

KWAME NKRUMAH UNIVERSITY SCIENCE TECHNOLOGY

INSTITUTE OF DISTANCE LEARNING

**EVALUATION OF HOSPITAL AUTONOMY AND ITS EFFECTS ON HUMAN
RESOURCE MANAGEMENT (A Case Study of Komfo Anokye Teaching Hospital)**

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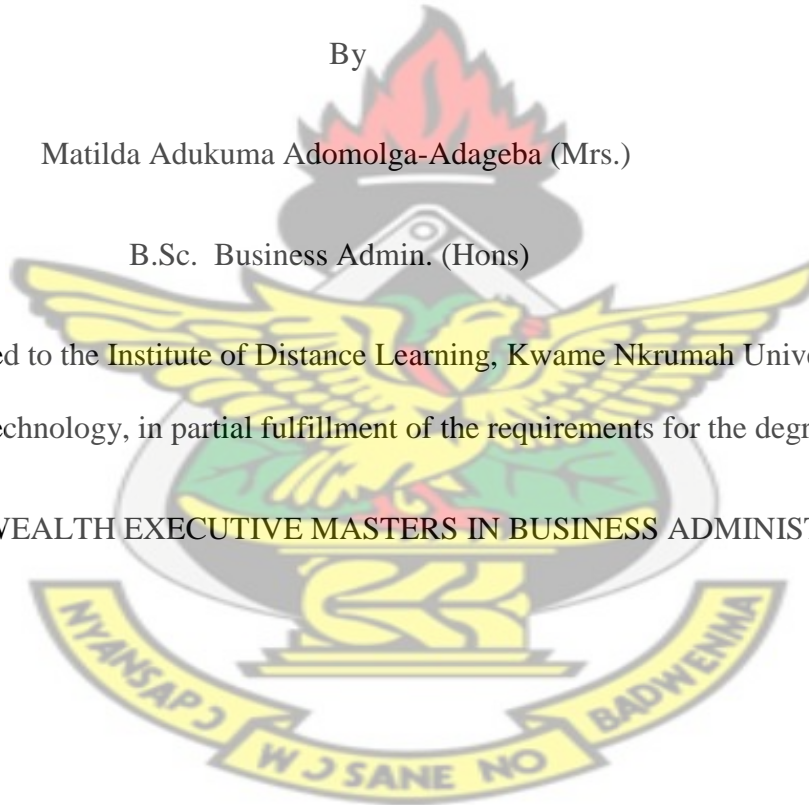
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COMMONWEALTH EXECUTIVE MASTERS IN BUSINESS ADMINISTRATION



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CERTIFICATION

I hereby certify that this submission is my own work towards the Commonwealth Executive Masters of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the text.

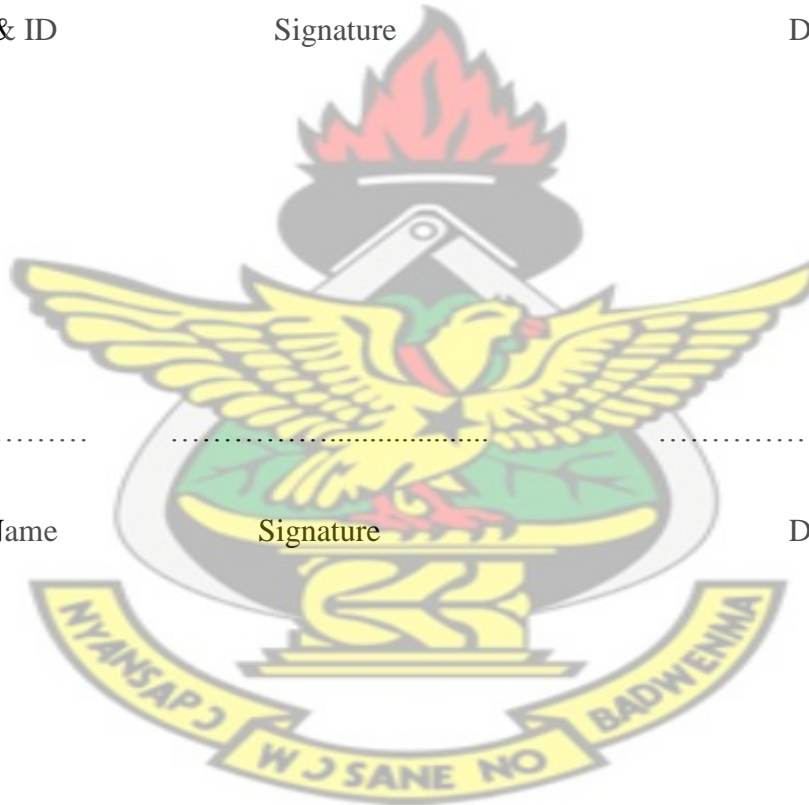
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DEDICATION

I dedicate this to my husband Rudolph and children Asibi, Badayelba, Winma and Kanlu

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ACKNOWLEDGEMENT

First and foremost, I will say praise and glory to the Almighty God for the opportunity, strength and privilege given to me to pursue this programme.

My profound gratitude also goes to my supervisor Mrs. Rebecca Essel for her constructive suggestions, patience and motherly advice to me on how to manage my time for this project, family, job and for ensuring the successful completion of this project.

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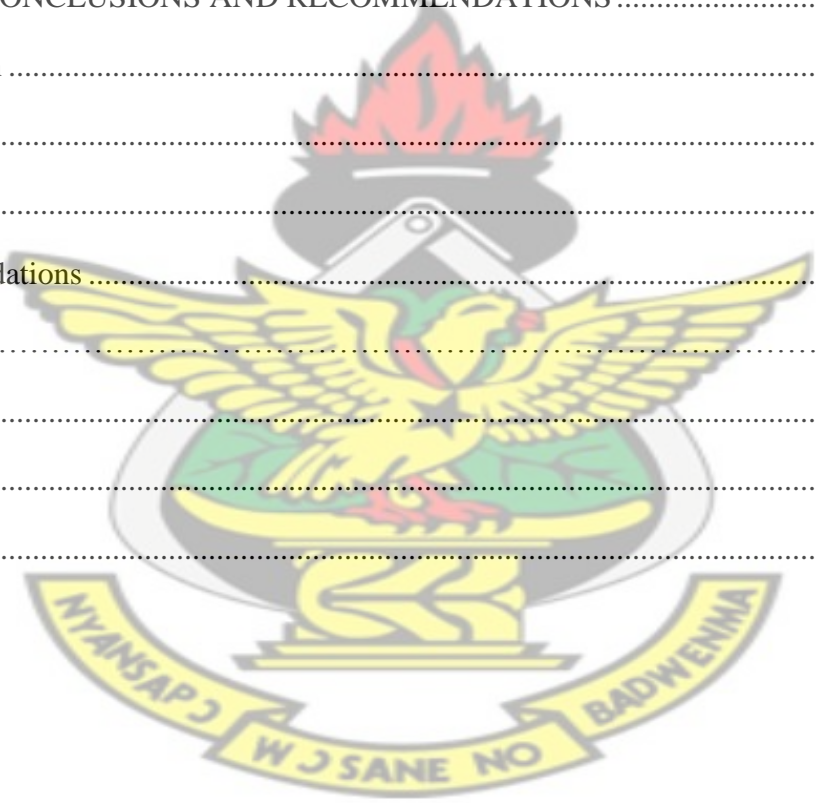
Finally, I express my profound gratitude all loved ones who willingly contributed to make this study possible. God bless you all.

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LIST OF ABBREVIATIONS

KATH - Komfo Anokye Teaching Hospital

HRU - Human Resource Unit

HRM - Human Resource Management

HA - Hospital Autonomy

MOH - Ministry of Health

GHS - Ghana Health Service

KBTH - Korle Bu Teaching Hospital

TTH - Tamale Teaching Hospital

KMA - Kumasi Metropolitan Assembly

GUSS - Ghana Universal Salary Scheme

HSS - Health Salaries Scheme

HRD - Human Resource Development

GOG - Government of Ghana

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ABSTRACT

Management of human resources in health is a major challenge to health systems development in Ghana. This includes planning for, production, deployment and utilization of health personnel. Although a number of measures have been instituted to meet this challenge, considerable gaps still remain. Recently, hospital autonomy was introduced with a major emphasis to help improve efficiency in the delivery of health services by the public sector.

Hospital Autonomy is essentially a form of decentralization that seeks to address the division of economic and administrative power and responsibility between the central and sub-national units of the government of Ghana. It therefore refers to the extent of decentralised decision making in six key management areas: strategic management, procurement, financial management, human resources management, administration, and clinical governance.

Using Komfo Anokye Teaching Hospital as a case study, this research sought to explore the potential effects of Hospital Autonomy on Human Resource Management. Questionnaires and interview were used to obtain primary data for the study. Respondents were those employees who have worked in KATH for more than eight years, whilst purposive sampling was used to select the head of the human resource unit. The data was entered into SPSS software 16.0 version to assist organize and generate descriptive statistics. It examined whether Hospital Autonomy in Komfo Anokye Teaching Hospital had some benefits and challenges with particular reference to human resources management.

The study revealed among other things that although hospital autonomy improved some aspect of human resource management in KATH, for example the timely promotion of staff, other areas of human resource management that had to do with the remuneration of staff had not seen

much improvement. The research showed that salaries were still processed by the central administration. The study recommends that the government or Ministry of Health (Ghana) should give more autonomy to hospitals to enable management take decisions especially in areas where the government still has much control.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

There are many hospitals in the world and in Ghana as well but not all of them have been given the autonomy to operate; that is authority to manage certain aspects of its operations such as strategic management, financial management, human resource management and procurement issues without the involvement of the Ministry of Health or the Ghana government. However, in Ghana, the three Teaching hospitals namely Korle Bu Teaching Hospital (KBTH), Tamale Teaching Hospital (TTH) and Komfo Anokye Teaching Hospital (KATH) are the only public hospitals that have been given the autonomy to manage their affairs.

Prior to the hospitals being given autonomy, everything was centrally controlled. That is to say, employees had to go to the central point for promotions, processing of salaries as well as processing documents relating to their employment. After the hospital gained autonomy, no experiment or research has been carried out to evaluate its effect on the core activities of the hospitals, especially the human resource management aspect which is one of the most important of all. This is because it is the employees or human beings that control all the other resources. For example, the management of the financial resources are done by the employees. Meanwhile, there are issues bothering the stakeholders on the performance of the human resource management which have not been sorted out hence the occasional strikes by the employees.

This has made the researcher feel that it is expedient to conduct this research on hospital autonomy and its effects on human resource management.

Public hospitals are very significant components of the health systems in many developing countries. Similarly, in many African countries including Ghana, the bulk of hospital spending is tied up in one or two major urban hospital facilities and these hospitals consume a large amount of scarce resources Chawla et al, (1996). Some governments have recently given autonomy to hospitals in their operations as a means of reducing the final burden on the government. Countries like Ghana and Pakistan are not exceptions.

Smart (1997), defines autonomy as “the power or right of self governance especially partial self governance”. Hospital autonomy is the delegation of management authority and responsibility away from central or regional managers to a local level (Walford and Grant, 1998). Since the 1980s, public sector Teaching Hospitals around the world have been under intense scrutiny in public circles. As a result of the complexity of these institutions, the heavy burden they impose on public funds, and the perceived difficulties in ensuring their efficient and effective functioning under centralised government control, many public sector hospitals were decentralised and this was accompanied by the grant of autonomy to the hospitals in running their operations (Govindaraj et al, 1996).

In the 1970s, the two Teaching Hospitals in Ghana namely the Komfo Anokye Teaching Hospital (KATH) and Korle Bu Teaching Hospital (KBTH) were encouraged to become self governing. However in 1988, a legal framework of the Provisional National Defence Council (PNDC) Law 209, which states that all teaching hospitals shall be managed by the teaching hospital’s board was developed by the Ministry of Health (MOH) to give full autonomy to KATH and its sister hospital, Korle Bu Teaching Hospital (KBTH), which is in Accra, Ghana. After the two hospitals

implemented the measures suggested by PNDC Law 209, some benefits were realised. One of these benefits included the fact that the hospitals could take decisions on the in- service training of employees without the involvement of the central administration.

In 1996, the Ghana Health Service and Teaching Hospitals Act, Act 525 was established to strengthen PNDC Law 209. Article 35/2 of this Act mandates the Teaching Hospital Board to determine its policies, ensure sound financial management of the hospital's fund, as well as monitor and improve the quality of care at the hospital. The Act also mandated the teaching hospitals to assess periodically the adequacy of the reserves, physical facilities and appoint staff and determine their remuneration and benefits.

With the autonomy given to the Komfo Anokye Teaching Hospital by the Ministry of Health (MOH), the hospital has been managing certain aspects of its operations such as human resource, procurement and finances with limited central control. In 2002 for instance, the Komfo Anokye Teaching Hospital established its Human Resource Unit (HRU). The unit's responsibility was to manage the human resources. Managing human resources meant that the hospital employs trains and rewards its employees

According to Ferris et al, (1995), Human Resource Management (HRM) involves acquiring, developing, utilizing and retaining employees. There are two main approaches to human resource management, the instrumental and humanistic approaches (CEMBA 555, 2003). The instrumental approach which is also known as the hard version of human resource management, views human resource management as something which is driven by and derived directly from corporate, divisional or business level strategy and geared almost exclusively to enhancing competitive advantage. On the other hand, the humanistic approach, utilizes "process" theory to emphasise the

reciprocal nature of the relationship between strategic management and human resource management and the latter's role in ensuring that competitive advantage is achieved through people, but not at their expense (CEMBA 555, 2003). This is why Beer et al (1984) suggest that the humanistic approach leads to competence of employees, commitment of employees, congruence between the goals of employees and those of the organisation and last but not least, cost effectiveness of human resource management practices. From this, it could be surmised that organisations that want to achieve the people-based competitive advantage would have to adopt the humanistic approach. Considering the importance of the human resource, it could be argued that the Komfo Anokye Teaching Hospital has been practising the humanistic approach to HRM to some extent because the mission of the hospital clearly states that. The mission of KATH is to provide quality services to meet the needs and expectations of all its clients. This will be achieved through well-motivated and committed staff applying best practice and innovation. It is no wonder therefore that the Human Resource Unit is mandated to recruit the required staff, build capacity of the staff through performance management, develop criteria for staff promotion, determine staff remuneration, and also take care of their welfare issues.

This research therefore seeks to evaluate hospital autonomy and its effect on the human resource management. No such research has been carried out after eight years of the establishment of the human resource unit in the hospital after it gained autonomy.

The researcher will also:

- Examine the benefits and challenges experienced by the Komfo Anokye Teaching Hospital after it was given the mandate to manage its human resources.

- Find out what employees perceive of human resource management at the Komfo Anokye Teaching Hospital, in terms of staff promotion, performance management and processing of salaries.
- How staff are employed and measures taken to retain them
- Find out whether staff is given training.

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1.2 Statement of the Problem

Autonomy is the power or right of self governance especially partial self governance (Govindaraj et al, 1996). Some organisations are given the autonomy to manage their affairs to enable them become more efficient and effective. However, despite the implementation of hospital autonomy in a number of public sector hospitals around the world, relatively little research has been directed towards evaluating the experiences of these hospitals, and assessing the overall merits and limitations of hospital autonomy (Govindaraj et al, 1996). Previous researchers have evaluated the different approaches that have been used in different parts of the world to improve performance of public hospitals through increased autonomy and analyzed the factors that contributed to successful implementation of a strategy to increase hospital autonomy.

The few research works that discussed Human Resource Management (HRM) in Ghana only talked about the status of employees from other ministries such as the Ministry of Education (MOE) and the Controller and Accountant General's Department who were on secondment to the Ministry of Health (MOH) but not about actual human resource management (Govindaraj et al, 1996).

In 1996, the Ghana Health Services and Teaching Hospitals Act 525 was passed. This Act 525 gave autonomy to teaching hospitals to handle their own affairs. One of the key areas of the

performance of a teaching hospital established by Act 525 was the management of its human resources. As a result, Komfo Anokye Teaching Hospital (KATH) established its Human Resource Unit (HRU) in 2002. The core business of the HRU was to manage one of the most important and expensive resources of the hospital, that is the employees.

This study thus focuses on what KATH has been able to do since it became autonomous and how human resource management has been affected. In undertaking this study the researcher makes the following assumptions:

- Hospital autonomy leads to quick HRM decision making.
- Promotion of employees to higher grade is smooth without problems.
- There are no delays in training and development of employees.
- Performance management system and realisation of employee training needs are effective and efficient.
- Recruitment of required staff is done without delay.
- Salaries of employees are processed with no delays.
- Welfare issues of employees are catered for.

1.3 Research Questions

The researcher has formulated these research questions to guide her in her study.

- 1 How has hospital autonomy affected the human resource management in decision making at the Komfo Anokye Teaching Hospital?
- 2 What benefits have been identified in human resource management after Komfo Anokye Teaching Hospital became autonomous?

- 3 What challenges have been encountered with human resource management after Komfo Anokye Teaching Hospital became autonomous?
- 4 Are employees satisfied with the performances of the human resource management after Komfo Anokye teaching hospital gained the autonomous status?
- 5 How has the human resource unit been performing with reference to recruitment of staff, performance management, staff promotion, remuneration and welfare of staff?

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1.4 Research Objectives

The general objective is to evaluate the Komfo Anokye Teaching Hospital's autonomy and find out whether it has had any effect on the human resource management.

Specific Objectives

The specific objectives are to:

- identify how hospital autonomy has affected the Human Resource Management in decision making at the Komfo Anokye Teaching Hospital
- find out the benefits and challenges of human resource management in Komfo Anokye Teaching Hospital.
- identify challenges associated with Hospital Autonomy in Health Resource Management in Komfo Anokye Teaching Hospital.
- find out whether employees are satisfied with the performance of the human resource management after the hospital gained autonomy.
- Provide recommendations to stake holders

1.5 Significance Of Study

This study will help stakeholders identify existing and potential challenges of the Human Resource Management after the Komfo Anokye Teaching Hospital was given the mandate to manage the human resources of the hospital. It will also assist stakeholders find means of solving the problems identified.

1.6 Delimitation

As the scope of this study was necessarily limited, it was considered very effective to focus on the Komfo Anokye Teaching Hospital human resource management after it gained autonomy.

1.7 Organization of the Study

Chapter one consists of an overview of hospital autonomy and its effects on Human Resources Management (HRM). The rationale of the study which is assessing the effect of hospital autonomy on HRM is also mentioned here. Research questions, specific objectives as well as the general objectives are highlighted here. Some assumptions are also made to assist the researcher in her study.

Chapter two consists of literature review pertaining to hospital autonomy and Human Resources Management. It also looks at the Hospital Administrative Law 1988 (PNDC Law 209) and the Ghana Health Services and Teaching Hospitals Act 1996 (Act 525) on hospital autonomy.

The third chapter looks at the methodology, study design and population, sampling techniques and the sample size for the study. Study variables, data collection techniques and tools are also found in this chapter. It also talks about data handling and analysis, statistical methods, ethical consideration, assumptions and limitations of the study. The chapter also mentions the scope of study.

Chapter four presents the findings, analysis and discussion of the study with regards to the specific objectives which are the practice of human resource management before hospital autonomy, the changes of human resources management after the hospital became autonomous, how hospital autonomy affected human resource management, and the benefits and challenges of autonomy on human resources management KATH.

Chapter five outlines of the summary, conclusions and recommendations made at the end of the study based on the results.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter looks at the literature relating to the research topic, definition of autonomy and hospital autonomy. The concept of hospital autonomy, nature and extent of hospital autonomy, legal provisions for hospital autonomy were also discussed in this chapter. Also, the key functions of human resource management such as recruitment, promotion, training and development, remuneration and welfare of employees were discussed here.

2.1 Definition of Autonomy

According to Smart (1997), autonomy is the power or right of self governance especially partial self governance. Additionally, Chawla et. al (1996), states that autonomy is the quality or state of being self governing, especially “the right or power of self government” “existing or capable of existing independently” and “subject to its laws only”. The above definitions highlight the fact that autonomy, for any organisation, refers to a measured level of independence in decision making in the management and administration of that organisation. It therefore refers to the extent of decentralised decision making in six key management areas: strategic management, procurement, financial management, human resources management, administration, and clinical governance (Suriyawongpaisal, 2006).

2.2 The Concept of Hospital Autonomy

Hospital Autonomy is essentially a form of decentralization that seeks to address the division of economic and administrative power/responsibility between the central and sub-national units of government (Suriyawongpaisal, 2006).

This implies that autonomous hospitals would have some amount of authority to take decisions on issues pertaining to the hospital without having to seek for approval from the central administration or government. For instance KATH can employ staff without the consent of the Ministry of Health (MOH).

The Thai definition of Hospital Autonomy (HA) moves public hospitals one step away from a “fully public” towards a “fully private” model. It could be argued that hospitals with autonomy in Thailand would be functioning like private hospitals that operate like business entities for profit in the near future. They would employ and determine the salaries of staff, set up their own hospital tariffs and provide all resources for the running of the hospitals without the involvement of the government or central administration.

In Ghana, autonomous hospitals like KATH cannot set up hospital tariffs, employ certain staff like the Chief Executive Officer (CEO) and/or spend a certain amount without approval from some government agencies like the Ghana Procurement Committee. Another example is that autonomous hospitals in Ghana have majority of their staff being paid by the MOH. Moreover, considering the second definition of autonomy, it could be argued that one finds it a bit uneasy to define hospital autonomy as there is no hospital in any country that is completely self governed, totally independent or subject to its own law.

All hospitals, whether private or public, are subject to government regulations in one form or the other Chawla et al., (1996). Smart (1997) definition offers little help for the meaning of hospital autonomy. This is because the question here is how partial can the powers of the hospital be? Thus, in addressing this problem, some scholars have defined hospital autonomy as those hospitals that are at least “self governing, self directing” and self financing” Hildebrand and Newbrander (1993).

It was in this light that some authors came with the conceptual framework of an autonomous Hospital. (See Table 2.1) They conceptualized hospital autonomy in various ways in a particular context, but the proposed framework was usually either country or context-specific. Notwithstanding the guidelines the framework provides, there are some conceptual problems with these frameworks. This framework of hospital autonomy consider only the ownership (i.e. fully public to fully private ownership), and management functions (i.e. governance, management, and financing) of hospitals. However, in these frameworks, the authority that individual hospitals enjoy in decision-making is assumed to be synonymous with the ownership of the hospital. In other words, government ownership of the hospital was automatically assumed to imply a lower level of autonomy than private ownership. Thus in KATH, although management has some leverage of autonomy, it cannot take some decisions without approval from the MOH or government.

Also, in many of these frameworks, "full" autonomy implies privatization. However privatization is not necessarily the most obvious, or even the most appropriate endpoint of autonomy, since certain desirable aspects of public health care delivery notably, ensuring equity is likely to be unachievable under privatization. Moreover, privatization of public-sector hospitals in developing countries like

Ghana is likely to be interpreted as an abdication of social responsibility on the part of the government and will probably be politically very risky (Chawla et al, 1996).

In order to address some of these problems and limitations, Chawla et al (1996) proposed a different conceptual framework of hospital autonomy. This framework defines hospital autonomy along two dimensions: the extent of centralization of decision-making (extent of autonomy); and the range of policy and management decisions that are relevant to hospitals (including both policy formulation and implementation). They believe that these are the appropriate dimensions along which hospital autonomy should be discussed. In their opinion, the ownership characteristics of the hospital have little to do with how much autonomy a hospital has or can have. An autonomous hospital can exist just as easily under government ownership, as under private ownership. It is the extent of decentralized decision-making that occurs within the hospital, and the extent to such decision-making is feasible for each of the management functions, that are the relevant considerations. Moreover, as explained, autonomy as it exists in the private sector, may be inappropriate for the public sector. This framework also does not assume that private hospitals by virtue of their "privateness" have greater autonomy; and therefore, the implication that greater autonomy automatically means privatization (Govindaraj, 1996).

Furthermore, this framework attempts to lessen the subjectivity involved in categorizing hospitals as "more" or "less" autonomous, by basing this decision on specific hospital characteristics and the powers that its managers possess in each functional area. Of course, there is still the problem of the relative weights to be assigned to autonomy with respect to each management function. This implies that the level of autonomy would be clearly seen in the functional areas such as strategic

management, procurement, human resource management, financial management, and clinical governance. For instance KATH as it has been mentioned can employ its own staff and also promote staff who deserve to be upgraded without having to seek for approval from government but cannot do the same when it comes to setting or reviewing hospital tariffs.

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Table 2.1 Conceptual Framework for Hospital Autonomy

Policy and management functions	Extent of Autonomy		
A. Health Domain Overall health goals	Fully centralized Low Autonomy All decision making by owner	Some autonomy Decision making jointly by owner and hospital management	Fully decentralized High autonomy
Hospital specific goals	All decision making entirely by owner	Decision making jointly by owner and hospital management	Decision making entirely by management
B. Hospital Domain strategic management	Direct control by owner: government, parastatal, or private	Governance through a board appointed by owner and guided by owners and not subservient to owner	Independently constituted board making independent decisions
Administration	Direct management by owner who also set rules for management of the hospitals	Limited powers decentralized to hospital management; owner still wields some influence over management decisions	Independent management operating under board Directions with significant independent decision making capacity
Procurement	Centralised procurement with owner deciding quantities and financial outlay	Combination of centralized and decentralized procurement	Procurement completely under control of hospital management
Financial management	Full funding by owner has financial control	Owner subsidy plus funds through other sources, some owner influence but under boards control	Self financing; no owner subsidy; funds entirely under boards control; significant independent decision making capacity
Human resource management	Staff appointed by owner, completely under owner's regulatory control	Staff employed by board, and subject to the board's regulations, but also subject to owner's regulations	Staff employed by Board; all conditions and regulation set by board; managers have significant decision making capacity.

Source: Improving hospital performance through policies to increase hospital autonomy:

Implementation guide lines (Chawla et al, 1996)

The table 2.1 presents the conceptual model in the form of a matrix, with the extent of autonomy and the policy/management functions representing the two axes of the matrix. In this model, autonomy is conceptualized as a continuum from a situation where all decisions are made by the owner whether public or private, to one where the system of decision-making and policy formulation is highly decentralized. Decision-making here is at the macro level, that is, in the national health domain; and the decision-making occurring within the domain of hospitals. In this continuum, the policy and management functions were then defined in the following stages:

1. Health domain.
2. Hospital domain.

Health domain refers to decisions that are made at the level of the government or at the government-hospital interface, over which hospitals, typically, have only limited control. On the contrary, hospital domain, in contrast, refers to those activities undertaken within the hospital, over which the hospital management usually exercises much greater control (Chawla, et al, 1996). To cite as an example, the autonomous hospitals (KATH) in Ghana can decide to sponsor their staff to upgrade themselves in their various professional disciplines without the involvement of the government.

The two health domain functions are: formulating overall national or state health goals such as deciding on national health targets, health programmes, allocation of health resources and setting hospital-specific goals deciding on hospital roles and functions, reporting requirements and evaluation criteria.

The five hospital domain functions are: strategic management, procurement, financial management, human resource management, and administration. Strategic management refers to the function of defining the overall mission of the hospital, setting broad strategic goals, managing the hospital's assets, and bearing ultimate responsibility for the hospital's operational policies. Financial management refers to the generation of resources for the running of the hospital, and the proper planning, accounting, and allocation of these resources Chawla et al, (1996). What this means is that hospitals would generate and manage the revenue (i.e. hospital fees) that they get from the services provided to patients.

Human resource management refers to the training and management of the various categories of hospital personnel for example doctors, nurses, pharmacists and health service administrators. Procurement management on the other hand refers to the purchase of medical and non-medical supplies for the hospital, as well as the purchase of hospital equipment for example hospital equipment like x-ray and radiotherapy machines are used to diagnose and enhance patient care. Administration refers to all the other responsibilities other than financial, personnel and procurement management involved in the day-to-day running of the hospital and the discharge of the functions defined by the mission statement.

2.3 Nature and Extent of Autonomy granted to an Institution.

The nature and the extent of autonomy granted to any institution would depend on the degree to which the government continues to retain control over the various functions of the hospital, particularly important functions such as health policy formulation, the allocation of certain resources and capital funds, control over quality and licensing, regulation of health personnel

(selection, recruitment, training, salaries and wages, discipline and discharges), regulation of user fees, allocation of surplus, financial accounts and book keeping (Govindaraj, 1996).

The Government of Ghana (GOG) official document, Medium Term Health Strategy Towards Vision 2020 (1995), states that “Teaching hospitals will be managed as self-governing institutions”. This presupposes that the day to day running of these hospitals would be done by the hospital management. The objective is to ensure that managers have the autonomy to allocate resources as efficiently as possible and, at the same time, ensure that hospital authorities are held accountable for performance of their institutions and the way resources are used.

2.4 Legal Provisions for Hospital Autonomy in Ghana

Since the 1980s, the Ghana government has come out with legal provisions granting the Teaching Hospitals autonomy. Thus the Teaching Hospitals Boards were established under the Hospitals Administration Law, 1988 (P. N. D. C. L 209), which states that all teaching hospitals shall be managed by the teaching hospital’s board. This was later replaced or repealed by the Ghana Health Service (GHS) and Teaching Hospitals Act, called Act 525 of 1996, which also states that the GHS and teaching hospitals shall be managed by hospital management committees and the teaching hospital’s board. The details of these laws pertaining to the teaching hospitals are discussed in the ensuing pages.

2.4.1 Hospital Administrative Law, PNDC Law 209

Hospital Administration (PNDC) Law 209 was passed in 1988, and spelt out, among its other provisions, the legal framework for establishing Teaching Hospital Boards; the functions of a

Teaching Hospital Board; its membership; and the committees of the Board. For other unit hospitals, Law 209 provided for the establishment of Management Committees to administer these hospitals on behalf of the MOH. In addition, Law 209 provided that each of the ten regions in the country should have a Regional Hospital Board, which would constitute the higher management body responsible for formulating long- range policies, with the Hospital Management Committees taking charge of the day-to-day running of the unit hospitals.

Law 209 made some important concessions to publicly-owned hospitals. Some of the key functions of a Management Board included:

- Formulating policies, plans and strategies to make the hospitals self-financing
- Formulating plans for improving standards of health services of the hospital
- Ensuring implementation of policies and programmes by appropriate units of the hospital
- Providing resources required for teaching and research
- Appointing staff, and determining their remuneration and benefits
- Recommending to the Minister of Health the scale of fees to be paid by patients
- Acquiring or disposing of property, and entering into contractual agreements up to certain stipulated amount.

However, the law (PNDCL 209) also set an important limitation on the Board, namely, that the “functions of a Teaching Hospital Board under this Law shall be exercised subject to such policy directives as the Secretary (Minister) may determine”. In addition, the Chief administrator, and six of the nine Board members were to be appointed by the government. Lastly, the Board would have no authority to change the levels of hospital fees.

While the last point may be interpreted as an important safeguard of the general public's interests, the overall result of the law (PNDCL 209) has been to ensure that key decision making powers (particularly in relation to financing), and overall control, is still retained at the ministerial and cabinet levels.

2.4.2 Ghana Health Service (GHS) and Teaching Hospital Act 525

The Ghana Health Service (GHS) and Teaching Hospitals Act, Act 525 of 1996, Article 35/2 of this Act mandates the Hospital Boards to undertake the following;

1. Determine the policy of Teaching Hospitals which shall be within the general policies of government on health.
2. Ensure sound financial management of the hospitals fund
3. Monitor and improve the quality of care at the Hospital.
4. Assess periodically, the adequacy of the resources including personnel, physical facilities and finances of the hospital
5. Ensure the implementation of the policies, plans and programmes by the appropriate Units at the Teaching Hospitals.
6. Appoint staff and determine their remuneration and benefits.

The above implies that Teaching Hospitals like KATH have been given the mandate to manage its affairs which are in conformance of the MOH policies. This has also been confirmed by Mcpake (1996), who asserted that the autonomy granted by the MOH to the Hospital Boards include budgetary discretion, implementing cost recovery measures, setting pay scales and the right to hire and fire staff without prior ministry approval.

2.5 Hospital Autonomy and its Effect on Human Resources Management.

Human Resource Management involves acquiring, developing, utilizing and retaining employees (Ferris et al, 1995). Humans are an organization's greatest assets. Without them, everyday business functions such as managing cash flow, making business transactions, communicating through all forms of media, and dealing with customers may not be completed. Humans and the potential they possess drive an organization. With the current trends in globalization, organizations are continuously changing. Armstrong (1993) states that organizational change has to do with any alteration which occurs in the overall work environment in an organization and it impacts not only on the business but also on the employees concerned. In order to maximize organizational effectiveness, human potential, individuals' capabilities, time, and talents must be managed. Human resource management works to ensure that employees are able to meet the organization's goals (Cherrington, 1995). It could be surmised that effective human resource management would lead to the realization or achievement of organizational goals.

Human resource management is responsible for how people are treated in organizations. It is equally responsible for bringing people into the organization, helping them perform their work, compensating them for their labours, and solving problems that arise" (Cherrington, 1995). Human Resource Unit (HRU) in organisations do the above mentioned activities in order to ensure that the employees are happy and hence give out their best for the growth of the organisation.

Hospital Autonomy leads to major changes in terms of Human Resource Management. Staff recruitment and positioning, training and development, remuneration and promotion will be left to the discretion of hospital management. Contractual relationships between hospitals and staff will replace civil servant status arrangements. This means staff employment will be based on clearly

defined expectations and payment systems such as renewal of contracts will be based on annual performance evaluations which might result in lengthening, shortening or terminating of contracts. Staff remuneration would be based on performance rather than qualifications and position alone. Medical staff and paramedics will be paid at a level high enough to contribute on a full time basis and fringe benefits will also be tied with performance.

Finally, an autonomous hospital will have full responsibility to discipline its own staff. However, channels for filing complaints from staff, due to perceived unfair treatment, will be set up (Suriyawongpaisal, 2006)

As has been discussed already, Human Resource Management is concerned with deployment of personnel, utilization, human resource, human resource planning and training. However, the centralised bureaucratic system of health services administration has been blamed for human resource management problems. Whether hospital autonomy reform will bring solutions or invite new problems is the concern of this study.

With the establishment of the Ghana Health Service, the Hospital Management Committees and Teaching Hospital Boards have become autonomous and are responsible for the efficient management of their human resources. As a result most health professionals were given the opportunity to move to the GHS or Teaching Hospitals. All non-health professionals' staff such as accountants, storekeepers, and drivers, secretarial and administrative staff who were working in the health sector were encouraged to apply for positions in the GHS or Teaching Hospitals (Ackon, 2001)

2.5.1 Acquisition of staff

Hospital Autonomy or decentralization makes local health managers responsible for improving the way health services are targeted to meet priority health needs, organized, and managed within the available budget. To do this, they need a workforce whose staff numbers and mix are as appropriate as possible to these needs, and whose cost is affordable (Kolehmainen-Aitken, 2004). What KATH does is to advertise for the vacant position and applicants are screened through interview and the best taken.

Acquisition in this sense therefore entails the hiring of staff most likely to help a company attain its goals. The acquisition duties consist of human resource planning for employees, which includes activities related to analyzing employment needs, determining the necessary skills for positions, identifying job and industry trends, and forecasting future employment levels and skill requirements. These tasks may be accomplished using such tools and techniques as questionnaires, interviews, statistical analysis, building skill inventories, and designing career path charts.

The planning of Human Resource for Health (HRH) deals primarily with both numbers and quality of HRH. It has to support and be fully integrated with the planning of health sector reform. It must recognize the diverse interests involved and formulated through a participatory transparent process, involving all relevant parties, including consumers (Suriyawongpaisal, 2006).

Four specific goals of effective human resource planning are.

1. Sustaining stable workforce levels during ups and downs in output, which can reduce unnecessary employment costs, and liabilities and increase employee morale that would otherwise suffer in the event of lay-offs.
2. Preventing a high turnover rate among younger recruits.
3. Reducing problems associated with replacing key decision makers in the event of an unexpected absence.
4. Making it possible for financial resource managers to efficiently plan departmental budgets (Malonis and Censage, 2000).

The acquisition function also encompasses activities related to recruiting workers, such as designing evaluation tests and interview methods. Ideally, the chief goal is to hire the most-qualified candidates. HRM departments at some companies may choose to administer honesty or personality tests, or to test potential candidates for drug use. Recruitment responsibilities also include ensuring that the people in the organisation are honest and adhere to strict government regulations pertaining to discrimination and privacy (Malonis and Censage, 2000).

Human Resource Managers establish and document detailed recruiting and hiring procedures that protect applicants and diminish the risk of lawsuits. These procedures or guidelines form the basis for the implementation of the hospital's (KATH) recruitment policy. They are designed to provide a clear and simple process for effective recruitment with maximum flexibility to meet the needs of each area, while at the same time ensuring a transparent and fair process (KATH's Recruitment Procedures and Policy, 2009). The recruitment policy in KATH is that there should be a vacancy for a particular position, then the full evaluation of the need as against the plans and budget of the

requesting Unit/Directorate; this is done through the use of the staff recruitment form. After the unit or directorate's request has been made, the HRU then solicits for qualified candidates through the use of both internal and external advertisement

2.5.2 Compensation of staff

Compensation is a systematic approach to providing monetary value and other benefits to employees in exchange for their work or service (Gomez-Mejia, 2008). This means it provides the rational method for determining how much employees should be paid for performing certain jobs. It is one of the major HRM functions, and this refers to HRM duties related to paying employees and providing incentives for them. HRM professionals are typically charged with developing wage and salary systems that accomplish specific organizational objectives, such as employee retention, quality, satisfaction, and motivation. Ultimately, their aim is to establish wage and salary levels that maximize the company's investment in relation to its goals. This is often successfully accomplished with performance based incentives. In particular, HRM managers must learn how to create compensation equity within the organization that doesn't hamper morale and that provides sufficient financial motivation. Besides financial compensation and fringe benefits, effective HRM managers also design programmes that reward employees by meeting their emotional needs, for example recognition for good work.

Adequate and equitable remuneration, timely payment of salary and benefits, and satisfactory working conditions are very important for the performance, productivity and motivation of staff. Levels of remuneration are affected by the budgetary realities of the decentralized unit and the bargaining power of the health workers (Kolehmainen-Aitken, 2004). This implies that much as

employees' performance is directly affected by the way employers motivate them; the reality is that employees' remuneration is highly dependent on the budget of the decentralized units.

According to Kolehmainen-Aitken (2004), systems of pay determination are traditionally highly centralized in most countries, whilst the role of unions in pay bargaining depends on historical patterns, as well as the extent to which privatization has been used as the mode of decentralization. In Ghana for instance, pay determination is highly centralised and the labour unions usually do the pay bargaining with the employer (government) on behalf of employees. The effect of this is that salaries sometimes delay because of the centralization, as unions would most of the time have to meet the employer (government) several times before an agreement on wage level is reached.

Individual staff performance is a key element in overall system performance. This, in turn, is governed mainly by the network of incentives, of which an adequate reward package, including a competitive salary is an essential pre-requisite for an organization. An adequate reward package is essential but rarely achieved as health worker salaries are generally bound by fairly rigid health workers have certain privileges as was the case in Ghana. De-linking health workers from the public sector has been tried in Ghana where in 2006, the government moved the health staff from Ghana Universal Salary Scheme (GUSS) to a new pay scheme known as the Health Salaries Scheme (HSS). Meanwhile, paying higher salaries still requires cost savings or income generation and both are highly problematic. Experience in Zambia has also shown that health workers still place great value on retaining Government conditions of service.

Similarly, delayed payment of wages or their non-payment is a serious issue for decentralized health workers in the poor countries of the developing world (Walford and Grant, 1998).

2.5.3. Promotions

With the autonomy vested in KATH, it has the authority to promote its deserving staff. This is done through two main criteria, normal promotion and promotion out-of-turn.

Normal Promotion: This is applicable when there is vacancy and the staff who wish to be promoted meet the following requirements. The staff must have:

1. the relevant qualification for the new grade
2. consistent satisfactory performance evidenced in the last three years appraisal reports
3. undergone at least one structured in-service training relevant to one's job during the last three years.
4. served in the present grade for three years if promotion is for the first time (from 1st to 2nd grade level)
5. and five years if promotion is an elevation beyond the 2nd grade level
6. not committed a major offence
7. successfully gone through an assessment exercise (KATH promotion policy)

Promotion out-of-turn is however applicable if staff meet the following requirements:

1. Any staff member who acquires additional relevant qualification after an approved study leave or part-time programme shall qualify for promotion out-of-turn.
2. A staff with PhD certificate would serve for 2 years to qualify for promotion instead of five years.
3. A staff with Post-Graduate Certificate (Masters/Post-Graduate Diploma) would serve for three years to qualify for promotion instead of five years.

4. A First Degree/Advanced Diploma is expected to serve for four years instead of five years. However, staff who have passed any relevant professional examinations are considered for conversion/upgrading to the equivalent of their professional certificates (KATH promotion policy)

KATH method of assessment for promotion is that junior staff seeking elevation to senior class would be considered based on satisfactory performance. However, senior staff would attend an interview where they would be selected on merit by an assessment interview panel.

2.5.4. Training and Development

Among the core activities of HRM are training and development. Training refers to those programmes or events which are designed to help individuals to learn the competencies they require to perform the duties or task they are currently performing. On the other hand, development is more concerned with enabling individuals to grow in knowledge and skill in order to be of potential use to the organization in future (Asare-Bediako, 2008). This indicates that development is broader in scope than training and is career oriented rather than job oriented. Training frequently refers to on the job training or short course training. Within an organization, both are necessary in order to:

- Develop workers to undertake higher-grade tasks;
- Provide the conventional training of new and young workers such as apprentices and clerks.
- Raise efficiency and standards of performance
- Meet legislative requirements of the organisation for example health and safety.
- Inform people by providing induction training and pre-retirement courses.

Access to skill development opportunities and career mobility are very important for health workers. Health managers, especially in smaller health systems, have conflicting attitudes. They want to be able to fill their posts with appropriately trained people, but may be reluctant to release

their staff to gain the extra training. Staff shortages in such health systems may be so severe that there is no one to cover for the health worker who does go away for training.

Published literature includes few examples of improved professional development opportunities as a result of decentralization. In many resource poor countries such as Ghana, decentralization has rather reduced the prospects for developing and maintaining skills. Reduced training budgets, isolation from national training opportunities and weak local training capacity are all to blame for the lack of appropriate capacity building opportunities (Kolehmainen-Aitken, 2004)

The Komfo Anokye Teaching Hospital, like most renowned hospitals has Human Resource Development (HRD) policy. The HRD policy of KATH seeks to serve as a guide for management to use to increase efficiency and productivity within the Hospital, and enhance career opportunities and job related skills development for staff through training, including:

- (a) Developing a more highly skilled and flexible workforce;
- (b) Providing employees with career opportunities through appropriate training to acquire skills;
- (c) Workplace redesign, removing barriers to the utilisation of skills acquired
- (d) Providing a framework within which decisions can be made and supported with regard to training and development.

Human Resource Development of the Hospital aims at equipping and re-equipping all categories of staff in achieving a state of excellence in Health Services delivery.

The objectives are:

1. To assess training needs of staff (i.e. to find out the incompetence or performance gap of its staff and plan training for them).
2. To upgrade knowledge and develop skills of staff to meet new challenges in order to perform at ultimate levels (This the KATH does by providing in-service external training to deserving staff to enable them perform excellently when given new positions).
3. To promote teamwork and inculcate good work habits (that is to ensure that staff have a sense of belongingness while working together)
4. To improve efficiency and effectiveness of staff (this is done to ensure employees or staff are productive)
5. To prepare staff for promotion or succession (that is planning and preparing staff for higher positions)
6. To boost staff morale (this KATH believes excellent staff performance will make staff confident in themselves)

2.5.5. Performance Management System

Performance management is an ongoing process of communication between a supervisor and an employee that occurs throughout the year, in support of accomplishing the strategic objectives of the organization. The communication process includes clarifying expectations, setting objectives, identifying goals, providing feedback, and evaluating results (Heathfield, 2005).

Performance Management is one of the key processes that, when effectively carried out, helps employees know that their contributions are recognized and acknowledged.

The basic goal of this appraisal is to provide feedback to employees concerning their performance. This feedback allows them to evaluate the appropriateness of their behavior in the eyes of their co-workers and managers, correct weaknesses, and improve their contribution. HRM professionals must devise uniform appraisal standards, develop review techniques, train managers to administer the appraisals, and then evaluate and follow up on the effectiveness of performance reviews. Although systems such as staff appraisal are often in place they are rarely enforced. Health Service Managers (typically clinicians) usually lack the necessary HR management skills to establish good systems (Kolehmainen-Aitken, 2004). With the establishment of HRU in KATH as a result of hospital autonomy, staff appraisal is now being enforced. Staff promotion, training and development and reward is dependent on the results of the appraisal. It is no longer seen as “something” that is filled by only nurses who are due for promotion.

In addition, it is extremely difficult to measure performance unless specific, tailor-made outputs and indicators are defined for individual staff or units against which performance is measured (Kolehmainen-Aitken, 2004). This presupposes that at the beginning of every year, supervisors and their subordinates would have to decide on specific activities to be carried out and this would then be measured when the time for review is due.

To improve the performance and productivity of health workers, local health managers need to assess staff performance, supervise employees, and respond appropriately to be identified performance gaps. Local managers are also responsible for ensuring that employees have the necessary resources and tools to do their job (Kolehmainen-Aitken, 2004)

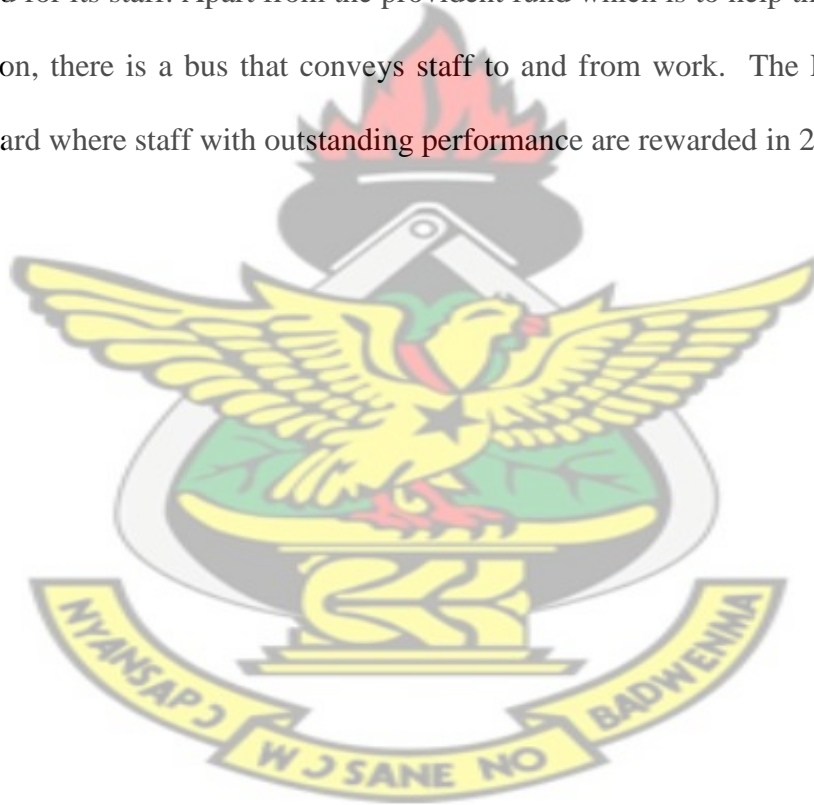
The Komfo Anokye Teaching Hospital (KATH) acknowledges that the management of employee performance is vital to the achievement of the Hospital's goals. Employee Performance Management is therefore based on a system that provides the mechanisms for establishing individual employee expectations, monitoring employee progress, and appraising employee performance. Such quality performance system will enable employee to fully contribute to achieving the Hospital's goals. The policy encapsulates the underlying principle that employee performance management is an on-going process that takes place from the time an employee joins the hospital until he/she leaves and should be used in that time to support and develop people throughout their employment with the Hospital.

Every employee shall have his/her performance appraised annually and be provided with a copy of the appraisal, one kept at the unit/directorate and one forwarded to HR. The appraisal period shall be January to December each year. The purpose of this policy is to provide a clear, coherent, fair and equitable system for managers/supervisors to use throughout any performance management process. It makes explicit the process that supports the achievement of desired outcomes. At the heart of the Hospital's performance management strategy is the aim to foster a culture in which employees are empowered to manage their own performance and results through discussion and agreement with their manager. (KATH Policy on Performance Management Document, 2009)

2.5.6. Staff Welfare

Employee welfare has been defined as "efforts to make life worth living for workmen". These efforts have their origin either in some statute formed by the state or in some local custom or in collective agreement or in the employer's own initiative (Nair, 2009). A belief that health and

welfare have direct implications for the success of an organisation has encouraged a number of companies to introduce policies that are aimed at creating and maintaining healthy workforce policies which often have implications extending beyond the workplace into the employees non working life. It is therefore essential that the introduction of welfare policies should attempt to fulfill business objectives and these should be formulated so as to avoid imposing moral code employees (Goldsmith and Nickson, 1997). This implies that organizations should be concerned with providing incentives for employees in order to motivate them to perform, for example KATH has a provident fund for its staff. Apart from the provident fund which is to help the staff when they are going on pension, there is a bus that conveys staff to and from work. The Hospital has also introduced staff award where staff with outstanding performance are rewarded in 2009.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section of the study provides the procedure and methods applied in deriving responses to answer the research questions posed in this study. It therefore captures the study design, study site, sample size, sampling technique, data collection tools and techniques. It also provides a description of the data collection tools applied, coupled with data analysis strategies used. Finally, profile for the study area is also described.

3.1 Study Type

This is a cross sectional study which looks at the Hospital Autonomy (HA) and its effect on Human Resource Management (HRM) using Komfo Anokye Teaching Hospital as a case study. The study took place over a period of eight months and covers a period of eight (8) years of the hospital's history when it became functionally autonomous from the Ghana Health Services.

3.2. Data collection techniques

The data collection technique was through structured questionnaire and interview. The questionnaire was administered to all categories of staff who had worked in the hospital for more than eight years and the head of HRU. The questionnaire was structured in the same way to ensure that all respondents answer the same questions. It involved both open and close ended questions.

Again secondary sources of data on hospital autonomy both published and unpublished as well as the internet were also used to supplement the field information.

3.3 Study Population and Sample Size

The study population was all staff members of KATH who have worked with the hospital for more than eight years. This category of staff was chosen because of the experience they have had with both Managements, that is the management before the hospital became autonomous and after its autonomous status. Their experiences therefore are vital in understanding the dynamics of the effects of autonomy on the general performance of the hospital.

Two hundred and sixty three staff members and the human resource manager were sampled for the questionnaire and interview respectively.

3.4 Sampling Technique

Purposive sampling was used to select the Human Resource Manager to review trends of human resource practice in the hospital. In addition, the convenience sampling was used to select two hundred and sixty three staff members of the hospital from the various directorates. The choice of convenience sampling was due to the nature of the duty roster of the staff in the hospital, which makes it impossible to use a probability sampling technique. This is because some selected staff could be missed due to the nature of the duty roster schedule and or may not be available when needed to be interviewed.

3.6 Data Collection Instrument

Data was gathered from both primary and secondary sources. The research instruments by which information was gathered for analysis are a combination of both interviews and questionnaires. A structured questionnaire was administered to staff who had worked in the hospital before the introduction of hospital autonomy. This is because of the specific and sufficient knowledge and information they have on the issues under consideration. A structured questionnaire and interview were chosen to allow respondents to express themselves on specific issues of the study.

The questionnaire entailed sections including the biodata, experiences of health staff before hospital autonomy, and perspective and experiences of health staff after hospital autonomy. The sections contained specific questions relevant to the objectives of the study. The items were numbered serially and the options coded in the ordinal scale of measurement (i.e. strongly agree, agree undecided, disagree, and strongly disagree).

The questionnaire was pre- tested in order to identify any potential problems and limitations. The necessary modification was made and distributed to respondents to be able to give the appropriate responses.

Again questions based on Human Resources Policies of the Komfo Anokye Teaching Hospital were elicited from Human Resources Unit, to find out the functions of Human Resource since the Komfo Anokye Teaching Hospital became autonomous.

3.7 Data Analysis

The data was entered into SPSS software 16.0 version to assist to organize and generate descriptive statistics. A descriptive statistical analysis of the responses based on their experience was used for

each study objective. Thus, the frequency and proportional distribution of responses were analysed. In addition, a relative mean score was determined by computing the score regarding the extent of agreement per each item per objective. An inferential statistics, using confidence interval and p-value estimate were made on the mean score to determine the variability of the extent of agreement or disagreement within the sample. The results were presented in tables and graphs.

KNUST

3.8 Profile of area of Study

The city of Kumasi was founded in the 1680's by King Osei Tutu I to serve as the capital of the Asante State (KMA Medium Term Plan 2006-2009). Given its strategic location and political dominance, Kumasi, developed into a major commercial centre with all major trade routes converging on it. With time, the city began to expand and grow thereby making it second only to Accra in terms of land area, population size, social life and economic activity. Its strategic location has also endowed it with the status of the principal transport terminal and has assured its pivotal role in the vast and profitable distribution of goods in the country and beyond.

Its beautiful layout and greenery has accorded it the accolade of being the "Garden City of West Africa". The city is a rapidly growing one with an annual growth rate of 5.47 per cent (KMA Medium Term Plan 2006-2009). It encompasses about 90 suburbs, many of which were absorbed into it as a result of the process of growth and physical expansion. The 2000 Population Census kept the population at 1,170,270. It was however projected to 1,610,867 in 2006 and has further been projected to be 1,889,934 by 2009.

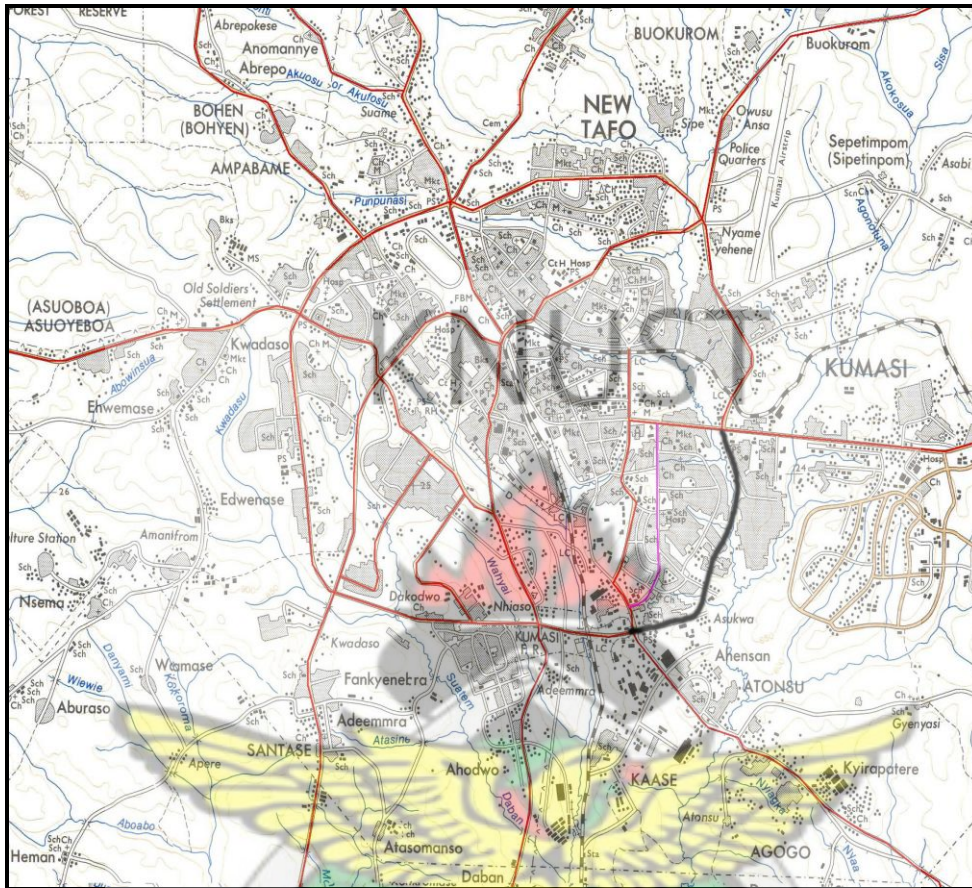
3.8.1 Location and Size

Kumasi is located in the transitional forest zone and is about 270km north of the national capital, Accra. It is between latitude 6.35° – 6.40° and longitude 1.30° – 1.35° , an elevation which ranges between 250 – 300 metres above sea level with an area of about 254 square kilometres. The unique centrality of the city as a traversing point from all parts of the country makes it a special place for many to migrate.

KNUST



Fig. 3.1: Map showing some parts of Kumasi Metropolitan Area



Source: KMA Medium Term Plan 2006-2009

3.8.2 Climate

The Metropolis falls within the wet sub-equatorial type. The average minimum temperature is about 21.5°C and a maximum average temperature of 30.7°C. The average humidity is about 84.16 per cent. The moderate temperature and humidity and the double rainfall regime (214.3mm in June and 165.2mm in September) have a direct effect on population growth and the environment as it has precipitated the influx of people from every part of the country and beyond its frontiers to the metropolis.

3.8.3 Health

The Ghana Health Service provides Clinical and Public Health Services through hospitals and clinics and static and outreach stations (Public and Private). The Kumasi Metropolis is endowed with many Hospitals, Clinics, Maternity Homes and Outreach Stations and therefore accessibility to services in terms of distance is favourable. There are fifteen (15) Private Laboratories in addition to the Laboratories in the various hospitals.

The Table 3.1 shows the distribution of Health Facilities, Private Laboratory Service and Outreach Stations in Kumasi.

Table 3.1: Health Institutions per Sub-Metro Health Areas

Sub-Metro	Gov't Hospital	Quasi Gov't Hospitals Clinics	Mission Hospitals Clinic	Private Hospital	Private Clinics	Mat. Home	Homeo-Pathic Clinic	Private Labs	Outreach Stations
Asokwa	1	1	1	14	22	18	3	1	47
Bantama	1	0	1	15	16	12	0	7	36
Manhyia North	1	0	1	5	10	16	13	2	41
Manhyia South	1	0	0	7	8	6	4	2	25
Subin	2	3	0	3	11	3	0	3	20
Total	6	4	3	44	67	55	20	15	169

3.9 Profile of Komfo Anokye Teaching Hospital (KATH)

Komfo Anokye Teaching Hospital (KATH) is located in Kumasi. The location of the hospital, the road network of the country and the commercial nature of Kumasi make the hospital accessible to all the areas that share boundaries with Ashanti Region and others that are farther away. The hospital has 1000 beds. History has it that in the 1940's, there were two hospitals located on the hill over-looking the Bantama Township designated African and European Hospitals. As their names implied, the African side treated Africans while the European side treated European officials and their families. By 1952, the need to construct a new hospital to cater for the fast increasing population in Kumasi in the Ashanti-Region arose. The European Hospital was therefore transferred to the Kwadaso military quarters to make way for a new project. During the period of 1954 to 1955, a new hospital complex was completed and named the Kumasi Central Hospital. The name was later changed to the Komfo Anokye Teaching Hospital in memory of the powerful and legendary fetish priest, Komfo Anokye. The hospital became a Teaching Hospital in 1975 for the training of Medical Students in collaboration with the School of Medical Sciences of the Kwame Nkrumah University of Science and Technology (2006 KATH Report).

3.9.1 Vision of KATH

To become a medical centre of excellence offering clinical and non-clinical services of the highest quality standards comparable to any international standards, within five years (2001-2006).

3.9.2 Mission of KATH

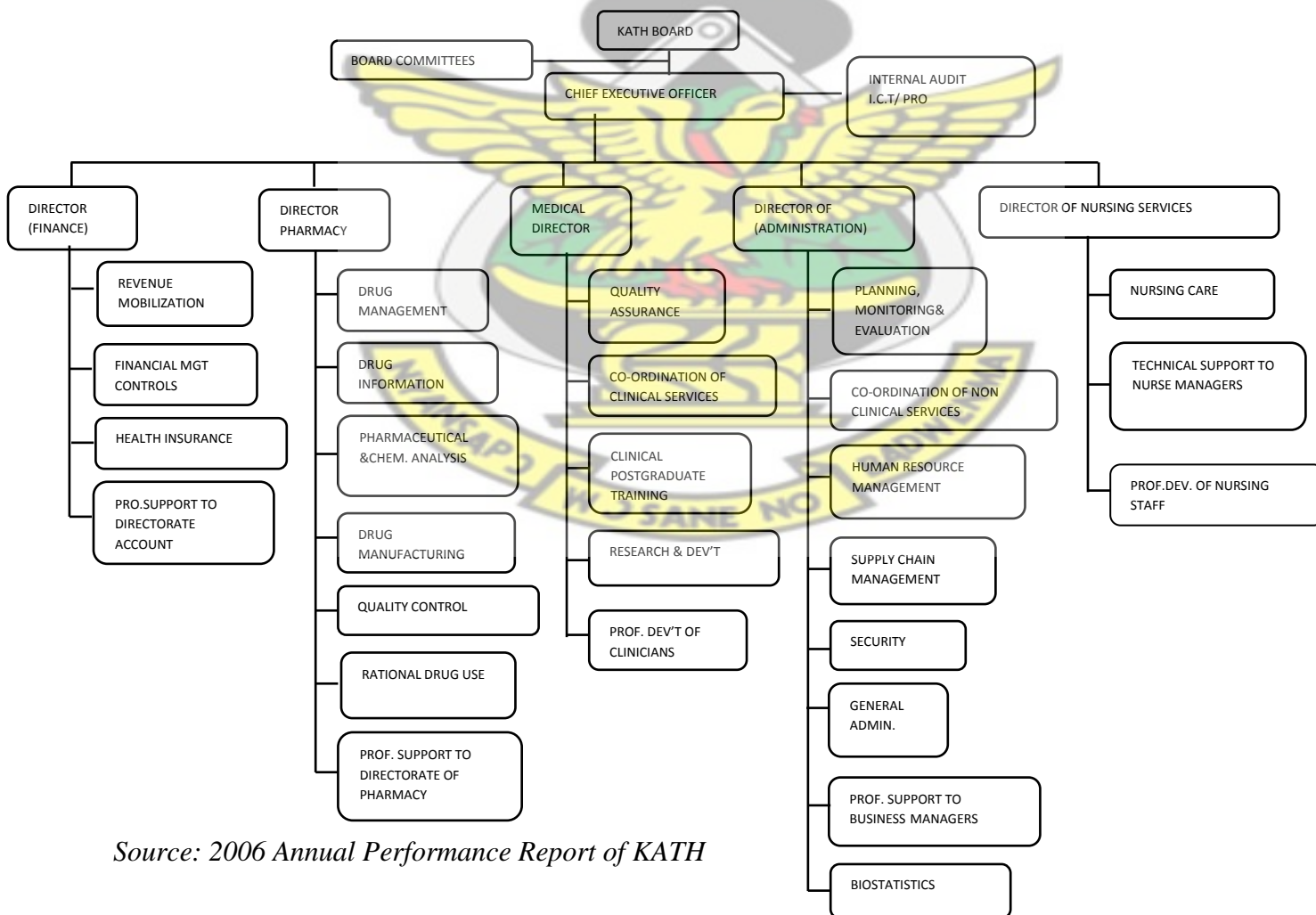
To provide quality health services to meet the needs and expectations of all its clients. This will be achieved through well-motivated and committed staff applying best practice and innovation.

3.9.3 Decentralized structures at KATH

Principally, KATH has five (5) broad decentralized structures headed by Directors.

A number of decentralized institutions are under each of the Directors as shown below:

Fig 3.2: Organogram of Komfo Anokye Teaching Hospital



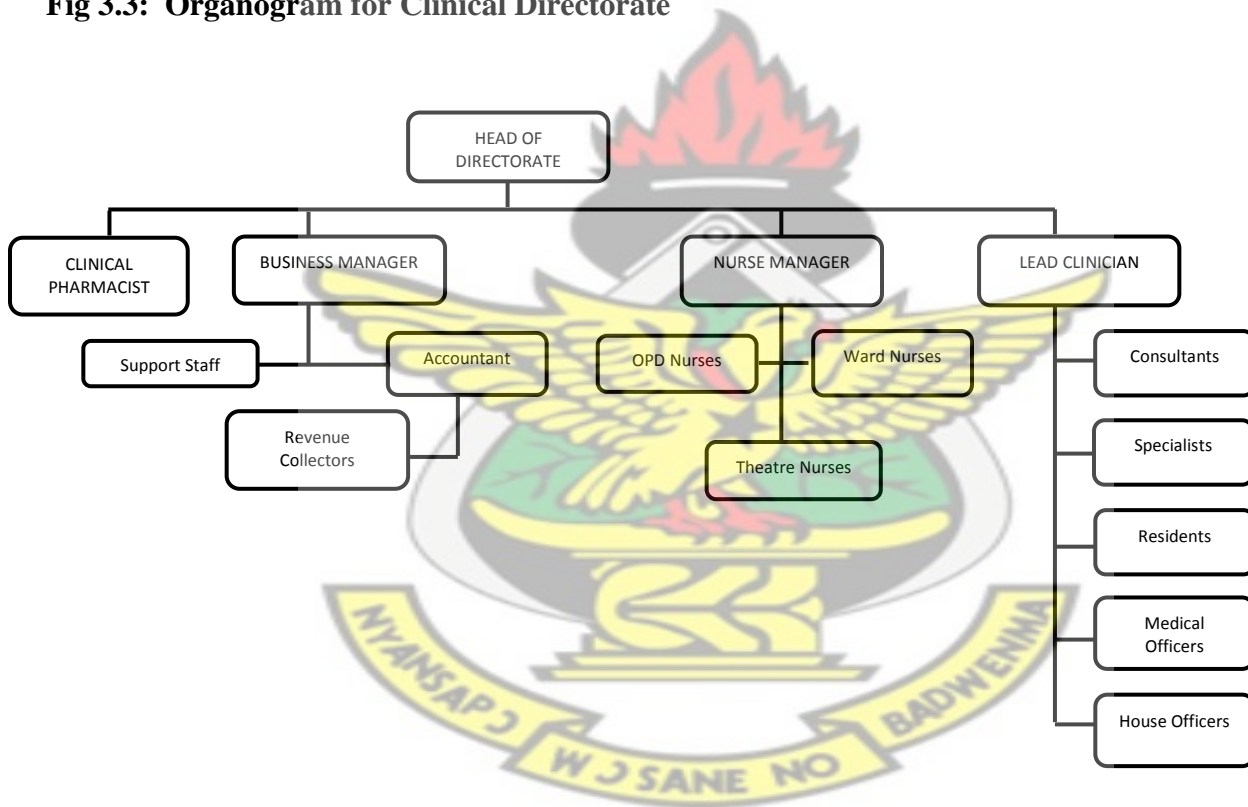
Source: 2006 Annual Performance Report of KATH

3.9.4 Service Organization

The service organization of KATH is segregated along the pattern of diseases, sex and age. Based on the organogram, there are twelve Directorates of which ten are clinical and two are non clinical. The organograms of a typical clinical and non Clinical Directorates are shown in figures 3.3 and 3.4.

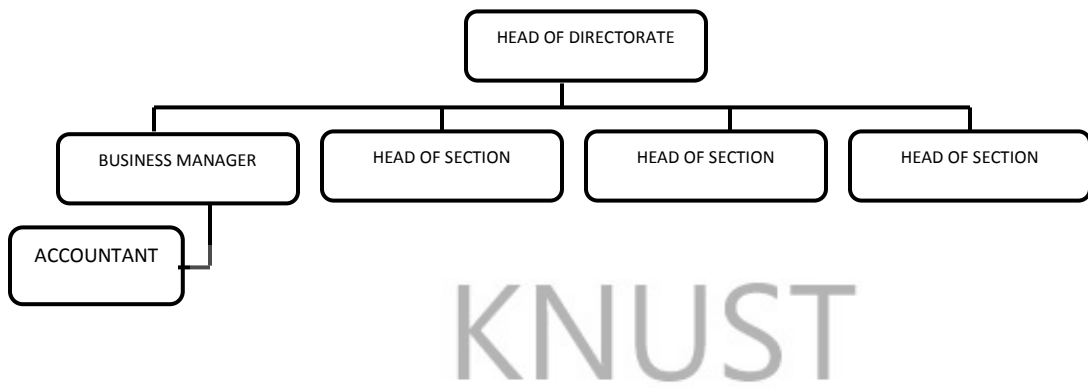
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Fig 3.3: Organogram for Clinical Directorate



Source: KATH composite POW 2008

Fig 3.4: Organogram for Non Clinical Directorate



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Source: KATH composite POW 2008



CHAPTER FOUR

RESEARCH FINDINGS, ANALYSIS AND DISCUSSIONS

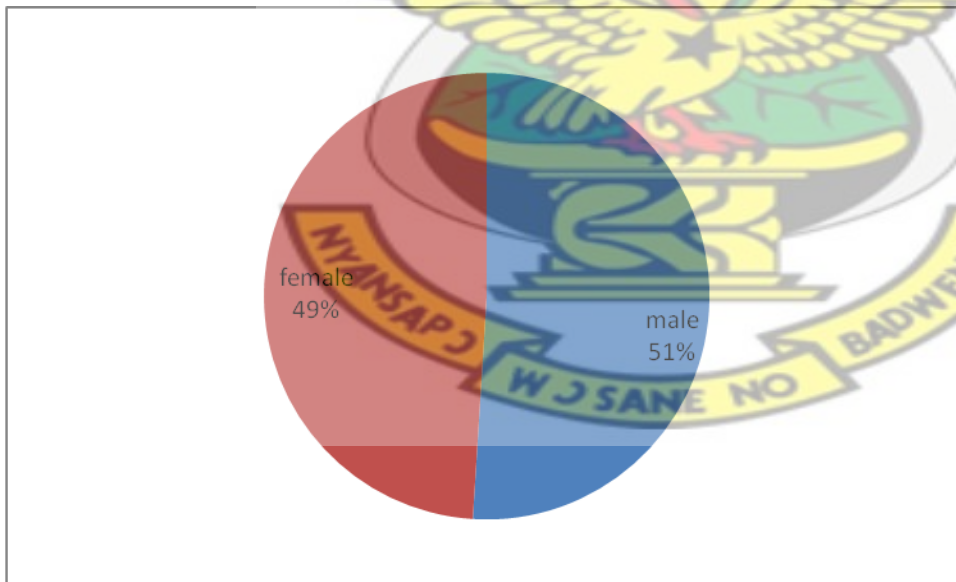
4.0 Introduction

This section of the study covers the presentation of the findings and its related interpretations. It is organised based on the objectives of the study and emphasizes the differences in responses before and after Komfo Anokye Teaching Hospital became autonomous. The findings are presented in tables and figures.

4.1 Background characteristics of Respondents

4.1.1 Response Rate

Figure 4.1 Respondents by Gender



Source: study on the evaluation of hospital autonomy and its effects on human resource management: KATH, May 2011

Figure 4.1 shows the percentage of respondents by gender. Out of the total population of 263 49% were female and 51% male.

Table 4.1 Age distribution of respondents

Variables	Frequency (N = 263)	Percentage (%)
Age		
31 - 34	1	
35 - 40	16	6
41 - 45	55	21
46 - 59	191	73

Source: study on the evaluation of hospital autonomy and its effects on human resource management: KATH, May 2011

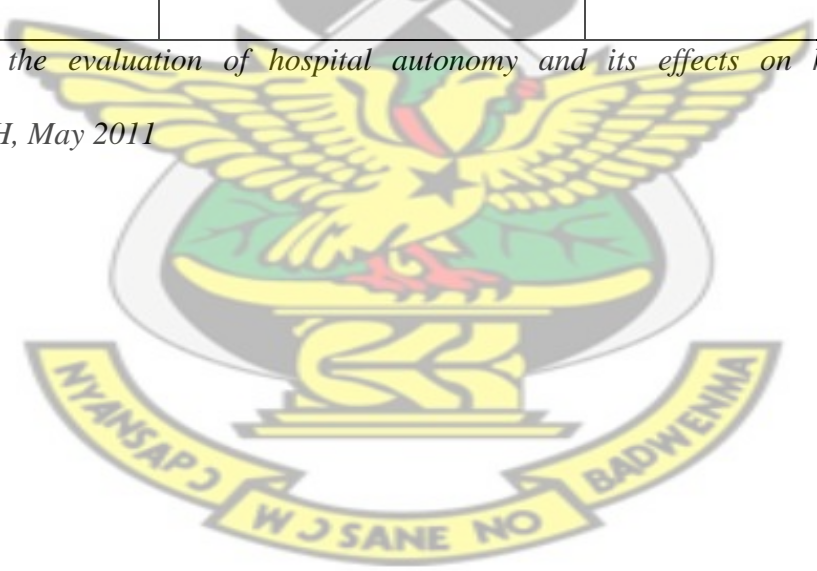
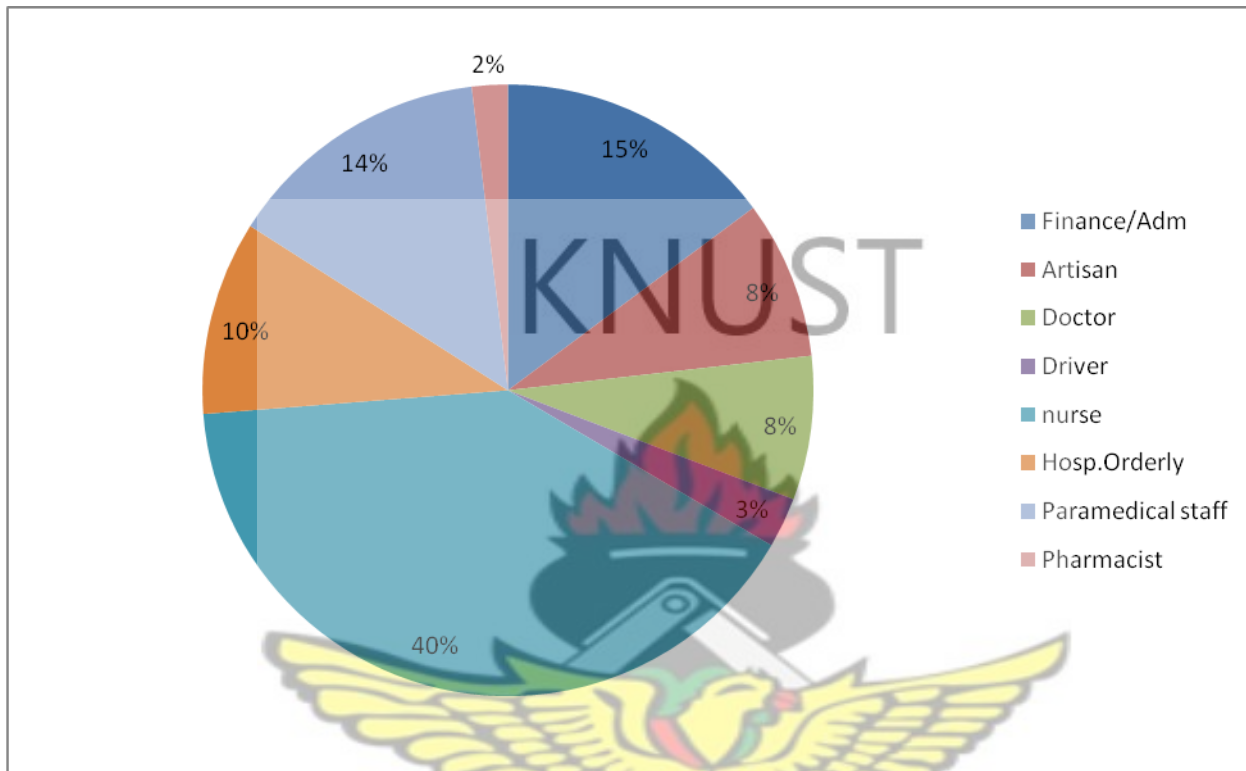


Figure 4.2: shows the respondents by the professional groups.



Source: study on the evaluation of hospital autonomy and its effects on human resource management: KATH, May 2011

The study recruited 263 participants from the twelve (12) directorates and finance and administration.

Participants of the study are also representative of all the major professional groups of workers in the hospital. As shown in figure 4.2 the nursing staff constituted the highest category of participants contributing 40% of the total population in the study. This is because the nurses constitute majority of the staff population. Finance and Administration contributing 15%, followed by Paramedical

Staff 14%, Hospital Orderlies Staff 10%, Artisans 8%, Doctors 8%, Drivers 3% and Pharmacists 2%.

4.1.2 Years worked at KATH

Table 4.2

Variables	Frequency (N = 263)	Percentage (%)
Years		
6 - 10	2	1
11 - 15	56	21
16 - 20	35	13
21 - 25	61	23
26 and above	109	41
Total	263	100

Source: study on the evaluation of hospital autonomy and its effects on human resource management: KATH, May 2011

Table 4.2 represents the number of years respondents worked at KATH.

All respondents have spent a minimum of 10 years. The average number of years served by participants was 20 years. The study was therefore skewed towards participants with longer period of service in the hospital. Given their long period of service, all participants have considerable experience to comment on their experiences with the Human Resource practices before and after hospital autonomy.

4.2 HUMAN RESOURCE MANAGEMENT BEFORE AND AFTER HOSPITAL

AUTONOMY

4.2.1 Human Resource Management after Komfo Anokye Teaching Hospital gained Hospital Autonomy.

The head of the Human Resource Unit strongly agreed that recruitment, promotions, welfare and performance management of employees were all done without the involvement of Ministry of Health (MOH). However she agreed that training and development was done without the involvement of MOH but disagreed that processing of salaries of staff was done without the involvement of MOH. This implies that the hospital can take decisions on recruitment, promotions, and staff welfare and performance management of employees independently. However, it cannot do the same when it comes to salaries of employees. This is so because the salary administration has not been decentralised. It is still centrally controlled even after the hospital gained autonomy. It could be argued that this is in line with the Ghana Health Service (GHS) and Teaching Hospital's Act, Act 525 which gives autonomous hospitals some level of authority to take decisions on the management of the hospital of which human resources is one. It has also been confirmed by Kolehmainen –Aitken (2004) that the pay systems are traditionally centralised in most countries.

Again the head of the Human Resource Unit strongly agreed that she was involved in the formulation of the strategies of the hospital and also involved in the realisation of the hospital's vision. Meanwhile, it was agreed that the head was given enough authority to take decisions. On the question of performances of the HRU it was agreed that the manager was satisfied.

The finding here revealed that the HRU is instrumental in the realisation of the hospital's dream after its establishment in KATH. This is because the HRU has been given the powers through hospital autonomy to recruit the calibre of employees it needs. This is evidenced by the various HR policy documents mentioned in the literature review that have been developed by the HRU and are being used.

4.2.1 Training and development of employees before and after hospital autonomy

Table 4.3a: Responses on Training and development of employees before and after hospital autonomy

Variable	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Attended in service training					
Before (HA)	73 (28%)	50 (19.%)	23 (9%)	45 (17.%)	72 (27.%)
After (HA)	110 (42%)	131 (50%)	7 (3%)	3 (1%)	12 (5%)
Easy access to training					
Before (HA)	--	57 (22%)	64 (24%)	56 (21%)	86 (33%)
After (HA)	--	86 (33%)	84 (32%)	65 (25%)	28 (11%)
Issues relating to training and development					
Before (HA)	22 (8%)	66 (25%)	87 (33%)	55 (21%)	33 (13%)
After (HA)	129 (49%)	91 (35%)	8 (3%)	16 (6%)	19 (7%)
Satisfied with HRM on training and development					
Before (HA)	8 (3%)	78 (30%)	58 (22%)	72 (27%)	47 (18%)
After (HA)	59 (22%)	57 (22%)	103 (39%)	35 (13%)	9 (3%)
Access to study leave without problems					
Before (HA)	8 (3%)	57 (22%)	59 (22%)	94 (36%)	45 (17%)
After (HA)	3 (1%)	67 (26%)	110 (42%)	51 (19%)	32 (12%)
Regular training and development					
Before (HA)	--	28 (11%)	35 (13%)	120 (46%)	80 (30%)
After (HA)	--	71 (27%)	108 (41%)	76 (29%)	8 (3.0%)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Table 4.3b: Differences in extent of agreement or disagreement before and after HR autonomy

Variable	Mean score of extent of agreement		Mean score difference	t-test (p-value)
	Before autonomy	After autonomy		
Attended in-service training	3.03	4.46	-1.34	-13.5 (<0.01)
Easy access to Training	2.35	3.86	-1.51	-22.8 (<0.01)
Issues relating to training and development.	2.96	4.12	-1.2	-12.4 (<0.01)
Satisfied with HR management on training and development.	2.73	3.46	-0.7	-6.4 (<0.01)
Access to study leave without problems.	2.58	2.84	-0.26	-2.9 (<0.01)
Regular training and development.	2.04	3.89	-1.8	-22.5 (<0.01)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May

2011

Table 4.3a shows that prior to the Komfo Anokye Teaching Hospital (KATH) becoming autonomous, 28% strongly agreed that they attended in-service training 19% agreed, 9% were not sure if they attended in-service training or not, 17% disagreed and 27% strongly disagreed. For the same statement after KATH gained autonomy, 42% strongly agreed, 50% agreed, 3% undecided, 1% disagreed and 5% strongly disagreed. This means that a lot of staff had the opportunity to attend in-service.

In Table 4.3b, it is evident that even though the respondents agreed that they attended in-service training before and after the hospital became autonomous, the extent of agreement was higher (Means score = 4.46) after the autonomy as against 3.03 before the hospital gained autonomy. The difference in extent of agreement on the attendance of in-service training was significantly higher after the hospital autonomy (t-test = -13.5; p-value = <0.01). This means that HA has improved the in-service training of employees in Komfo Anokye Teaching Hospital.

On the same table, for easy accessibility to training before the hospital's autonomy, 22% agreed that accessing in-service training was without difficulty, 24% were undecided, 21% disagreed to the statement and 33% strongly disagreed. But after the hospital's autonomy 33%, agreed that there was easy accessibility in-service training, while 32% were undecided, 25% disagreed and 11% strongly disagreed.

The respondents gave an average score to access to training before autonomy as 2.35. This implies that majority of them disagree that before the hospital gained autonomy, they had access to training. However, majority indicated that they have access to training after HA, as evidence by the mean score of 3.86 which was statistically higher (t-test, -22.8; p-value = <0.01) than that before hospital autonomy. This indicates that there was easy accessibility to training during KATH's autonomous status.

Considering the issues relating to the handling of training and development at KATH before its autonomous status, 8% strongly agreed to the above statement, 25% agreed, 33% undecided, 21% disagreed and 13% strongly disagreed. For the same statement after autonomy 49% strongly agreed, 34% agreed, 3.0% undecided as to whether the handing of training and development was better before HA or not 6% disagreed and 7% strongly disagreed.

There was statistically significant difference (t-test = -12.4; p-value = <0.01) in the extent of agreement score before and after autonomy. Whereas the respondents gave a mean score of 2.96 suggesting majority disagreeing, a mean score of 3.46 was indicated for the same issue after the hospital gained autonomy as shown in Table 4.3b.

Before Hospital Autonomy, 3.0% strongly agreed that they were satisfied with human resource management in terms of training and development. While 30% agreed, 22% were undecided, 27%

disagreed and 18% strongly disagreed. Whilst for the same statement after autonomy 1% strongly agreed, 25% agreed, 39% undecided, 13% disagreed and 3% strongly disagreed.

A significant number of staff (t-test = -6.4; p-value <0.01) agreed to being satisfied with the HRU regarding management of staff training and development after hospital autonomy than before the hospital gained its autonomous status.

Before the hospital gained an autonomous status, 3% strongly agreed that access to go for further study was without problems, 22% agreed, 22% undecided, 36% disagreed and 17% strongly disagreed. However, during its autonomous status, 1% strongly agreed to the statement, 26% agreed, 42% were undecided, 19% disagreed and 12% strongly disagreed. It could be surmised that even though the respondents largely indicated that they disagreed that access to study leave was a problem, the extent of disagreement was higher before hospital autonomy (mean = 2.58) as against a mean of score (2.84) after the hospital gained autonomy. The difference between the score was statistically significant (t-test = -2.9; p-value = <0.01) suggesting that after the hospital autonomy, the extent of difficulty regarding study leave as perceived by staff is getting better.

Prior to the hospital's autonomous status, 11% agreed that training and development were regular, 13% were undecided, 46% disagreed, and 30% strongly disagreed. Meanwhile after the hospital gained autonomy 27% agreed that training and development were regular 41% were undecided, 29% disagreed and 3% strongly disagreed.

A test of difference in mean score on the agreement of regular training and development was statistically significant (t-test = -22.5; p-value = <0.01). It is evident that more respondents agreed that they have regular training and development after the autonomy but disagreed to it before the autonomy.

The analysis of table 4.3a and b indicate that the autonomy that was given to KATH which led to the establishment of the HRU has had a positive impact on training and development. This confirms the facts of Chawla (1996) that autonomy gives one the right to take independent decisions and training and development is one of these decisions.

4.2.2 Promotions of staff before and after Hospital Autonomy

Table 4.4a: Promotion

Variable	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Travelled to MOH on issues relating to promotion					
Before (HA)		34 (13%)	95 (36%)	41 (16%)	12 (5%)
After (HA)	23 (9%)	12 (5%)	8 (3%)	79 (30%)	141 (54%)
Happy with promotion issues at KATH.					
Before (HA)	35 (13%)	13 (5%)	16 (6%)	102 (39%)	97 (37%)
After (HA)	40 (15%)	134 (51%)	26 (10%)	19 (7%)	44 (17%)
Staff promotion without delays.					
Before (HA)	20 (8%)	23 (9%)	64 (24%)	78 (30%)	78 (30%)
After (HA)	62 (24%)	70 (27%)	42 (16%)	64 (24%)	25 (10%)
Promotion interviews done at KATH.					
Before (HA)	42 (16%)	19 (7%)	55 (21%)	67 (26%)	80 (30%)
After (HA)	118 (45%)	74 (28%)	57 (22%)	1	13 (5%)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Table 4.4a assessed the opinions of respondents on promotions issues.

Table 4.4b Test of difference in the extent of agreement before and after hospital autonomy

Variable	Mean score of extent of agreement		Mean score difference	t-test (p-value)
	Before autonomy	After autonomy		
Traveled to MOH on issues relating to promotion.	2.96	1.85	1.1	9.6 (<0.01)
Happy with promotion issues at KATH.	2.19	3.41	-1.2	-9.5 (<0.01)
Staff promotion without delays.	2.35	3.30	-0.9	-8.5 (<0.01)
Promotion interviews done at KATH.	2.53	4.05	-1.5	-14.0 (<0.01)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Table 4.4b: Shows test of difference in mean score of the extent of agreement before and after the KATH autonomy.

Table 4.4a assessed the views of employees on issues concerning promotions. For travelling to the Ministry of Health (MOH) on issues relating to promotions, 13% agreed that staff travelled to MOH on issues relating to their promotions, 36% were undecided, 16% disagreed and 5% strongly disagreed. Regarding the issue of travelling to Accra on promotion issues 9% strongly agreed that they had to travel for promotion, 5% agreed, 3% undecided, 30% disagreed and 54% strongly disagreed during the hospital's autonomous status.

Evidence from Table 4.5b shows the extent of agreement to travelling by staff to Accra on promotion issues was frequent before the hospital gained autonomy status as compared to what happened after HA (t-test, = 9.6; p-value =<0.01). This means that hospital autonomy enabled KATH to promote its employees independent of MOH.

Before the hospital's autonomy, 13% strongly agreed that they were happy with promotion issues at KATH, 5% agreed, 6% undecided, 39% disagreed and 40% strongly disagreed. After the hospital's

autonomy, 15% strongly agreed that they were happy with promotion issues at KATH, 51% agreed, 10% were undecided, 7% disagreed and 17% strongly disagreed. The responses indicated that, staff are significantly happier with promotion issues at KATH after the hospital gained autonomy than before hospital became autonomous. This is evidenced by the fact that the HRU of KATH has a sub unit which is now solely responsible for employees' promotions. The unit makes sure that employees records are frequently checked so that those due for promotion are assessed and interviewed after which the successful employees are promoted.

Before the hospital gained autonomy, 8% strongly agreed that staff promotion was without delays, 9% agreed, 24% were undecided, 30% disagreed and 29% strongly disagreed. After its autonomous status, 24% strongly agreed to the statement there were no issues on promotion at KATH, while 27% agreed, 16% were undecided, 24% disagreed and the remaining 10% strongly disagreed. This confirms that the sub unit of the HRU that handles the promotions of staff members are effective thus resulting in the improvement in promotion without delay.

Staff agreed significantly (t -test = -8.5; p -value = <0.01), that promotion does not delay after the hospital gained its autonomy (mean score = 3.30) as compared to before the hospital's autonomous status (mean score 2.35).

On the question as to whether promotion interviews were done at KATH, before hospital gained autonomy, 16% strongly agreed that promotion interviews were done at KATH, 7% agreed, 21% undecided, 26% disagreed and 30% strongly disagreed. However, after the hospital gained autonomy, 45% strongly agreed, 28% agreed, 22% undecided and 5% strongly disagreed.

The respondents agreed that promotion interviews were done at KATH after autonomy than before autonomy.

The findings in table 4.4a and b show that KATH's staff promotions were no longer controlled by the central government or MOH in Accra. This was evidenced by the development of the KATH promotions policy document which enables the hospital to promote every deserving staff was at the time they are due for promotion. Staff do not have to travel to MOH for promotion enquiries or interviews, thus preventing delays in employees promotions.

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4.2.3 Staff Welfare and Remuneration

Table 4.5a: Staff Welfare and Remuneration

Variable	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Welfare issues are better handled at MOH than KATH					
Before (HA)	16 (6%)	7 (3%)	46 (18%)	87 (33%)	107 (41%)
After (HA)	109 (41%)	18 (7%)	18 (7%)	53 (20%)	65 (25%)
No salary discrepancies and delay					
Before (HA)	7 (3%)	52 (20%)	47 (18%)	64 (24%)	93 (35%)
After (HA)	24 (9%)	50 (19%)	154 (59%)	35 (13%)	-
Processing of salaries without delay					
Before (HA)	51 (19%)	34 (13%)	54 (20%)	41 (16%)	83 (32%)
After (HA)	5 (2%)	77 (29%)	40 (15%)	98 (38%)	43 (16%)
Staff welfare a major concern for KATH					
Before (HA)	48 (18%)	27 (10%)	73 (28%)	67 (26%)	48 (18%)
After (HA)	106 (40%)	99 (38%)	31 (12%)	2 (0.1)	25 (10%)
Satisfied with the handling of salaries at KATH					
Before (HA)	22 (8%)	84 (32%)	20 (8%)	102 (39%)	35 (13%)
After (HA)	22 (8%)	103 (39%)	40 (15%)	73 (28%)	25 (10%)
Travelled to MOH for the processing of salaries					
Before (HA)	30 (11%)	68 (26%)	8 (3%)	65 (25%)	92 (35%)
After (HA)	8 (3%)	27 (10%)	81 (31%)	28 (11%)	119 (45%)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May

2011

Table 4.5b: Test of difference in extent of agreement before and after Komfo Anokye Teaching Hospital gained autonomy

Variable	Mean score of extent of agreement		Mean score difference	t-test (p-value)
	Before autonomy	After autonomy		
Better handling of staff welfare.	2.00	3.20	-1.2	-11.1 (<0.01)
No salary discrepancies and delay.	2.30	2.24	0.1	0.7 (0.45)
Processing of salaries without delays.	2.73	2.63	0.1	0.9 (0.35)
Staff welfare a major concern for KATH.	2.85	3.98	-1.1	-9.6 (<0.01)
Satisfied with handling of salaries at KATH.	2.83	3.09	-0.3	-2.5 (0.01)
Traveled to MOH for salaries processing.	2.54	2.15	0.4	3.4 (<0.01)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Table 4.5a and b assessed the way staff welfare and remuneration was handled by KATH before and after KATH became autonomous.

Before the hospital gained autonomy, 6% strongly agreed that staff welfare was better handled, 3% agreed, 18% undecided, 33% disagreed and 41% strongly disagreed. After the hospital gained autonomy, 41% strongly agreed, 7% agreed, 7% undecided, 20% disagreed and 25% strongly disagreed. This indicates that there is a significantly (t-test = -11.1; p-value = <0.01) high level of agreement among staff that their welfare issues are better handled after the hospital gained autonomy than before the hospital gained autonomy.

Before the hospital's autonomous status, 3% of the respondents strongly agreed to the statement that there were no salary discrepancies and delay, 20% agreed, 18% could not decide on what to

say, representing 24% totally did not agreed whilst 35% strongly disagreed. However, after the hospital gained autonomy 9% strongly agreed, 19% agreed, 59% were undecided, 13% disagreed.

For the same statement that there were no salary discrepancies and delays, the head of the HRU strongly agreed that there were salary discrepancies and sometimes delays in salary increments.

The views about salary discrepancies and delays had not changed when the mean scores before and after the hospital gained autonomy are examined (t-test = 0.7; p-value = 0.45). Thus, the autonomy had not changed significantly the discrepancies and delays in salary management.

Before the hospital gained autonomy, 19% strongly agreed that there were no delays in the processing of salaries, 13% agreed, 21% were undecided, 16% disagreed and 32% strongly disagreed. However, during its autonomous status 2% strongly agreed, 29% agreed, 15% were undecided, 37% disagreed and 16% strongly disagreed. Majority agreed that processing of salaries delayed after the hospital gained autonomy (mean score = 2.63) than before its autonomous state (mean score = 2.73). However there was no significant difference between the scores (t-test = 0.9; p-value = 0.35).

Regarding the question on staff welfare being one of the major concerns for KATH before HA, 18% strongly agreed, 28% were undecided, 26% agree and 18% strongly disagreed. After HA, 40% strongly agreed, 38% agreed, 12% could not decide, 1% disagreed and 10% strongly agreed. It was also agreed by the HR head that staff complained of welfare issues. This indicates that a lot of staff members were not satisfied with some welfare issues especially salaries which sometimes came with some anomalies. This usually happened because some aspects of the processing of employees salaries and salary payments are still centrally controlled, despite the fact that the hospital has gained autonomy.

Welfare of staff was a major concern of KATH after the hospital gained autonomy than before with a mean score of 2.85 before autonomy and 3.98 mean score. This could be shown in the fact that before the hospital gained autonomy, 8% strongly agreed that they were satisfied with handling of salaries at KATH. 32% agreed, 8% could not decide, 39% disagreed and 13% strongly disagreed. Meanwhile after the hospital's autonomous status, 8% strongly agreed, 39% agreed, 15% were undecided, 28% and 9% strongly disagreed.

The extent of agreement regarding satisfaction on the handling of staff salaries was significant higher (t-test = -2.5; p-value <0.01) after autonomous than before it.

For the question of whether staff travelled to MOH for the processing of salaries, prior to hospital autonomy, 11% strongly agreed to the MOH for processing of salaries, 26% agreed, 3% could not decide, 25% disagreed and 35% strongly disagreed. After the hospital gained autonomy, 3% strongly agreed, 10% agreed, 31% were undecided, 11% disagreed and 45% strongly disagreed.

The average score on travelling to MOH for salary processing after autonomy is lower (2.15) than before it (2.54) and the difference was statistically significant (t-test = 3.4; p-value (<0.01).

Findings on Table 4.5a and b indicate that staff welfare has been better managed after the hospital became autonomous. This is confirmed by Act 525 (1996) which granted autonomous hospital the power to determine the remuneration and benefits for employees. However, almost the same response was given for issues bothering on salaries. This is because even after the hospital gained autonomy, pay determination and processing are highly centralised in Ghana, which confirms the findings of Kolehmainen-Aitken (2004) where it was stated that remuneration or pay determination are highly centralised in most countries and also the fact that it is dependent on the bargaining power of the health worker.

4.2.4 Challenges faced by HRU after hospital autonomy

Table 4.6 Challenges faced by HR management before and after hospital autonomy

Variable	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Satisfied with HRM at KATH					
Before (HA)	34 (13%)	66 (25%)	38 (14%)	66 (25%)	59 (22%)
After (HA)	8 (3%)	49 (19%)	48 (18%)	108 (41%)	50 (19%)
Issues on salaries needed to be addressed					
Before (HA)	68 (26%)	105 (40%)	64 (24%)	26 (10%)	-
After (HA)	29 (11%)	129 (49%)	81 (31%)	8 (3%)	16 (6%)
Issues on promotion needed to be addressed					
Before (HA)	72(27%)	132(50%)	25(10%)	34(13%)	-
After (HA)	35 (13%)	108 (41%)	46 (18%)	54 (21%)	20 (8%)
Training and development was not fairly done					
Before (HA)	62 (24%)	76 (29%)	42 (16%)	45 (17%)	38 (14%)
After (HA)	46 (18%)	53 (20%)	88 (34%)	68 (26%)	8 (3%)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Table 4.6b: Test of difference in the extent of agreement before and after hospital autonomy

Variable	Mean score of extent of agreement		Mean score difference	t-test (p-value)
	Before autonomy	After autonomy		
Satisfied with HR management at KATH.	2.81	2.46	0.4	2.8 (<0.01)
Issues on salary needed to be addressed.	3.82	3.56	0.3	3.2 (<0.01)
Issues on promotion needed to be addressed.	3.92	3.32	0.6	6.3 (<0.01)
Training development not fairly done.	3.30	3.23	0.1	0.5 (0.56)

Source: Study on the Evaluation of Hospital Autonomy and its Effects on Human Resource Management: KATH, May 2011

Before hospital autonomy, 13% strongly agreed that they were satisfied with HR Management at KATH 25% disagreed and 22% strongly disagreed. Meanwhile, after HA, 3% strongly agreed, 18%

agreed, 18% undecided, 41% disagreed and 19% strongly disagreed. This presupposes that staff preferred the HRM during the autonomous status of KATH than before it became autonomous.

The challenge of satisfaction with management of HR at KATH was agreed more before HA (mean score = 2.81) than after it (2.46); the difference was statistically significant (t-test = 2.8; p-value = <0.01).

For issues bothering on salaries that needed to be addressed, before the hospital gained autonomy 26% strongly agreed, 40% agreed, 24% undecided and 10% disagreed. And after HA, 11% strongly agreed, 49% agreed, 31% undecided, 3% disagreed and 61% strongly disagreed.

The head of the HRU also accepted the fact that unresolved salary dispute resulted in industrial action. There was a high extent of agreement before autonomy that issues on salary needed to be addressed before hospital autonomy (3.82 mean score) than after it (3.56 mean score).

On the question of promotion issues that needed to be addressed, before HA, 27% strongly agreed that there were issues on promotion which needed to be addressed, 50% agreed, 10% were undecided, and 13% disagreed. However, after HA, 13% strongly agreed, 41% agreed, 18% undecided, 21% disagreed and 8% strongly disagreed. This was also confirmed by the head of HRU who commented that staff complained of delayed promotion.

There was also agreement that there were more challenges regarding promotion before autonomy (3.92) than after (3.32). This was statistically significant (t-test = 6.3; p-value = <0.01).

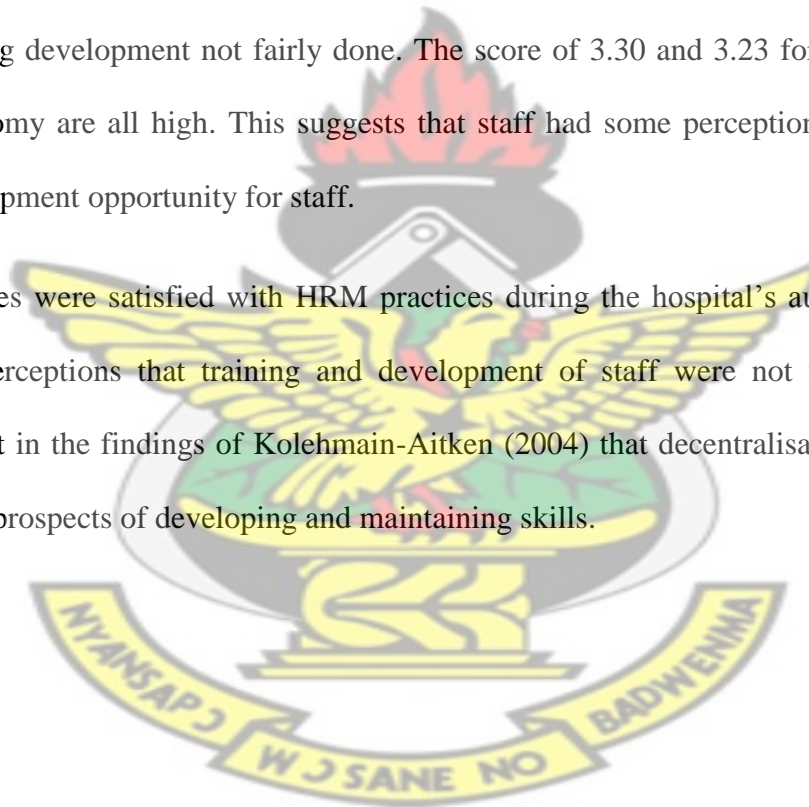
Before HA, 23.6% strongly agreed to the statement, 29% agreed, 16% undecided, 17% disagreed and 14% strongly disagreed. Whilst after HA, 18% strongly agreed, 20% agreed, 34% were undecided, 26% disagreed and 3% strongly disagreed.

The head of human resource also agreed that staff complained of favouritism in the training and development of staff. Some respondents alleged that only a certain category of the employees were given the opportunity to develop themselves.

The HR head strongly agreed that she received complaints from employees expressing dissatisfaction of the performances of HRU, but agreed that these complaints were on delay of conversion into a different professional group and delay in upgrading.

There was no statistical difference (t -test = 0.5; p -value = 0.56) to the extent of agreement on the question on training development not fairly done. The score of 3.30 and 3.23 for before and after the hospital autonomy are all high. This suggests that staff had some perception of unfairness in training and development opportunity for staff.

Although employees were satisfied with HRM practices during the hospital's autonomous status, there were still perceptions that training and development of staff were not fairly done. This buttresses the point in the findings of Kolehmain-Aitken (2004) that decentralisation or autonomy rather reduced the prospects of developing and maintaining skills.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter details the summary of the findings, conclusions and recommendations. The summary of the findings highlights the major findings made out of the responses provided by the health staff interviewed. Also, the conclusions that are informed by the findings are enlisted in this chapter. Finally, the recommendations for the stakeholders are derived for consideration.

5.1 Summary

The challenge for hospitals nowadays is to deliver quickly and flexibly new quality services. Hospital Autonomy and proper human resource management play important roles in all these. This is because with autonomy, hospitals are able to take decisions quickly enough without having to go through the long bureaucratic systems. For example decisions on human resource issues are mostly taken by the local managers without going to the central administration.

This study set out to examine the effects of hospital autonomy on the human resource management in Komfo Anokye Teaching Hospital. The key areas that were looked at in the study were the main functions of HRM, the effects and challenges of HRM after the hospital gained its autonomous status.

The study revealed a high sense of appreciation of staff for the performances of the human resource unit after the hospital gained autonomy. However, findings also suggest that staff were not happy

with the salary issues and some aspects of the training and development of staff which they said was not done fairly.

Generally, the findings suggest that the human resource management prior to the autonomy was highly bureaucratic and ineffective. However, hospital autonomy reduced drastically the bureaucratic structures while improving decision making in relation to human resource management.

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5.2 Conclusion

Based on the findings of this study, the following conclusions have been made:

Evidence from the study strongly supports the opinion that KATH's autonomous status gave way to the Human Resource Unit and also led to quick decision making in HRM. Decision making on recruitment, promotion, training and development, performance management and welfare of employees have been very quick and flexible. The bureaucracy that used to be followed before taking any decision on the core functions has also been drastically reduced.

For instance, at the moment the functions of the hospital after its status was changed to the autonomous status were in line with the laws on hospital autonomy. This law, Act 525 (1996) mandated the hospital to become self governing. As part of the functions of KATH, since it gained autonomy it has to assess periodically, the adequacy of the resources including personnel, physical facilities and finances of the hospital. The Komfo Anokye Teaching Hospital is also responsible for appointing staff and determining their remuneration and

benefits. This positively answers one of the research questions as to how hospital autonomy has affected human resource management.

The study also confirms that staff preferred how the Human Resource Management Unit deals with their functions after the hospital gained autonomy. As a result of this, the hospital gaining autonomy also led to quick decision making in recruitment, the hospital can now advertise for the kind of staff they need and recruit without having to seek for approval from the government. Prior to this, the Ministry of Health employed the staff and distributed them to the hospitals. KATH was one of the hospitals that the ministry employed staff members for until it gained autonomy.

Again, training and development of staff also increased during the period the hospital gained autonomy. Training needs of staff are identified and the training and development is done. For example, all directorates organise annual continuous professional development courses for all staff.

Notwithstanding the success of the human resource management after hospital's autonomous state, staff thought the training and development was not fairly done. Employee performance management has improved significantly. This could be attributed to the hospital becoming autonomous and the establishment of a Human Resource Unit (HRU). Hitherto this, supervision and monitoring of employee performance was very poor. There was nothing like annual staff appraisal, and the nurses were only assessed when they were going for promotion interviews.

Currently, promotions of staff are timely and everything that relates to promotion is done within KATH. Staff are usually promoted to the next grade after three years of efficient work. Those

who also had additional qualification were promoted out of turn that is promotion before the due date.

Welfare of employees has also improved after KATH became autonomous and the employees are very content and happy to carry out their requisite tasks. It is interesting to note that it was during KATH's autonomous status that the provident fund for staff and the best staff award were instituted. So far two staffs have been awarded with cars for being the overall best staff for 2010 and 2011.

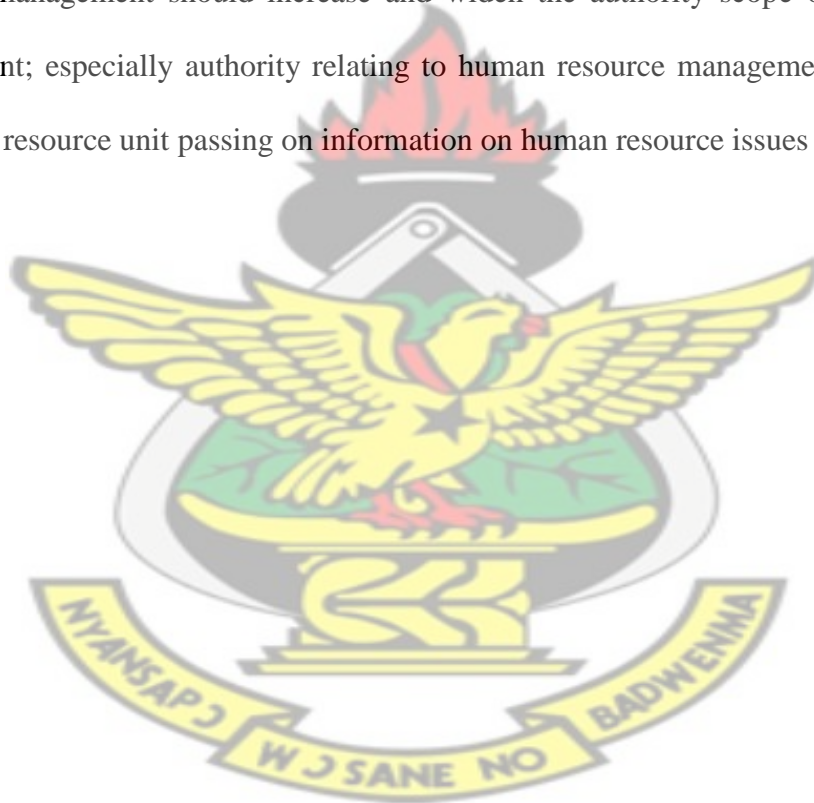
The study finally reveals a high sense of authority in decision making in human resource management and dissatisfaction of staff or employees for salaries management and training and development.

5.3 Recommendations

In view of the findings revealed by the study, the following recommendations have been made:

1. Hospital Autonomy is essential and to revitalize and improve performance in public sector organisations. The government or MOH should give the hospital more autonomy to take decisions especially in areas where the government still have some control.
2. Salary determination and processing should be decentralised so that the autonomous hospitals will determine process and pay salaries of employees. This solves the complaints on delays in payment of salaries and incremental jumps which usually results in industrial actions.

3. The human resource unit should have meetings with all the professional groupings to teach or educate them on how the determination and processing of salaries is done at the ministries.
4. For the junior staff for example the artisans and drivers who cannot further their education and after sometime will be stagnant at some point, short practical certificate courses relevant to their jobs could be organised for them so that they will not feel left out because of their educational background.
5. Executive management should increase and widen the authority scope of the directorate management; especially authority relating to human resource management so as to assist the human resource unit passing on information on human resource issues to staff.



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APPENDIX I

QUESTIONNAIRE

Evaluation of Hospital Autonomy and its effect on the Human Resources Management

(A case study of Komfo Anokye Teaching Hospital)

INTRODUCTION

I am trying to evaluate Hospital Autonomy and its effect on the Human Resources Management at KATH.
Your responses will only be used for the purpose of this study.

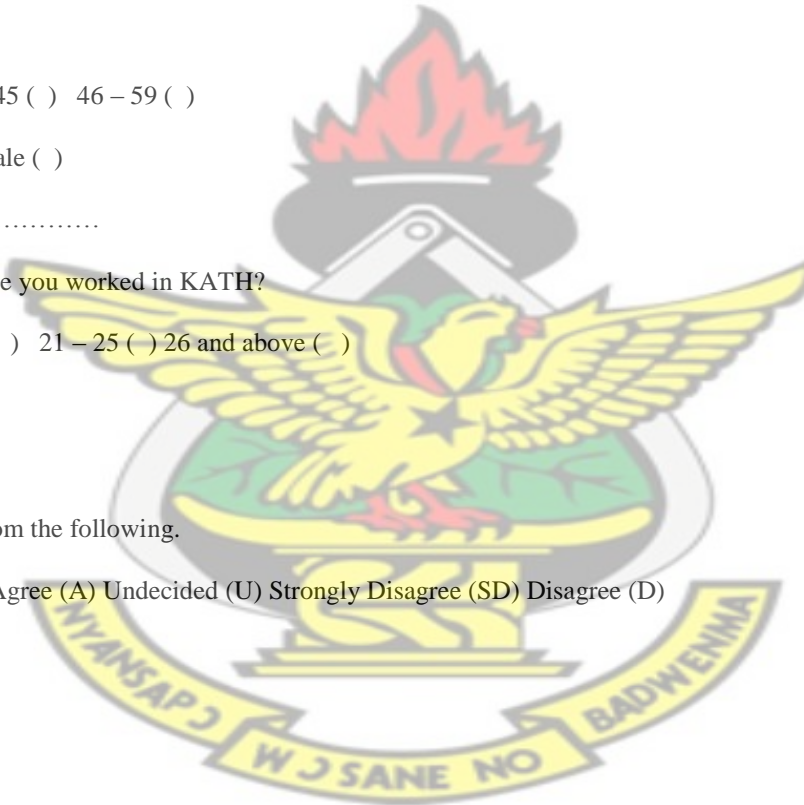
SECTION A

1. Age 35- 40 () 41 – 45 () 46 – 59 ()
2. Sex Male () Female ()
3. Profession.....
4. How many years have you worked in KATH?
10 -15 () 16 – 20 () 21 – 25 () 26 and above ()

SECTION B

Choose your answer from the following.

Strongly Agree (DA), Agree (A) Undecided (U) Strongly Disagree (SD) Disagree (D)



No.	Question	SA	A	U	SD	D
5.	Before KATH HR management staff promotions were without delays.					
6.	There were no salaries discrepancies and delays before KATH HRU was set up.					
7.	Determination and processing of employees salaries were without delays.					
8.	Access to study leave without problems before HRU was established.					
9.	There was easy accessibility to the training and development of staff.					
10.	Employees' welfare were better handled by MOH than KATH.					
11.	Establishment of HRU has brought you benefit.					
12.	After the establishment HRU in KATH I do not travel to the MOH on issues relating to the salaries.					
13.	I do not travel from KATH to the MOH on issues relating to my promotion.					
14.	Issues relating to my training and development are handled within KATH.					
15.	Staff welfare is now a major concern for KATH's HRU.					
16.	I am not satisfied with the establishment HR management at KATH.					
17.	I am not satisfied with HR management on issues relating to training and development.					
18.	I am not satisfied with how salary issues are handled by HRU.					
19.	I am not happy with the way promotion issues are handled by the KATH.					
20.	I believe the HRU faces some challenges that need to be addressed.					
21.	There are issues on salary that needs to be addressed.					
22.	There are on how promotions are conducted needs to be addressed.					
23.	Training and development of staff not fair and need to be addressed.					

APPENDIX 2

QUESTIONNAIRE FOR HEAD OF KATH HUMAN RESOURCE UNIT

Evaluation of Hospital Autonomy and its effect on the Human Resource Management

(A case study of Komfo Anokye Teaching Hospital)

INTRODUCTION

I am trying to evaluate Hospital Autonomy and its effect on the Human Resources Management at Komfo Anokye Teaching Hospital (KATH).

Your responses will only be used for the purpose of this study.

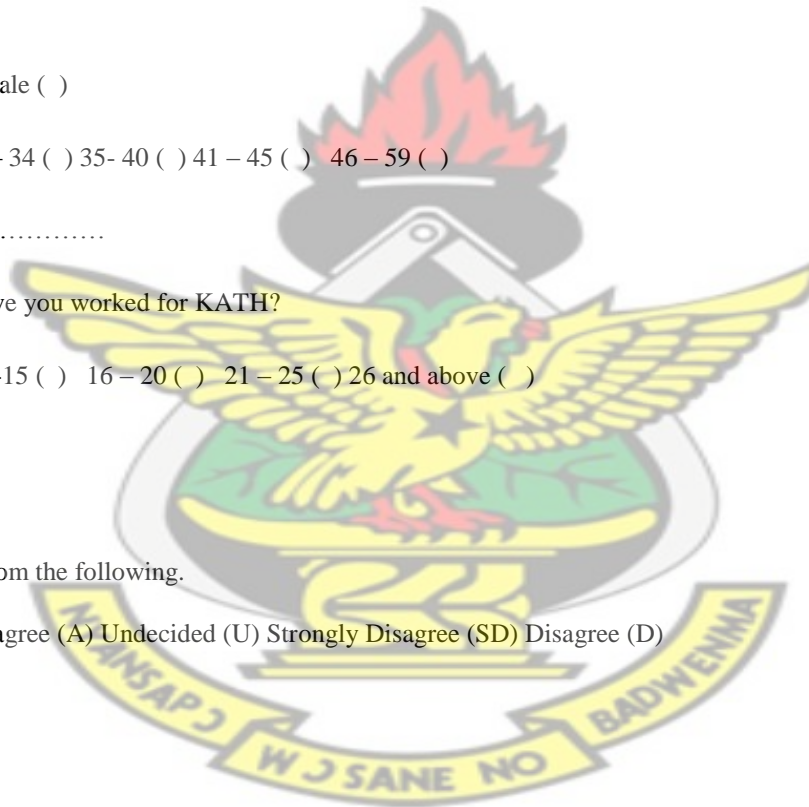
SECTION A

1. Sex Male () Female ()
2. Age 25 – 30 () 31 – 34 () 35- 40 () 41 – 45 () 46 – 59 ()
3. Profession.....
4. How many years have you worked for KATH?
1-5 () 6- 10 () 11 -15 () 16 – 20 () 21 – 25 () 26 and above ()

SECTION B

Choose your answer from the following.

Strongly Agree (DA), agree (A) Undecided (U) Strongly Disagree (SD) Disagree (D)



	Questions	SA	A	U	D	SD
	After hospital autonomy and the establishment of Human Resource Unit (HRU) in KATH the following functions of Human Resource Management (HRM) have been performed with limited or no involvement of the Ministry of Health (MOH).					
1.	Recruitment of staff.					
2.	Employees' performance management.					
3.	Training and development of employees.					
4.	Processing of salaries of staff.					
5.	Decisions on employees' welfare.					
	Relationship between HR head and hospital management.					
6.	I am involved as HR head in formulating the strategies of the hospital.					
7.	I am highly involved in the realization of the hospital's vision.					
8.	I have enough authority to make decisions as the head of HR.					
9.	I am satisfied with the performance of the HRU after its establishment in 2002.					
	Challenges					
10.	I receive employees' complaints of being dissatisfied with the performances of the HRU.					
11.	They often complain of salary discrepancies.					
12.	They complain of delayed increments.					
13.	They complain of delayed promotions.					
14.	They complain that there is favouritism when it comes to training and development of staff.					
15.	They complain of Welfare issues.					
16.	As Head, HR I am able to perform my HR functions without the interference from KATH management and MOH.					
17.	Unresolved salary disputes results in industrial action.					

APPENDIX 3

INTERVIEW GUIDE FOR HEAD OF KATH - HUMAN RESOURCE UNIT

Evaluation of Hospital Autonomy and its effect on the Human Resource Management

(A case study of Komfo Anokye Teaching Hospital)

INTRODUCTION

I am trying to evaluate Hospital Autonomy and its effect on the Human Resource Management at Komfo Anokye Teaching Hospital (KATH).

Your responses will only be used for the purpose of this study.

BENEFITS AND CHALLENGES OF HUMAN RESOURCE AFTER HOSPITAL AUTONOMY

Is KATH able to:

1. Determine the Policy of KATH which shall be within the general framework of government on health?
2. Assess periodically the adequacy of resources including personnel?
3. Ensure the implementation of the policies, plans and programmes by appropriate units at KATH?
4. Appoint staff and process their remuneration and benefit?
5. Has hospital autonomy brought any benefit to KATH?
6. Are promotion interviews conducted in KATH after Hospital Autonomy?
7. When was the best staff award instituted in KATH?
8. When was the KATH provident fund started?
9. How do you deal with these complaints or challenges?
10. What strategies or ideas do you intend to use to solve this challenges or complaints?

KNUST

