



**Strengthening Public Sector  
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**An Exploration of Competency Gaps  
in Human Resource Management  
in the Health Sector in Ethiopia**

*The Case of Selected Public Hospitals in Addis Ababa*

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|   |           |
|---|-----------|
| Contents  | Page      |
| <b>List of Tables and Figures</b>                         | <b>3</b>  |
| <b>Acronyms</b>   | <b>4</b>  |
| <b>Abstract</b>   | <b>5</b>  |
| <b>1. Introduction</b>                                    | <b>6</b>  |
| 1.1 Background and Rationale                              | 6         |
| 1.2 Objectives and Research Questions                     | 7         |
| 1.3 Scope and Limitation                                  | 7         |
| 1.4 Approaches and Methodology                            | 7         |
| <b>2. Theoretical and Conceptual Discussion</b>           | <b>8</b>  |
| 2.1 Introduction  | 8         |
| 2.2 Defining Human Resource Management                    | 8         |
| 2.3 Competences Required in Managing HR                   | 9         |
| 2.4 Health Sector Reform and Challenges                   | 11        |
| 2.5 Health Sector HRM Policies and Strategies in Ethiopia | 11        |
| <b>3 Data Presentation and Analysis</b>                   | <b>12</b> |
| 3.1 Introduction  | 12        |
| 3.2 Characteristic of Respondents                         | 12        |
| 3.3 Roles of Staff with HR Responsibilities               | 13        |
| 3.4 HRM Challenges  | 15        |
| 3.5 HRM Training  | 16        |
| 3.6 HRM Competency Gaps                                   | 19        |
| Personnel Policy and Planning                             | 19        |
| Performance Appraisal                                     | 20        |
| Training and Development                                  | 20        |
| Human Resource Data System                                | 20        |
| Retention Strategy  | 21        |
| General Management and Leadership                         | 21        |
| <b>4 Conclusions</b>                                      | <b>22</b> |
| <b>5 Recommendations</b>                                  | <b>23</b> |
| <b>Bibliography</b>                                       | <b>24</b> |
| <b>Annexes</b>  | <b>26</b> |

## **List of Tables and Figures**

|           |  |
|-----------|--|
| Table 3.1 | Socio-demographic characteristics of Respondents |
| Table 3.2 | Challenges in HRM                                |
| Table 3.3 | Training Received in HRM                         |
| Table 3.4 | Level of Transferability of the Trainings        |
| Table 3.5 | Trainings needed in HRM                          |
| Table 3.6 | Recommendation for Pre- Service Preparation      |
| Table 3.7 | Availability of Opportunities for HRM Training   |
| Table 3.8 | HR Managers Competency Gaps                      |

|             |                                     |
|-------------|-------------------------------------|
| Figure 3.1: | Managers' Role in HRM               |
| Figure 3.2. | Clinicians with HR responsibilities |

## Acronyms

|        |   |
|--------|---|
| AACG   | Addis Ababa City Government                                   |
| AAHB   | Addis Ababa Health Bureau                                     |
| AAU    | Addis Ababa University  |
| AIDS   | Acquired Immunodeficiency Syndrome                            |
| BPR    | Business Process Reengineering                                |
| BSC    | Balanced Score Card   |
| CCO    | Chief Clinical Officer  |
| CEO    | Chief Executive Officer                                       |
| CSRP   | Civil Service Reform Programme                                |
| EMI    | Ethiopian Management Institute                                |
| EPDRF  | Ethiopian People's Democratic Revolutionary Front             |
| FDRE   | Federal Democratic Republic of Ethiopia                       |
| FMOH   | Federal Ministry of Health                                    |
| HIV    | Human immuno Virus  |
| HR     | Human Resource  |
| HRM    | Human Resource Management                                     |
| MDGs   | Millennium Development Goals                                  |
| MOFED  | Ministry of Finance and Economic Development                  |
| NGOs   | Non Governmental Organisations                                |
| PASDEP | Plan for Accelerated and Sustained Development to End Poverty |
| SDPRDP | Sustainable Development and Poverty Reduction Program         |
| UNDP   | United Nations Development Programme                          |
| WB     | World Bank  |
| WHO    | World Health Organization                                     |

## **Abstract**

*The purpose of the study was to investigate the competency gaps in HRM in the health sector in Ethiopia. To achieve this purpose, the researchers selected eight public hospitals as a sample and investigated the competency gaps based on the data collected via questionnaire from 66 health managers and interview from 7 CEOs. The findings show that there is competency gap in HRM functions regardless of HR managers' high level of education in their respective clinical fields. On this ground, it has been concluded that hospital managers need additional HR related skills and knowledge to carry out these functions and therefore, an organized effort from the organization itself and other concerned bodies is of paramount importance to address this lack of HR management capacity.*

## **Keywords**

[Competency gap, Human resource management, health sector, hospital]

# **1. Introduction**

## **1.1 Background and Rationale**

Among other resources of organizations, human resource (HR) is the most critical one that makes a difference in an organization's performance. For employees to work for an organization with interest and commitment, it is true that organizations should place an effective HR management system in practice.

Health managers, like the managers in any other sector, are expected to perform different managerial activities and one of these activities is human resource management (HRM). HRM to be carried out effectively requires the competency of those who deal with the management of the human resource, otherwise, whenever the human resource functions are not in the hands of competent people there would probably be a gap between what is theoretically believed to be and what may be placed in practice.

Although, health managers are believed to be the key for Ethiopia to achieve the Millennium Development Goals (MDGs) related to health and overcome the huge challenges facing health service delivery in the country, there has been little attention given to the assessment of health service managers' HRM competence gap and their needs for future training.

It is a widely accepted fact that Africa, where Ethiopia is a part, takes the largest burden of most of the diseases in the world and contrary to this has the smallest share of health workers compared to its population. Together with these facts when there is no effective human resource management system in the health institutions, one can imagine the level of crises the country may face in relation to health workers.

Lack of human resource management capacity in the public sector health institutions is one of the profound problems in Ethiopia. At the same time managing human resource management functions of health service institutions seems to be a neglected part, i.e. in most government hospitals of Ethiopia most of the human resource related activities are left for those who are not trained in managing human resource and also having other clinical responsibilities. This, in turn, might result into mismanagement of the very scarce human resource in the health sector.

At a time when countries like Ethiopia need to expand their intervention in HIV/AIDS, tuberculosis, malaria, and reduce maternal and child mortality rate and others, it is critically important to identify the capacity gaps in HRM and craft strategies so as to strengthen hospital management capacity. Based on this fact, there is a need to professionalize this role and develop a cadre of well-trained human resource managers, especially in large public sector health institutions. This would include expanding both the number of human resource managers and the organizational view of their role, as well as updating their skills. These changes would enable human resource managers to be more effective in leading and implementing positive solutions that in turn would improve the performance and retention of staff. Therefore, this study is designed to explore the competency gaps in human resource management in selected hospitals of Ethiopia.

## **1.2 Objectives and Research Questions**

The overall objective of this study is to investigate the competency gaps in Human Resource Management in selected public hospitals in Ethiopia.

In line with the above major objective, the study examines the following research questions:

- To what extent health professionals in hospitals engaged in Human Resource management responsibilities?
- What are the HRM challenges of hospital management staff members in public hospitals in Ethiopia?
- Is there any competency gap (skills and knowledge gaps) observed in hospital managers?
- What need to be done to address competency gap, if any?

## **1.3 Scope and Limitation**

Thematically the scope of this study is limited to the assessment of competency gaps in human resource management with specific reference to public hospital managers in Ethiopia. Geographically the scope of this study is delimited to Addis Ababa, the capital of Ethiopia.

The main limitation of this study is that it couldn't cover all public hospitals found in the country, rather the study focused on selected hospitals in Addis Ababa. As a result the conclusions derived from this study might not necessarily be the real reflection of the situation in the country's health institutions as a whole.

## **1.4 Approaches and Methodology**

This study is an exploratory research to identify the competency gaps of managers in hospitals with significant human resource management responsibilities and see the skills needed to fill these competency gaps. The study focused on public hospitals found in Addis Ababa and though there are 13 public hospitals in Addis Ababa, the researchers selected eight of the hospitals, namely; Black Lion, Paulos, Alert, Yekatit, Minilik, Gandhi, Ras Desta, and Zewuditu, purposively and representative sample respondents who work in a managerial positions (mainly as CEO, CCO/MD, Main and sub process owners (both clinical and non-clinical staff) has been taken from these hospitals. In this research, both qualitative and quantitative data were collected from primary and secondary sources. The primary data were collected from a total of 66 managers via questionnaire and from a total of 7 CEOs via interview. Self administered questionnaire was prepared in English by assuming that the respondents can understand the questions in English. A total of 80 questionnaires were administered to the respondents. However, only 66 of them were returned (with 82.5 % return rate). To supplement the primary data, information from both published (books, journals, articles, proceedings, working papers, policy documents, activity reports, etc.) and unpublished materials were used as a secondary data. Finally, the collected data through questionnaire was statistically analyzed using SPSS version 15 whereas the interview data was summarized and used in the analysis together with the questionnaire result.

## **2. Theoretical and Conceptual Discussion**

### **2.1 Introduction**

When studying the competency gaps in HRM in the health sector, it is important to reflect upon the concepts of HRM, the major functions, the required competencies and the expected gaps from the perspective of the health sector. Therefore, first, definitions of concept will be given, and then the major functions of HRM will be summarized and framed as a major responsibility of HRM managers. Finally, the required competencies will be discussed in the context of health sector.

### **2.2 Defining Human Resource Management**

Human resource, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention (WHO, 2000). As arguably 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. According to MSH, human resource management is defined as the integrated use of systems, policies, and management practices to recruit, maintain, and develop employees to strengthen the capacity of an organization in meeting its desired goals (MSH 2009). HRM is a critical management area that is responsible for an organization's most important asset, its people. When an organization manages its investment in people wisely, the result is a satisfied and motivated workforce that delivers quality health services and an organization able to fulfill its mission, meet its health objectives, and enhance its competitive advantage.

HRM deals with hiring and firing employees, staff development and paying salaries. HRM plans and implements efficient processes, policies and procedures for the work force in the organization, such as recruitment, hiring and job placement, planning and appraising employee performance, rewarding and promoting staff. Human resources management also provides support for the needs, concerns, and problems of employees and identifies ways to increase staff competence and commitment. In this era of rapid and continuous change, human resources management is one of the organizational domains that can provide support for employees during internal change processes and help managers and leaders identify and implement processes for change (Ulrich 1997).

However, HRM is the most misunderstood and poorly utilized system in the health sector today. Many organizations face pressing human resource challenges, for example, staff shortages, attrition and absenteeism, and low morale- all of which can be addressed by an effective HRM system. Although managers say that their employees are critically important, many organizations frequently neglect the management systems, practices and procedures needed to support this important resource. HRM systems in developing countries are weak and fragmented in the majority of health care organizations. Many do not routinely staff human resource professionals and as a result vacancy rates soar, promotions lag, workloads increase with regularity, and morale is low. In addition, without the guidance of human resource professional, managers do not develop adequate HRM skills, a short fall that reduces their effectiveness.



### **2.3 Competences Required in Managing HR**

In a dynamic environment, health managers need to combine leadership, entrepreneurial and administrative skills to meet the challenges that the changing socio-political, economic and technological landscape presents, as well as the expectations of patients, health professionals, politicians and the public. Without good management we will be unable to improve efficiency, effectiveness and responsiveness in the delivery of health services or upscale interventions to achieve health goals (Travis et al., 2004).

Hospitals are important vehicles for the delivery of health care, and managers of these institutions are to a large extent responsible for operationalizing the visions and objectives that policy-makers have for the health and wellbeing of a nation (Lehman et.al. 2002). However, despite the urgent need to develop managers in hospitals, it is important to identify the competencies that are important for effective health-care management as well as the proficiency of managers in these areas, as part of the overall management development process and in an effort to make training relevant. In so doing, we will help to avoid 'one size fits all' approaches to health management as well as the unnecessary deployment of scarce resources.

Managers need to develop several competencies that will enable them to perform these functions effectively and efficiently. Managerial competencies are 'sets of knowledge, skills, behaviors and attitudes that a person needs to be effective in a wide range of managerial jobs and various types of organizations'. Of particular importance are strategic skills that relate to the setting of key objectives based on an understanding of what is happening inside and outside the organizations; task-related skills that encompass functional and operational competencies that enable managers to define the best approach to achieving objectives, given the resources available; people-related skills that enable managers to achieve objectives through and with others; and self-management skills that enable managers to take responsibility for their life at work and beyond.

Determining and assessing competencies is a vital precursor to improving professional development and the alignment of individual development with the need of an organization or profession (Calhoun et.al. 2004). The competency-based approach to professional development is well accepted in higher education (Westera 2001), and in human resource management literature where it is regarded as a critical part of the overall management development process, as it allows one to identify the gaps between current skills and the skills required (Brown 2002, Jinabhai 2005). Appropriate programmes based on the personal needs and experiences of health managers can then be put in place to train managers to provide leadership and to ensure a sustainable improvement in the work context of health workers, and hence on the quality of care and health of the communities their organizations serve (Gough and Price 2004).

In our context, competency of HR Managers could be demonstrated through such indicators as talented application of personnel policy and planning, management of employees' performance, provision of training and development, maintaining HR data through application of modern data management system, applying appropriate retention strategy and exercising good management and leadership skills among others.

### ***Personnel Policy***

Personnel policy is one of the competency areas of HR Managers. First, competent HR Managers are supposed to have adequate skills and knowledge of administering compensation and benefit. This refers to the capacity of HR Managers to handle issues related to salary and allowance paid to staff including health, vacation, housing and education. Second, HR Managers are required to have adequate knowledge of maintaining the balance between demand and supply of HR requirement of their organization through application of human resource planning. They should also demonstrate appropriate level of competency through application of merit principle of Max-Weber while conducting recruitment, selection, deployment promotion and transfer of employees. The HR planning and policy function includes preparing for any expansion in health services, the dissemination of HR policies, advising senior management, reviewing department budgets, and estimating personnel salaries, etc.

### ***Performance Management***

Performance management is one of the essential areas of HRM. If performance of employees is to be managed and measured in an objective manner, HR Managers should exercise appropriate performance management and measurement practices. These performance management practices could entail having appropriate job descriptions, a staff supervision system, and a formal work planning and performance review process.

### ***Training and Development***

In order to improve productivity and performance of employees, trainings of different modalities including pre-service and in-service trainings are required to be prepared and delivered to employees. To ensure this, the responsibility of updating staff knowledge and skill has to be discharged by HR Managers in a competent way.

### ***Human Resource Data Systems***

Human resource data management systems help HR managers collect and maintain up-to-date information on all staff that facilitates the decision making process and staff profile documentation. In addition to this, managers should have adequate capacity to use human resource related information technology system in the health sector.

### ***Retention strategy***

HR strategy development could take different forms. In our case, however, by HR strategy we mean the strategy that has to be devised by HR managers in order to retain employees. Employees could leave an organization for different reasons. Identifying and analyzing causes of employee turnover and designing practical retention mechanisms is one of the major competencies required of HR managers.

### ***General Leadership and Management***

General leadership and management include teamwork and collaboration; communication and interpersonal skills; motivation and advocacy. HR managers are expected to be competent in these issues in order to encourage and motivate the workforce of the institution.

## **2.4 Health Sector Reform and Challenges**

The efficient and effective management of human resources is an essential component of a high performing health system and can influence the success or failure of health sector reform and different organizations or institutions. Health sector reform processes have paid some attention to analyzing existing personnel in the health system, projecting human resource (HR) needs in a reformed health sector and considering the training and distribution of these resources. However, planning for human resource needs in the health sector and training do not ensure that these human resources will be strategically identified, recruited and positioned by health organizations and will work effectively and efficiently in institutions that hire them. It does not ensure that that employees working in the system will receive support and motivation to perform at the highest level and will be treated fairly. It also does not ensure that employees will achieve results in the workplace and successfully adapt to and participate in change as it occurs. Health sector reform must be concerned not only with the planning of the workforce but also with the continual management and development of this workforce within the health system (Martinez and Martineau, 1998). The strategic management of human resources in each institution and the day-to-day support, encouragement, direction, performance monitoring and supervision that they receive are critical.

The performance of the health sector is the sum of the performance of individual performers and groups of performers in each organization that comprise the sector. Unlike the physical assets of an institution, human capital which is the capability of the workforce and its willingness and commitment to work, is an asset that, with the proper support, can appreciate. The opinions and perceptions that clients and the community have of a health services delivery organization depend on the organization's employees. Competent staff in an organization contribute to efficient and effective organizational performance. Human resources management in the particular area of management in an organization explicitly charged with people needs and the priorities of employees in the organization.

## **2.5 Health Sector HRM Policies and Strategies in Ethiopia**

The health policy of Ethiopia emphasizes training of community based task-oriented frontline and mid level health workers. As a mechanism to retain health workers the policy supports developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment. Besides there will be a focus on developing appropriate continuing education for all categories of workers in the health sector. Strengthening administration and management of health systems is one of the areas given priority by the policy (TGE 1993). Overall, there is supportive policy environment (health policy and strategy, capacity building policy and strategy, civil service reform etc) and a growing recognition at policy level that "Health is not only a byproduct of social changes but an instrument to promote such changes and health workers are in the vanguard" (ibid). However, most policy and strategy documents are dated (early 1990s) and there are no specific and newly updated policy and strategy documents on HRM.

### 3 Data Presentation and Analysis

#### 3.1 Introduction

This part of the study briefly discusses the characteristics of respondents, roles of health managers in HRM, challenges they face, training needs, and competency gaps in HRM Functions. Finally, conclusions and recommendations are presented based on the empirical data analysis.

#### 3.2 Characteristic of Respondents

Table 3.1 Socio-demographic characteristics of Respondents (N=66)

| Characteristics (Variables)          |                | Frequency | Percentage (%) |
|--------------------------------------|----------------|-----------|----------------|
| <b>Sex:</b>                          | Female         | 42        | 63.6           |
|                                      | Male           | 24        | 36.4           |
| <b>Age:</b>                          | 20-30          | 18        | 27.3           |
|                                      | 31-40          | 14        | 21.2           |
|                                      | 41-50          | 21        | 31.8           |
|                                      | 51-60          | 9         | 13.6           |
|                                      | Missing        | 4         | 6              |
| <b>Experience in health sector :</b> | less than 3    | 19        | 28.8           |
|                                      | 3-5            | 8         | 12.1           |
|                                      | 6-10           | 8         | 12.1           |
|                                      | 11-15          | 7         | 10.6           |
|                                      | 16-20          | 10        | 15.2           |
|                                      | >20            | 13        | 19.7           |
|                                      | Missing        | 1         | 1.5            |
| <b>Level of Academic Education:</b>  | Diploma        | 10        | 15.2           |
|                                      | Bachelor       | 39        | 59.1           |
|                                      | Masters        | 12        | 18.2           |
|                                      | PHD            | 3         | 4.5            |
|                                      | Others         | 1         | 1.5            |
|                                      | Missing        | 1         | 1.5            |
| <b>Educational Background:</b>       | Nurse/Diploma  | 7         | 10.6           |
|                                      | Nurse/Bachelor | 10        | 15.2           |
|                                      | Health officer | 2         | 3.0            |
|                                      | Sanitary       | 2         | 3.0            |
|                                      | Pharmacy       | 3         | 4.5            |
|                                      | MD             | 22        | 33.3           |
|                                      | Lab Tech       | 1         | 1.5            |
|                                      | Management     | 8         | 12.1           |
|                                      | HRM            | 1         | 1.5            |
|                                      | Accounting     | 8         | 12.1           |
|                                      | Others         | 1         | 1.5            |
|                                      | Missing        | 1         | 1.5            |

**Source: Field Survey, 2011**

Table 3.1 illustrates that 63.6 % of the respondents are male and (36.4 %) are female which clearly implies the existence of encouraging level of participation of women in managerial positions of the hospitals under the study. The table shows that more than 80 % of the respondents are in the age categories of 20-50, out of which 32% is in the age of 41-50. From this it could be said that the management group comprises the age category that is believed to be mature enough. But, at the same time, the data illustrates that there are a significant percentage of management staff members within the age category of 20-30 (27.3%) which implies significant participation of the young in the management group.

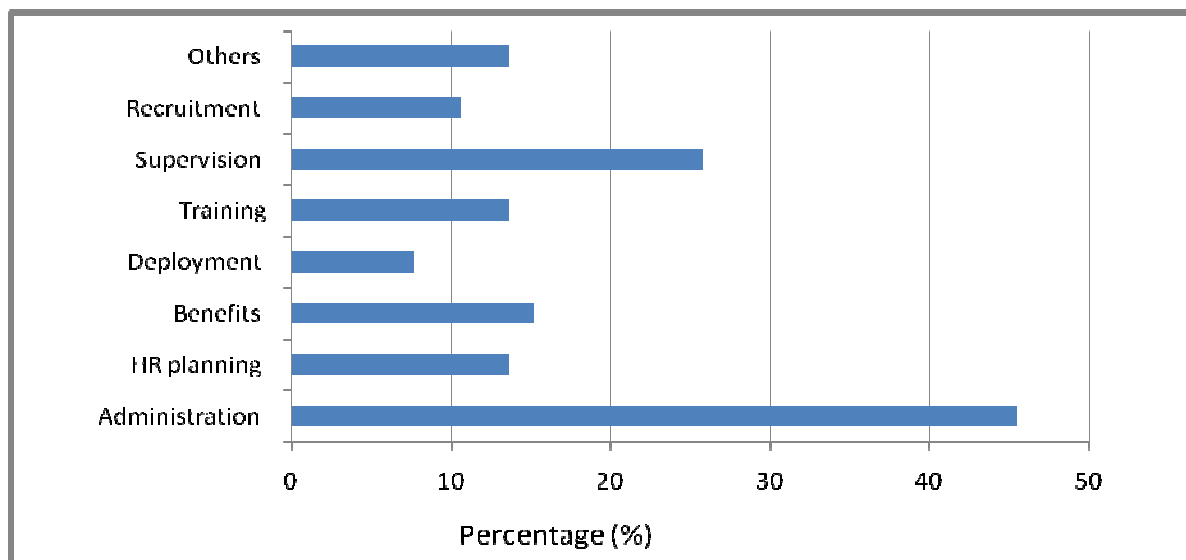
The work experience of the respondents in the health sector shows that (29%) of them is below three years and the other extreme (35%) has served for more than 16 years in the health sectors. This implies that both experienced and less experienced workers hold managerial position in the sector. The fact that these considerable numbers of respondents are less experienced might possibly be an obstacle to use HR management skills that could be gained through experience.

Table 3.1 indicates that while 80% of the respondents hold bachelor and above in their academic status, there are also 15.2% diploma holders in the management position which implies that most hospital managers have better qualification in their respective fields. From the academic background point of view, the table illustrates that the Medical Doctors take the highest proportion (33%), followed by nurses (25.8%). In here, even though the management group is dominated by Medical Doctors and Nurses, still the composition consists of managers from different educational backgrounds.

### **3.3 Roles of Staff with HR Responsibilities**

As it can be seen in Figure 3.1, the majority of respondents confirmed that administrative duties (45.5%) and supervision of staff (25.8%) are their major responsibilities followed by benefit administration, HR planning and training.

**Figure 3.1: Managers' Role in HRM**

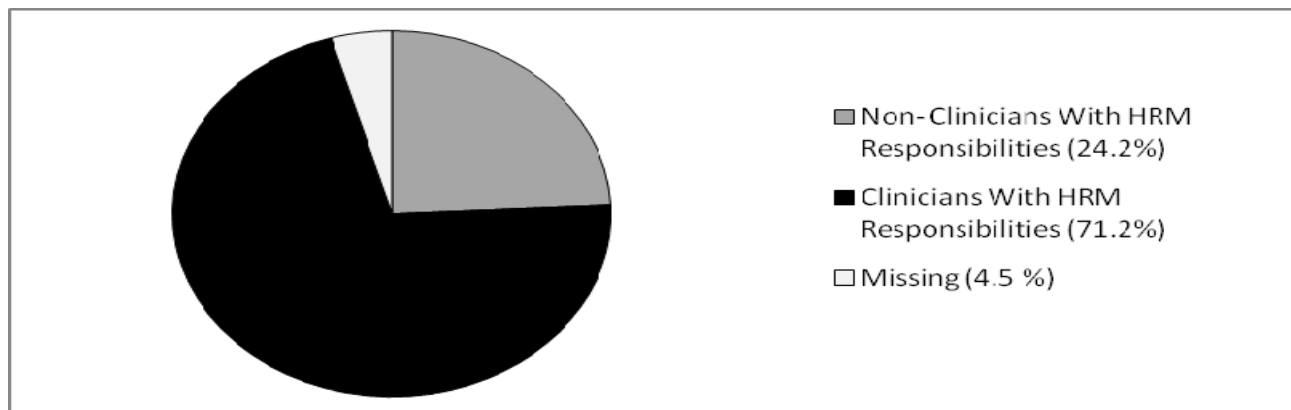


**Source: Survey Data, 2011**

However, the response rate shows that the involvement of hospital managers in HRM functions is very limited. This could be due to their clinical engagement, lack of skills in HRM functions, limited autonomy given to them by the concerned bodies, as an example, most of the hospitals do not hire health professionals by themselves rather health professionals are assigned to the hospitals either by the Ministry of Health (MoH) or the Addis Ababa Health Bureau.

Figure 3.2 depicted that the majority of respondents (71.2 %) have a medical background and significant responsibility for human resource management. This finding was also supported by the interview respondents. According to the finding, a majority of these hospital managers are involved in HRM related activities. Two of the hospitals under the study (Black Lion and Paulos) are also educational institutions in addition to their medical care responsibilities. They are structured in different departments such as, pediatrics, gynecology, surgery, orthopedics, outpatient, EMT, Diabetics, oncology, etc, and the entire department heads are clinicians. Of course, their major task is research, education, diagnosis, and guidance for students who practice in the hospital. However, they are also assigned to lead the department which demands them to deal with human resource management related functions. Those employees who assumed HR responsibilities are clinicians as doctors (51%), nurses (29.8%), pharmacists (8.5%), lab technician (6.4%), sanitarian (2.1%) and others (2.1%) (See Annex XX).

Figure 3.2. Clinicians with HR responsibilities



Source: Survey Data, 2011

The majority of respondents hold their position through promotion (47%) followed by direct employment (25%) and some of them hold their position through assignment via negotiation (see Annex XX). According to the interviewees, in principle, the positions in hospital management are supposed to be assigned on the basis of a set criteria including: education, seniority, performance, and personality and in some other cases, for those clinical related managerial positions there is rotation of managers and there are also situations where managers are elected by their peers. However, in practice, in those managerial positions related to clinical responsibilities, assignment is also made on the basis of negotiation. This is due to the fact that some of the managers who fulfill the criteria for those positions are not willing to take up these managerial responsibilities because of lack of financial and non financial incentive, lack of skill in management, the tedious nature of the office paper work, etc.

### 3.4 HRM Challenges

Table 3.2.Challenges in HRM

| Criteria                      | Frequency | Percent |
|-------------------------------|-----------|---------|
| staff grievance               | 17        | 25.8    |
| Poor working conditions       | 28        | 42.4    |
| Lack of skilled staff         | 25        | 37.9    |
| Budget inadequacy             | 24        | 36.4    |
| Top mgt/external interference | 10        | 15.2    |
| limited decision making power | 25        | 37.9    |
| Lack of staff satisfaction    | 39        | 59.1    |
| Under staffing                | 26        | 39.4    |
| Overstaffing                  | 3         | 4.5     |
| lack of team spirit           | 29        | 43.9    |
| lack of participation         | 13        | 19.7    |
| lack of commitment            | 38        | 57.6    |
| Others                        | 6         | 9.1     |

Source: Survey data, 2011

Respondents were asked to indicate the challenges they face in relation to human resource management, accordingly, the respondents indicated lack of staff satisfaction (59.1%), lack of commitment(57.6%), lack of team spirit (43.9%), poor working condition (42.4%) and under staffing (39.4%) as the main challenges. These points are also supported by the interview respondents. According to the interview respondents lack of skilled manpower, high turnover, absenteeism, conflict as a result of absenteeism, delay at work, lack of initiation by the clinical employees to assume HR related responsibilities, lack of basic HRM skills, limited power to use financial resources, and lack of incentives are the main challenges faced by hospital managers in relation to HRM.

According to the respondents of the interview, so as to improve the overall working condition and the benefits for hospital staff, the government of Ethiopia introduced private services in public hospitals with the aim of retaining health professionals within the institutions. Through this private service in public hospitals 70 percent of the net profit would go to the doctors, while 15 percent would go to the hospital and the remaining 15 percent would go to supporting or administrative staff. So, roughly 85 percent would go to the staff. Even with this scheme there are two basic problems: one is some of the hospitals do not still start implementing the scheme second complaints by nurses are heard here and there about the distribution of the profit.

In addition to the above mentioned retention strategy, the government has provided housing benefits to those physicians working in public health service institutions. But, still with this strategy there are complaints by nurses and other health workers since this strategy excludes them from enjoying this benefit.

### 3.5 HRM Training

Table 3.3. Training Received in HRM

| Criteria                     | Frequency | Percent |
|------------------------------|-----------|---------|
| Human resource Planning      | 15        | 22.7    |
| Recruitment and selection    | 10        | 15.2    |
| Benefit administration       | 7         | 10.6    |
| performance appraisal        | 9         | 13.6    |
| Grievance handling           | 7         | 10.6    |
| disciplinary measures        | 6         | 9.1     |
| Employee health and safety   | 5         | 7.6     |
| leadership skills            | 24        | 36.4    |
| team building                | 7         | 10.6    |
| Others                       | 13        | 19.7    |
| No training has taken at all | 17        | 25.6    |

Source: Survey data, 2011

Both the questionnaire and the interview responses confirmed that HRM related trainings for managers by the hospitals are highly insufficient. Some of the process owners might have taken trainings related to the reform (such as BPR and BSC) but as compared to the requirement for the positions, the trainings offered are inadequate. As Table 3.3 illustrates the rate given for different HRM related trainings by respondents except for leadership skill (36.6%) and human resource planning (22.7%) are very insignificant. And as Table 3.3 shows out of the total of the respondents 25.6% of the respondents have taken no training related to human resource management. In other words this indicates the fact that more than one quarter of the total managers are dealing with the management of human resources without even having a single day training related to HRM.

As per the interview responses, concerning trainings related to HRM, the case in Black Lion is somewhat different. Though like the other hospitals, the trainings are inadequate, the hospital in collaboration with the government of the Netherlands through Leadership and Governance Development Project provided different trainings. And management trainings were also provided for the managers in collaboration with Ethiopian Management Institute (EMI). However, since hospital managerial positions are unattractive for most of the staff members, the management related trainings facilitated by the hospital are unattended by most employees.

Again, recognizing the need to have trained managers for hospital management, the Medical Faculty of AAU and Jimma University started to provide masters in Hospital management. But, the challenge is that the Universities are admitting very limited number of students to the programs and it seems it will take several years to have adequate number of hospital managers if it continues in this pace.



Table 3.4. Level of Transferability of the Trainings (n=49)

| Response    | Frequency | Percent |
|-------------|-----------|---------|
| Yes         | 42        | 85.7    |
| No          | 5         | 10.2    |
| Total       | 47        | 95.9    |
| Missing     | 2         | 4.1     |
| Grand Total | 49        | 100.0   |

Source: Survey data, 2011

Those who have taken trainings were asked to signify the level of transferability of the trainings to their work and most of them (85.7%) indicated that the trainings are transferable to their work. This fact implies that had there been adequate trainings given to the staff there would have been a high level of usefulness related to the trainings. Those who replied that they cannot apply the trainings to their work were asked to indicate the factors hindered them and they mentioned that structural problems, lack of resources and lack of employees' commitment are the basic ones (see Annex).

Table 3.5. Trainings needed in HRM

| Criteria                   | Frequency | Percent |
|----------------------------|-----------|---------|
| Human resource Planning    | 36        | 54.5    |
| Recruitment and selection  | 13        | 19.7    |
| Benefit administration     | 19        | 28.8    |
| performance appraisal      | 32        | 48.5    |
| Grievance handling         | 17        | 25.8    |
| disciplinary measures      | 22        | 33.3    |
| Employee health and safety | 26        | 39.4    |
| leadership skills          | 35        | 53.0    |
| team building              | 32        | 48.5    |
| Others                     | 3         | 4.5     |

Source: Survey data, 2011

Respondents were asked to suggest their training needs in the area of human resource management in order to improve their managerial capacity. As illustrated in Table 3.5, majority of the respondents underlined the need to improve their skills and knowledge in the areas of human resource planning (54.5%), leadership skills (53%), performance appraisal (48.5%) and team building (48.5%). In addition to supporting the need for training in the above mentioned areas the interview respondents indicated that there is a significant importance of training in such areas as strategic planning, time management, change management, medical ethics, documentation, attitude related courses, finance and resource management and participatory decision making so as to build the capacity of hospital management staff.

Table 3.6. Recommendation for Pre- Service Preparation

| Criteria                         | Frequency | Percent |
|----------------------------------|-----------|---------|
| General management skills        | 44        | 66.7    |
| Human resource management skills | 43        | 65.2    |
| Leadership skills                | 51        | 77.3    |
| Others                           | 5         | 7.6     |

Source: Survey data, 2011

Table 3.6 shows the respondents view regarding the required areas of pre-service preparation. Accordingly, leadership skills (77%), general management skill (66.7%) and HRM skills (65.2%) are given due emphasis among others and recommended as supportive course for pre-service preparation of future managers in the health sector. In addition, interview respondents suggested courses such as HRM, hospital management, leadership, financial and material management, general management, medical ethics, medico-legal issues to be part of the pre-service preparation for health managers.

Table 3.7. Availability of Opportunities for HRM Training

| <b>Response</b> | <b>Frequency</b> | <b>Percent</b> |
|-----------------|------------------|----------------|
| yes             | 38               | 57.6           |
| no              | 25               | 37.9           |
| Total           | 63               | 95.5           |
| Missing         | 3                | 4.5            |
| Grand Total     | 66               | 100.0          |

Source: Survey data, 2011

Regarding the availability of HRM training opportunities for people discharging managerial responsibilities, majority (57.6%) of respondents witnessed that there is access to training. And they mentioned that these opportunities are available through short term trainings (45.5%), continuing education (30.3%), online education (28.8%) and distance education (18.2%) (See Annex XX). Concerning this, according to the interview respondents, hospitals do not provide any of the above opportunities by themselves rather the opportunities are said to exist dependent on personal initiatives by few hospital managers.

### 3.6 HRM Competency Gaps

Table 3.8. HR Managers Competency Gaps

| Criteria  | (4)  | (3)  | (2)  | (1)  | (0)  | (M)  |
|---|------|------|------|------|------|------|
| <b>A. Personnel Policy and planning</b>   |      |      |      |      |      |      |
| Capacity to link organizational strategy with human resource requirement  | 21.2 | 36.4 | 30.3 | 6.1  | 1.5  | 4.5  |
| Capacity to manage the salary and allowances paid to staff  | 28.8 | 28.8 | 16.7 | 9.1  | 12.1 | 4.5  |
| Capacity to implement policy and procedures to recruit, hire, deploy, transfer and promote staff in a timely manner | 25.8 | 28.8 | 24.2 | 7.6  | 9.1  | 4.5  |
| Capacity to implement policy procedures to handle discipline, grievance and termination.                            | 22.7 | 34.8 | 25.8 | 3.0  | 6.1  | 7.6  |
| Capacity to undertake human resource audit  | 7.6  | 30.3 | 28.8 | 7.6  | 12.1 | 13.6 |
| <b>B. Performance Appraisal</b>   |      |      |      |      |      |      |
| Capacity to review job descriptions and specific tasks/instructions with employee(s) to clarify expectations        | 16.7 | 33.3 | 33.3 | 7.6  | 4.5  | 4.5  |
| Capacity to develop and maintain a supervision system to ensure support and feedback to staff on their performance  | 22.7 | 28.8 | 36.4 | 4.5  | 4.5  | 3    |
| Capacity to develop and manage an annual performance appraisal system   | 18.2 | 28.8 | 34.8 | 6.1  | 7.6  | 4.5  |
| <b>C. Training and Development</b>  |      |      |      |      |      |      |
| Capacity to manage a cost effective, needs based training program to update clinical and non-clinical skills        | 12.1 | 24.2 | 40.9 | 10.6 | 9.1  | 3    |
| Capacity to provide opportunities for staff to move up the career ladder  | 12.1 | 27.3 | 31.8 | 12.1 | 12.1 | 4.5  |
| Capacity to coordinate pre-service and in-service training in collaboration with training institutions or donors    | 12.1 | 36.4 | 27.3 | 12.1 | 9.1  | 3    |
| Capacity to undertake training impact assessment  | 13.6 | 13.6 | 39.4 | 18.2 | 9.1  | 6.1  |
| Capacity to update curriculum for in-service training   | 12.1 | 21.2 | 30.3 | 16.7 | 12.1 | 7.6  |
| <b>D. Human Resource Data System</b>  |      |      |      |      |      |      |
| Capacity to collect data and maintain up to date record of all staff  | 22.7 | 28.8 | 27.3 | 9.1  | 7.6  | 4.5  |
| Capacity to use human resource related information technology system  | 13.6 | 25.8 | 31.8 | 13.6 | 10.6 | 4.5  |
| <b>E. Retention Strategy</b>  |      |      |      |      |      |      |
| Capacity to develop a comprehensive, long term strategy to maintain adequate numbers of qualified health staff.     | 21.2 | 22.7 | 33.3 | 9.1  | 9.1  | 4.5  |
| Capacity to develop and implement effective workplace strategies to retain staff.                                   | 18.2 | 22.7 | 33.3 | 12.1 | 7.6  | 6.1  |
| Capacity to implement effective employee health and safety methods  | 18.2 | 25.8 | 30.3 | 15.2 | 4.5  | 6.1  |
| Capacity to effectively implement staff benefit strategies  | 22.7 | 19.7 | 24.2 | 15.2 | 10.6 | 7.6  |
| <b>F. General leadership and management</b>   |      |      |      |      |      |      |
| Capacity to work together in teams to identify and solve problems   | 39.4 | 31.8 | 16.7 | 3.0  | 3.0  | 6.1  |
| Capacity to maintain positive relationships through good communication and interpersonal skills                     | 36.4 | 37.9 | 10.6 | 6.1  | 3.0  | 6.1  |
| Capacity to strengthen the contribution of employees in the organization  | 28.8 | 30.3 | 25.8 | 4.5  | 4.5  | 6.1  |
| Capacity to innovate new working methods  | 28.8 | 21.2 | 33.3 | 9.1  | 3.0  | 4.5  |

Source: Survey data, 2011

Note: (4) = very competent, (3) = Competent, (2) = Competency Needs Improvement, (1) = No Competency, (0) = Not Applicable, (M) = Missing

#### *Personnel Policy and Planning*

For any organization to be successful there should be effective human resource policies and procedures that allow the human aspect effectively and efficiently contribute to the realization of the objectives of an organization. Beyond these the real realization of these policies and procedure is highly dependent on those who are responsible for the implementation of the policies and the procedure. Human resource planning is also another critical element in any organization's operation and is needed to match human resource requirements with the workload in an organization. The sensitivity of health service delivery, from the point of saving lives, significantly requires managers dealing with human resource to properly determine their human resource requirement and work towards making them available.

As depicted in Table 3.8, the majority of respondents have significant capacity level to undertake personnel policy and planning related responsibilities. However, more than 30% of the respondent revealed that either their capacity needs improvement or they do not have the capacity to deal with the personnel policy matters and HR planning issues.

### ***Performance Appraisal***

As can be seen in Table 3.8, respondents were asked about their capacity in performance appraisal, i.e., their capacity in reviewing job description and clarifying expectations, capacity to develop and maintain a supervision system to ensure support and feedback to staff on their performance, and capacity to develop and manage an annual performance appraisal system. Roughly more than 40% of respondents underlined that they have critical problems in all items related to performance appraisal.

### ***Training and Development***

Training as a function HR management includes planning, conducting, organizing, and facilitating staff development activities and/or identifying funding for staff development. Respondents were asked about their capacity in managing cost effective training programs, providing opportunities for staff to improve their career, coordinating pre-service and in-service training, doing training impact assessment and updating curriculum for in-service training. The majority of respondents' response shows that either they do not have capacity or their capacity needs improvement related to training and development function. This clearly shows the competency gap that managers faced in carrying out their HR responsibilities related to training and development. Based on the interview responses either there is no a functioning system of training and development of staff in place or if there is, it is not a well established one. As a result, most of the management staff members of the hospitals are not carrying out activities related to human resource training and development or those who are involved have limited capacity to do so. According to the interviewees the limited capacity in dealing with training and development is observed during those situations where health related fragmented training and education opportunities come to the hospitals.

### ***Human Resource Data System***

Managers are expected to have sufficient level of capacity to collect, maintain and use human resource related information through application of information technology system. As illustrated in Table 3.8 with regards to competency of managers in collecting and maintaining up to date record of all staff, more than 50% of the respondent confirmed that they are competent. In contrary, more than 30% of respondents indicated that they either need improvement in their competency level or have no competency at all. In relation to capacity to use human resource related information technology system while 39% of respondents agreed that they have competency, the majority (45%) of respondents indicated that they either need improvement in their capacity or have no competency in using HR related information technology.

Moreover, according to the interview responses, there is a difference between the 6 hospitals that function as a health care institute only and the two hospitals that are both health care as well as

educational institutes. According to interview responses the former ones are characterized by poor record keeping system and absence of modern information system used for human resource management. However, the later ones are characterized by a better system of record keeping and use of information technology related to human resource management. For instance, Paulos Hospital is working on information technology transfer in collaboration with Tulle University. And Tikur Anbessa, as part of the AAU, is getting the advantage of IT support.

### ***Retention Strategy***

Respondents were asked about their capacity in retention strategies such as developing a work place strategy to retain staff, implementing effective employee health and safety as well as effectively implementing staff benefits strategies. Accordingly, though significant number of respondents confirmed that they do have the capacity to design and implement different retention strategies, more than 40% of the respondents show the competency gap related to the design and implementation of retention strategies showing that hospital managers needs further training and development to improve their capacity.

Based on the interview responses, in general, the top management of the hospitals works towards using different retention strategies such as providing sponsored educational opportunities, improving the physical work environment etc. In addition, with the implementation of BSC there is an effort to recognize best performers on a weekly basis. This recognition process requires the participation of team leaders and other process owners in their respective areas of operation. This implies that team leaders and other process owners understood the importance of using staff retention strategy. But the problem faced by most of the process owners and team leaders is that they are somewhat handicapped to use diversified staff retention strategies specially the financial ones. This is in one hand due to lack of decision making power at the lower level and on the other hand due to limited capacity of the management staff.

### ***General Management and Leadership***

It is a generally accepted fact that having managerial and leadership skill is an important element so as to lead an organization to better results. Good leaders and managers help a group of people move from one paradigm to another. Sherk, et al (2009: 2) indicated that, around the world, health professionals and HR managers are leading and managing public and private health organizations and systems with little or no formal management and leadership education and experience. Because strong management and leadership skills are crucial to finding solutions to the HR crisis, this is a gap that must be addressed.

Taking this into consideration effort has been made to assess the general managerial and leadership capacity of the respondents and as Table 3.8 illustrates most of the respondents are found to be competent enough from management and leadership point of view. Especially the respondents exhibited a significantly high level of competence in maintaining positive relationships through good communication and interpersonal skills (74.2%) and in working together in teams to identify and solve problems (72.2%). However, gaps are observed in innovating new working methods and strengthening the contribution of employees in the organization which are regarded by 42.4% and 30.3% of employees either as competence areas that need improvement or incompetent respectively.

## 4 Conclusions

The study confirmed that the majority of clinical professionals in public hospitals assumed both clinical and HR related responsibilities. This has an implication in the utilization of scarce human resource in the health sector. On the one hand, those clinical professionals will lose much of their time and effort other than their main task which they couldn't handle it properly. Moreover, in countries like Ethiopia, when there is critical shortage of health professionals, there will be a serious problem in adequate health service provision in the country, which has a negative impact on achieving health sector goals and MDGs. On the other hand, although those clinicians do have adequate knowledge and skill in their field, they lack basic HR management skills which ultimately fail to encourage and motivate the workforce and then achieve organizational goals.

Hospital managers in the studied hospitals encounter numerous challenges in relation to human resource management. These challenges are lack of staff satisfaction, lack of commitment and initiation, lack of team spirit, poor working condition, under staffing, lack of skilled manpower, high turnover, absenteeism and conflict among staff members, limited decision making power, and lack of financial and non-financial incentives are the main challenges faced by hospital managers in relation to HRM, which would have been addressed by putting efficient and effect HRM practices in place.

The competency gap analysis show that managers in the studied hospitals have considerable capacity generally in personnel policy and planning, performance appraisal, training and development, HR data system, retention strategy and general management and leadership. This could be due to the government effort in introducing reform programs including BPR and BSC. However, on average more than 40% of the respondents show the competency gap in HRM functions regardless of their high level of education in their respective fields. From this it can be concluded that hospital managers need additional HR related skills and knowledge to carry out these functions and therefore, an organized effort from the organization itself and other concerned bodies is of paramount importance to address this lack of HR management capacity.

## **5 Recommendations**

1. The clinical professionals who assumed responsibilities in HR function should have at least basic skills and knowledge in HRM before taking the responsibilities and relevant and continuous capacity building program has paramount importance to minimize the competency gaps of managers who undertake HR related functions. Moreover, there has to be a mechanism to check out whether the provided training has improved the trainees' managerial skills and knowledge as well as their performance.
2. Despite the government effort in motivating health professionals through the establishment of private wing in public hospitals, provision of housing benefits etc, the incentive packages are neither consistent nor inclusive. To address these problems, there is a need to consistently apply the packages in all health institutions and in a way that all health professionals at different levels benefit from the package.
3. Hospital management bodies should create good working environment and encourage employees through the application of different incentive mechanisms both financially and non- financially with the support of the government and other stakeholders. In order to ensure this, health service providing institutions are supposed to be given autonomous power and required resources to create committed HR managers with the responsibility of achieving organizational goals.
4. Recognizing the need to have trained managers for hospital management, the Medical Faculty of AAU and Jimma University have started to provide masters in hospital management. But, since they are only two in number, they are admitting very limited number of students to the programs. therefore, there is a need not only expanding the capacity of the existing universities but also opening hospital management programs in the country to increase the number of hospital managers.
5. Institutions in charge of delivering health related education should assess their curriculum and consider HRM as a cross cutting course with the intention of introducing the HR functions to the graduates. This might in turn contribute its part to enable graduates discharging their managerial roles when they are required to do so.

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## Annexes

### Questionnaire for Hospital Management Bodies

Dear respondent,

We are conducting a research on “*The Exploration of Competency Gaps in Human Resource Management in the Health Sectors in Ethiopia: the Case of Selected Public Hospitals in Addis Ababa*” in collaboration with UNDP to address competency gaps in health sectors. We kindly request your participation in filling this questionnaire because your participation (by giving clear and accurate answer) is very important for the realization of this study. Please be sure that all the information provided in this questionnaire shall be used for the research purpose only and treated with at most confidentiality. You are not obliged to answer any questionnaire item that you do not want to answer. Your participation in this study does not involve any direct risk or benefit for you but it is very useful since your answers, and those of other participants will help to improve the problem related to human resource management in health sectors. Would you like to participate in this study? Yes ..... No .....

#### Note:

You are not required to write your name

- Mark “✓” on the box
- Try to give clear & accurate answers for all questions

#### **Part I: Background information**

1. Sex : Male ☐ Female ☐

2. Age:

|          |                          |       |                          |
|----------|--------------------------|-------|--------------------------|
| 20-30    | <input type="checkbox"/> | 31-40 | <input type="checkbox"/> |
| 41-50    | <input type="checkbox"/> | 51-60 | <input type="checkbox"/> |
| Above 60 | <input type="checkbox"/> |       |                          |

3. How long have you worked in the Health sector?

|               |                          |             |                          |
|---------------|--------------------------|-------------|--------------------------|
| Below 3 years | <input type="checkbox"/> | 11-15 years | <input type="checkbox"/> |
| 3-5 years     | <input type="checkbox"/> | 16-20 years | <input type="checkbox"/> |
| 6-10 years    | <input type="checkbox"/> | Above 20    | <input type="checkbox"/> |

4. Your current level of academic education:

|             |                          |                 |                          |
|-------------|--------------------------|-----------------|--------------------------|
| Certificate | <input type="checkbox"/> | Masters         | <input type="checkbox"/> |
| Diploma     | <input type="checkbox"/> | PhD             | <input type="checkbox"/> |
| Bachelors   | <input type="checkbox"/> | Others Specify) | <input type="text"/>     |

5. Educational background

Nurse/diploma ☐  
 Nurse/Bachelor ☐  
 Health Officer ☐  
 Sanitary ☐  
 Pharmacy ☐  
 MD ☐

Lab. tech. ☐  
 Management ☐  
 HRM ☐  
 Accounting ☐  
 Others \_\_\_\_\_

## Part II: Roles and Challenges in Human Resource Management

1. What is your current role in human resource management? (*You can give more than one answer*)

*Key note: if you are a clinical staff you may not have direct responsibility related to HRM. But we assume that you may be involved in dealing with any one of the HRM functions.*

Administration ☐  
 HR planning ☐  
 Benefits ☐  
 Deployment ☐

Training ☐  
 Supervision ☐  
 HRM ☐  
 Recruitment ☐  
 Others \_\_\_\_\_

2. How long have you held responsibilities related to human resource management? \_\_\_\_\_

3. In addition to your HR duties and responsibilities, are you also currently practicing hands-on medical care?

No ☐ Yes ☐

If yes, as a:

Doctor ☐  
 Nurse ☐  
 Pharmacist ☐

Lab. Technician ☐  
 Sanitarian ☐  
 Radiologist ☐  
 Others (please state) \_\_\_\_\_

4. How did you hold this position?

Promotion ☐ Deployment ☐  
 direct employment ☐  
 Others (please state) \_\_\_\_\_

5. Specifically with respect to human resource management, what main challenges did you face?

(*You can give more than one answer*)

Staff grievances ☐ Lack of Staff Satisfaction ☐ Lack of team spirit ☐  
 Poor working conditions ☐ Under staffing ☐ Lack of participation ☐  
 Lack of skilled staff ☐ Over staffing ☐ Lack of commitment ☐  
 Budget inadequacy ☐  
 Top management/external interference ☐  
 Limited decision making power ☐  
 Others (please state) \_\_\_\_\_

6. What additional coursework or training have you received in HRM? (*You can give more than one answer*)

Human resource planning ☐ Disciplinary measures ☐  
 Recruitment and selection ☐ Employee health and safety ☐  
 Benefit administration ☐ Leadership skills ☐  
 Performance appraisal ☐ Team building ☐

- Grievance handling ☐ Others (specify) \_\_\_\_\_
- Not taken at all ☐
7. Has this additional knowledge been useful in your work?  
 Yes ☐ No ☐ Not Applicable ☐
- If no, what hindered your ability to apply this additional training in your work? (*You can give more than one answer*)
- |                                |                          |                         |                          |
|--------------------------------|--------------------------|-------------------------|--------------------------|
| Structural problem             | <input type="checkbox"/> | top management interest | <input type="checkbox"/> |
| existing rules and regulations | <input type="checkbox"/> | lack of initiative      | <input type="checkbox"/> |
| lack of resources              | <input type="checkbox"/> | Others _____            |                          |
| lack of employees commitment   | <input type="checkbox"/> |                         |                          |
8. So as to improve capacity in your current position, what human resource management trainings do you need to have? (*You can give more than one answer*)
- |                           |                          |                            |                          |
|---------------------------|--------------------------|----------------------------|--------------------------|
| Human resource planning   | <input type="checkbox"/> | disciplinary measures      | <input type="checkbox"/> |
| recruitment and selection | <input type="checkbox"/> | employee health and safety | <input type="checkbox"/> |
| benefit administration    | <input type="checkbox"/> | leadership skills          | <input type="checkbox"/> |
| performance appraisal     | <input type="checkbox"/> | team building              | <input type="checkbox"/> |
| grievance handling        | <input type="checkbox"/> | others (specify) _____     |                          |
9. Based on your experience, what would you recommend for the pre-service preparation of future managers having human resource related responsibilities in the health sector? (*You can give more than one answer*)
- |                                  |                          |                   |                          |
|----------------------------------|--------------------------|-------------------|--------------------------|
| General management skills        | <input type="checkbox"/> | leadership skills | <input type="checkbox"/> |
| Human resource management skills | <input type="checkbox"/> |                   |                          |
| Others (please state) _____      |                          |                   |                          |
10. In your opinion, are there opportunities for people in your kind of work to take human resource related trainings and courses?
- If yes, how do these opportunities are Yes ☐ No ☐
- available? (*You can give more than one answer*)
- |                             |                          |                      |                          |
|-----------------------------|--------------------------|----------------------|--------------------------|
| Through online education    | <input type="checkbox"/> | continuing education | <input type="checkbox"/> |
| Through distance education  | <input type="checkbox"/> | short term trainings | <input type="checkbox"/> |
| Others (please state) _____ |                          |                      |                          |

### Part III: Competency Gap Assessment

**Scale:**

(4) = Very competent (capable of performing and practice this function regularly)

(3)= Competent (capable of performing but don't practice this function regularly)

(2) = Competency needs improvement (little experience performing)

(1) = No competency (no experience)

(0) = Not applicable

| Characteristics of Human Resource Management   | (4) | (3) | (2) | (1) | (0) |
|--|-----|-----|-----|-----|-----|
| <b>G. Personnel Policy and planning</b>  |     |     |     |     |     |
| 1. Capacity to link organizational strategy with human resource requirement  |     |     |     |     |     |
| 2. Capacity to manage the salary and allowances paid to staff  |     |     |     |     |     |
| 3. Capacity to implement policy and procedures to recruit, hire, deploy, transfer and promote staff in a timely manner |     |     |     |     |     |
| 4. Capacity to implement policy procedures to handle discipline, grievance and termination.                            |     |     |     |     |     |
| 5. Capacity to undertake human resource audit  |     |     |     |     |     |
| <b>H. Performance Appraisal</b>  |     |     |     |     |     |
| 1. Capacity to review job descriptions and specific tasks/instructions with employee(s) to clarify expectations        |     |     |     |     |     |
| 2. Capacity to develop and maintain a supervision system to ensure support and feedback to staff on their performance  |     |     |     |     |     |
| 3. Capacity to develop and manage an annual performance appraisal system   |     |     |     |     |     |
| <b>I. Training and Development</b>   |     |     |     |     |     |
| 1. Capacity to manage a cost effective, needs based training program to update clinical and non-clinical skills        |     |     |     |     |     |
| 2. Capacity to provide opportunities for staff to move up the career ladder  |     |     |     |     |     |
| 3. Capacity to coordinate pre-service and in-service training in collaboration with training institutions or donors    |     |     |     |     |     |
| 4. Capacity to undertake training impact assessment  |     |     |     |     |     |
| 5. Capacity to update curriculum for in-service training   |     |     |     |     |     |
| <b>J. Human Resource Data System</b>   |     |     |     |     |     |
| 1. Capacity to collect data and maintain up to date record of all staff  |     |     |     |     |     |
| 2. Capacity to use human resource related information technology system  |     |     |     |     |     |
| <b>K. Retention Strategy</b>   |     |     |     |     |     |
| 1. Capacity to develop a comprehensive, long term strategy to maintain adequate numbers of qualified health staff.     |     |     |     |     |     |
| 2. Capacity to develop and implement effective workplace strategies to retain staff.                                   |     |     |     |     |     |
| 3. Capacity to implement effective employee health and safety methods  |     |     |     |     |     |
| 4. Capacity to effectively implement staff benefit strategies  |     |     |     |     |     |
| <b>L. General leadership and management</b>  |     |     |     |     |     |
| 1. Capacity to work together in teams to identify and solve problems   |     |     |     |     |     |
| 2. Capacity to maintain positive relationships through good communication and interpersonal skills                     |     |     |     |     |     |
| 3. Capacity to strengthen the contribution of employees in the organization  |     |     |     |     |     |
| 4. Capacity to innovate new working methods  |     |     |     |     |     |

Any other comments: \_\_\_\_\_

## **Interview Guide Questions (for CEOs)**

1. Your position \_\_\_\_\_
2. Service Year \_\_\_\_\_
3. How many of your hospital management staff members have HRM related responsibilities in addition to their clinical responsibility?
4. How does your organization select managers?
5. Specifically with respect to HRM, what main challenges are faced by managers in your hospital?
6. What courses or trainings did your hospital provide to managers occupying position related to HRM?
7. What mechanism does the hospital use to check out that knowledge and skills gained from course works or training programs are transferred to work?
8. How do you describe the level of transferability of course works and trainings to the actual work?
9. So as to build the capacity of your hospital's management staff, what HRM related trainings do you think are necessary?
10. Based on your experience, what would you recommend for the pre-service preparation of future hospital managers having HRM related responsibilities?
11. What opportunities are available for hospital managers to take different HRM related course/trainings? What are these opportunities?
12. How do you describe the overall capacities of your hospital's management staff in strategic HR planning?
13. How do you see your hospital management staff in implementing different HR related policies?
14. How do you describe the capacity of hospital management staff in dealing with staff training and development activities?
15. What looks like the management staff's capacity in keeping employee related records and in using HR related information technology?
16. How do you describe the knowledge and skills of your hospital management staff in using different staff retention strategies?
17. How do you describe the general management and leadership skill of manager's in your hospital?