

Effect of Recruitment and deployment practices on Performance of Healthcare Workers in Kenya.

Author

Jeremiah M. ONGORI¹, and Kulimankudya D. VASCO²

¹ Department of Nursing, Outspan Medical College, Kenya,

² School of Medicine and Health Sciences, Kabarak University, Kenya

^{1,2} Corresponding Authors mjereh@gmail.com; vascod25@gmail.com

Abstract

This study sought to determine the Effect of Recruitment and deployment practices on the Performance of Healthcare Workers, a case of Nursing officers, Ministry of Health, Nyeri County in Kenya. Various organisations employ different human resources initiatives to increase efficiency. The most common initiatives employed to improve efficiency include performance contracts, internal contracting, contracting-out and outsourcing of services, among others. Employing such initiatives are considered among the primary Human Resource Management (HRM) practices, which are aimed at determining the equilibrium between workforce supply and the ability of healthcare practitioners to practise effectively and efficiently to ensure improved and quality care in healthcare systems. This study adopted a cross-sectional descriptive research design. The respondents constituted all nursing staff and managers in Nyeri County health facilities and at the County Director's Office. Stratified random sampling was used to come up with a sample of 248 respondents. Data was collected using a questionnaire. Descriptive statistics were used in the analysis of data with the help of SPSS 23. Chi-square analysis was used to establish relationships. The researcher found that recruitment processes in Nyeri County comprised internships ($f=109$, 44%) and field placements ($f=82$, 33%). Selections were made via individual interviews ($f=225$, 91%), while job orientation ($f=237$, 96%) was the main technique. The researchers found that there were gaps in the deployment practices with a mean value of 2.73, $SD=1.132$. Deployment in some departments was deemed disciplinary action ($M=3.09$, $SD=1.325$), and managers response to deployment needs per department or ward or facility ($M=3.07$, $SD=1.218$) were rated to a moderate extent. The study concluded that recruitment does not affect the performance of health workers. Although the county was found to use only a few recruitments, selection and orientation approaches and techniques, this did not affect the Healthcare Workers. The study further concluded that deployment practices do not affect the performance of Healthcare Workers.

Article Citation (APA)

ONGORI, J. M. & VASCO, K. D. (2021). Effect of Recruitment and deployment practices on Performance of Healthcare Workers in Kenya. *Editon Cons. J. Phys. Appl. Sci.* 1(01), 42-58.

<https://doi.org/10.51317/ecjpas.v1i1.252>

1.0 INTRODUCTION

Health outcomes are unacceptably low across most of the developing world, and the persistence of deep inequities in health status is a problem that is affecting all countries in the world (Vermeeren et al., 2014). It's only through building and strengthening health systems will it be possible to secure better health outcomes. Hyde, Sparrow, Boaden and Harrisa (2013) indicates that a single framework with six building blocks is essential to promote a common understanding of what a health system is and what constitutes health systems strengthening. The building blocks are service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance (stewardship). Health system strengthening is building the capacity of individuals and institutions to achieve more equitable and sustained improvements across health services and health outcomes (Patterson et al., 2010). For health systems strengthening to be achieved, integrated approaches that recognise the interdependence of each part of the health system is pivotal. The building blocks provide us with a means of identifying and addressing gaps in our health systems (McAlearney et al., 2011).

According to Hamidi et al. (2017), the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services, as well as the balance between the human and physical resources. The management of human resources in a healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction (Elarabi & Johari, 2014). It is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success. Due to their obvious and significant differences, it is imperative that human capital is handled and managed very differently from physical capital. The number and cost of health care consumables (drugs, prostheses and disposable equipment) are rising astronomically, drastically increasing healthcare costs. A practitioner without adequate tools is as inefficient as having the devices without the practitioner. In publicly funded systems, expenditures in this area can affect the ability to hire and sustain effective practitioners.

The recruitment procedure entails scrutinising job specifications, encouraging potential candidates to apply for the job, sorting out and shortlisting potential candidates, selecting the best candidate, employing and blending the new staff to the institution (Ashraf, 2017). Recruitment practice can be further described as a process by which a health organisation tries to find applicants and encouraging potential employees to apply for the job. On the contrary, the selection is the activity by which a healthcare organisation recognises the respective candidates by the knowledge, skills, abilities, together with other attributes vital to the success of an organisation (Broyles et al., 2011). The primary goal of the whole recruitment procedure is to obtain the most qualified healthcare personnel at a minimal cost and who can satisfy the human resource needs of an organisation. A deployment program is usually done to cover for the shortage of healthcare professionals or to balance the numbers. The overall health system on the deployment of health workers can be affected by regulatory body standards, feedback and decision making procedures together with accountability provisions.

Per Sanyal & Hisam, 2018, Human resources are the most important assets in the healthcare organisation. Unlike other resources, human resources can be developed and increased to an unlimited extent and a healthy climate, characterised by the values of openness, enthusiasm, trust, mutuality, and collaboration, is essential for developing human resources.

The constitution of Kenya 2010 accords a legal framework for a comprehensive rights-based approach to health service delivery. It encapsulates that every citizen has the right to health services, including reproductive health. The devolution of health services to the county level as per the Kenya Constitution 2010 has had a unique challenge to the medical systems. Since its inauguration, counties have experienced massive misappropriation of funds and numerous strikes by health workers affecting service delivery to Kenyan citizens. In the year 2016, the health sector suffered over 20 strikes from January to October 2016. As a result, the efficiency and effectiveness of health services have had challenges in the public sector. Moreover, the Kenya vision 2030 is supposed to transform the country into a "globally competitive and prosperous and newly industrialised middle-income country providing a high quality of life to all its citizens in a clean and secure environment by 2030".

To realise this ambitious goal, the health sector defined priority reforms and flagship projects and programs, including restructuring the sector's leadership and governance mechanisms and improving the procurement and availability of essential health products and technologies. Unfortunately, corruption, tribalism and nepotism have dominated recruitment, hiring and procurement of health resources. The Kenya Health Policy 2014 – 2030, together with Chapters 6 and 12 of the Kenya Constitution 2010, guide the values and principles that all State organs and officers are expected to uphold in the delivery of services. In the implementation of this policy, the health sector should embrace equity in the distribution of health services and interventions; public participation, in which a people-centred approach and social accountability in planning and implementation shall be encouraged, in addition to the multi-sectoral approach in the overall development planning; efficiency in the application of health technologies; and mutual consultation and cooperation between the national and county governments and among county governments. As one of the devolved units, Nyeri County has the best health services in Kenya per the Commission on the Implementation of the Constitution.

With a population of 832,877, Nyeri County has 10 levels, 4- 6 hospitals and 401 health centres, dispensaries, and private clinics (Levels 2-3), both public and private sectors (KHP 2014-2030). On healthcare staffing, the ratio of nurses to the population is 1: 654 compared to the national average of 1: 2,054, whereas the ratio of doctors to the population is 1: 5,000 compared to the national average of 1: 25,000 (Daily Nation Newspaper, 2015). In Nyeri County, HCWs cite that during the strike, operations of the hospital are paralysed. The management also cites that forming high performing teams is a big challenge due to the training and nature of the health sector. According to the Nyeri County health workforce establishment 2017/2018, 1,708 health workers in public facilities. This comprises 826 nurses, 254 public health officers, and 100 medical officers, to mention the most prevalent in order of priority.

According to the exit summary, there has been a mixed trend; in the year 2013-2014, 33 HCWs exited; 2014-2015, 70 HCWs exited; 2015-2016, 31 HCWs exited; 2016-2017 43 HCWs exited, and 2017-2018, 49 HCWs exited. This leaves MOIs, BSN Interns, COIs and diploma nursing and clinical medicine students at the mercy of service delivery to clients. Unfortunately, this lasts only for a short duration per the nature of rotation schedules leading to many challenges among the HCWs and clients. Developing and using best human resources practices can be a source of addressing these challenges. This study, therefore, sought to determine the Effect of Recruitment and Deployment practices on the Performance of Healthcare Workers, a case of Nursing officers, Ministry of Health, Nyeri County, Kenya.

2.0 LITERATURE REVIEW

Theoretical Review: As per Resource-based Theory (RBV), an organisation's competitive gain is primarily based on its strategic assets. The availability of strategic resources in healthcare organisations allows them to build up their competitive advantage over their competitors (Ferlie, 2014). Kash et al. (2014) emphasise heterogeneity over homogeneity. These unique bundles in healthcare organisations include strategic resources like employee qualities, competencies and knowledge, and processes that the organisation uses to make and implement the strategy. This theory contends that resources should be pooled together to create capabilities and that a capability is more than an assortment of assets. It requires coming together between people and other resources to execute. It may refer to healthcare organisational routines which demonstrate the link to competitive advantage (Szymaniec-Mlicka, 2014). Healthcare organisations should concentrate on this to perfect their uniqueness to enjoy a sustained competitive advantage by being more effective in adapting, learning or developing the routines.

Resources are the basis for capability, and capabilities are the basis for competitive advantage, forming healthcare organisational strategy (Kash et al., 2014). They further contend that these capabilities should be valuable, scarce, inimitable, non-substitutable and can be effectively organised to maintain their uniqueness and hence the potential competitive advantage and healthcare organisational sustainability. They suggest that corporate healthcare resources must be coordinated, developed, and integrated to create capabilities because the latter are built or designed and not bought. Once set, they will focus their attention on the healthcare organisation's inner processes, management and systems practices to satisfy their customers' needs and direct healthcare employees' knowledge and hard work towards achieving healthcare organisational goals. This calls for effective change management, healthcare organisational design and leadership.

Burton and Rycroft-Malone (2014) opine that RBV recognises the HR department as a primary contributor towards developing a sustainable competitive advantage. Healthcare employees are also considered to be key players in advancing and supporting sustainable competitive advantage. RBV further argues that an organisation's sustainable competitive advantage largely depends on its ability to learn faster. Henry (2011) posits that relative firm performance and profitability mainly depend on healthcare organisations' resources and competencies. He suggests that this is the RBV of the firm. RBV theory deals with the healthcare organisation's environment but takes an unorthodox approach that is an 'inside out' approach. In RBC, the starting point is the healthcare organisation's internal environment. RBV theory highlights the internal competencies of a healthcare organisation in articulating strategic objectives to benefit from these markets and businesses. An institution's resources can be configured, and the same resources and competencies determine the strategic choices to compete in an external setting. The same resources and capabilities can generate new marketplaces and increase worth for the buyer. That is why firms in the same industry perform differently in similar environments (clustering of resources and capabilities and not healthcare organisational structure). Burton et al. (2014) further suggest that the idea of identifying and analysing firm-level resources that contribute to competitive success can be referred to as the RBV of the firm.

Empirical Review: Recruitment can be explained as the process that entails actively seeking candidates to hire for a specific job, which can be within or outside the organisation in a timely and profitable way (Selase, 2018). The recruitment procedure entails scrutinising job specifications, encouraging potential candidates to

apply for the job, sorting out and shortlisting potential candidates, selecting the best candidate, employing and blending the new staff to the institution (Ashraf, 2017). Recruitment practice can be further described as a process by which a health organisation tries to find applicants and encouraging potential employees to apply for the job. On the contrary, the selection is the activity by which a healthcare organisation recognises the respective candidates by the knowledge, skills, abilities, together with other attributes vital to the success of an organisation (Broyles et al., 2011). The primary goal of the whole recruitment procedure is to obtain the most qualified healthcare personnel at a minimal cost and who can satisfy the human resource needs of an organisation. According to Omolo, Oginda & Oso (2012), recruiting the right individuals for a job provides the starting point to ensuring quality care; however, an organisation requires a range of varied human resource infrastructures determined to build and facilitate a sustainable and committed workforce.

Once there is a vacancy in the organisation, employers would always be determined to recruit the best employee based on the position they are trying to fill. Job seekers, on the other hand, will do all they can to gather information about the available job offers. Since they cannot fully understand the job and all options and their latent attributes, they always depend on inadequate indicators existing in the market (Chan & Kuok, 2011). It has become a common trend that healthcare organisations in dire need to fill a vacant position ready to go through the recruitment and selection often use discriminating ways of analysing the suitability of candidates. On the other hand, healthcare organisations that follow the recruitment and selection process mostly use search channels to find the best employees (Mulaa, 2015). The lengthy recruitment process is considered a significant bottleneck in the immediate requirement to fill existing vacancies (Kumar & Khan, 2013). Further, Chan & Kuok (2011) argue that when recruitment costs are high, healthcare organisations tend to become more discriminating, increasing overall employee turnover.

For the recruitment process to be successful, proper planning and prediction are crucial. Here in the healthcare staffing process, a healthcare organisation devices a plan of finding the right candidate for the job or to do away with upcoming job vacancies based on inquiry of the forthcoming assessment needs, the talent available within and outside of the healthcare organisation, and the present and future resources that can be considered to attract and retain the specific talent (Badubi, Ogbu & Remilekun, 2017). Further, the triumph of recruitment procedure is based on strategies put in place by healthcare organisations and the preparations made to identify, select and employ the right candidate for the growth and development of its health workforce. Healthcare facilities seeking to recruit candidates for essential entry-level job opportunities mostly require minimum professional qualifications and experiences (Newton et al., 2015).

As per contemporary business environments, the success of healthcare organisations is primarily based on the competence of employees and their contribution to the day-to-day affairs of the healthcare organisation (Rubery et al., 2011). As Burke et al. (2014) explain recruitment and selection process in public and private companies had remained a significant concern for several organisations and calls for close attention. The process requires thorough scrutiny of potential candidates and their competencies and abilities to take on the job. Albeit it is always the desire of all healthcare organisations to appeal to the best human resource then conduit their collective input into outstanding performance, unfamiliar selection practices can ruin any corporate idea.

HRM is mainly concerned with recruitment and selection. Recruitment and selection processes are crucial in determining the success of healthcare organisations in respect to the delivery of quality services and increased

productivity (Khan & Siddiqui, 2018). Further, with the current technological advancements, health organisations must embrace the changes in their operations to compete favourably with other organisations. Apart from changing their operations, these organisations can consider incorporating information technology in their old recruitment and selection processes through effective decision making. Consequently, the effectiveness and efficiency of healthcare processes are likely to improve, particularly decisions pertaining to recruitment and selection processes. Healthcare organisations utilise their human resource systems to obtain, accumulate, manipulate, evaluate, retrieve, and then dispense relevant information regarding their personnel and processes (Huselid, 1995). This system primarily supports the health workforce aspect from the top level down to the middle and lower levels of management, where various decisions, including recruitment and selection, are deliberated.

In their research, Newton et al. (2015) sought to chart the existing recruitment and selection procedures for new highly skilled and competent nurses and identify the pros and cons of the existing processes. The study conducted involved recruiting and selecting newly qualified staff in teaching and nursing from 2005 through 2013. The study, particularly the literature review, deliberated on issues such as the supply and demand in the healthcare workforce instead of the recruitment and selection process. This section also highlighted various examples of aids used to evaluate values, attitudes and skills. The exercise revealed that human healthcare resources used various combined tools to align and ensure the quality of candidates in the recruitment and selection process.

Interestingly, most healthcare providers already had adopted procedures that addressed quality selection and recruitment of newly qualified nursing officers. Abdollahi, Tabibi and Komeili (2018), in their study, set out to determine the dimensions, framework and requirements necessary in the recruitment, selection and training process of nursing leaders and managers in specific particular hospitals of diverse nations to offer a review and compare experiences. Their study revealed that selection factors were founded on the qualified workforce's human skills, teaching specified principles of nursing management of the nursing university curriculum. The study also revealed that a planning committee for job analysis greatly influenced nursing managers' selection, training, and recruitment.

On the other hand, Rubery et al. (2011) focused on contributing to the debate of how social care workers for the elderly could be recruited and retained to achieve the current and future needs of organisations. The study primarily focused on care assistants and the services they offer to older adults. According to the research findings, improving the recruitment and retention aspects is vital in enhancing the quality and availability of care staff, which has raised major concerns for a long time. The research further showed that various factors affect recruitment in the sector. To begin with, personal motivation and experience of caregivers are significant factors that significantly influence the "pull" factors into care jobs. In addition, given informal employee nature of the recruitment process encouraged them to use social networks, which provided information about the available job opportunities and encouraged them to apply. Employers found this form of recruitment to be more effective since it enabled them to select workers who already knew the job specifications and were less likely to exit from the job in the early days of their engagement due to misconceptions over the nature of the work.

In their study, Burke et al. (2014) sought to address that not all freshly appointed nurses are competent in the first stages of their post. The researchers were determined to understand the interpretation of competence

regarding recruitment and selection and find diverse expectations and proficiencies of employing Trusts across the London region. The background of their study revealed that competence is a significant variable in nursing and is directly associated with professional behaviours and values. The results of their research indicated a substantial discrepancy in the amount and modes of competence evaluations employed for recruitment, with minimum uniformity in the detail of the evaluations. However, broadly similar evaluations exercises are used. Included in the key competencies were several personal attributes of the job applicants. However, it was not clear how these aspects were assessed during the selection process.

Further, there was insignificant information concerning the validity of employed measures and whether, in actual sense, they are measured the competencies that were required or considered crucial. It can be deduced that practical skills seem to be assessed quickly, but it is unclear how these competencies are considered equally important. Still, they appear to be more elusive to assessment, including communication and teamwork.

Mwangi (2017), in his study, sought to evaluate the competency focused recruitment and selection practices implemented by hospitals in Kenya. The respondents engaged in the study argued that competency oriented recruitment processes could be integrated with the traditional recruitment and selection processes. Respondents acknowledged that competency oriented recruitment procedures could be integrated into the conventional hiring and selection practices. A competency-based approach to recruitment and selection was reflected as a crucial stage of HRM processes. The research also found that utilising a competency-based recruitment and selection system is a results-oriented process. The process makes it easier to focus on the results expected of an exemplary staff. Another Kenyan study by Muathe and Nyambane (2017) aimed at determining the influence of recruitment practices on the performance of employees in the MoH, Nairobi City County. It was found that recruitment practices carried out play a vital role in finding out the effectiveness and performance of the health workforce. In this case, effectiveness can be achieved if the Ministry of Health hires workers with relevant knowledge, skills and aptitudes. Effective hiring will eventually prevent unnecessary costs, staff turnover, low performance and demotivated customers.

Makhamara et al. (2016) were determined to examine the impact of strategic recruitment and selection on the performance of employees in the health sector, Kenya. The research showed that fairness and transparency were not observed in county hospitals' recruitment, selection, and human resource processes among several indicators studied. These represented a score of approximately 88%. The research also indicated that standardisation tests are not effectively used during the recruitment and selection of employees. As a result, this variable took the highest proportion. In addition, promotion within the sector was not a major factor in determining employee experience scores. The study also revealed that employment assessments such as aptitude, skill tests and mental/cognitive were missing at the county health facilities. Furthermore, though the respective health facilities had a recruitment and selection policy, it was not operational, and as a result, high employee turnover was rampant.

Deployment in healthcare is described as a temporary placement of healthcare professionals such as nurses and doctors in different health facilities, wards, or units from the regular designated ward (Gaundan et al., 2018). A deployment program is usually done to cover for the shortage of healthcare professionals or to balance the numbers. The overall health system on the deployment of health workers can be affected by regulatory body standards, feedback and decision making procedures together with accountability provisions. These factors can

be subjective by policymakers and organisers in health and other stakeholders at the national government, for instance, finance ministries, education ministries, respective professional associations, civil society groups, and other donor funding agencies in the health systems. Owing to this, evidence-related deployment and training guidelines are crucial (Murphy et al., 2014).

According to Matlakala (2015), the Short-term deployment of health workers such as nurses is a temporary engagement of nurses in health facility units (wards) for 12 hours or less. This short-term placement is usually used within wards or units to 'balance the numbers' or harbour inadequate staffing at different hospital units. For instance, professionals working in the acute units, such as intensive care units, when they are not so busy, maybe deployed to work in other units when there is inadequate staff. ICU nurses, also referred to as critical care nurses treat acutely ill and unstable patients who require regular nursing assessments while utilising life-sustaining machines and drugs.

In a synchronised review of studies, Murphy et al. (2014) established a general scarcity of information on deployment and training policies for the health workforce for MNCH in African developing countries. In their study, 37 articles met the inclusion criteria. Out of the 37 articles, most of the principal research studies utilised various quantitative and qualitative methods. In these studies, all healthcare professionals were equal, from medical officers (doctors), nursing officers (nurses), to midwives in the preferred policy guide. According to their study, there were limited policies that exclusively deliberated on deployment or training; instead, most of the documents that concentrated on both training and deployment were broadly entangled with implications for the administration of HRH or MNCH. The study also revealed that relevant government websites varied in the operationalisation of policy documents.

Matlakala (2015), in his research, investigated the observations of critical care nurses in regards to short-term placement to assist in other units. The study was conducted using a qualitative design method and involved participants from two Gauteng Province of South Africa health facilities. In addition, focus group interviews were used to collect data among registered nurses deployed ICU. Research findings indicated that participants' views were alike where they argued that placements to other areas should be based on a predetermined agreement based on procedures and policies. Further, it is crucial to conduct investigations and negotiations before nurses are deployed to other areas.

Moreover, recognising and acknowledging the expertise of ICU nurses enables the management to conduct proper placements. For example, VanDevanter et al. (2014) explored the nursing officer's experience in the immediate Hurricane Sandy disaster and subsequent deployment using mixed methods. In their study, most deployed nurses tended to be more stressed and reported high challenges at work.

Lewis, Stewart and Brown (2012) conducted a study survey that involved 50 Army officers in assessing their views, particularly on deployment experiences in a combat environment. The research revealed that the deployed healthcare professionals lacked the knowledge and skills to attend to patients with a specific diagnosis. In a similar study by Rivers and Gordon (2017), it was found out that there is a need for improvement in such aspects as preparedness, support and behavioural health. Significant changes were recorded among the nurses who were deployed to work in other areas. For instance, these nurses took quite a long time to fit into post-deployment roles. Contrastingly, the deployed nurses could learn positive experiences, including acquiring new skills and personal growth.

Zerfu et al. (2018) evaluated the consequence of placing trained community-based nurses using a cluster-randomised organised community trial. The study aimed at establishing utilisation levels of Skilled Birth Attendance (SBA) in Ethiopia, Africa. A significant difference among the treatment groups is where the fresh service providers were positioned, either in health centres or in health posts. In their study, initial and end-line assessments were done to determine the effects of SBA interventions. The program impacts on SBA coverage determined using difference-in-difference analysis. The study concluded that the deployment of qualified reproductive health nurses to remote communities in Ethiopia markedly improved uptake of SBA services. In another study, Gaundan and Mohammadnezhad (2018), respondents voiced that upon being deployed to another ward (unit), they were deprived of learning the nursing care in their initial areas of deployment.

Conceptual Framework: This study sought to determine the Effect of Recruitment and Deployment practices on the Performance of Healthcare Workers, a case of Nursing officers, Ministry of Health, Nyeri County, Kenya. Recruitment and deployment practices of human resources for health were the independent variables, while the performance of nursing officers was the dependent variable.

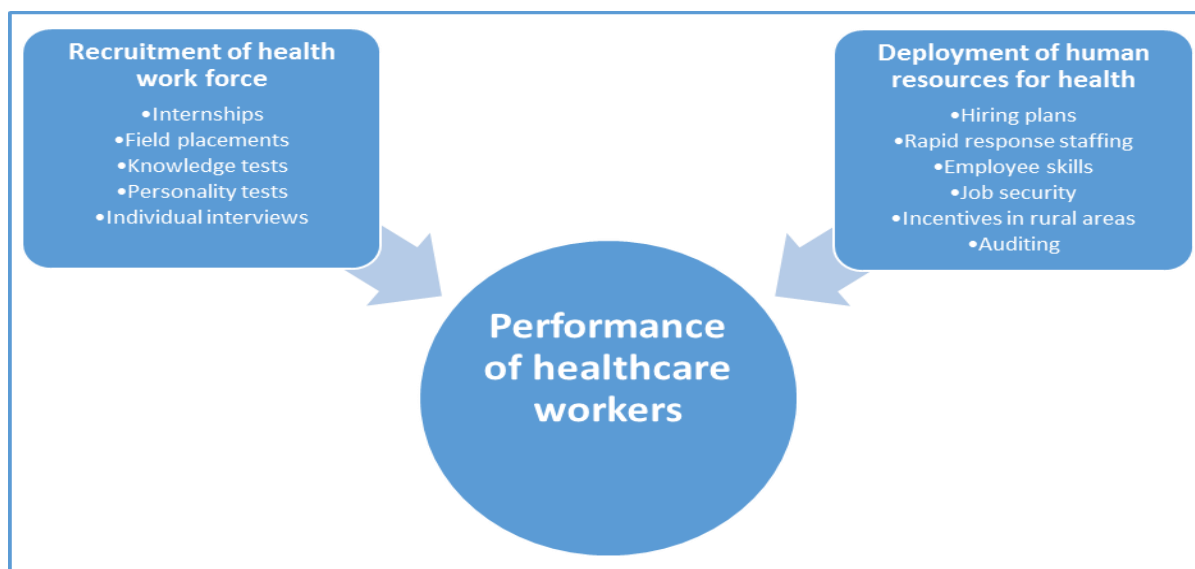


Figure 1 Conceptual Framework

3.0 METHODOLOGY

This study adopted a cross-sectional descriptive research design. Further, the study adopted quantitative and qualitative techniques in the data collection process, analysis, presentation and discussion of findings. This research design was deemed appropriate because it showed an in-depth analysis to describe the relationship between the independent variables. The target population constituted 826 nursing officers in Nyeri County. The respondents included all nursing staff and managers in Nyeri County Referral Hospital and the County Director's Office. Stratified random sampling was used to come up with a sample of 248 respondents. Primary data was collected using a questionnaire. Data were analysed both quantitatively and qualitatively according to the study

objectives. Quantitative analysis was applied for the closed-ended question that provided respondents with an alternative response from which to choose. The quantitative data in this research was analysed by descriptive and inferential statistics using a statistical package for social sciences SPSS 23. Qualitative analysis was applied for open-ended questions, wherein traditional text analysis was used for data analysis. Descriptive statistics and inferential statistics such as Chi-square was used to summarise quantitative data. The data was then be presented using frequency tables and figures.

4.0 RESULTS AND DISCUSSION

Ninety nursing officers working at NCRH and the County Director's Office participated in the study. Findings in Table 1 show that 87% of the respondents were female. This indicates a significant gender disparity among nursing officers working at NCRH and the county director's office, whereby men are significantly underrepresented. The findings show that 28% of the respondents were below 30 years, while 27% were between 41 and 50 years. The mean age was 32 years. This shows that most nurses working at Nyeri County Referral Hospital and Nyeri county director's office were middle-aged since slightly above half (53%) of the respondents were over 40 years. These findings also show a large diversity in age as every age group, including baby boomers, gen x and millennials, was represented in the workforce. On education, the findings show that the majority (65%) of the respondents had acquired a diploma as their highest level of education. The results also show that all the respondents had received some form of post-secondary education. This implies that nurses working at Nyeri County Referral Hospital and Nyeri county director's office were well educated and able to comprehend the questions put to them in the study.

Table 1 Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage	Mean	Standard deviation
Gender	Male	32	13		
	Female	216	87		
	Total	248	100		
Age (years)	<30	69	28	32	1.154
	31-40	50	20		
	41-50	67	27		
	>50	64	26		
	Total	248	100		
Education	Certificate	20	8		
	Diploma	161	65		
	Higher diploma	42	17		
	Undergraduate	20	8		
	Postgraduate	5	2		
	Total	248	100		

Table 2 findings show that most nurses were employed on permanent terms, and the majority (80%) of respondents in the study were in general nursing. The findings also show that the majority (84%) of the nurses worked in the wards. This can be attributed to the fact that most respondents were drawn from Nyeri County Referral Hospital. Findings in Table 1 also show that slightly less than half (48%) had a working experience of between 2 and 5 years. The mean working experience in respondents' current role was 6 years. The findings also show that 37% of nurses had a nursing experience of 2-5 years, while those who had an experience of over 21 years accounted for 30% of the respondents. The mean nursing experience was 8 years. The findings, therefore, show that the majority of respondents in the study had acquired adequate working experience to enable them to respond resourcefully to the study questions.

Table 2 Terms, speciality, roles, and experience of Respondents

Variable	Category	Frequency	Percentage
Terms of employment	Contract	79	32
	Permanent	169	68
	Total	248	100
Speciality	General nursing	198	80
	Critical Care	25	10
	Mental Health	5	2
	Renal	10	4
	Others	15	6
	Total	248	100
Responsibility	Nursing officer in charge	2	1
	Ward in charge	25	10
	ward nurse	208	84
	Any other	13	5
	Total	248	100
Experience in current role (years)	2-5	119	48
	6-10	40	16
	11-20	42	17
	>21	47	18
	Total	248	100
Nursing Experience (years)	2-5	92	37
	6-10	40	16
	11-20	42	17
	>21	74	30
	Total	248	100

The study assessed the recruitment and selection practices of nurses in Nyeri County. The results would enable the researcher to determine how recruitment and deployment practices affect the performance of health workers, a case of nursing officers, Ministry of Health, Nyeri County, Kenya.

Table 3 Recruitment

Question	Responses	Frequency	Percentage
Processes in Place for Recruiting Staff	Internships	109	44
	Field placements	82	33
	Tuition	32	13
	Reimbursement	25	10
	Total	248	100
Selection techniques	Written knowledge test	9	3
	Written personality test	3	1
	Self-assessment	5	2
	Individual interviews	225	91
	Use of role play	6	2
	Total	248	100
Orientation techniques	Job preview	3	1
	Classroom training	5	2
	Job shadowing	3	1
	On job orientation	237	96
	Total	248	100

The results in Table 3 show that internships (44%) and field placements (33%) were the most mentioned recruitment process. The vast majority (91%) indicated individual interviews when asked to say selection techniques. The vast majority (96%) indicated on the job orientation when asked to mention orientation techniques.

Table 4 Deployment practices

	N	Min	Max	Mean	SD
The management ensures equity in diversity during deployment of staffs	245	1	5	2.73	1.132
My organisation provides fair deployment and staffing levies across all departments	245	1	5	2.93	1.036
Deployment in some departments is deemed as a disciplinary action	242	1	5	3.09	1.325
Deployment is well planned	245	1	5	2.62	1.056
Deployment is sufficiently done	239	1	5	2.21	1.099
Deployment schedules are helpful in the long run	219	1	5	2.87	1.056
Managers exhibit favouritism rather than experience and competency during deployment	245	1	5	2.40	1.350
Managers respond to deployment needs per department or ward, or facility	248	1	5	3.07	1.218
Average				2.74	1.159

The researcher sought to establish deployment practices in the Nyeri County health department. The results would enable the study to determine the effect of deployment practices on the performance of nursing officers in Nyeri County. The mean value of 2.73 ± 1.132 shows that most respondents indicated that deployment practices assessed were employed to a lesser extent. In addition, the results show that deployment in some departments is deemed disciplinary action ($M=3.09$, $SD=1.325$), and managers respond to deployment needs per department or ward or facility ($M=3.07$, $SD=1.218$) were rated to a moderate extent.

The performance of nurses was also assessed. The mean value of 3.75 ± 1.100 indicates that the items tested on the performance of nurses were done about half of the time. Findings in Table 5 show that observing working hours ($M=4.09$, $SD=0.846$) and training students ($M=4.02$, $SD=1.154$) was usually done while all other activities were done about half the time. These findings, therefore, suggest that there was a moderate performance of nurses.

Table 5 Performance

	N	Min	Max	Mean	SD
Nursing officers observe working hours (work shifts)	245	2	5	4.09	0.846
Nursing officers utilise 24-hour nursing care plans daily	245	1	5	3.71	1.080
Nursing officers promptly perform procedures	243	2	5	3.91	1.035
Nursing officers offer health education to clients	245	2	5	3.71	0.983
Nursing officers train diploma/degree nursing students and interns	245	1	5	4.02	1.154
Nursing officers observe standard operating procedures in managing clients	243	2	5	3.88	1.022
There are quality assessments in the nursing division addressing client issues	245	1	5	3.64	1.048
Ward In-charges and Nursing services managers conduct nursing audits	245	1	5	3.24	1.310
Nursing officers participate in nursing ward round	245	1	5	3.78	1.305
Nursing officers participate in medical officers (doctors) ward round	242	1	5	3.71	1.251
Nursing officers participate in hospital/ward mortality monthly meetings	243	1	5	3.35	1.252
Nursing officers have positive working relationships with other health care workers	246	1	5	3.94	0.908
Average				3.75	1.100

To determine the effect of recruitment and deployment practices on the performance of nursing officers in Nyeri County, Kenya, chi-square tests were conducted. In addition, computed scores of the independent variables were related to computed scores of performance. According to the results in Table 6, there was no significant association ($\chi^2=17.655$, $df=12$, $p=0.127$, $v=0.328$) between recruitment and the performance of nursing officers in Nyeri County, Kenya. The finding is in disagreement with Rubery et al. (2011) that the achievement of healthcare organisations in this modern, 21st-century business environment depends on the calibre of the human resource that steers the day to day activities of healthcare organisations. The finding is also in disagreement with findings

of Mulaa (2015) that healthcare organisations that fill or replace their vacancy very quickly or who are unwilling to undertake recruitment processes are likely less discriminating in the quantity and quality of the candidates, while healthcare organisations who put effort into the process of recruitment turn on additional search channels than healthcare organisations who do not.

Table 6 Chi-square Output

Variable	Chi-square value	df	P-value	Cramer's V
Recruitment	17.655	12	0.127	0.328
Deployment	11.705	16	0.764	0.268

***Significant at 95% CL

On deployment practices, similarly, there was no significant association between ($\chi^2=11.705$, $df=16$, $p=0.764$, $v=0.268$) deployment and the performance of nursing officers in Nyeri County, Kenya. This is inconsistent with the findings of Murphy et al. (2014), VanDevanter et al. (2014) and Rivers and Gordon (2017) and Zerfu et al. (2018). They established relationships between the deployment of nurses and their performance.

Discussion: This study sought to determine the Effect of Recruitment and Deployment practices on the Performance of Healthcare Workers, a case of Nursing officers, Ministry of Health, Nyeri County, Kenya. The results, therefore, show that recruitment processes in Nyeri County are comprised of internships and field placements. Selections were made via interviews, while job orientation was the primary orientation technique. This result agrees with Ashraf (2017) finding, who indicated that the recruitment process entails analysing job requirements, attracting employees to that job, screening and selecting applicants, hiring, and integrating the new employee into the organisation. The result is also in tandem with the findings of Rubery et al. (2011), whereby the success and prosperity of healthcare organisations in this 21st-century environment depend on the quality of the human resource that steers the day to day undertakings of the healthcare organisations. The is also in agreement with Mulaa (2015) that healthcare organisations that want to fill or replace their vacancy very quickly or who are reluctant to have recruitment processes such as job analysis are possibly less discriminating in the quantity and quality of the potential candidates while healthcare organisations which lay effort into the process of recruitment turn on more search networks than healthcare organisations that do not. Finally, the results show that there were gaps in the deployment practices in the Nyeri County health department. This is steady with findings of Murphy et al. (2014), Rivers and Gordon (2017) and Zerfu et al. (2018), who established challenges in the deployment of nurses. The results are also consistent with VanDevanter et al. (2014) findings that nurses who were deployed came across practice challenges associated with working in an unfamiliar environment, minimum orientation, and lawful concerns about clinical tasks. In addition, the nurses experienced psychological and social challenges related to uncertainty about future employment, the intense experience of the evacuation, and the increased demands of managing or dealing with the deployment.

Volume: 01 Issue: 01 | Aug-2021

Received: 05.07.2021; **Accepted** 07.07.2021; **Published:** 25.08.2021 at www.editoncpublishing.org

ONGORI, J. M.; VASCO, K. D., Editon Cons. J. Phys. Appl. Sci. – *Blind Peer Reviewed Journal*

DOI: <https://doi.org/10.51317/ecjpas.v1i1.252>

5.0 CONCLUSIONS AND RECOMMENDATIONS

CONCLUSION: The researcher concludes that recruitment does not affect the performance of nursing officers at Nyeri County in Kenya. Although the county was found to use only a few recruitments, selection and orientation approaches and techniques, this did not seem to affect the performance of nurses. However, the nurses complained of staff shortages and a high workload which they said were challenging to optimal service delivery. The study further concluded that deployment practices do not affect the performance of nursing officers in Nyeri County, Kenya. The study found that deployment practices were well planned and executed. However, there were aspects of favouritism, and the practice was viewed as a disciplinary action. The findings showed that experience and competency were not always the guide when conducting deployment.

LIMITATIONS: In this proposal, the researcher had no control for the bias response of the respondents. Further, the existing relationship might not be a result of a causal relationship. Finally, there was a research gap about HRM practices influencing the performance of healthcare workers in Kenya. No research of this magnitude had been conducted in Nyeri County.

ACKNOWLEDGMENT: My acknowledgement goes to God almighty for keeping my family and me safe and healthy during this study. Exceptional and enormous thanks to Mr Kulimankudya D. Vasco for his invaluable support.

REFERENCES

- Abdollahi, A., Tabibi, J., & Komeili, A. (2018). Selection, recruitment and training of nursing managers in hospitals: A Comparative Study. *Modern Care Journal*, 15(3), 1-24. Retrieved from <https://doi.org/10.5812/modernc.81682>
- Ashraf, J. (2017). Examining the public sector recruitment and selection in relation to job analysis in Pakistan. *Cogent Social Sciences*, 3(1), 1-11. <https://www.tandfonline.com/doi/pdf/10.1080/23311886.2017.130913>
- Badubi, R., Ogbu, J., & Remilekun, G. (2017). Theories of motivation and their application in organisations: A risk analysis. *International Journal of Innovation and Economic Development*, 3(3), 44-51.
- Broyles, L. M., Rodriguez, K. L., Price, P. A., Bayliss, N. K., & Sevic, M. A. (2011). Overcoming barriers to the recruitment of nurses as participants in health care research. *Qualitative Health Research*, 21(12), 1705-1718. <https://doi.org/10.1177/1049732311417727>
- Burke, L., Sayer, J., Morris-Thompson, T., & Marks-Maran, D. (2014). Recruiting competent newly qualified nurses in the London region: An exploratory study. *Nurse Education Today*, 34(10), 1283-1289.
- Burton, C. R., & Rycroft-Malone, J. (2014). The resource-based view of the firm as a theoretical lens on the organisational consequences of quality improvement. *International Journal of Health Policy and Management*, 3(3), 113-115. <https://doi.org/10.15171/ijhpm.2014.74>
- Burton, C. R., Rycroft Malone, J., Robert, G., Willson, A., & Hopkins, A. (2014). Investigating the organisational impacts of quality improvement: a protocol for a realist evaluation of improvement approaches drawing on the Resource-Based View of the Firm. *BMJ Open*, 4(7), e005650. <https://doi.org/10.1136/bmjopen-2014-005650>
- Chan, S., & Kuok, O. (2011). A study of human resources recruitment, selection, and retention issues in the hospitality and tourism industry in Macau. *Journal of Human Resources in Hospitality & Tourism*, 10(4), 421-441.
- Deussom, R., & Jaskiewicz, W. (2014). "Using evidence for human resources for health decision-making: an example from Uganda on health workforce recruitment and retention."
- Dieleman, M., & Harnmeijer, J. W. (2006). "Improving health worker performance: in search of promising practices." Geneva: World Health Organization.

Volume: 01 Issue: 01 | Aug-2021

Received: 05.07.2021; **Accepted** 07.07.2021; **Published:** 25.08.2021 at www.editoncpublishing.org

ONGORI, J. M.; VASCO, K. D., Editon Cons. J. Phys. Appl. Sci. – *Blind Peer Reviewed Journal*

DOI: <https://doi.org/10.51317/ecjpas.v1i1.252>

- Elarabi, H. M., & Johari, F. (2014). The impact of CQI on human resources management. *Hospital & Health Services Administration*, 3(1), 13–22.
- Ferlie, E. (2014). Resource-based view: a promising new theory for healthcare organisations: Resource-based view of the firm as a theoretical lens on the organisational consequences of quality improvement. *International journal of health policy and management*, 3(6), 347–8. <https://doi.org/10.1517/ijhpm.2014.107>
- Gaundan, D., & Mohammadnezhad, M. (2018). A qualitative exploration of transitional challenges faced by intern-nurses at Labasa Hospital, Fiji. *Health systems and policy research*, 05(02), 1–6. <https://doi.org/10.21767/2254-9137.100089>
- Hamidi, Y., Mohammadibakhsh, R., Soltanian, A., & Behzadifar, M. (2017). Relationship between organisational culture and commitment of employees in health care centres in the west of Iran. *Electronic physician*, 9(1), 3646–3652. <https://doi.org/10.19082/3646>
- Henry, A. E. (2011). *The internal environment: A resource-based view strategy*. Cited in *Understanding strategic management* (2nd ed). London: Oxford University Press.
- Huselid, M. A. (1995). The impact of human resource management practices on turnover, productivity, and corporate financial performance. *Academy of management journal*, 38(3), 635–672. <https://journals.aom.org/doi/abs/10.5465/256741>
- Hyde, P., Sparrow, P., Boaden, R., & Harris, C. (2013). High-performance HRM: NHS employee perspectives. *Journal of health organisation and management*, 27(3), 296–311. <https://doi.org/10.1108/JHOM-10-2012-0206>
- Kash, A. B., Spaulding, A., D. Gamm, L., & E. Johnson, C. (2014). Healthcare strategic management and the resource-based view. *Journal of strategy and management*, 7(3), 251–264. <https://doi.org/10.1108/JSMA-06-2013-0040>
- Khan, A., & Siddiqui, D. (2018). Impact of vision-based recruitment on organisation's performance in Pakistan. <https://mpr.ub.uni-muenchen.de/89562/>
- Kumar, P., & Khan, A. M. (2013). Human resource management in primary health care system. *Health and Population: Perspectives and Issues*, 36(1), 66–76.
- Lewis, P. C., Stewart, D., & Brown, W. (2012). Deployment experiences of Army nurse practitioners. *Military medicine*, 177(8), 889–893.
- Makhamara, F. H., Waiganjo, E. W., & Kwasira, J. (2016). Influence of strategic recruitment and selection on employee performance in the health sector in Kenya. *Strategic Journal of Business & Change Management*, 3(21), 347.
- Matlakala, M. C. (2015). The views of intensive care nurses regarding short-term deployment. *Curationis*, 38(1), 1–5.
- McAlearney, A. S., Garman, A. N., Song, P. H., McHugh, M., Robbins, J., & Harrison, M. I. (2011). High-performance work systems in health care management, Part 2. *Health care management review*, 36(3), 214–226.
- Ministry of Health. (2014). Kenya Health Policy 2014–2030. Nairobi, Ministry of Health.
- Muathe, S. M. A., & Nyambane, J. A. (2017). Strategic human resource management practices and performance of employees in the ministry of health, Nairobi City County, Kenya. *International journal for innovation education and research* 5(1), 1–18. <https://41.89.10.36/handle/123456789/18292>
- Mulaa, L. (2015). Effects of employee recruitment and selection on organisation performance. A case of Nairobi City County. <http://repository.tukenya.ac.ke/handle/123456789/1305>
- Murphy, G. T., Goma, F., MacKenzie, A., Bradish, S., Price, S., Nzala, S., ... & Hamavhwa, D. (2014). A scoping review of training and deployment policies for human resources for health for maternal, newborn, and child health in rural Africa. *Human Resources for Health*, 12(1), 1–15.
- Mwangi, S. (2017). The influence of training and development on employee performance: A case of Somalia non-governmental organisation consortium in Nairobi. <http://erepo.usiu.ac.ke/handle/11732/3162>

Volume: 01 Issue: 01 | Aug-2021

Received: 05.07.2021; **Accepted** 07.07.2021; **Published:** 25.08.2021 at www.editoncpublishing.org

ONGORI, J. M.; VASCO, K. D., Editon Cons. J. Phys. Appl. Sci. – *Blind Peer Reviewed Journal*

DOI: <https://doi.org/10.51317/ecjpas.v1i1.252>

- Newton, P., Chandler, V., Morris-Thomson, T., Sayer, J., & Burke, L. (2015). Exploring selection and recruitment processes for newly qualified nurses: a sequential-explanatory mixed-method study. *Journal of advanced nursing*, Retrieved from 71(1), 54–64. <https://doi.org/10.1111/jan.12467>
- Omolo, J. W., Oginda, M. N., & Oso, W. Y. (2012). Effect of recruitment and selection of employees on the performance of small and medium enterprises in Kisumu municipality, Kenya. *International journal of human resource studies*, 2(3), 139. <https://doi.org/10.5296/ijhrs.v2i3.2313>
- Patterson, M., Rick, J., Wood, S., Carroll, C., Balain, S., & Booth, A. (2010). A systematic review of the links between human resource management practices and performance. *Health technology assessment*, 14(51), 1–334. <https://doi.org/10.3310/hta14510>
- Rivers, F., & Gordon, S. (2017). Military nurse deployments: Similarities, differences, and resulting issues. *Nursing Outlook*, 65(5), S100–S108. <https://doi.org/10.1016/j.outlook.2017.07.006>
- Rubery, J., Hebson, G., Grimshaw, D., Carroll, M., Smith, L., Marchington, L., & Ugarte, S. (2011). The recruitment and retention of a core workforce for older people. *Report for the Department of Health as part of its Social Care Workforce Initiative*, available at www.kcl.ac.uk/sspp/departments/sshm/scwru/initiative/projects/ruberyetal2011recruitmentfinal.pdf
- Sanyal, S., & Hisam, W. M. (2018). Impact of training and development on the performance of employees - A comparative study on select banks in Sultanate of Oman. *International journal of scientific research and management*, 6(03), 1–8. <https://doi.org/10.18535/ijssrm/v6i3.em02>
- Selase, A. E. (2018). The impact of recruitment and selection criteria on organisational performance. GN Bank, Greater Accra Region of Ghana as the Mirror. *Journal of public administration and governance*, 8(3), 283. <https://doi.org/10.5296/jpag.v8i3.13637>
- Szymaniec-Mlicka, K. (2014). Resource-based view in strategic management of public organisations—a review of the literature. *Management*, 18(2), 19–30. Retrieved from <https://doi.org/10.2478/manment-2014-0039>
- VanDevanter, N., Kovner, C. T., Raveis, V. H., McCollum, M., & Keller, R. (2014). Challenges of nurses' deployment to other New York City hospitals in the aftermath of Hurricane Sandy. *Journal of urban health : Bulletin of the New York Academy of Medicine*, 91(4), 603–14. <https://doi.org/10.1007/s11524-014-9889-0>
- Vermeeren, B., Steijn, B., Tummers, L., Lankhaar, M., Poerstamper, R.-J., & van Beek, S. (2014). HRM and its effect on employee, organisational and financial outcomes in health care organisations. *Human resources for health*, 12(1), 35. <https://doi.org/10.1186/1478-4491-12-35>
- Zerfu, T. A., Taddese, H., Nigatu, T., Tenkolu, G., Khan, D. N., Biadgilign, S., & Deribew, A. (2018). Is the deployment of trained nurses to rural villages a remedy for the low skilled birth attendance in Ethiopia? A cluster randomised-controlled community trial. *PloS one*, 13(10), 1–12. <https://doi.org/10.1371/journal.pone.0204986>