MANAGING HUMAN RELATIONS IN THE DELIVERY OF HEALTHCARE: A CASE STUDY OF SELECTED HEALTH FACILITIES IN THE ATWIMA NWABIAGYA DISTRICT

By

Esi Adetor, BBA Human Resource Management

A Thesis submitted to the Department of Human Resource Management and Organizational Development, Kwame Nkrumah University of Science and Technology

in partial fulfilment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION (HRM OPTION)

School of Business, KNUST

College of Art and Social Sciences

June, 2014

DECLARATION

I hereby declare that this submission is my own work towards the Master of Business Administration (Human Resource Management option) Degree. To the best of my knowledge, it contains neither material previously published by another person nor material which has been accepted for the award of any degree by the University, except in places where references of other people's work have been cited and fully acknowledged.

Esi Adetor (PG7626712)	…….	……..
Student and Index No.	**Signature**	**Date**

Certified by

Mr. J. K. Turkson	……	……..
Supervisor	**Signature**	**Date**

Certified by

Mr. J. K. Turkson	……	……..
Head of Department	**Signature**	**Date**

ABSTRACT

Despite wide recognition of the importance of human relations for effective organizational performance, there is little understanding of the various elements of human relations in healthcare, and even less understanding of the ways in which human resource management practices can support human relations conducive to knowledge transfer and sharing. It is for this reason that this study sought to investigate the management of human relations in the delivery of healthcare in the selected health facilities in the Atwima Nwabiagya District. This was done by the use of suitable methodological approaches through purposive sampling of respondents from two public health facilities and two private health facilities in the Atwima Nwabiagya District to achieve the objectives of the study. The response rate achieved was 78%. The findings revealed the non-existence of human relations policy in both the public and private facilities. The enablers for human relations as identified by the study included avoidance of nepotism and favouritism, satisfied employees, effective communication, flexible organizational culture, staff welfare scheme, etc. The findings revealed that good human relations improves work rate, promotes good performance of staff, minimizes conflict situations among staff, ensures a better relationship between healthcare professionals and patients/clients etc. It is recommended that the level of performance of front-line health workers or those who are continuously in contact with the clients/patients and the community at all levels of health care is improved. Secondly, it is recommended that the various stakeholders come together to enact a policy to manage human relations, and ensure that it is implemented and strictly adhered to.

ACKNOWLEDGEMENTS

I am forever grateful to Elohim for giving me strength and wisdom to undertake the MBA Programme and this work in particular. I also acknowledge the several writers whose work I referenced from and support of all those who contributed to the success of this work.

Secondly, I thank Mr J. K. Turkson, my supervisor who did more than I imagined in making this work successful. I must mention that without him, this work could not have been completed. Apart from his supervisory role, he was a father too.

Thirdly, I would like to acknowledge the management and staff of all health facilities I contacted for data collection for granting me the opportunity to conduct the research at their Facilities.

Finally, I wish to thank my family and for their support and cooperation till the completion of this work.

DEDICATION

To my late mother – you never received a formal education

yet you understood the value of education.

You left fingerprints of grace upon our lives – forever in our hearts.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

FIGURE……PAGE

LIST OF APPENIDICES

LIST OF ABBREVIATIONS

MOH	Ministry of Health
WHO	World Health Organization
GHS	Ghana Health Service
ILO	International Labour Organization
MDG	Millennium Development Goals

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Healthcare systems are facing extreme pressure to reduce costs, become more productive, and create improvements in the quality of service (D'Aunno et al., 2000). The healthcare delivery system is one of the vital components of the government's public welfare schemes. Healthcare components like accessibility, quality, and cost are increasingly moving beyond the grasp of public sector. The downtrend in these important components has become a major issue which if not addressed soon may produce serious consequences for the government. The management of healthcare is very challenging; reforms are needed through a comprehensive overhaul of the entire delivery system, and the careful consideration of all pros and cons of developments in the concerned public healthcare areas (Ozcan and Smith, 1998). The serious ramifications of this issue have made this a priority of the concerned authorities. Healthcare organizations are facing several problems; therefore, radical organizational changes need to be introduced to improve the health delivery systems. One important area is the improvement of human resources in the healthcare organizations. In any healthcare setting, resource availability and employee competence are essential to guarantee the attainment of the desired performance level (Franco et al., 2004).

Improving the productivity and performance of health workers to ensure that health interventions are efficiently delivered continues to be a major challenge for most African

countries. Human resources for health, consisting of clinical and non-clinical staff, are the most important assets of health systems. The performance of a health organization depends on the knowledge, skills and motivation of individuals. It is therefore important for employers to provide suitable working conditions to ensure that the performance of employees meet the desired standards. African countries are trying to improve the functioning of health care delivery systems to ensure that the population they serve receive timely quality healthcare. Health care is labour-intensive, making human resources one of the most important inputs in health care delivery (WHO, 2000).

The Ministry of Health (MOH) in Ghana has the same concern as other African countries which are to ensure that a well-functioning health system is available to promote the health and social wellbeing of its people. There are some outstanding motivating factors that would influence good working benefits in the public sector, including housing allowances, medical coverage and pension scheme (McCourt and Awases, 2005). Healthcare organizations are complex and dynamic. In healthcare organizations, the scope and complexity of tasks carried out in provision of services are so great that individual staff operating on their own could not get the work done. Good human relations is very important in ensuring that health care delivery is effectively carried out. This would ensure that tasks are carried out in the best way possible to achieve organizational goals and that appropriate resources, especially human resources are adequate to support the health facility.

In addition to doctors and nurses, there are many more professionals involved in the health care process. Allied health care professionals can consist of pharmacists, dietitians,

social workers and case managers, just to name a few. While much of the focus is on doctors and nurses, there are numerous issues that affect other health care providers as well, including workplace issues, scopes of practice and the impact of changing ways of delivering services (Health Canada, 2003). Furthermore, with health care becoming so technologically advanced, the health care system needs an increasing supply of highly specialized and skilled technicians.

Human relations could simply be referred to as the study of how organizations manage and interact with their employees in their efforts to improve employee and organizational effectiveness. Human relations is a broad term that includes subjects such as leadership, organizational design, extent of decentralization, and willingness to delegate authority and responsibility. In addition, it involves such fundamental issues as individual, group, and organizational needs; motivation and attempts to improve the quality of work life.

The scope of human relations in this study covers health institutional relations, employee safety, health employment security, working conditions and assistance with non-work problems. Human relations are meant to cultivate a sense of belonging to and oneness with the health facility. Human relations are associated with all the welfare measures of the health facility taken in the interest of employees and maintenance of their good health at the work place and also give a constructive feedback to employees.

It is important for employers to ensure that the performance of employees is of a high standard. If this is not the case, measures should be put in place to detect and rectify the situation. It is important to improve the level of performance of first-line health workers

or those who are continuously in contact with the community and clients/patients at all levels of health care.

The term human relations reflects a range of developments in the political, economic, social and legal context of the employment relation- ship that have taken place over the last three decades. The advent of new forms of employee management, such as HRM, alongside shifting industrial structures to a service-dominated economy, declining trade union power and influence, political antipathy towards the union movement, greater individualization and flexibility in the management of labour and changing social attitudes have created a more diverse employment landscape. Subsequently, employment relations is concerned with the management of both the individual and collective employment relationship, both in union and non-union workplaces and in all industry sectors.

The interaction between HRM and human relations is also explored in Guest and Conway's (1999) framework for analyzing the relationship between, on the one hand, unitarist, individualized HRM practices and, on the other, employee relations, denoting pluralism and trade union recognition. Firms placing emphasis on both employee relations and HRM are characterized as partnerships combining individual and collective mechanisms for the management of employees. Such an approach is common in the public sector and a few high-profile large private sector firms with the healthcare sector have not been an exception.

Human relations, sometimes known as employment relations is concerned with power and control in the employment relationship and the degree to which management is 'free'

to make decisions unimpeded. Subsequently, a key dimension of employee relations is the means by which employees are able to influence managerial decisions. Employee 'voice' is used to refer to 'a whole variety of processes and structures which enable, and at times empower, employees, directly and indirectly, to contribute to decision-making in the firm' (Boxall and Purcell, 2003). In other words, there are a number of mechanisms through which employees can contribute to or share in decision-making with management. Traditionally, the pressure for employees to be allowed 'a say' at work has stemmed from notions of industrial democracy or 'industrial citizenship' (Gollan and Wilkinson, 2007). This pressure is typically exerted by employees themselves as a reflection of the extent to which they feel empowered and entitled to articulate concerns to management (Wilkinson et al., 2004), although this is increasingly being supplemented by the employer's view that allowing and utilizing employee voice can make good business sense. In the 1970s, employee voice in decision-making tended to be through 'indirect' worker participation via trade union representation. In the 1980s, reflecting declining trade union membership and recognition, 'direct' voice was afforded through employee involvement via managerially established forums or communication channels.

Mechanisms or channels for employee voice can be both formal and informal and can have a range of intentions, ranging from simply imparting information to a means through which employers and employees share responsibility for decisions.

Some forms of employee voice are clearly 'bottom-up', resulting not from managerial forums but a desire among employees to be 'heard', whether collectively or individually,

formally or informally, directly or through representatives. Mechanisms for employee voice are however often introduced by management, whether as a response to pressure from employees, or as part of a strategy to be more inclusive in decision-making. As it is often management that dictates the extent of employee voice, Dundon and Gollan (2007) used the term representation gap to refer to the difference between how much influence employees report have over management decisions and how much influence they would like to have.

It is against this background that this study on managing human relations in healthcare delivery is proposed. The study focuses on healthcare professionals working in the selected health facilities in the Atwima Nwabiagya District in the Ashanti Region of Ghana.

1.1 Problem Statement

The quality, efficiency and equity of services are all dependent on the availability of skilled and competent health professionals when and where they are needed. It is essential that health workers are appropriately trained to deliver the required services at a high standard. The delivery of healthcare takes into account the prevention, care and treatment of diseases. Ghana Health Service (GHS) has as such developed Code of Ethics guidelines to manage human relations in healthcare institutions. This to an extent has been able to control and manage the behaviours of healthcare professional especially in public institutions to ensure effectiveness and efficiency in their operations.

Notwithstanding, it has been perceived that there is great level of dissatisfaction among health care receivers i.e. clients (patients) as they have varying experiences at the point of receiving health care/service. There is so much negativity/pessimism going on about Ghana's healthcare delivery. Both private and public interests are at stake in any labour relations system. The State is an actor in the system as well, although its role varies from active to passive in different countries. The nature of the relationships among organized labour, employers and the government with respect to health and safety are indicative of the overall status of industrial relations in a country or an industry and the obverse is equally the case. An underdeveloped labour relations system tends to be authoritarian, with rules dictated by an employer without direct or indirect employee involvement except at the point of accepting employment on the terms offered. This can be seen in both private and public healthcare institutions in Ghana as well.

Despite wide recognition of the importance of human relations for effective organizational performance, there is little understanding of the various elements of human relations in healthcare, and even less understanding of the ways in which human resource management practices can support human relations conducive to knowledge transfer and sharing. It is believed that, the usefulness or value of a healthcare system is best considered in terms of how well it keeps its people healthy and how swiftly clients are treated at least cost. It is in the light of some of these challenges, that this study is to investigate why clients (patients) expectations are not being met when they access healthcare; why health workers who have been trained to offer quality service delivered in a humane, efficient and effective manner by well-trained, friendly, highly motivated

and client-oriented personnel (according to the Ghana Health Service Mission Statement) at the various health facilities are not up to the task.

Therefore, it is necessary to generate relevant evidence through a detailed study to guide the Ministry of Health (MOH) and other health partners to develop strategies for improving the human relations in the health sector. The obvious solution is to develop strategies that will monitor the performance of health professionals and suggest ways of improving their motivation and subsequently their performance.

1.2 Objectives of the Study

The objectives of the study are grouped into two; these are general and specific.

1.2.1 General Objective

The general objective of the study is to assess the management of human relations in the delivery of healthcare.

1.2.2 Specific Objectives

Based on the general objective, the following specific objectives are focused on:

i. To investigate the human relations policies that exist in the health facilities in the Atwima Nwabiagya District;

ii. To determine the enabling factors of human relations in the selected health facilities in the Atwima Nwabiagya District;

iii. To examine the effect of managing human relations on the performance of healthcare professionals;

iv. To recommend strategies that could improve human relations of healthcare professionals in Ghana as a whole.

1.3 Research Questions

The following research questions were addressed:-

i. What are the human relations policies that exist in the selected health facilities in the Atwima Nwabiagya District?

ii. What are the enabling factors of human relations in the selected health facilities in the Atwima Nwabiagya District?

iii. How does the management of human relations affect the performance of healthcare professionals?

iv. What strategies could be adopted to improve human relations of healthcare professionals?

1.4 Significance of the Study

According to Homedes and Ugalde (2004), human resources or the health workforce are the most important assets of health systems. There are many complex reasons for the deterioration of health systems in the African region; however, the main cause is the neglect of the health workforce (High-Level Forum on MDGs, 2004). The human resource capacity in developing countries is insufficient to absorb and deliver health interventions offered by many new health initiatives such as the millennium development goals. This study is important because human relations management is very relevant in the healthcare context so as to secure the productive human resources of the nation.

Human relations among healthcare professionals would ensure the development of a culture that can enable a healthcare organization to meet its challenges. They would understand how communities of practice can form around common goals and interests, and the importance of aligning these to the goals and interests of the organization.

It is therefore important for healthcare managers to take key decisions concerning human resource management and human relations. Such decisions relate to recruitment and development of staff, acquisition of technology, health service additions and reductions, conflict management and effective communication among healthcare professionals. One key human relation function that should be evident in health care delivery is interpersonal skills. This ensures that individuals within a health facility whether they are peers, supervisors, or subordinates are able to communicate and work well with each other.

The health workforce is left without a formal system of assessing performance, acknowledging efforts or constructing measures to redress performance gaps. In view of the current demands on health personnel at health facilities to provide timely and quality health services, a supportive performance system which could contribute to the enhancement and improvement of the performance of healthcare professionals would be of great value.

Therefore, this study would support health professionals in management positions and other health professionals to identify human relations factors that affect performance. It would also encourage and motivate them to improve the overall performance of nursing personnel to contribute to the achievement of organizational goals. The study would be beneficial to stakeholders in the health sector such as the Ministry of Health (MoH),

Ghana Health Service (GHS), the selected health facilities, the healthcare professionals and the whole economy as a whole.

Finally, the study would add to existing literature in the area of human relations management in the health sector.

1.5 Brief Methodology

The study adopted the case study research design and specifically used the embedded case study approach to focus on selected health facilities in the Atwima Nwabiagya District. Choosing the selected hospitals as case studies helped in addressing these matters across the length and breadth of the Atwima Nwabiagya District and this was necessitated obviously because of the time limit, inadequate funds among many others. The research method involved gathering primary data for analysis through the administering of questionnaire. Existing secondary data was obtained from the management of selected health facilities in the Atwima Nwabiagya District. Analysis of the quantitative secondary data received was done with the aid of statistical tools and software such as Microsoft Excel and Statistical Package for Social Scientists (SPSS).

1.6 Scope of the Study

The purpose of this thesis is to study and analyse managing human resources in health care delivery. Hence, the focused on selected health facilities in the Atwima Nwabiagya District of the Ashanti region of Ghana. Human relations that exists in such facilities was ascertained from both public and private hospitals in the district. Two categories were included: the first group includes managers and administrators of health facilities. The

second group includes subordinates who are also health workers and professionals in the selected facilities.

1.7 Limitations of the Study

The study should have covered health facilities in all regions in Ghana but due to limited resources, it was only conducted in Atwima Nwabiagya District in the Ashanti Region. As such, there were errors in generalizing the findings from the study. However, the errors were not significant as they did not affect the validity and reliability of the research instruments. Even though the study adopted the purposive sampling technique, the questionnaire and interviews were completed by respondents who selected themselves to be part of the study. Hence, it is not possible to generalize the findings and draw conclusions for the entire Ghana Health Service workers regarding characteristics and opinions of the entire study population.

Difficulties in assessing information as well as some level of apathy on the part of respondents were encountered.

Again, the study was limited to Atwima Nwabiagya District in Ashanti Region because of time constraint. A longer time would have helped to unearth more findings especially with other health facilities in other regions of the country.

Also, the researcher was faced with inadequate finances which made it difficult to get a research assistant. Therefore, the study could not be extended to all the health facilities in the Atwima Nwabiagya District or the entire Region.

Lastly, the unpreparedness of Medical Directors (proprietors) of private facilities to provide information was a challenge, as some of them believed not until the right to information bill is passed they cannot be compelled to provide information which they believed will not be in the best interest of their businesses.

1.8 Organization of the Study

The study is organized into five chapters. These are:

Chapter One which is introduction, background of the study, the statement of problem, research objectives, research question, significance of the study, brief methodology scope and limitations of the study and finally, organization of the study.

Chapter Two reviews the relevant articles, journals, books, research reports and other information sources with the aim of establishing available knowledge on the topic.

Chapter Three also provides a detailed methodological issues comprising the source of data, target population, sample size and sampling procedure, research instrument for data collection and it also deals with the profiles of the selected health facilities.

Chapter Four focuses on the findings, analysis and discussions of results whilst **Chapter Five** covers the summary, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter the researcher will take a look at different studies that have investigated human relations in the healthcare industry. Firstly, an overview of human resources management and human relations will be discussed followed by literature review on its relation to the healthcare. Hence, topical areas such as definitions, history, critical success factors, etc. of human relations in healthcare delivery will be discussed.

2.1 Definitions of Key concepts

Diverse terms such as "capital-labour relations", "industrial relations", "employment relations" and "labour relations" and others like "workplace relations" and employee relations' are rather loosely used interchangeably to mean the same as indicated by several authors (Frenkel, 1985, ILO, 1997, Venkata Ratnam, 2006 and Frenkel and Harrod, 1995). However, some of them can be distinguished. There is a more commonly used traditional term "human relations" which is an inter-disciplinary subject derived from parent disciplines such as Economics, Sociology, Psychology and Law, and deal rather narrowly with negotiations between employers and unions, industrial action and conflict. In the contrary, the less commonly used modern term which is "employment relations" conveys "the ubiquitous concern with relationships, individual and collective, arising in and from employment (Goodman, 1975). The broader category of employment relations which is also considered by some as a more dignified one, thus, includes all aspects of labouring such as;

(a) Nature of employment contracts.

(b) Work organization and worker participation

(c) Skills, training and motivation

(d) Wages, non-wage benefits and working conditions and

(e) Worker organization, workplace governance and human relations.

However, some scholars have used "employee relations" to refer to human relations in non-union forms.

2.1.1 Human Relations Approach

Conrad and Poole (1998) refer to human relations approach which is commonly used by organizational theorists as relational strategy of organizing. This human relations approach can be seen as almost entirely opposing to the principles of classical management theory. Where classical management focused on the rationalization of work routines, human relations approaches stressed on the accommodation of work routines and individual emotional and relational needs as a means of increasing productivity. Predominantly, the human relations approach can be seen as a response to classical management - which is an attempt to move away from the inflexibility of classical management approaches (Conrad and Poole, 1998).

The human relations approach is also seen as a response to a highly charged and polarized social climate in which labour and management were seen as fundamentally opposed to one another and communism was seen as a very real and immediate danger to

the social order. That is, the notion of class struggle propounded by Max Weber and other Marxist theorists tool very seriously. By focusing on the extent to which workers and managers shared economic interests in the success of organizations, the human relations approach is seen as an attempt to move beyond the class struggle idea. Hence, human relations emerged as a result of the efforts of radical organized labour movements through fairly coercive suppression (Conrad and Poole, 1998).

In effect, the human relations approach sees the organization as a cooperative enterprise whose workforce have high morale and are primary contributors to productivity and also seek to improve productivity by modifying the work environment to increase morale and develop a more skilled capable workers.

2.2 Human Relations Elements and HRM

Chang (2005) examined HRM practices as a whole, measured at an organizational level and found significant positive relationship with employees. An employee's relationship with an organization is shaped by HRM actions such as recruiting, performance appraisal, training and benefits administration through which employees come to understand terms of their employment (Rousseau and Greller, 1994). It has been shown that when there is good human relations with employees, the result can lead to a real improvement in services provision to customers (Schneider and Bowen, 1995). Employees who feel that the organization provides them with a supportive working environment and see that the organization aspires to a high quality of service and excellence, they are often more willing to give customers the best service. When customers meet a satisfied and

enthusiastic employee, their perceptions of the service are likely to reflect the positive encounter (Schneider, White and Paul, 1998).

Some of these human relations elements that leads to efficient HRM in organizations are reviewed below:-

2.2.1 Positive Attitude and HRM

According to Eisenberger (1990), when employees believe that an organization is committed to its HRM programs, they believe that the organization is committed to them. Therefore, employees develop positive attitudes towards the company. HRM practices are likely to have an impact on employee attitudes about work according to Meyer and Allen (1997), thus attitudinal factors such as job satisfaction or organizational commitment could be assessed.

2.2.2 Employee Psychology Contract and HRM

According to Wright, Gardner and Moynihan (2003) measuring HRM practices via employee's perceptions is crucial. How jobs are advertised, the way the organization is portrayed during the recruitment interviews, comments made in performance appraisal reviews, compensation systems, all send strong messages to individuals regarding what an organization expects of them and what they can expect in return. Hence, HRM practices are seen to play an important role as message senders, shape terms of the psychological contracts (Rousseau and Wade-Benzoni, 1994).

2.2.3 Organization Performance and HRM

Huselid (1995) found that HRM practices such as employee recruitment and selection procedures, compensation and performance systems, employee involvement and employee training have a significant impact on employee turnover and productivity and on short and long term corporate financial performance. HRM practices affect organization performance greater when they are integrated and implemented together (Pathak et al., 2005). Baker (1996) found that employee-centered management practices can improve organizational performance. Huselid (1995) analyzed the firm level impact of HRM practices as a system and found a strong relationship of high involvement HRM practices with organizational performance.

2.2.4 Employee Satisfaction and HRM

Organizations cannot hope to achieve any kind of success with new programs when they lack a foundation of employee commitment and trust. Hence, the managerial objective of HRM practices include improving employees' levels of job satisfaction, organizational commitment and morale, as these are precursors to a firm's level of service, quality and innovation. Employees are also reported of higher levels of satisfaction and commitment in organizations where there is fairness in the assignment of work tasks (Nye and Witt, 1993). Perceived fairness in pay and promotion also accounted for a significant amount of the variance in job satisfaction (Nye and Witt, 1993). Particularly, employees' overall levels of satisfaction were significantly increased by the availability of a flexible benefit plan (Barber, Dunham and Formisano, 1992).

Employees' job satisfaction, organizational commitment, human relations and morale levels are important measures of the return on the efforts by the HR department (Davidson, 1998, Kinicki, Carson and Bohlander, 1992). If personnel practices do not increase the levels of job satisfaction, they cannot be expected to affect organizational commitment and other organizational effectiveness measures.

2.3 Organizational Structure and Internal Communication as Enabling Factors for Human Relations

Holtzhausen (2002) noted that managing internal publics is one of the major responsibilities of public relations managers. By focusing on internal relationships, this study delved into organizational factors that most influence employee-organization relationships. Among many factors, organizational structure and internal communication are the strongest enablers of human relations.

2.3.1 Organizational structure as enabler for Human Relations

For example, excellent organizations have certain structures that empower employees and allow them to participate in decision making (Grunig et al., 2002); on the other hand, symmetrical systems of internal communication typically increase the likelihood that employees will be satisfied with their individual jobs and with the organization as a whole. Internal communication is one of the most important specialties of public relations contributions to organizational effectiveness (Grunig, 1992). Moreover, these two factors are closely related to each other. An organization with a decentralized, less formalized, less stratified, and more complex structure promotes extensive and open communication (Grunig et al., 2002).

Organizational structure is the way responsibility and power are allocated, and work procedures are carried out, among organizational members (Germain, 1996 and Gerwin and Kolodny, 1992). Robbins (1990) echoed the above definition by saying that organizational structure determines task allocation, reporting lines, and formal coordination mechanisms and interaction patterns. On the other hand, Goldhaber, Dennis, Richetto, and Wiio (1984) defined organizational structure as .the network of relationships and roles existing throughout the organization. The biggest question in research on organizational structure is what the best form of organization is? As asked by Weber (1947, and cited in Grunig et al., 2002) more than 50 years ago, it is meaningful to consider the influencing factors that contribute toward shaping organizational structure.

Organizations shape patterns of structure for three main reasons, according to Robbins (1990). First, he said that the natural selection model holds that the environment lends itself to only a few organizational forms. Secondly, organizations search for internal consistency structural characteristics that work well together to be in equilibrium with their environment. And third, the number of viable configurations are limited to what is in vogue because managers are prone to follow what is trendy, be it participatory management, bureaucracy, or matrix management.

Identifying technology as another influencing factor, Hall (1977) succinctly stated: .Not only is structure affected by the technology employed, but the success or effectiveness of the organization is related to the fit between technology and structure. Recently, Miller (1999) reiterated that advancement in technology was indeed having its effects on organizational structure. With technologies allowing communication at great distances

and at asynchronous times, it is no longer necessary for people working together to work from the same place. Miller put forth four variations of work distribution based on time and place of work: 1) central office (work accomplished by people in the same time at the same place), 2) telecommuting (work accomplished at the same time but in different place), 3) flextime (work done at the same place at different times), and 4) virtual offices (work done at different times at different places using multiple information and computer technologies). These modern concepts further open new avenues for organizational structures.

2.3.2 Dimensions of Organizational Structure

Most research on organizational structure is found in organizational studies and innovation studies. And most of the research has noted that organizational structure has multiple dimensions. One classic depiction of organizational structure is the organic versus mechanical dichotomy. A great deal of organizational theory literature suggests that the nature of organizational structure can be distinguished as mechanistic (inorganic) versus organic (Daft, 2003; Nahm et al, 2003).

Daft (2003) stated, significant changes are occurring in organizations in response to changes in the society at large. He said that the mechanistic paradigm is effective when environments have a high degree of certainty, technologies tend to be routine, organizations are large-scale, and employees are treated as another resource. Internal structures tend to be vertical, functional, and bureaucratic. The organization uses rational analysis and is guided by parochial values reflected in the vertical hierarchy and superior-subordinate power distinctions.

The *organic* paradigm recognizes the unstable, even chaotic nature of the external environment. Technologies are typically non-routine, and size is less important. Organizations are based more on teamwork, face-to-face interactions, learning, and innovation. Qualities traditionally considered egalitarian such as equality, empowerment, horizontal relationships, and consensus building become more important (Daft, 2003).

While organizational theorists distinguished organizational structure as mechanical versus organic, innovation scholars noted that structure can be divided into *industrial* versus *post-industrial* modes of operations. According to innovation scholars, as organizations shift from an industrial to a post-industrial mode of operations, they need a structure that has (Koufteros and Vonderembse, 1998):

(1) rules and regulations that encourage creative, autonomous work and learning; (2) few layers in the organizational hierarchy to enable quick response; (3) a high level of horizontal integration to increase knowledge transfer; (4) decentralized decision-making so operating issues can be dealt with effectively and quickly; and (5) a high level of vertical and horizontal communication to ensure coordinated action.

Organizational structure is partly affected by the organization's external environment (Nahm et al., 2003). Research suggests that firms organized to deal with reliable and stable markets may not be as effective in a complex, rapidly changing environments (Gordon and Narayanan, 1984; Spekman and Stern, 1979). The more certain the environment, the more likely the firm's organizational structure may have a centralized hierarchy, with formalized rules and procedures (Nahm et al., 2003). Organizations that operate with a high degree of environmental uncertainty may decentralize decision-

making (Ruekert, Walker Jr., and Roering, 1985), rely less on formal rules and policies (Jaworski, 1988), and flatten their hierarchies (Walton, 1985).

Damanpour (1991) provided a thorough list of structural characteristics through an extensive review of the organizational literature. He documented that researchers have used specialization, functional differentiation, professionalism, formalization, centralization, managerial attitude toward change, managerial tenure, technological knowledge resources, administrative intensity, external communication, internal communication, and vertical differentiation, in their probe into organizational determinants.

2.3.3 Internal Communication as enabler

Internal communication is a specialized sub-discipline of communication that examines how people communicate in organizations and the nature of effective communication systems in organizations (Grunig et al., 2002). There are a number of definitions and conceptualizations of the domain of internal communication. Several researchers including Goldhaber (1999) found that definitions, approaches to, and conceptions of internal communication were lost. It was apparent that internal communication could mean and refer to whatever the author wanted. However, Goldhaber (1999) commented that a few common strands could be detected in many of the several conceptions despite the wide variety of viewpoints:

1. Internal communication occurs within a complex open system that is influenced by and influences its environment.

2. Internal communication involves messages flow, purpose, direction, and media.

3. Internal communication involves people their attitudes, feelings, relationships, and skills.

Goldhaber (1999) propositions led to his definition of internal communication: the flow of messages within a network of interdependent relationships. This conception of the field of internal communication includes four key concepts: messages, networks, interdependence, and relationships.

Besides the definition of internal communication, there are many other aspects that confuse internal communication researchers. One of them is the term used to name internal communication. Researchers use several terms at the same time: for example, organizational communication, internal communication, and employee communication. In this study, the term *internal communication rather than employee communication or organizational communication,* following Holtzhausen's argument (2002). She argued that internal communication seems more inclusive and symmetrical than organizational communication or employee communication.

2.3.4 Dimensions of Internal Communication

Like organizational structure, internal communication is also a multidimensional construct. Employees are not merely satisfied or dissatisfied with communication in general, but they can express varying degrees of satisfaction about aspects of communication (Clampitt and Downs, 1993).

Of the many possible distinctions between types of internal communications that can be made, the most popular one is a distinction between horizontal and vertical communication (Postmes, Tanis, and de Wit, 2001). *Horizontal* communication refers to the informal interpersonal and socio-emotional interaction with proximate colleagues and others in the organization who are at the same level. In contrast, *vertical* communication refers to work-related communications up and down the organizational hierarchy and may range from employees receiving information about the organization's strategy to the ability for giving bottom-up feedback and advice to management.

According to Grunig (1992), many internal communication researchers, especially the early ones referred to communication in a general sense as though communication is always the same. When they operationalized communication for an actual study, however, the researchers developed several concepts of what communication is.

2.4 Organizational Conflict Management as Enabling Factor

In a review of literature on conflict and conflict management, Wall and Callister (1995) raised three of the most important questions in their article: is moderate conflict desirable? Is too little conflict as dysfunctional as too much? And should leaders, at times, promote conflict to attain organizational goals? Their tentative answers to these questions were no, no, and no. on the other hand, Eisenhardte et al. (1998) suggested that conflict in top management is inevitable and it is usually valuable. They retorted that conflict at senior levels surrounding appropriate paths of action what may be termed 'substantive', 'cognitive', or 'issue-oriented' conflict is essential for effective strategic choice".

Therefore, it could be concluded that Wall and Callister's assertion fall within the realm of conflict resolution, which involves reduction, or termination of conflict. This amounts to throwing out the baby with the bathwater. What is needed for contemporary organizations is conflict management and not conflict resolution. Conflict management does not necessarily imply avoidance, reduction, or termination of conflict. It involves designing effective macro-level strategies to minimize the dysfunctions of conflict and enhancing the constructive functions of conflict in order to enhance learning and effectiveness in an organization. Organizational learning is a significant construct and a number of contemporary organization theorists have indicated that the issue for the organizations is not whether they want to learn; they must learn as fast as they can (Argysis and Schon, 1996). Luthans et al. (1995) concluded from their review of organizational learning literature that "the presence of tension and conflict seem to be essential characteristics of the learning organization. The tension and conflict will be evidenced by questioning, inquiry, disequilibrium, and a challenging of the status quo". Unfortunately, the literature on organizational conflict does not provide a clear link between conflict management strategies and organizational learning and effectiveness. Argyris (1994) suggests that existing theories encourage self-reinforcing and anti-learning processes which can best be described as "quasi-resolution of conflict". Several scholars have indicated the need for accommodating tensions and managing conflict constructively or the potential for collective learning will not be realized (Pascale, 1990; Senge et al., 1994). The implicit assumption here is that conflict management need to be strengthened at a macro-level for encouraging learning and effectiveness. Several conflict

management scholars (Amason, 1996; Jehn et al., 1999; Rahim, 2001) have suggested that conflict management strategies involve recognition of the following:

Certain types of conflicts, which may have negative effects on individual and group performance, may have to be reduced. These conflicts are generally caused by the negative reactions of organizational members (e.g., personal attacks of group members, racial disharmony and sexual harassment). There are other types of conflicts that may have positive effects on the individual and group performance. These conflicts relate to disagreements relating to tasks, policies, and other organizational issues. Conflict management strategies involve generation and maintenance of a moderate amount of these conflicts. Organizational members while interacting with each other will be required to deal with their disagreements constructively. This calls for learning how to use different conflict-handling styles to deal with various situations effectively.

2.4.1 Criteria for Conflict Management

In order for conflict management strategies to be effective, they should satisfy certain criteria. These have been derived from the diverse literature on organization theory and organizational behavior. The following criteria are particularly useful for conflict management, but in general, they may be useful for decision making in management:

Organizational Learning and Effectiveness: Conflict management strategies should be designed to enhance organizational learning (Luthans et al., 1995; Tompkins, 1995). It is expected that organizational learning will lead to long-term effectiveness. In order to attain this objective, conflict management strategies should be designed to enhance

critical and innovative thinking to learn the process of diagnosis and intervention in the right problems.

Needs of Stakeholders: Conflict management strategies should be designed to satisfy the needs and expectations of the strategic constituencies (stakeholders) and to attain a balance among them. Mitroff (1998) strongly suggests picking the right stakeholders to solve the right problems. Sometimes multiple parties are involved in a conflict in an organization and the challenge of conflict management would be to involve these parties in a problem solving process that will lead to collective learning and organizational effectiveness. It is expected that this process will lead to satisfaction of the relevant stakeholders.

Ethics: Mitroff (1998) is a strong advocate of ethical management. He concluded that "if we cannot define a problem so that it leads to ethical actions that benefit humankind, then either we have not defined or are currently unable to define the problem properly.

A wise leader must behave ethically, and to do so the leader should be open to new information and be willing to change his or her mind. By the same token subordinates and other stakeholders have an ethical duty to speak out against the decisions of supervisors when consequences of these decisions are likely to be serious. To manage conflicts ethically, organizations should institutionalize the positions of employee advocate, customer and supplier advocate, as well as environmental and stockholder advocates. Only if these advocates are heard by decision-makers in organizations may we hope for an improved record of ethically managed organizational conflict (Rahim et al., 1992).

2.5 Organizational Culture as Enabling Factor

The most popular and concise definition is most probably the one that has been formed by Schein (2004), who stated that: "Organizational culture is the pattern of basic assumptions that a group has invented, or discovered in learning to cope with its problems of external adaptation and internal integration, and that have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems".

It encompasses "a set of structures, routines, rules and norms that guide and constrain behavior" (Schein, 2004). Another successful –and perhaps more specific- definition of organizational culture has been given by Claver et al. (2001), according to which "organizational culture is a set of values, symbols and rituals, shared by the members of a specific firm, which describes the way things are done in an organization in order to solve both internal management problems and those related to customers, suppliers and environment". Tharp (2009) has noted some common features among the definitions that have been given to organizational culture through the years. First of all, they all include the concept of sharing; indicating that organizational culture is only developed within groups (even small ones). Secondly, organizational culture is considered to be a social construction, related to each organizations and employees' location, history, working environment and specific events. Finally, many definitions imply that organizational culture is multidimensional and multileveled and includes many cognitive and symbolic strata.

According to Schein (2004), culture is a dynamic process, resulting from the interaction among others and promoted by leadership. Culture itself is a product of a group of people living at the same place and having similar attitudes and behavior. People who belong to a certain culture share similar norms, history, religion, values and artifacts which distinguish them from others. Therefore, there are numerous national cultures and even more subcultures, providing certain types of organization and action. In modern societies, however, culture is considered to be a tangible or intangible environment in which a group of people live and work together (Gjuraj, 2013). In organizational analysis, culture describes the influence and interaction among employees and between employees and the specific institution, organization or service they work in. Hence, contemporary organizations and companies are considered to be social groups, and in this way their function should be studied and promoted.

Studying an organization's specific culture is fundamental to the description and analysis of organizational phenomena (Tharp, 2009). Organizational culture has been a subject of investigation for many decades, as the fact that distinctions between values and expectations of employees with different cultural backgrounds had always been clear (Tayeb, 1996). Black et al. (1992) have come to the conclusion that problems that are likely to come up during international business activities and working settings are wrongly attributed to professional incompetence, while they most probably occur due to the employees inability to perceive other people's ideas and attitudes and adapt to foreign strategies. Therefore, a fundamental challenge for organizations is to make their employees re-categorize demographically dissimilar people as in-group members, in order to increase interaction and mutual trust and benefit from information diversity

(Gruenfeld et al., 1996). As Hofstede (1991) has noted, the employees' behavior in their workplace is influenced by three different cultures: their national, their occupational and their organizational culture. More specifically, an individual's attitudes and beliefs toward his/ her occupation are chiefly influenced by his/ her personal values and ideals, which have been achieved in the frame of family during his/ her earlier development. Secondly, a person's specific views, perceptions and ambitions are formed during school and professional life and belong to the occupational culture shared among partners. Finally, organizational culture is a product of occupational relations among employees and between employees and customers, thus it is likely to reform and adapt to the institution's goals and strategies. Therefore, an organization's internal culture should be studied and measured as part of its employees' national culture, demographic characteristics and individual features.

2.5.1 Job Satisfaction and Organizational Culture

With the great number of organizations and institutions globally, it is only natural that the general well-being of workplaces has become an object of theoretical interest and extensive research. An organization's well-being is described as the way in which its function and quality are perceived by employees (Warr, 1992). It includes the employees' physical and mental health, sense of happiness and social well-being, which are all attributed with the term "job satisfaction" (Grant et al., 2007). Job satisfaction is one of the most frequently investigated variables in organizational culture, behavior and other occupational phenomena, ranging from job design to supervision (Spector, 1997).

In general, job satisfaction encapsulates an employee's felling about his/ her job. Research, however, has revealed that job satisfaction is a multidimensional phenomenon, influenced by several internal and external factors, like the individual's values, principles, personality and expectations and the job's nature, the opportunities provided etc. (Davies et al., 2006). Many different components of job satisfaction have been defined and studied, in the frame of a general effort to analyze and promote it. The study of Doughty, May et al. (2002) showed that the most appreciated job satisfaction factors were job involvement, cohesion among colleagues, support from superiors and opportunities for autonomous action. The counterpart factor revealed by the study of Castillo and Cano (2004) was the work itself, while working conditions were reported to be the less important factors. Other factors of job satisfaction reported in the study of Ambrose et al. (2005) were salaries, mentoring and promotion opportunities.

Literature review shows that job satisfaction is a complex phenomenon, which does not happen in isolation, but depends on organization variables, like structure, size, salary, working conditions and leadership, all of them constituting organizational climate and culture (Boeyens, 1985). Organizational culture can be promoted to facilitate the achievement of job satisfaction and organizational goals. The measurement of culture can serve as a starting point in diagnosing and influencing such change in the organization. The research of Koustelios (1996) revealed that there is no statistically significant difference between employees of different types of organizational cultures and different types of institutions. In every institution, the prevailing culture seems to be the so-called culture of power, which means that there is a central source of influence and authority –

either one person or a group of people. This source affects job satisfaction in terms of working conditions, colleagues, institution as a whole and promotion opportunities.

2.6 Employee Satisfaction

According to Morse (1977), satisfaction refers to the level of fulfillment of one's needs, wants and desire. Satisfaction depends basically upon what an individual wants from the world, and what he gets. Employee satisfaction is a measure of how happy workers are with their job and working environment. It is sure that there may be many factors affecting the organizational effectiveness and one of them is the employee satisfaction. Effective organizations should have a culture that encourages the employee satisfaction, Bhatti and Qureshi, (2007). Employees are more loyal and productive when they are satisfied Hunter and Tietyen, (1997), and these satisfied employees affect the customer satisfaction and organizational productivity (Potterfield, 1999).

There is no limit for the employees to reach the full satisfaction and it may vary from employee to employee. Sometimes they need to change their behaviors in order to execute their duties more effectively to gain greater job satisfaction (Miller, 2006). Having good relationships with the colleagues, high salary, good working conditions, training and education opportunities, career developments or any other benefits may be related with the increasing of employee satisfaction. Employee satisfaction is the terminology used to describe whether employees are happy, contended and fulfilling their desires and needs at work. Many measures support that employee satisfaction is a factor in employee motivation, employee goal achievement and positive employee morale in the work place (Miller, 2006).

Cranny et al. (1992) defined employee satisfaction as the combination of affective reactions to the differential perceptions of what he/she wants to receive compared with he/she actually receives. According to Moyes et al. (2008), employee satisfaction may be described as how pleased an employee is with his or her position of employment. As Spector (1997) defined job satisfaction as all the feelings that a given individual has about his/her job and its various aspects. Employee satisfaction is a comprehensive term that comprises job satisfaction of employees and their satisfaction overall with companies' policies, company environment etc.

2.6.1 Need for Employee Satisfaction

Everyone from managers, retention agents to HR need to get a handle on employee loyalty and satisfaction – how committed is the workforce to the organization and if workers are really contented with the way of things for gauging their likelihood to stay with the company. One of the main aspects of Human Resource Management is the measurement of employee satisfaction. Companies have to make sure that employee satisfaction is high among the workers, which is a precondition for increasing productivity, responsiveness, and quality and customer service.

The litmus test is to study turnover and average length of service. If turnover is on the rise, loyalty levels are low and vice versa. Comparing them to industry averages gives good idea of attrition probabilities. Staff attendance, compliance with policies and confidence in leadership are other indirect indicators of allegiance while excessive theft and sabotage spell obvious lack of commitment. According to Heskett et al. (1994), more satisfied employees, stimulate a chain of positive actions which end in an improved

company performance. In another research it is said that employee satisfaction influenced employee productivity, absenteeism and retention (Allen and Wilburn, 2002). The success of any company is directly link to the satisfaction of the employees who embody that company, that retaining talented people is critical to the success of any organization (Freeman, 2005). Studies shows that businesses that excel in employee satisfaction issues reduce turnover by 50% from the norms, increase customer satisfaction to an average of 95 % and lower labor cost by 12% (Carpitella, 2003). The more satisfied an employee is, the less turnover and absenteeism occurs (Maloney and McFillen, 1986). Judge et al. (1993), on the other hand, mentions that employee satisfaction is positively correlated with motivation, job involvement, organizational citizenship behavior, organizational commitment, life satisfaction, mental health, and job performance, and negatively related to absenteeism, turnover, and perceived stress and identify it as the degree to which a person feels satisfied by his/her job.

In a unique study conducted by Harter et al. (2002), based on 7,939 business units in 36 organizations, the researchers found positive and substantive correlations between employee satisfaction-engagement and the business unit outcomes of productivity, profit, employee turnover, employee accidents, and customer satisfaction. While satisfied employees are not necessarily loyal or loyal ones always satisfied, it cannot be denied that job satisfaction fuels loyalty. After all it has been rightly said that, the more satisfied an employee is regarding his or her working conditions, the more likely is he or she to develop a psychological attachment or commitment to the organization. According to Brown (2006), there is a strong link between employee satisfaction and customer satisfaction and between customer satisfaction and future revenue.

Companies should try their best to evaluate why employees leave or what kindles their dissatisfaction. Examine the root causes – where does the problem lie? Is it earnings or benefits? Does it have something to do with job quality or workplace support? Or is lack of appreciation or growth to blame. The onus is on the management to keep employees engaged and happy, so as to persuade them to stay. In fact, this is critical to organizational success.

2.7 Conceptual Framework

Concerning the theories around human relations, one can conclude that it is and has been an evolving topic especially in the health sector, influenced not only by heavy research and studies, but also by other internal factors. In sum, the theories underlined some factors that influence enactment of human relations in an organization and the benefits thereof. It is without doubt that in every given business situation the rational manager will try to achieve the best out of every initiative or strategy. That is why in this study, the various factors that relates human relations with HRM and the enablers of human relations with its impact on employee satisfaction has been presented in the literature review. This study would thus identify the various ailments which affect effective human relations that affects employee satisfaction in the light of the literature and the empirical findings.

The issue of enjoying better and improved service after adopting human relations policies has been highlighted in the literature and is also explored against the empirical findings of this study. All these are gauged against the collected data and assessed in the light of

the questions and objectives of this research. This is as presented in the conceptual framework of the study in the Figure 2.1 below;

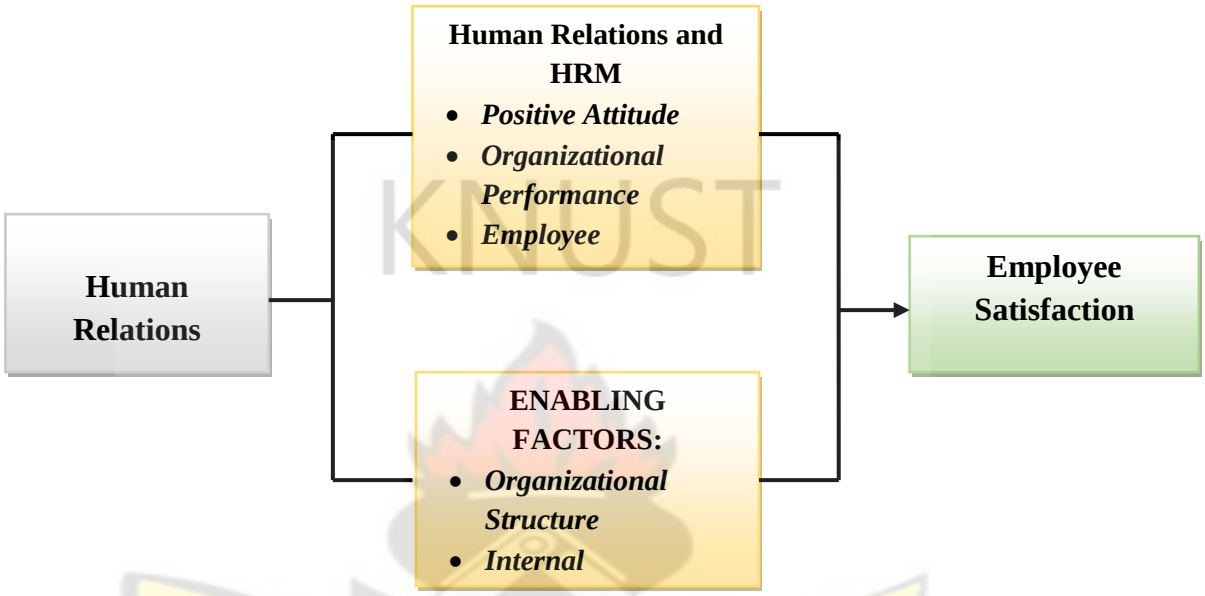

Figure 2.1: Conceptual Framework of the study

It could be seen from the conceptual framework as shown that human relations have a relationship with employee satisfaction. However, human relations are linked to the satisfaction of employees through some mediation factors including human relations and its link to HRM activities and enablers of human relations in organizations. There is therefore the need to know the impact that human relations have on satisfaction of employees.

This was what the study sought to investigate. Therefore, the next chapter which is the methodology of the study outlines the design and approaches to ensure that the objectives of the study vis-à-vis the conceptual framework of the study would be achieved.

CHAPTER THREE

METHODOLOGY AND ORGANISATIONAL PROFILE

3.0 Introduction

This chapter primarily focuses on the research methodology of the study. The chapter is organized under the following: research design, source of data, population, sample size and sampling techniques, methods of data collection and the method of data analysis used. The chapter then ends with the organizational profiles of the selected health facilities in the Atwima Nwabiagya District in the Ashanti Region of Ghana.

3.1 Research Design

A case study strategy was chosen to conduct the research. Advocates of the case study design Saunders et al. (2009) talks of it as being "a study which is intended to catch the complexity of a single case." The case study approach was considered because it has the considerable ability to generate answers to questions like "why?" as well as "what?" and "how?" and allows a detailed and in-depth examination that is not possible in other research approaches.

Embedded case study was the research strategy adopted by the researcher since she investigated the management of human relations in the selected hospitals. A mainly quantitative empirical approach to gathering information was used. This study employed both exploratory and explanatory research strategies. Choosing the selected hospitals as case studies helped in addressing these matters across the length and breadth of the Atwima Nwabiagya District and this was necessitated obviously because of the time limit, inadequate funds among many others.

3.2 Sources of Data

The study employed the use of two main sources of data namely primary data and secondary data.

3.2.1 Primary data

Primary data were collected from top management and staff of the selected health facilities which are Abuakwa Health Centre, Atwima Maakro Hospital, Nkawie-Toase Govt. Hospital and Toase Medical Centre and this was achieved through administering of questionnaires to the respondents of the selected health facilities in the Atwima Nwabiagya District in the Ashanti Region of Ghana.

3.2.2 Secondary Data

Secondary data were also used for this study. The reasons for the use of secondary data by the researcher in addition to achieving the research objective included the enormous savings in resources, in particular time and money as the data had already been prepared for use by the organisation and the likelihood of the data revealing new and unexpected findings. Also, it included the fact that documentary secondary data can be cross-checked.

3.3 Population of the Study

The population for the study consists of hospital management members, clinical staff and administrative staff (support services) of the selected private and public health facilities in the Atwima Nwabiagya District in the Ashanti Region of Ghana. The table below shows the population from which the study was undertaken:-

Table 3.3.1:
Population of Selected Health Facilities in the Atwima Nwabiagya District

Health Facilities	Management Staff	Clinical Staff	Support Services	Total
Abuakwa Health Centre	9	27	14	50
Atwima Maakro Hospital	7	20	5	32
Nkawie-Toase Govt. Hospital	15	129	25	169
Toase Medical Centre	5	22	8	35
TOTAL	**36**	**198**	**52**	**286**

Source: Field Study, 2014

3.4 Sample and Sampling Techniques

For the purpose of this study, a purposive sample of four (4) Hospitals/Health facilities were selected. The Hospitals are as follows:-

i) Abuakwa Health Center

ii) Atwima Maakro Hospital and

iii) Nkawie-Toase Government Hospital

iv) Toase Medical Center

Hence, a questionnaire was administered to management staff such as the Medical Heads of Facility, Hospital Administrators, Nurse Managers who are in charge of human

relations in these facilities, who summed up to thirty (30) from each of the four (4) selected health facilities to find out the extent to which they manage human relations in their various facilities. The reason for this method of sampling is because of the nature of their work in the area of managing human relations and that the depth of information that the selected respondents can provide to ensure validity and reliability of the data collected. In all, a sample of 120 respondents were chosen for this study.

3.5 Data Collection Instruments

The main instrument used for data collection was the questionnaire as data was sought from different respondents from different facilities.

3.5.1 Questionnaire

Questionnaire was the main research instrument to collect data from top management as well as other staff of the selected health facilities. Questions asked ranged from their background, their knowledge on managing human relations and the challenges they faced as they went about their normal duties. Most of the questions were closed ended in the form of 5-scale Likert scale, multiple response questions, etc.

3.6 Data Analysis Techniques

Statistical analysis was made of quantitative data collected from questionnaires. The Statistical Package for the Social Sciences (SPSS) was used to run the data and MS excel was used to draw graphs and tables where appropriate to analyze and present the data. As the study sought information on the human relations management practices, qualitative data was analyzed descriptively.

3.7 Validity and Reliability of the Study

The questionnaires were administered by the researcher to ensure that the selected respondents were the ones who actually responded to the questions in order to improve the reliability of the data collected. Prior to using the questionnaire to collect data, it was pilot tested. The purpose was to refine the questionnaire so that respondents will have no problems in answering the questions. This also allowed the researcher to assess the validity of the questions and the likely reliability of the data that will be collected.

3.8 Ethical Issues

Prior to the collection of the data, steps were taken to explain to respondents the purpose of the research. The respondents were assured of confidentiality of the information being provided. Questionnaires were administered in the work setting of the respondents in the bid to ensure that respondents were very comfortable.

3.9 Profile of Selected Health Facilities in the Atwima Nwabiagya District

The study on human relations management in healthcare in Ghana necessitated that there should be profiling of Ghana Health Service (GHS) and the selected healthcare institutions in the Atwima Nwabiagya District in the Ashanti region of Ghana. Theses have been presented in the next sub-sections.

3.9.1 Ghana Health Service

Background

The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 constitution. It is an autonomous Executive Agency responsible for implementation of national policies under the control of the Minister for Health through its governing Council - the Ghana Health Service Council. The GHS continue to receive public funds and thus remain within the public sector. However, its employees will no longer be part of the civil service, and GHS managers will no longer be required to follow all civil service rules and procedures. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service. Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals.

Rationale

The establishment of the Ghana Health Service is an essential part of the key strategies identified in the Health Sector Reform process, as outlined in the Medium Term Health Strategy (MTHS), which are necessary steps in establishing a more equitable, efficient, accessible and responsive health care system.

The reforms build on the reorganization of the MOH that began in 1993, which was explicitly designed to set the scene for the establishment of the Ghana Health Service. The reforms also provide a sound organizational framework for the growing degree of

managerial responsibility that has already been delegated to districts and hospitals. Themes that were central to the reorganization of 1993 remain important today for the Ghana Health Service: careful stewardship of scare resources, clear lines of responsibility and control, decentralization, and accountability for performance rather than inputs.

Mandate

To provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies.

Objectives

The objects of the Service are to:

a. Implement approved national policies for health delivery in the country.

b. Increase access to good quality health services, and

c. Manage prudently resources available for the provision of the health services.

Functions

For the purposes of achieving its objectives the GHS performs the following functions amongst others:

i) Provide comprehensive health services at all levels directly and by contracting out to other agencies;

ii) Develop appropriate strategies and set technical guidelines to achieve national policy goals/objectives;

iii) Undertake management and administration of the overall health resources within the service;

iv) Promote healthy mode of living and good health habits by people;

v) Establish effective mechanism for disease surveillance, prevention and control;

vi) Determine charges for health services with the approval of the Minister of Health;

vii) Provide in-service training and continuing education;

viii) Perform any other functions relevant to the promotion, protection and restoration of health.

3.9.1 Summary Profiles of Health Facilities of the Study

Table 3.1:
Summary Profile of Selected Public Health Facilities

Name of Facility **PUBLIC**	Brief History	Staffing Situation	Main Activities	Human Relations Activities
Abuakwa Health Center	This Facility was opened in 1984 by a nursing officer with two (2) enrolled nurses and one (1) mid-wife using just one block building for maternity and war with 2 beds for detention of in-patients. Since 1993 when a Physician Assistant was posted to take over, the Facility has experienced some level of infrastructure development. Now has a 20-bed capacity.	Staff Strength – **65** i) Clinical staff ii) Support service iii) Rotation/Nurses iv) National service personnel v) Orderlies	i) General Consultation ii) Minor Surgeries iii) Out Patient Dept. iv) Laboratory Services v) Reproductive and Child Health/ Family Planning	Non-existent of Human Relations Policy. Relies on frequent workshops and seminars held by GHS on human relations related issues

Nkawie-Toase Government Hospital (NTGH)	NTGH located in the Atwima Nwabiagya District of Ashanti Region started as a Health Centre and was upgraded into a District Hospital in the year 2000. The hospital has a bed capacity of forty-six (46). The target population of the hospital is 165,783 **Mission:** NTGH exists to provide quality, accessible and affordable healthcare to meet the needs of the people of Atwima Nwabiagya and beyond to be delivered by a team of human, disciplined and dedicated staff in collaboration with all stakeholders	Staff Strength – **216** i) Clinical staff ii) Support service iii) Orderlies iv) Rotation/Nurses v) National service personnel	i) OPD ii) Pharmacy iii) Surgery iv) In-patient v) Maternity vi) Ultrasound scanning vii) Buruli Ulcer Mgt. viii) Laboratory services ix) Rehabilitation vi) Reproductive and Child Health/ Family Planning	Non-existent Human Relations Policy. Uses GHS Code of Ethics and Guidelines coupled with regular seminars and workshops on human relations related issues

	Vision: To transform Nkawie-Toase Government Hospital into an excellent buruli ulcer management and a reliable clinical centre through teamwork and external collaboration with the view to create wealth by improving the health status of the people in the District and its environs.			

Source: Field Study, 2014

Table 3.2:

Summary Profile of Selected Private Health Facilities

Name of Facility **PRIVATE**	Brief History	Staffing Situation	Main Activities	Human Relations Activities
Toase Medical Center	A private Medical Center which was established in 1994 by a renowned cardiothoracic surgeon. Mission: To improve the health status of all people living in the Ashanti region of Ghana through the development and promotion of proactive measures for good health and longevity; the provision of basic health service including health education and health promotion and provision of quality health services which are affordable and accessible Vision: To provide high quality health care in the most effective and efficient and innovative manner	Staff Strength – 100 Clinical staff Support service Rotation/Nurses National service personnel	i) General consultation ii) Obstetrics, iii) Gynaecology iv) Surgery v) Mortuary services vi) OPD vii) In-patient	Non-existent Human Relations Policy. Uses GHS Code of Ethics and Guidelines

	specific to the needs of the communities we serve and at all times acknowledging and upholding the dignity of the patient			
Atwima Maakro Hospital	A public hospital which was established in September 2004 as a clinic with 14 staff. It became hospital in 2008 **Mission:** Atwima Maakro Hospital exists to provide quality healthcare to meet the health needs of the people of the Abuakwa sub-district and beyond.This service to be delivered by a team of humane, disciplined and dedicated staff. **Vision:** To ensure Atwima Maakro Hospital evolves as an excellent private health care centre through the use of qualified health professionals to improve the health status of the people in the Abuakwa sub-district and its environs	Staff Strength – **45** - Clinical staff - Support service - Rotation Nurses - Orderlies	i) General consultation ii) OPD iii) Pharmacy iv) Surgery v) In-patient vi) Scanning vii) Family planning viii) Antenatal and post natal care.	Non-existent Human Relations Policy. Uses GHS Code of Ethics and Guidelines.

Source: Field Study, 2014

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

Data gathered from field are presented and analyzed in this chapter. The chapter basically presents responses on the management of human relations in the delivery of healthcare: a case study of some selected health facilities in the Atwima Nwabiagya District. In addition, human relations policies that exist in the selected health facilities in the Atwima Nwabiagya District, enabling factors of human relations in the selected health facilities in the Atwima Nwabiagya District and the effect of managing human relations on the performance of healthcare professionals are also discussed in this chapter.

4.1 Response Rate

Questionnaire responses were gathered from the management and employees of the four (4) selected health facilities in the Atwima Nwabiagya District. Out of the 120 questionnaires that were administered, 94 were received. This represents 78% response rate. Only valid responses out of this were used in any analysis made. The breakdown of response rate is as shown in Table 4.1.1 below:

Table 4.1
Response Rate of Questionnaires Administered

Respondents	Number of questionnaires administered	Number of questionnaires retrieved	Response rate %
Abuakwa Health Center	30	23	77
Atwima Maakro Hospital	30	21	70
Nkawie Toase Government Hospital	30	28	93
Toase Medical Centre	30	22	73
TOTAL	120	94	78

Source: Field Survey, 2014

From Table 4.1 above, it could be seen that overall, the response rate was 78% approximately which is relatively good for the purpose of this study.

Questionnaire responses are presented, analyzed and discussed in accordance with the structure of the questionnaire and in line with the objectives of the study.

4.2 Background Information of Respondents

First of all, the demographic information of respondents were ascertained and the next sub-sessions presents the findings of the study with tables and figures from the four (4) selected health facilities in the Atwima Nwabiagya District.

4.2.1 Gender of respondents

The sex of the respondents of the study were found and the results are as presented in Table 4.2 and Table 4.3 below:

Table 4.2:
Sex of Respondents (Public Facilities)

Demography	Category	Abuakwa Health Center		Nkawie Toase Government Hospital	
		Frequency	%	Frequency	%
Gender	Male	3	13	5	18.0
	Female	20	87	23	82.0
Total		23	100	28	100

Source: Field Survey, 2014

It could be observed from Table 4.2 and 4.3 that the majority of respondents for the study were females from both public and private facilities. From Table 4.2, it was found out that, at Abuakwa Health Center, 3 (13%) of respondents were males and 20 (87%) of respondents were females whiles with Nkawie Government Hospital, 5 (18%) of the respondents were males whiles 23 (82%) were females.

Table 4.3:
Sex of Respondents (Private Facilities)

Demography	Category	Atwima Maakro Hospital		Toase Medical Center	
		Frequency	%	Frequency	%
Gender	Male	2	10	3	14.0
	Female	19	90	19	86.0
Total		21	100	22	100

Source: Field Survey, 2014

Similarly, with the private facilities, Table 4.3 shows that at Atwima Maakro Hospital, 2 (10%) of respondents were males whereas 19 (90%) were females whiles at Toase Medical Center, 3 (14%) of respondents were males and 19 (22%) were females.

From the above analyses on the sex of the respondents, the general perception that the health sector is female dominated is in consonance with the above findings.

4.2.2 Ages of Respondents

The second item on the questionnaire was to determine the age range of the respondents of the study and the results found are as presented in Table 4.4 and Table 4.5 below:

Table 4.4:
Age of Respondents (Public Facilities)

Demography	Category	Abuakwa Health Center		Nkawie Toase Government Hospital	
		Frequency	%	Frequency	%
Age (in years)	21 – 30 years	12	52	18	64
	31 – 40 years	7	30	6	21
	41 – 60 years	4	18	3	11
	Above 60 years	-	-	1	4
Total				28	100

Source: Field Survey, 2014

It could be observed from Table 4.4 that the majority of respondents for the study fall between the age range 21 – 30 from both public and private facilities. It was found out that, at Abuakwa Health Center, 12 (52%) of respondents were between 21 – 30 years, 7 (30%) were between 31 – 40 years and 4 (18%) were between 41 – 60 years. On the other hand, with Nkawie Government Hospital, 18 (64%) of the respondents were between 21 – 30 years, whereas 6 (21%) were between the age range 31 – 40 years whiles 3 (11%) were between the age range 41 – 60 years and 1 (4%) respondent was above 60 years.

Table 4.5:

Age of Respondents (Private Facilities)

Demography	Category	Atwima Maakro Hospital		Toase Medical Center	
		Frequency	%	Frequency	%
Age (in years)	21 – 30 years	11	52	15	68
	31 – 40 years	7	33	4	18
	41 – 60 years	3	15	3	14
	Above 60 years	-	-	-	-
Total				22	100

Source: Field Survey, 2014

Similarly, from Table 4.5, it could be seen that Atwima Maakro Hospital, 11 (52%) of respondents were between 21 – 30 years, whereas 7 (33%) were between the age range 31 – 40 years whiles 4 (18%) were between the age range 41 – 60 years. On the other hand, at Toase Medical Center, 15 (68%) were between 21 – 30 years, 4 (18%) were between 31 – 40 years and 3 (14%) of respondents were between 41 – 60 years. This implies that the majority of staff are in their youth - young and energetic relatively in charge of human relations activities in the health facilities in the Atwima Nwabiagya District.

4.2.3 Years of Work at the Facility

The next item on the questionnaire was to determine the number of years that the respondents of the study have worked at their respective health facilities and the results found are as presented in Figure 4.1 to Figure 4.2 below:

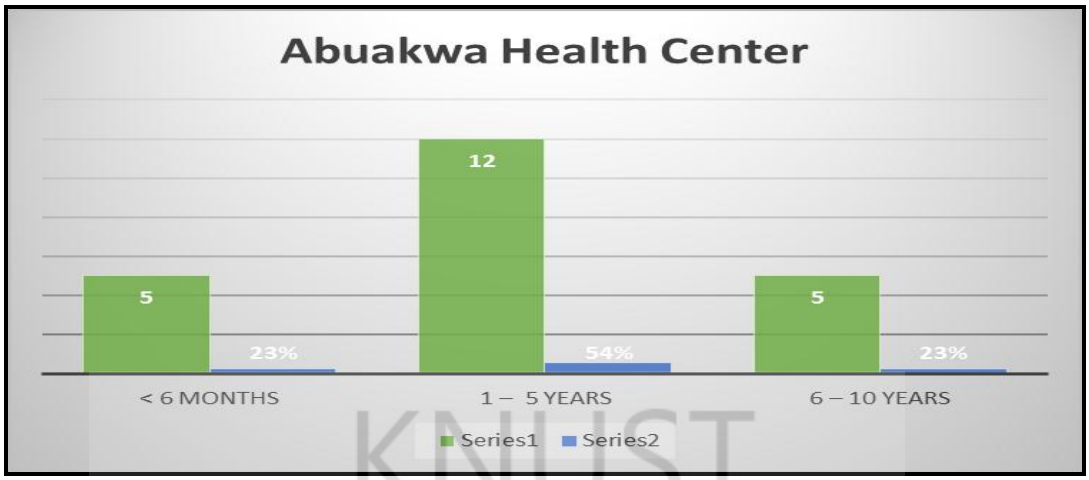

Figure 4.1: Respondents' years spent at Abuakwa Health Center
Source: Field Survey, 2014

It could be observed from Figure 4.1 that at Abuakwa Health Center, 12 (54%) which represents majority of the respondents have been working at the hospital between 1 – 5 years, followed by 5 (23%) and 5 (23%) who have been working there between 6 – 10 years and less than 6 months respectively.

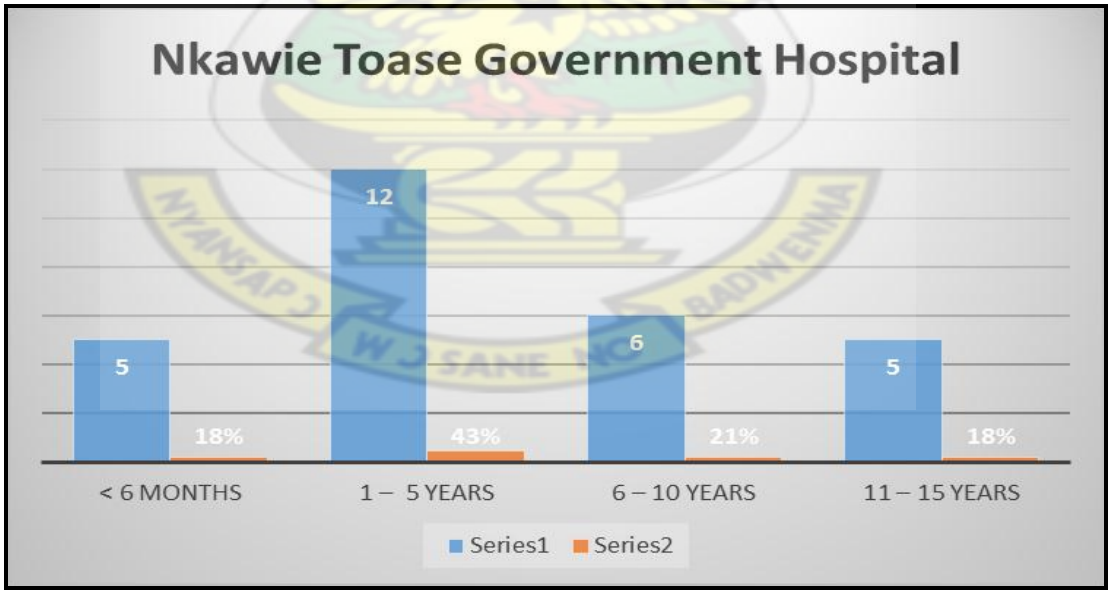

Figure 4.2: Respondents' years spent at Nkawie Toase Government Hospital
Source: Field Survey, 2014

With Nkawie Toase Government Hospital from Figure 4.2, 12 (43%) which represents majority of the respondents have been working at the hospital between 1 – 5 years, followed by 6 (21%), 5 (18%) and 5 (18%) who have been working there between 6 – 10 years, 11 – 15 years and less than 6 months respectively.

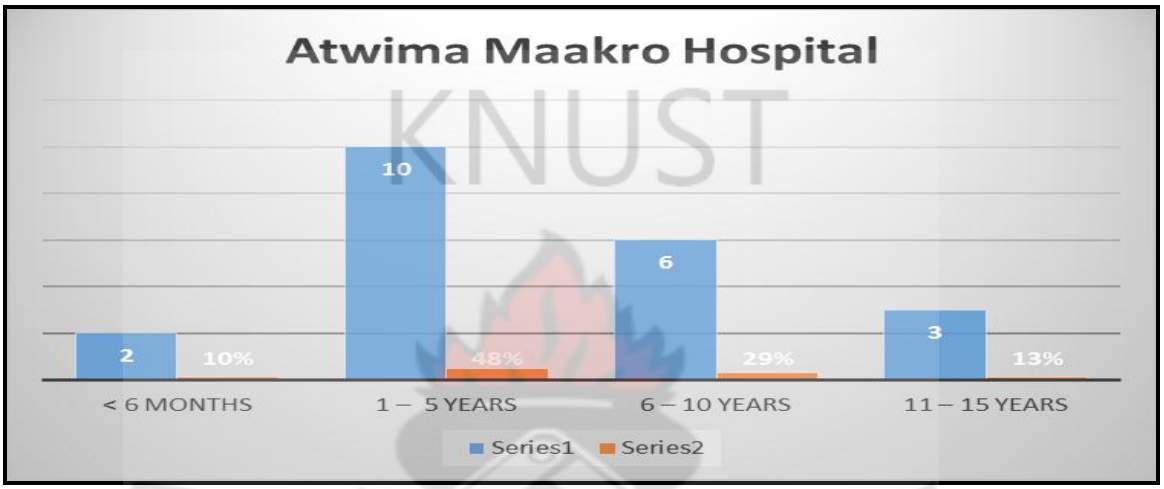

Figure 4.3: Respondents' years spent at Atwima Maakro Hospital
Source: Field Survey, 2014

However, with the private facilities at Atwima Maakro Hospital with reference to Figure 4.3 , 18 (48%) which represents majority of the respondents have been working at the hospital between 1 – 5 years, followed by 6 (29%), 3 (13%) and 2 (10%) who have been working there between 6 – 10 years, 11 – 15 years and less than 6 months respectively.

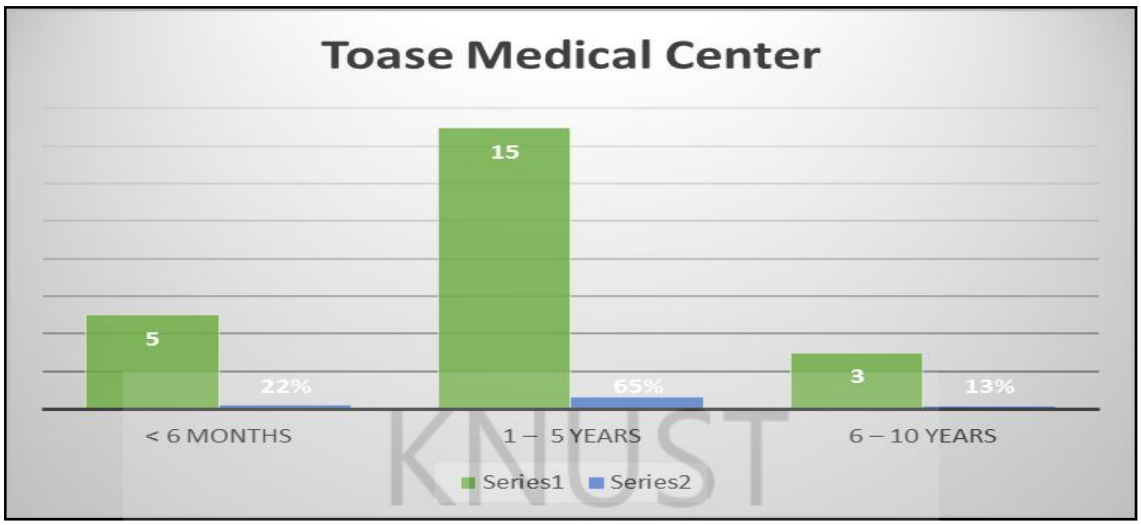

Figure 4.4: Respondents' years spent at Abuakwa Health Center

Source: Field Survey, 2014

Finally, at Toase Medical Center from Figure 4.4, 15 (65%) which represents majority of the respondents have been working at the hospital between 1 – 5 years, followed by 5 (22%) and 3 (13%) who have been working there between 6 – 10 years and less than 6 months respectively.

This shows that the respondents for the study had not been working so long at their respective health facilities. However, the number of years spent is enough to know the human relations activities and policies that exist in their health facilities.

4.2.4 Educational Background of Respondents

The last item on the demography was to determine the educational background of the respondents of the study for their roles in their respective health facilities and the results found are as presented in Table 4.6 and Table 4.7 below:

Table 4.6:

Educational Background of Respondents (Public Facilities)

Demography	Category	Abuakwa Health Center		Nkawie Toase Government Hospital	
		Frequency	%	Frequency	%
Educational Background	Certificate/Diploma	16	70	12	42
	Post Graduate Diploma	2	8	8	29
	First Degree/ Graduate	5	22	8	29
Total		23	100	28	100

Source: Field Survey, 2014

It could be observed from Tables 4.6 and 4.7 that the majority of respondents for the study have Certificate/Diploma in their profession from both public and private facilities. From Table 4.6, it was found out that, at Abuakwa Health Center, 16 (70%) of respondents were having Certificate/Diploma, 2 (8%) were having Post Graduate Diploma and 5 (22%) were having Fist Degree/Graduate certificates. On the other hand, with Nkawie-Toase Government Hospital, 12 (42%) of the respondents have Certificate/Diploma in their profession, whereas 8 (29%) were having either Post Graduate Diploma or Fist Degree/Graduate certificate respectively.

Table 4.7:

Educational Background of Respondents (Private Facilities)

Demography	Category	Atwima Maakro Hospital		Toase Medical Center	
		Frequency	%	Frequency	%
Educational Background	Certificate/Diploma	8	38	15	68
	Post Graduate Diploma	7	33	3	14
	First Degree/ Graduate	6	29	4	18
Total		21	100	22	100

Source: Field Survey, 2014

Similarly, from Table 4.7, it could be seen that at Atwima Maakro Hospital, 8 (38%) of respondents have Certificate/Diploma, whereas 7 (33%) had Post Graduate Diploma whiles 6 (29%) had Fist Degree/Graduate certificate. On the other hand, at Toase Medical Center, 15 (68%) were having Certificate/Diploma, 3 (14%) were having Post Graduate Diploma and 4 (18%) of respondents were having Fist Degree/Graduate certificate. This implies that the staffs are relatively knowledgeable and qualified for their respective positions. In addition, they understand the questions in the questionnaire administered to them to ensure validity of the study.

4.3 Human Relations Policies at the Health Facilities

The first objective of the study was to investigate human relations policies that exist in the selected health facilities in the Atwima Nwabiagya District. Therefore, various questions were asked to determine whether there existed human relations policies in these health facilities or otherwise. The findings from the questionnaire responses are presented in the next sub-sections with the aid of tables and figures.

4.3.1 Existence of Human Relations Policies

The respondents were first of all asked if there exists a human relations policy in their respective institutions. The results have been grouped into public and private health facilities in the Atwima Nwabiagya District in the Ashanti Region. Figure 4.5 and Figure 4.6.

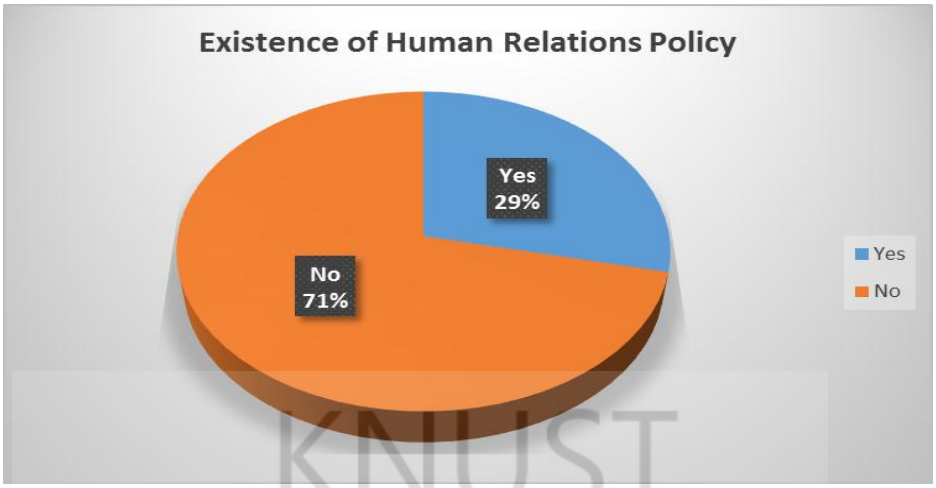

Figure 4.5: Existence of Human Relations Policy in Public Facilities
Source: Field Survey, 2014

From Figures 4.5, it was revealed that most respondents indicated that human relations policy does not exist in their facility. For the public institutions, Abuakwa Health Centre and Nkawie-Toase Government Hospital, most of the respondents indicated that they do not have a specific policy for human relations. However, they follow the Ghana Health Service (GHS) Code of Ethics for staff and other policy guidelines/documents to guide the behavior of staff in their facilities. The Code of Ethics for the Ghana Health Service (GHS) defines the general moral principles and rules of behaviour for all service personnel in the Ghana Health Service. The Service shall be manned by persons of integrity, trained to a high standard to deliver a comprehensive equitable service for the benefit of patients/clients and the society as a whole.

Some elements of the preamble of the Code of Ethics of GHS are as follows:-

1. All Service personnel shall be competent, dedicated, honest, client-focused and operate within the law of the land;

2. All Health Professionals shall be registered and remain registered with their Professional Regulatory Bodies;

3. All Service personnel shall respect the Rights of patients/clients, colleagues and other persons and shall safeguard patients'/client' confidence;

4. All Service personnel shall work together as a team to best serve patients'/clients' interest, recognizing and respecting the contributions of others within the team.

5. All Service personnel shall co-operate with the patients/clients and their families at all times.

6. No service personnel shall discriminate against patients/clients on the grounds of the nature of illness, political affiliation, occupation, disability, culture, ethnicity, language, race, age, gender religion, etc. in the course of performing their duties.

7. All Service personnel shall respect confidential information obtained in the course of their duties. They shall not disclose such information without the consent of the patient/client, or person(s) entitled to act on their behalf except where the disclosure of information is required by law or is necessary in the public interest.

8. All Service personnel shall treat official discussions, correspondence or reports obtained during official duties as confidential except where disclosure is required by law.

9. All information obtained from patients/clients shall only be used for the prime purpose of their management. Any other use of such information shall only be

done with the prior consent of the patient or person(s) entitled to act on his/her behalf.

10. All Service personnel shall provide information regarding patient's condition and management to patients or their accredited representatives humanely and in the manner they can understand.

11. All Service personnel shall protect the properties of the Service including properties entrusted in their care.

12. All Service personnel shall respect the rights and abilities of disabled persons and the aged and work together to serve or safeguard their interest.

13. All Service personnel shall keep their professional knowledge and skills up to date.

14. No Service personnel shall demand unauthorized fees from patients/clients

15. No Service personnel shall accept any gift, favour or hospitality from the patient/public which might be interpreted as seeking to exert undue influence to obtain preferential consideration in the course of their duty

16. All Service personnel shall refrain from all acts of indiscipline including drunkenness, smoking, immorality, abuse of drugs and pilfering in the course of performing their duties.

17. All Service personnel shall avoid the use of their professional qualifications in the promotion of commercial products.

18. All Service personnel shall act in collusion with any other person for financial gain.

19. Service facilities and resources shall not be used for unauthorized private practice.

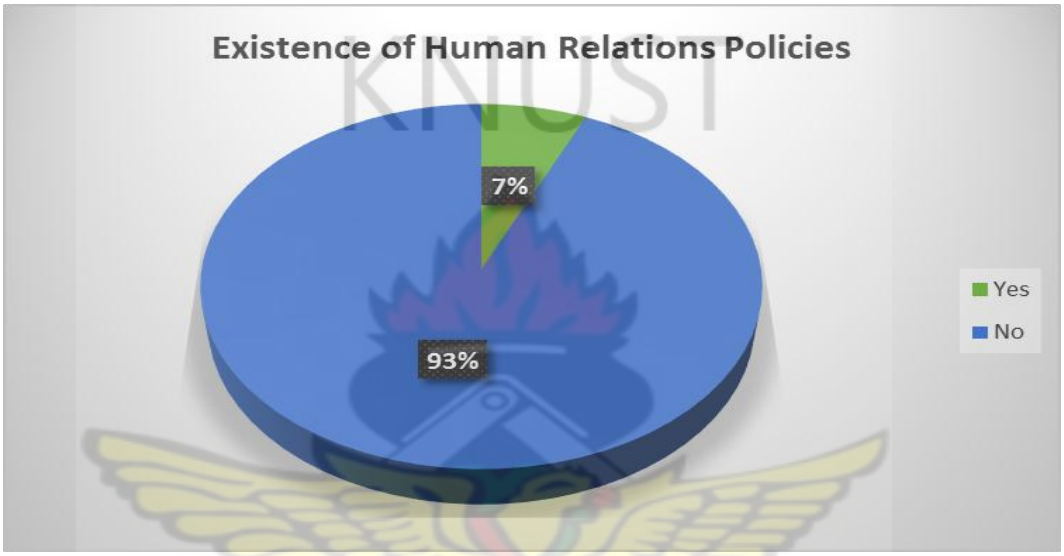

Figure 4.6: Existence of Human Relations Policy in Public Facilities
Source: Field Survey, 2014

However, with regards to the private institutions, with reference to Figure 4.6, almost all respondents 40 (93%) indicated that there is no human relations policy. Only a few 3 (7%) indicated there is existence of a human relations policy. The reason is that the main motive of a private firm is profit and productivity. So far as the Director of the facility sole aim is to maximize profits and productivity, little attention is placed on human relations activities. From the researcher's observation and personal opinion majority of the employees were not aware of what constitutes human relations policy and therefore an education in that direction will not be out of place.

4.3.2 Assessing the effectiveness of Human Relations policy

The respondents were given some parameters to assess the human relations policy that exist in their facility to determine if issues are going on right or otherwise. The results of the findings have been grouped into public and private health facilities in the Atwima Nwabiagya District in the Ashanti Region and are presented using Tables Table 4.8 and Table 4.9.

Table 4.8:
Descriptive Statistics of Assessment of Human Relations Policy (Public Facilities)

Parameters	N	Minimum	Maximum	Mean	Std. Deviation
Agreement that Human Relations Policy is effective	51	2	5	3.72	.792
Agreement that the HRM enforces Policy	51	2	5	3.25	.944
Agreement that policy follows directives of facility/GHS	51	1	5	3.72	1.021
Agreement that each facility determines own HR Policy	51	1	3	1.20	0.118
Valid N (listwise)	51				

Variable weights: 1=strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5= strongly agree

Source: Field Survey, 2014

From the descriptive statistics in Tables 4.8 and 4.9 above, respondents assessed the current Code of Ethics and Conduct that they have in their respective institutions even though they do not have a specific Human Relations Policy. From the point view of the

public institutions with reference to Table 4.3.2a, it was realised that when respondents were asked if their human relations policy is effective, the responses ranged from disagree to strongly agree. However, the mean response was 3.72 with SD = 0.72. This implies that majority of respondent think that their current code of ethics is somewhat effective.

When asked if management enforces the policies in the Code of Ethics, the responses also ranged between disagree and strongly agree with mean = 3.25 and SD = 0.944. This implies that enforcement of policy is somewhat okay.

Again, when respondents were asked if their human relations policy follows directives of facility/GHS, the responses also ranged between strongly disagree and strongly agree with mean = 3.72 and SD = 1.021. This indicates that respondents agree that their human relations policy or code of conduct somewhat follows the directives of the facility/GHS.

Finally, when asked if their respective facilities determines their own HR Policy, the responses of the respondents of the public institutions were between strongly disagree and not sure with mean response been 1.20 and SD = 0.118.

Table 4.9:
Descriptive Statistics of Assessment of Human Relations Policy (Private Facilities)

Parameters	N	Minimum	Maximum	Mean	Std. Deviation
Agreement that Human Relations Policy is effective	43	1	5	3.45	1.293
Agreement that the HRM enforces Policy	43	3	5	3.82	.751
Agreement that policy follows directives of facility/GHS	43	1	5	2.73	1.348
Agreement that each facility determines own HR Policy	43	1	5	3.36	1.362
Valid N (listwise)	43				

Variable weights: 1=strongly disagree, 2=disagree, 3 = not sure, 4 = agree and 5= strongly agree
Source: Field Survey, 2014

On the other hand, with regards to the private facilities, Table 4.9 above shows that when respondents were asked if their human relations policy is effective, the responses ranged from strongly disagree to strongly agree. However, the mean response was 3.45 with SD = 1.293. This implies that majority of the private facilities respondents think that their current policies are effective.

When asked if management enforces the policies for guiding human behaviour, the responses also ranged between not sure and strongly agree with mean = 3.82 and SD = 0.751. This implies the respondents were in affirmative that enforcement of policy is done at their facilities.

Again, when respondents at the private facilities were asked if their human relations policy follows directives of facility/GHS, the responses also ranged between strongly

disagree and strongly agree with mean = 2.73 and SD = 1.348. This indicates that respondents disagree that their human relations policy or code of conduct somewhat follows the directives of the facility/GHS. Since they are private firms, they determine their own policies that meet their objective.

Finally, when asked if their respective facilities determines their own HR Policy, the responses of the respondents of the public institutions were between strongly disagree and not sure with mean response between 3.36 and SD = 1.362. This implies they are somehow autonomous to determine their own human relations policy.

It can be concluded that human relations policies do not exist in the selected health facilities especially the private facilities. However, there are some code of ethics and standards that regulate the behaviour of staff in their respective facilities.

4.4 Enabling factors of human relations in the selected health facilities

The second objective of the study was to determine the enabling factors of human relations in the selected health facilities in the Atwima Nwabiagya District. Some factors were used to investigate if they propel better human relations in both public and private health facilities. The findings from the questionnaire responses are presented below with the aid of Table 4.10 and Table 4.11.

Table 4.10:

Descriptive Statistics of Enabling factors of human relations (Public Facilities)

FACTORS	N	Minimum	Maximum	Mean	Std. Deviation
Agreement that the right person is hired for the right job	51	1	5	3.92	1.055
Agreement that experience of low employee turnover	51	1	5	3.28	1.208
Agreement that there are Satisfied Employees	51	2	5	4.27	.827
Agreement that there is avoidance of nepotism and favouritism	51	3	5	4.42	.643
Agreement that there is effective communication	51	2	5	4.19	.895
Agreement that there is flexible organizational culture	51	3	5	4.12	.711
Agreement that there is existence of staff welfare scheme	51	2	5	3.96	1.076
Valid N (listwise)	51				

Variable weights: 1=strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5= strongly agree

Source: Field Survey, 2014

From Table 4.10 above which presents the findings from the two public health facilities – Atwima Maakro Hospital and Nkawie Toase Government Hospital, it was realized that the respondents showed agreements to the factors that enable human relations in their health facility as proposed by the researcher with avoidance of nepotism and favouritism having the best of responses a mean = 4.42 and SD = 0.643. This implies that for effective human relations in public health facilities, nepotism and favouritism should be eschewed.

This was followed by satisfied employees with a mean = 4.27 and SD = 0.827 implying that when the public health service staff are satisfied, there would be better human relations.

Other factors agreed on included effective communication and flexible organizational culture with means = 4.19 and 4.12 and SDs = 0.895 and 0.711 respectively. This indicates that effective communication among staff as well as flexible organizational culture would promote human relations in public health facilities.

Finally, the other factors agreed as enabling factors for human relations as indicated by public health facilities are staff welfare scheme, right persons been hired for the right jobs and low employee turnover with means = 3.96, 3.92 and 3.28 and SDs = 1.076, 1.055 and 1.208 respectively.

This implies that with the public health facilities, the enablers for human relations are mainly:-

i) avoidance of nepotism and favouritism;

ii) satisfied employees

iii) effective communication

iv) flexible organizational culture

v) staff welfare scheme

vi) hiring the right employees for the right job and

vii) low employee turnover in that order.

Table 4.11:
Descriptive Statistics of Enabling factors of human relations (Private Facilities)

FACTORS	N	Mini-mum	Maxi-mum	Mean	Std. Deviation
Agreement that the right person is hired for the right job	43	2	5	3.68	.716
Agreement that experience of low employee turnover	43	1	5	3.50	1.192
Agreement that there are Satisfied Employees	43	2	5	3.73	.935
Agreement that there is avoidance of nepotism and favouritism	43	2	5	4.00	.775
Agreement that there is effective communication	43	2	5	4.05	.575
Agreement that there is flexible organizational culture	43	2	5	4.00	.617
Agreement that there is existence of staff welfare scheme	43	4	5	4.32	.477
Valid N (listwise)	43				

Variable weights: 1=strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5= stronglyagree
Source: Field Survey, 2014

Similarly, with the two selected private health facilities – Abuakwa Health Center and Toase Medical Center, it was also realized that the respondents showed agreements to the factors that enable human relations in their health facility as proposed by the researcher with existence of staff welfare scheme having the best of responses with mean = 4.32 and SD = 0.477. This indicates that respondents almost strongly agree that existence of staff welfare scheme would be a key enabler of human relations.

This was followed by effective communication with a mean = 4.05 and SD = 0.575 implying that effective communication among staff would promote human relations.

Again, the next agreed factors were avoidance of nepotism and favouritism and flexible organizational culture with means = 4.00, 4. 00 and SD = 0.775, 0.616 respectively.

Other factors agreed on included Satisfied Employees, the best persons employed for the hired for the right job and low employee turnover with means = 3.73, 3.68 and 3.50 and SDs = 0.935, 0.716 and 1.192 respectively.

This implies that with the private institutions, what would move them to ensure human relations are mainly:-

i) employee welfare scheme;

ii) effective communication;

iii) avoidance of nepotism and favouritism;

iv) flexible organizational culture;

v) satisfied employees

vi) hiring the right employees for the right job and

vii) low employee turnover in that order.

In relation to theory as indicated by Grunig et al. (2002), the key enabling factors for human relations are organizational structure and internal communication. The findings of

the study revealed that effective communication as well as flexible culture are both enablers of human relations. However, in addition to these factors, other equally important factors in our part of the world are avoidance of nepotism and favoritism as well as staff welfare schemes and hiring the right persons for the right job; all these could be due to varying culture and belief system.

4.5 Effect of Managing Human Relations on the Performance of Healthcare Professionals

The third objective of the study was to examine the effect of managing human relations on the performance of healthcare professionals. Questionnaire question posed to respondents included the following as implications or good human relations; improvement of work rate, promotes good performance, minimization of conflict situations among staff, healthy organizational culture and fostering loyalty with clients/patients.

The responses to those statements have been presented in Tables 4.12 and 4.13 for the public health facilities and private health facilities respectively.

Table 4.12:
Descriptive Statistics of Effect of Human Relations on Performance (Public Facilities)

Parameters	N	Minimum	Maximum	Mean	Std. Deviation
Good human relations improves my work rate	51	1	5	4.42	0.857
Good human relations promotes good performance	51	1	5	4.27	0.962
Conflict situations among staff minimised	51	1	5	4.08	0.796
Promotion of healthy organizational culture	51	3	5	4.15	0.543
Fosters loyalty with clients/patients	51	3	5	4.31	0.679
Valid N (listwise)	51				

Variable weights: 1=strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5= strongly agree
Source: Field Survey, 2014

From the descriptive statistics in Tables 4.12 and 4.13 above, respondents provide the benefits that they would derive from effective human relations. From the view point of the public institutions with reference to Table 4.12, it was realised that when respondents were asked if their good human relations improves their work rate, the responses ranged from strongly disagree to strongly agree. However, the mean response was 4.42 with SD = 0.857. This implies that majority of respondent think that good human relations improves their work rate.

When asked if good human relations promotes good performance, the responses also ranged between strongly disagree and strongly agree with mean = 4.27 and SD = 0.962. This implies that good human relations promotes good performance of health service professionals.

When asked if good human relations minimizes conflict situations among staff, the responses of the respondents of the public institutions were between strongly disagree and strongly agree with mean response been 4.08 and SD = 0.796.

Again, when respondents were asked if good human relations promotes healthy organizational culture, the responses also ranged between not sure and strongly agree with mean = 4.15 and SD = 0.543. This indicates that respondents agree that good human relations ensures a better and healthy organizational culture.

Finally, when respondents were asked if good relations fosters health professionals loyalty with clients/patients, the responses ranged from not sure to strongly agree with Mean = 4.31 and SD = 0.679. This shows that good human relations also ensures a better relationship with patients.

Table 4.13:
Descriptive Statistics of Effect of Human Relations on Performance (Private Facilities)

Parameters	N	Minimum	Maximum	Mean	Std. Deviation
Good human relations improves my work rate	43	4	5	4.41	0.503
Good human relations promotes good performance	43	4	5	4.50	0.712
Conflict situations among staff minimized	43	2	5	4.18	0.533
Promotion of healthy organizational culture	43	1	5	3.91	1.192
Fosters loyalty with clients/patients	43	2	5	3.95	0.999
Valid N (listwise)	43				

Variable weights: 1=strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, and 5= strongly agree

Source: Field Survey, 2014

On the other hand, with regards to the private facilities, with reference to Table 4.13, when respondents were asked about the effects of human relations on their performance, it is was realised that when respondents were asked if their good human relations improves their work rate, the responses ranged from agree to strongly agree. However, the mean response was 4.41 with SD = 0.503. This implies that majority of respondent think that their good human relations improves their work rate.

When asked if good human relations promotes good performance, the responses also ranged between agree and strongly agree with mean = 4.50 and SD = 0.712. This implies that good human relations promotes good performance of health service professionals.

When asked if good human relations minimizes conflict situations among staff, the responses of the respondents of the public institutions were between disagree and strongly agree with mean response been 4.18 and SD = 0.533.

Again, when respondents were asked if good human relations promotes healthy organizational culture, the responses also ranged between strongly disagree and strongly agree with mean = 3.91 and SD = 1.192. This indicates that respondents agree that good human relations ensures a better and healthy organizational culture.

Finally, when respondents were asked if good relations fosters health professionals loyalty with clients/patients, the responses ranged from disagree to strongly agree with Mean = 3.95 and SD = 0.999. This shows that good human relations also ensures a better relationship with patients.

Relating to literature, as indicated by Conrad and Poole (1998), the human relations approach sees the organization as a cooperative enterprise whose workforce have high morale and are primary contributors to productivity and also seek to improve productivity by modifying the work environment to increase morale and develop a more skilled capable workers. The findings of the study with regards to the effect of human relations on performance of health care professionals supports existing literature.

4.5.1 Satisfaction of Respondents with Human relations in their facilities

Respondents were finally asked to show their satisfaction with the level of human relations in their health facilities. The results have been grouped into public and private health facilities in the Atwima Nwabiagya District in the Ashanti Region. Figure 4.7 and Figure 4.8.

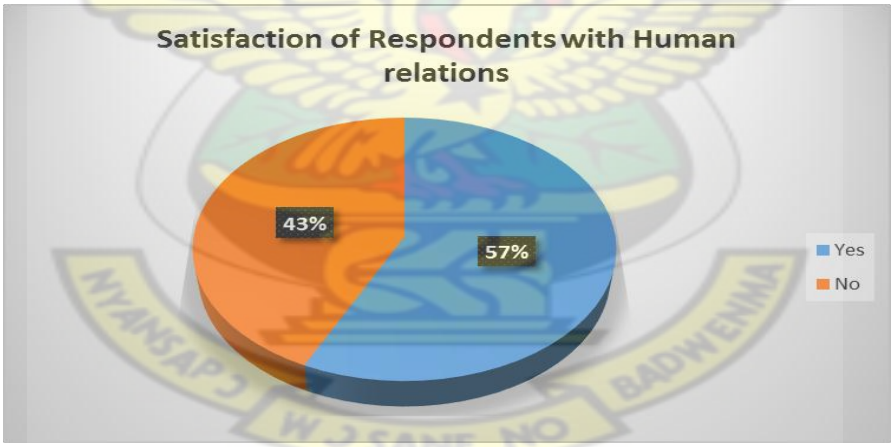

Figure 4.7: Satisfaction of Respondents with Human relations in Public Facilities
Source: Field Survey, 2014

The level of satisfaction of human relations in both the public and private health facilities in the Atwima Nwabiagya District is positive as there were more "Yes" responses than

"No" from the public institutions, 29 (57%) indicated "Yes" whiles 22 (43%) indicated "No".

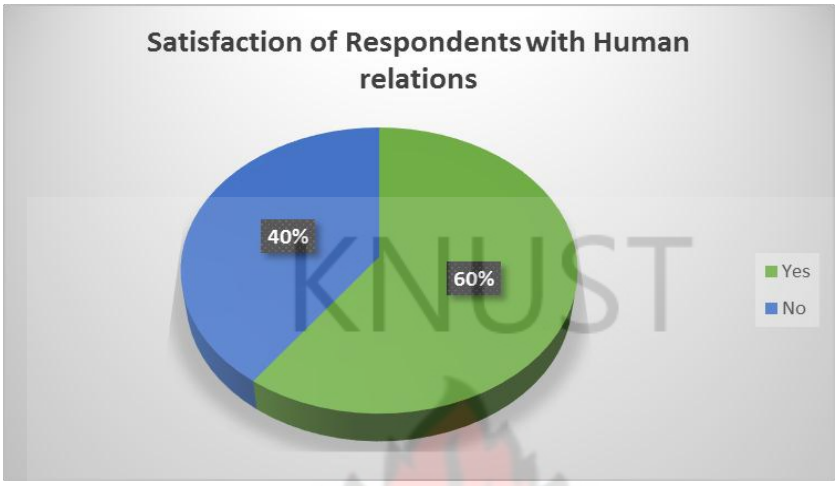

Figure 4.8: Satisfaction of Respondents with Human relations in Private Facilities
Source: Field Survey, 2014

In the private health facilities, 26 (60%) indicated Yes whereas 17 (40%) indicated "No". This implies that even though there is no documented human relations policy, the healthcare professionals are not perturbed but are satisfied with their existing code of ethics and guidelines that influences their organizational behaviour.

In summary, in determining the effect of managing human relations on organizational performance of healthcare professionals, it could be seen that, the respondents were of the view that good human relations policy have the propensity of improving their performance. This is because so far as they are satisfied with the human relations policy which have been outlined and effectively communicated, it would guide their organizational behaviour so as to conduct themselves in a professional manner to produce the highest output as well as ensuring patient satisfaction.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the researcher's findings, conclusions and recommendations. Using a purposive and quota sampling techniques, one hundred and twenty (120) responses were gathered from the staff from the four selected health facilities in the Atwima Nwabiagya District in the Ashanti Region of Ghana. That is, two public health facilities namely Abuakwa Health Centre and Nkawie Toase Government Hospital and two private health facilities namely Atwima Maakro Hospital and Toase Medical Centre. Out of the 120 questionnaires that were administered, 94 were received. This represents 78% response rate.

5.1 Summary of Findings

In order to address the objectives of the study, the summary of the researcher's findings is presented in relation to the objectives to the study.

5.1.1 Summary of Respondents' Demographics

The study revealed that most healthcare professionals in the Atwima Nwabiagya District in charge of human relations activities in the health facilities are females. Most respondents were between the age group of 21 – 40 years. This implied that the staff relatively in charge of human relations activities in the health facilities in the district are young and energetic. The number of years worked in the various health facilities were mostly between 1 – 5 years. This shows that the respondents for the study had not been working so long at their respective health facilities. However, the number of years spent

is enough to know the human relations activities and policies that exist in their health facilities. Almost all respondents have at least a certificate/Diploma for their professions. This implies that the staff are relatively knowledgeable and qualified for their respective positions. In addition, they understand the questions in the questionnaire administered to them to ensure validity of the study.

5.1.2 Existence of Human Relations Policy in the Health Facilities

As indicated by most respondents, human relations policies were not in existence in their facilities. For the public institutions, Abuakwa Health Center and Nkawie Toase Government Hospital, most of the respondents indicated that they do not have a specific policy for human relations. However, they follow the Ghana Health Service (GHS) Code of Ethics for staff. However, with regards to the private institutions, almost all respondents indicated that there were no human relations policy. The main reason is that these private facilities have no human resource departments or qualified human resource personnel to be in charge and manage human relations activities in their various facilities. However, there were some staff who indicated that a code of conduct and ethics exist though.

5.1.3 Enabling Factors of Human Relations in Health Facilities

The findings revealed that with the public health facilities, the enablers for human relations are mainly avoidance of nepotism and favouritism, satisfied employees, effective communication, flexible organizational culture, staff welfare scheme, hiring the right employees for the right job and low employee turnover in that order. However, with the private institutions, what would move them to ensure human relations are mainly

employee welfare scheme, effective communication, avoidance of nepotism and favouritism, flexible organizational culture, satisfied employees, hiring the right employees for the right job and low employee turnover in that order which is in support of existing literature as discussed by Grunig et al. (2002).

5.1.3 Effect of Managing Human Relations on the Performance of Healthcare Professionals

The findings revealed that both public and private health facilities healthcare professionals agree that good human relations improves their work rate, promotes good performance of health service professionals, minimizes conflict situations among staff, ensures a better and healthy organizational culture and also ensures a better relationship between healthcare professionals and patients/clients. Asking about their satisfaction with current human relations effort in their health facilities, it was realized that even though there is no documented human relations policy, the healthcare professionals are not perturbed but are satisfied with their existing code of ethics and guidelines that influences their organisational behaviour.

5.2 Conclusions

Healthcare organizations are complex and dynamic; in healthcare organizations, the scope and complexity of tasks carried out in provision of services are so great that individual staff operating on their own cannot get the work done. Good human relations is very important in ensuring that health care delivery is effectively carried out. This would ensure that tasks are carried out in the best way possible to achieve organizational

goals and that appropriate resources, especially human resources are adequate to support the health facility.

The scope of human relations in this study covers health institutional relations, employee safety, health employment security, working conditions and assistance with non-work problems. Human relations are meant to cultivate a sense of belonging to and oneness with the health facility. Human relations are associated with all the welfare measures of the health facility taken in the interest of employees and maintenance of their good health at the work place and also give a constructive feedback to employees. Most pressing need that affects healthcare professionals is housing. Without an assured housing, recruitment of fresh and competent talent is becoming increasingly difficult. Provision for sabbatical leave, liberal study leave for staff and other measures are very necessary to enable healthcare professionals to improve their professional competence.

It is important for employers to ensure that the performance of employees is of a high standard. If this is not the case, measures should be put in place to detect and rectify the situation. It is important to improve the level of performance of front-line health workers or those who are continuously in contact with the clients, community and patients at all levels of health care.

The study sought to investigate human relations policies that exist in the selected health facilities in the Atwima Nwabiagya District, examine enabling factors of human relations in the selected health facilities in the Atwima Nwabiagya District and examine the effect of managing human relations on the performance of healthcare professionals in Atwima Nwabiagya District of the Ashanti Region in Ghana. This was done by the use of suitable

methodological approaches through purposive and quota sampling of respondents from two public health facilities and two private health facilities in the Atwima Nwabiagya to achieve the objectives of the study of which a 78% response rate of field survey was achieved. The findings revealed that there was non-existence of human relations policy in both the public and private facilities. Whiles the public facilities use the Ghana Health Service (GHS) Code of Ethics for staffs, the private facilities make do with directives by the owners of the facilities. The enablers for human relations as identified by the study include avoidance of nepotism and favouritism, satisfied employees, effective communication, flexible organizational culture, staff welfare scheme, hiring the right employees for the right job and low employee turnover, etc. The findings finally revealed that good human relations improves their work rate, promotes good performance of health service professionals, minimizes conflict situations among staff, ensures a better and healthy organizational culture and also ensures a better relationship between healthcare professionals and patients/clients.

Employees understanding of the relationship between their environment and their actions is important as they spend so much time in their workplaces; likewise the relationships between management and employees are of considerable value in any workplace – although no work environment is perfect.

Understanding some of the ways that human relations can impact the costs, competitiveness and long-term economic sustainability of a business helps to underscore their importance.

Good human relations in the workplace are a major part of what makes a business work.

5.3 Recommendations

This study provided an insight into the implementation of human relations management in healthcare focusing on Atwima Nwabiagya District. Human relations management is not a common concept among healthcare professionals; as a new innovative managerial tool that can be used as a strategic weapon to gain competitiveness and to promote productivity of workers and satisfy patients/clients simultaneously. Hence, the following recommendations are suggested for implementation by stakeholders:-

5.3.1 Development of Comprehensive Human Relations Policy for Health Service Workers and Creating awareness of its Existence

As the study revealed that the non-existence of a human relations policy, it is recommended that the stakeholders of healthcare in Ghana such as the Ministry of Health (MOH), Ghana Health Service (GHS), private sector healthcare practitioners come together to develop a comprehensive human relations policy that would be applicable to both public and private health facilities to guide organizational behaviour in healthcare.

In the public facilities it is recommended that an awareness is created among staff to the existence of the Code of Conduct and any policy document that guides the behaviours of their employees – what use is a policy if the people it is meant for are not aware of its existence or content as most managers of these facilities do not use it for the desired purpose.

5.3.2 Adoption of Enabling Factors of Human Relations in Healthcare

The study revealed some enabling factors that promote effective human relations management in healthcare and some of these included avoidance of nepotism and favouritism, satisfied employees, effective communication, flexible organizational culture, staff welfare scheme, hiring the right employees for the right job and low employee turnover. These factors could be used as a guide in developing a comprehensive human relations policy to ensure effective human relations in the healthcare sector in Ghana.

5.3.3 Employee Involvement in Developing Human Relations Policy

The study also revealed that most at times decision-making follows the top-down approach where instructions and policies are enacted from top management and imposed on subordinates. It is therefore recommended that supervisors help employees broaden their perspective by regularly discussing strategic issues, and by supporting involvement in enacting new policies, committees and training programs especially with regards to human relations policies. This should be done in the private facilities as well where most decisions are made by the owner/director. With a broadened viewpoint, the employee better realizes how his/her job supports the mission and vision of the health facility. An employee's feeling of "contributing to the whole" enhances his/her sense of belonging and satisfaction and as a motivation to work. And as evident in the literature review organizations cannot hope to achieve any kind of success with new programs when they lack a foundation of employee commitment and trust.

5.3.4 Enforcement of Human Relations Policy

The study revealed there is no comprehensive human relations policy for healthcare professionals in Ghana. It is therefore recommended if the various stakeholders come together to enact a policy to manage human relations, they should ensure that it is implemented and enforced especially in the private health facilities so that all healthcare professionals in Ghana would exhibit similar human relations practices at their workplaces which would eventually increase their performance and satisfy their patients.

5.3.5 Recruitment of more Male Staff

The study revealed there were more females that male employees which confirmed a perception that the health sector was more female dominated. Consideration could be given to the recruitment of more male staff as there is general perception also that male health workers relate better with clients than their female colleagues. This is opened up to further research to ascertain this perception.

References

Allen, D. R. and Wilburn, M. (2002), ***Linking customer and employee satisfaction to the bottom line***, ASQ quality press publications cat log, Milaukee, WI.

Amason, A. C. (1996), ***Distinguishing the effects of functional and dysfunctional conflict on strategic decision making: Resolving a paradox for top management teams***, *Academy of Management Journal*, *39*, 123–148.

Ambrose S., Huston, T., Norman, M. (2005), ***A qualitative method for assessing faculty satisfaction***, Res. Higher Educ., 46(7), 803-830.

Argyris, C. (1994), ***On organizational learning***, Cambridge, MA: Blackwell.

Argyris, C. and Schon, D. (1996), ***Organizational learning–II***, Reading MA: Addison-Wesley

Baker, O (1996), ***The Managing Diversity Movement: Origins, Status and Challenges***,

Barber, A. E., Dunham, R. B., and Formisano, R. A. (1992), ***The impact of flexible benefits on employee satisfaction: A field study*** Personnel Psychology, 45, 55–75.

Bhatti, K., and Qureshi, T. (2007). Impact of employee participation on job satisfaction, employee commitment and employee productivity. International Review of Business Research Papers, 3(2), 54 – 68.

Black, J. S., Gregersen, H. B., Mendenhall, M. (1992), ***Global assignments: Successfully expatriating and repatriating international managers***, San Francisco, CA: Josey-Bass.

Boeyens, M. J. (1985), ***The synergistic nature of organizational climate***, Unpublished doctoral thesis.

Boxall, P. and Purcell, J. (2003), ***Strategy and human resource management***, London: Palgrave Macmillan.

Brown, M. G. (2006), ***Scorecard Whitepaper,***

Carpitella, B. (2003), ***Make residential construction the industry of choice*** [Electronic version]. Professional Builder, Oct 2003.

Castillo J., Cano, J. (2004), ***Factors explaining job satisfaction among faculty***, J. Agric. Educ., 45(3), 65-74.

Chang, E. (2005), ***Individual pay for performance and commitment HR practices in South Korea,*** Journal of World Business, Vol.41, No.4, pp.368-81

Clampitt, P. G., and Girard, D. M. (1993), ***Communication satisfaction: A useful construct?*** New Jersey Journal of Communication, 1 (2), 84-102.

Claver, E., Llopis, J., González, M. R., Gascó, J. L. (2001), ***The performance of information systems through organizational culture***, Information Technology and People, 14(3), 247-260.

Conrad C. and Poole, M. (1998), ***Strategic Organization Communication***, 4th edition, Orlando, FL: Holt, Rinehart and Winston

Cranny, C. J., Smith, P. C. and Stone, E. F. (1992), ***Job satisfaction: How people feel about their jobs and how it affects their performance***, New York: Lexington.

D'Aunno, T., Fottler, M. D. and O'Connor, S. J. (2000), ***Motivating People in Health care management: organization design and behavior***. S. M. Shortell and A. D. Kaluzny (Editors), Columbia, Delmar, pp. 64- 105

Daft, R. L. (2003), ***Management*** (6th Ed.). Mason, OH: South-Western.

Damanpour, F. (1991), ***Organizational innovation: A meta-analysis of effects of determinants and moderators***, Academy of Management Journal, *34*(3), 555-590.

Davidson, L. (1998), ***Measure what you bring to the bottom line***, Workforce, 77, 34-40

Davies, B., Symon, G., and Walker, H. (1996), ***Assessing Organizational Culture: A Comparison of Methods***, International Journal of Selection and Assessment 4(7), 96–105

Doughty, J., May, B., Butell, S., Tong, V. (2002), ***Work environment: A profile of the social climate of nursing faculty in an academic setting***, Nursing Educ. Perspectives. 23(4), 191-196.

Dundon, T. and Gollan, P. J. (2007), ***Reconceptualising voice in the non-union workplace***, The International Journal of Human Resource Management, 18(7), pp. 1182 – 1198.

Eisenberger, R., Fasolo, P. M., and Davis-LaMastro, V. (1990), Perceived organizational support and employee diligence, commitment, and innovation, Journal of Applied Psychology, 75, 51-59.

Eisenhardt, K. M., Kahwajy, J. L., and Bourgeois, L. J. (1998), ***Conflict and strategic choice: How top management teams disagree***. In D. C. Hambrick, D. A. Nadler, and M. L. Tushman (Eds.), *Navigating change: How CEOs, top teams, and boards steer transformation* (pp. 141169). Boston: Harvard Business School Press.

Franco, L. M., Bennett, S., Kanger, R. and Stubblebine, P. (2004), ***Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia***, Social Science and Medicine, Vol. 58, pp. 343-355

Freeman, S. (2005), ***Employee satisfaction: The key to a successful company*** [Available athttp://library.lp.findlaw.com/articles/file/00301/008927/title/Subject/topic/Employment] Retrieved on March 15, 2014

Frenkel, S. (1985), ***Management and Employee Relations in the Metal and Engineering Industry***, a paper presented at the Bureau of Labour Market Research Seminar, November, Mimeograph

Frenkel, S. and Harrod, J. (Eds) (1995), ***Industrialization and Labor Relations: Contemporary Research in Seven Countries***, ILR Press, New York.

Germain, R. (1996), ***The role of context and structure in radical and incremental logistics innovation adoption***, Journal of Business Research, 35, 117-127.

Gerwin, D. and Kolodny, H. (1992) ***Management of advanced manufacturing technology: Strategy, organization, and innovation*** New York: Wiley-Interscience.

Gjuraj, E. (2013), ***The importance of national culture studies in the organizational context***, European Scientific Journal, 9(11), 160-180.

Goldhaber, G. M. (1999) ***Organizational communication in 1976: Present domain and future directions***. In P. Salem (Ed.), Organizational communication and change. Cresskill, NJ: Hampton Press.

Goldhaber, G. M., Dennis, H .S., Richetto, G. M., and Wiio, O. A. (1984), **Information strategies: New pathways to management *productivity***, New York: Ablex.

Golla, P. J. and Wilkinson, A. (2007), ***Contemporary developments in information and consultatio***n, The International Journal of Human Resource Management, 18(7), pp. 1133 – 1144.

Goodman, J. F. B. (1975), ***Rules in Industrial Relations***, Industrial Relations Journal, Spring, 1975, Volume 6, pp. 14-30.

Gordon, L. A. and Narayayan, V. K. (1984), ***Management accounting systems, perceived environmental uncertainty and organization structure: An empirical investigation***. Accounting, Organizations and Society, 56-69.

Grant, A .M., Christianson, M. K., Price, R. H. (2007), ***Happiness, Health, or Relationships? Managerial Practices and Employee Well-Being Trade-offs***, Academy of management perspectives, 21, 5163.

Gruenfeld, D. H., Mannix, E. A., Williams, K. Y., Neale, M. A. (1996), ***Group composition and decision making: How member familiarity and information distribution affect process and performance***, Organizational Behaviour and Human Decision Processes, 67, 1-15.

Grunig, J. (1992), ***Excellence in public relations and communication management***, Lawrence Erlbaum Associates, Inc. Publishers: London

Grunig, J., Grunig, L. and Dozier, D. (2002), ***Excellent public relations and effective organizations: A study of communication management in three countries***, Lawrence Erlbaum Associates Publishers: London

Guest, D and Conway, N. (1999), ***Peering into the black hole: the downside of the new employment relations in the UK"***. British Journal of Industrial Relations, 37, 3, 367-389.

Hall, R. W. (1977), ***Organizations: Structure and process***, Englewood Cliffs: Prentice Hall.

Harter, J. K., Schmidt, F. L., and Hayes, T. L. (2002), ***Business-unit level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis***, Journal of Applied Psychology, 87, 268-279.

Heskett, J. L., Jones, T. O., Loveman, G. W., Sasser, W. E. Jr. and Schlesinger, L. A. (1994), ***Putting the service-profit chain to work,*** Harvard Business Review 72 (2)

Hofstede, G. (1991), ***Cultures and Organizations: Software of the mind***, CA: Sage: Beverly Hills.

Holtzhausen, D. (2002). The effects of a divisionalised and decentralised organisational structure on a formal internal communication function in a South African organisation. Journal of Communication Management, Vol. 6 (4), p. 323 –339

Homedes, N. and Ugalde, A. (2004), ***Human resources: The Cinderella of health sector reform in Latin America. Human Resources for Health***, http//www.human-resources-health.com/content/3/1/1.

Hunter, W. and Tietyen, D. (1997), ***Business to business marketing: Creating a community of customers***, Lincolnwood-Illinois, McGraw-Hill Professional.

Huselid, M. A. (1995), ***The impact of human resource management practices on turnover, productivity, and corporate financial performance,*** Academy of Management Journal, 38, 635-672.

ILO (International Labour Organization) (1997), ***World Labour Report: Industrial Relations, Democracy and Stability***, Geneva, Switzerland, International Labour Organization

Jaworski, B. J. (1988), ***Toward a theory of marketing control: Environmental context, control types and consequences***, Journal of Marketing, 52: 23–29.

Jehn, K. A., Northcraft, G. B. and Neale, M. A. (1999), ***Why differences make a difference: A field study of diversity, conflict, and performance in workgroups,*** Administrative Science Quarterly, 44, 741–763.

Judge, T. A. and Hulin, C. L. (1993), ***Job satisfaction as a reflection of a disposition: a multiple source causal analysis***, Organizational Behaviour and Human Decisions Processes, Vol. 56, pp. 388-421.

Kinicki, A., Carson, K., and Bohlander, G. (1992), **Relationship between an Organization's Actual Human Resource Efforts and Employee Attitudes.** Group and Organization Management, 17, 135-152.

Koufteros, X. A. and Vonderembse, M. A. (1998) ***The impact of organizational structure on the level of JIT attainment: theory development***, International Journal of Production Research 36 (10), 2863–2878.

Koustelios, A. (1996). Η επίδραση της οργανωσιακής κουλτούρας στην ικανοποίηση από την εργασία [***The influence of organizational culture on job satisfaction***]. *Ψυχολογία, 3*(2), 60-70.

Luthans, F., Rubach, M. J., and Marsnik, P. (1995), ***Going beyond total quality: The characteristics, techniques, and measures of learning organizations***, International Journal of Organizational Analysis, 3, 24–44.

Maloney, W. F. and McFillen, J. M. (1986), ***Motivational implications of construction work***, Journal of Construction Engineering and Management, March 1986, 137-151.

McCourt, W. and Awases, M. (2005), *Report* ***on health workforce 'innovative approaches and success stories***, study (Unpublished).

Meyer, J. and Allen, N. (1997), ***Commitment in the Workplace: Theory, Research, and Application***, Sage Publications.

Miller, J. L. (2006), ***Coach Yourself to Succeed @ Work: How to Achieve Optimal Performance and Job Satisfaction***, CA, Dorrance Publishing Co.

Miller, K. (1999), ***Organizational communication: Approaches and process***, 2nd ed. Belmont: Wadsworth

Mitroff, I. I. (1998), **Smart thinking for crazy times: The art of solving the right problems,** San Francisco: Berrett-Koehler.

Morse, N. C. (1977), ***Satisfactions in the white-collar job***, Ayer publishing.

Moyes, G. D., Shao, L. P. and Newsome, M. (2008), ***Comparative analysis of employee job satisfaction in the accounting profession***, Journal of Business and Economics Research, 6(2), 65-81

Nahm, A, Vonderembse, M, and Koufteros, X. (2003), ***The impact of organizational structure on time-based manufacturing and plant performance***, Journal of Operations Management, 21, 281–306

Nye, L. G. and Witt, L. A. (1993), ***Dimensionality and construct validity of the perceptions of organizational politics scale (POPS***), Educational and Psychological Measurement, Vol. 53 No. 3, pp. 821-829.

Pascale, R. T. (1990), ***Managing on the edge: How the smartest companies use conflict to stay ahead,*** New York: Simon and Schuler.

Pathak, R. D., Budhwar, P. S., Singh, V. and Hannas, P. (2005), ***Best HRM practices and employees' psychological outcomes: A study of shipping companies in Cyprus***, South Asian Journal of Management, 12(4), 7.

Postmes, T., Tanis, M. and de Wit, B. (2001), ***Communication and Commitment in Organizations: A Social Identity Approach***, Group Processes and Intergroup Relations, Vol 4(3), 227–246

Potterfield, T. (1999), ***The business of employee empowerment: Democracy and ideology in the workplace***, Westport, Conn, Greenwood Publishing Group

Rahim, M. A. (2001), ***Managing conflict in organizations***, (3rd Ed.). Westport, CT: Quorum Books.

Rahim, M. A., Garrett, J. E., and Buntzman, G. F. (1992), ***Ethics of managing interpersonal conflict in organizations***, Journal of Business Ethics, *11*, 87–96.

Robbins, S. P. (1990), ***Organizational theory: Structure, design, and application,*** (3 Ed.). Englewood Cliffs, NJ: Prentice Hall.

Rousseau D M and Wade-Benzoni K A (1994), ***Changing Individual-Organizational Attachments: A Two-way Street***, in Howard A (Ed.), The Changing Nature of Work, Jossey-Bass, New York.

Rousseau, D. M., and Greller, M. M. (1994), ***Human resource practices: Administrative contract makers***, Human Resource Management, 33, 385-401.

Ruekert, R. W., Walker, O. C. Jr., and Roering, K. J. (1985), ***The organization of marketing activities: A contingency theory of structure and performance***, Journal of Marketing, 49, 13-25.

Saunders, M., Lewis, P. and Thornhill, A. (2009), ***Research methods for business students***, 5th ed., Harlow, Pearson Education.

Schein, E. H. (2004), ***Organizational culture and Leadership*** (Third Ed.). Jossey-Bass: San Francisco

Schneider, B. White, S. and Paul, M. C. (1998), ***Linking Service Climate and Customer Perceptions of Service Quality: Test of a Causal Model***, Journal of Applied Psychology Volume 83(2): 150–163

Schneider, B., and Bowen, D. (1995), ***Winning the service game,*** Boston: Harvard Business School Press

Senge, P. M., Kleiner, A., Roberts, C., Ross, R. B. and Smith, B. J. (1994), **The fifth discipline field book**. New York: Doubleday.

Spector, P. E. (1997), ***Job Satisfaction: Application, Assessment, Causes, and Consequences***, Thousand Oaks, CA: Sage.

Spekman, R.E. and Stern, L.W. (1979) ***Environmental uncertainty and buying group structure: An empirical investigation***, Journal of Marketing, 43(2), 54 - 64.

Tayeb, M. H. (1996), ***The Management of Multicultural Workforce***, Wiley.

Tharp, B. M. (2009). ***Defining "Culture" and "Organizational Culture": From Anthropology to the Office***, [Available at

http://www.paragonbusinessfurniture.com/documents/DefiningCultureandOrganizationalCulture.pdf] Retrieved on 15/03/2014.

Tompkins, T. C. (1995), ***Role of diffusion in collective learning***, International Journal of Organizational Analysis, 3, 69-85.

Venkata Ratnam, C. S. (2006), ***Industrial Relations***. Oxford University Press, New Delhi, India

Wall, J. A., Jr., and Callister, R. R. (1995), ***Conflict and its management***, Journal of Management, 21, 515–558.

Walton, R.E. (1985) ***From control to commitment: Transforming workforce management in the united states***, In K. Clark, R. Hayes and C. Lorenz (Eds.), The uneasy alliance: Management the productivity-technology dilemma. Boston: Harvard Business School Press.

Warr, P. B. (1992), ***Age and occupational well-being,*** Psychology and Ageing, 7(1), 37-45.

WHO, (2000), ***The world health report 2000: Health systems; Improving performance***, Geneva: World Health Organization.

Wilkinson, A., Dundon, T., Marchington, M. and Ackers, P. (2004), ***Changing Patterns of Employee Voice: Case Studies from the UK and Republic of Ireland***, The Journal of Industrial Relations, 46(3), pp. 298 – 322.

Wright, P. M., Gardner, T. M., and Moynihan, L. M. (2003), ***The Impact of Human Resource Practices on Business Unit Operating and Financial Performance***, Human Resource Management Journal, 13(3), 21-36.

Appendix I: Survey Questionnaire

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF ART AND SOCIAL SCIENCES

KNUST SCHOOL OF BUSINESS

DEPARTMENT OF MANAGERIAL SCIENCES

SURVEY QUESTIONNAIRE

I am an MBA student of the School of Business, Kwame Nkrumah University of Science and Technology. As a requirement of the Programme, I am writing a Thesis titled, ***'Managing Human Relations in the Delivery of Healthcare: A Case Study of some selected Health Facilities in the Atwima Nwabiagya District***'

I am therefore conducting a survey on the above thesis. Your Facility has granted me permission to use it as one of my case study Facilities. Consequently sample employees of which you are a member are required to fill in this questionnaire. I would be most grateful if you could please spare some few minutes of your time to answer all the questions before you.

Your responses will be anonymous; data will be combined and analyzed as a whole. Your participation in the study will be greatly appreciated. Thank you very much for your time and assistance.

Administered to Staff and Management of Healthcare Institutions

SECTION A: RESPONDENT'S PROFILE

Please indicate your preference by ticking (√) *against your preferred option*

1. Sex
   - □ Male
   - □ Female

2. Age Range
   - □ Less than 20 years
   - □ 21 – 30 years
   - □ 31 – 40 years
   - □ 41 – 60 years
   - □ Above 60 years
3. Indicate the name of your Health Facility

   .....

4. How long have you been working with the Service/Health Facility?
   - Less than 6 months
   - 1 to 5 years
   - 6 to 10 years
   - 11 to 15 years
   - 16 to 20 years
   - 21 to 25 years
   - 26 years and above

5. What is your level of educational qualification?
   - JHS/SHS
   - Certificate/Diploma
   - Post Graduate Diploma
   - First Degree/ Graduate
   - MSc, MPhil, MA, MBA, etc.
   - Others, please specify……

SECTION B: HUMAN RELATIONS POLICIES AT THE HEALTH FACILITIES

6. Has your Facility got policies on human relations? Yes No

7. If Yes, what are some of the Human Relation policies that have been in existence in your Health Facility?

   Please specify----------

Instructions: For Statements 7-10, Indicate your opinion on the following statements by placing a checkmark (✓) in the right column under the 5-point Likert Scale. Show your **level of agreement** on how the following statements endorse the existence of human relations policy						
		1 ***Strongly Disagree***	**2** ***Disagree***	**3** ***Neither Agree or Disagree***	**4** ***Agree***	**5** ***Strongly Agree***
7	The HR Policy is effective					
8	The HRM enforces the Policy					
9	Only follows directives of Facility/Ghana Health Service					
10	Each Facility determines its own policy					

SECTION C: ENABLING FACTORS OF HUMAN RELATIONS

Instructions: For Statements 11-18, Indicate your opinion on the following statements by placing a checkmark (✓) in the right column under the 5-point Likert Scale. Show your **level of agreement** on the following statements **as enabling factors for human relations in health facilities**						
		1 ***Strongly Disagree***	**2** ***Disagree***	**3** ***Neither Agree or Dis-agree***	**4** ***Agree***	**5** ***Strongly Agree***
11	Hiring the right person for the right job					
12	Experiencing low employee turnover					
13	Satisfied employees					
14	Avoiding favoritism and nepotism					
15	Effective internal communication					
16	Flexible organizational culture					
17	Staff welfare scheme					

SECTION D: EFFECT OF MANAGING HUMAN RELATIONS ON THE PERFORMANCE OF HEALTHCARE PROFESSIONALS

Instructions: For Statements 19-23, Indicate your opinion on the following statements by placing a checkmark (✓) in the right column under the 5-point Likert Scale. Show your **level of agreement** on the effects of managing human relations on performance of healthcare professionals						
		1 ***Strongly Disagree***	**2** ***Disagree***	**3** ***Neither Agree or Disagree***	**4** ***Agree***	**5** ***Strongly Agree***
18	Good human relations improves my work rate					
19	Good human relations promotes good performance					
20	Conflict situations among staff minimised					
21	Promotion of healthy organizational culture					
22	Fosters loyalty with clients/patients					

23. Indicate how satisfied you are with the current human relations measures put in place in your health facility.
    a) Very satisfied ( ) b) satisfied ( ) c) Dissatisfied ( ) d) Very Dissatisfied ( )

24. Who is ultimately responsible for promoting human relations in the performance of your duties?
    a) The Head of Facility ( ) b) Health Administrator ( )
    c) Your Supervisor/Unit Head ( ) c) Nurse Manager ( )
    d) Not Sure ( ) e) Others: ……

SECTION E: IMPROVING HUMAN RELATIONS OF HEALTHCARE PROFESSIONALS

25. How often is monitoring, inspection and evaluation of performance conducted in your Health Facility?

a) Monthly ( ) b) Quarterly ( ) c) Biannually ( ) d) No definite time fixed ( )

26. Are you satisfied with what Management is doing currently to improve upon staff human relations in your Facility?

a) Yes ( ) b) No ( )

27. If *Yes*, please indicate some of the things you think Management does to improve upon human relations of the Facility?

……

……

……

……

……

……

---

28. Do you think effective management of human relations has any benefit on job performance in the hospital?

a) Yes ( ) b) No ( ) c) Not Sure ( )

29. If yes, what are some of these benefits?

a) Reduces accidents ( ) b) Reduces employee dissatisfaction ( )

c) Better healthcare delivery ( ) d) Labour turnover is reduced ( )

e) Corporate image of the hospital is enhanced ( ) f) All the above ( )

g) Others, please state…….....

……

……

30. What recommendations do you have to improve on human relations in your Facility?

a)……

b)……

c)……

Thank you for being part of this study

Your time and contribution is much appreciated

Appendix II: Ghana Health Service District level