based assessments, streamlined hiring processes, and talent

pipelines build a competent and diverse workforce capable of meeting the complex healthcare needs of patients.

Also, the outcomes in Table 3 discovered that most of participants disagreed with the statement that they not able to produce quality work as specified in the hospital goals (mean =1.49; Std. Dev = 1.661). Further, majority of agreed that they are am not satisfied with the flexibility of work in the hospital (mean = 3.53; Std. Dev = 0.632), and hospital has up to date equipment and facilities (tangibility) (mean =3.48; Std. Dev = 0.657). Effective leadership inspire employees, improve organizational culture, and drive performance improvement initiatives. Mirera (2020) noted that strong leadership at all levels within the hospital is crucial for setting a positive tone, providing direction, and supporting the workforce.

The findings are supported by Nanthayawong (2017) who revealed that public hospitals that prioritize staff well-being, offer competitive benefits, and provide opportunities for advancement are better positioned to retain talent, enhance staff loyalty, and sustain organizational performance. Needleman (2016) established that optimizing staffing levels, skill mix, and staff-patient ratios is essential for ensuring safe and quality care. Hospitals that employ evidence-based staffing models, utilize workforce analytics, and leverage technology to match staffing levels with patient acuity and demand improve patient outcomes, reduce adverse events, and enhance overall performance. The results are also supported by Laschinger (2019) who revealed that supportive leadership, participative decision-making, and open communication channels are key drivers of employee engagement in healthcare settings.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The research remarks that human resource practices ominously impacted the performance of public hospitals in Lamu County, Kenya. The research concludes that decision-making practices, communication level, controlling practices and staffing practices positively impacted the performance of public hospitals. First, effective decision-making practices, characterized by transparency, collaboration, and evidence-based approaches, are essential for aligning organizational priorities with the needs of patients and communities. Public hospitals improved their agility, responsiveness, and overall performance by incorporating different stakeholders in decision-making processes and equipping employees with the skills and resources they need to make informed decisions.

Communication levels within public hospitals are critical in promoting teamwork, patient engagement, and organizational effectiveness. Through investing in communication infrastructure, encouraging open channels of communication, and cultivating a culture of transparency and collaboration, public hospitals enhanced coordination, reduced errors, and increased patient satisfaction.

Recommendation

From the results, the stated recommendations were made;

Improving decision-making practices in public hospitals requires fostering a culture of transparency, collaboration, and evidence-based decision-making. Hospital administrators should prioritize the establishment of multidisciplinary decision-making committees comprising healthcare professionals, administrators, and community representatives. These committees should be tasked with setting organizational priorities, allocating resources, and evaluating performance based on clear, measurable objectives. Additionally, training programs should be implemented to equip staff with the essential decision-making skills and tools to facilitate data-driven decision-making processes.

Enhancing communication levels within public hospitals is essential for promoting teamwork, patient engagement, and organizational effectiveness. Hospital management should invest in communication infrastructure, such as electronic communication platforms and patient portals, to facilitate seamless information exchange among healthcare teams and with patients. Moreover, training programs should focus on improving communication skills among healthcare professionals, emphasizing active listening, empathy, and cultural sensitivity. By promoting open, transparent communication channels, public hospitals can improve teamwork, patient satisfaction, and overall organizational performance.

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