THE INFLUENCE OF LEADERSHIP COMPETENCIES OF HEALTH CARE MANAGERS ON RETENTION OF HEALTH WORKERS IN MERU COUNTY

Author: Leonard Mbaabu Kimwere

Co Author: Dr. Wanja Mwaura-Tenambergen

Co Authour Dr. Dominic Charles Okero

Citation: Kimwere, M, L. (2017). "The Influence of Leadership Competencies of Health Care Managers on Retention Of Health Workers In Meru County". International Journal of Current Business and Social Sciences, 1 (6), 139-151

ABSTRACT

Human resources are the most important asset of any health system strengthening and consume a major share of the resources allocation in the sector. The global shortage of health workers is projected to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall. In Meru County, a chronic shortage of health workers and high staff turnover is experienced. The objective of the study was to determine how leadership competencies of health care managers influenced retention of health workers in Meru County. A descriptive survey design was adapted. The target population of this study constituted of 1058 Medical staff working in public hospitals. Multi-sampling methods was applied in the study to interview 400 respondents. The respondents indicated that several professional organizations have developed executive statements addressing the national nursing shortage and high turnover rate among staff nurses. The study reveals that (n=304) 76% that leadership qualities influences others by acting in desired way themselves and delegates work in an organized manner that allows others to act in a desired way. Conclusions were that by defining job roles and related competency proficiency; leadership can readily identify strengths and skill gaps. Hence, leaders and their skill in building a climate of retention, a culture that speaks to employees in a way that encourages them to stay, will be an organization's best defense against unsolicited turnover. It is recommended that the leadership in these institutions embrace favorable leadership competencies to enhance retention of health care workers in their institutions since leaders have an influence on plethora of organizational factors which affect retention. The t-test result shows that the role of leadership recorded a mean of 0.04631 while employee retention recorded a mean of 0.05165. Additionally, the variances of 0.0010 and 0.0026 were recorded for role of leadership and employee retention respectively. At two- tailed, the t- calculated of -0.2922 is seen to be less than the t-tabulated of 2.1009.

KEY WORDS: leadership competencies, health care managers, retention of health workers.

INTRODUCTION

The global scarcity of health workers is estimated to be around 2.3 million physicians, nurses and midwives, and over 4 million health workers overall (World Health Organization, 2009). Local disparities exist between countries with sub-Saharan Africa requiring an almost 140% increase in the health workforce in order to overcome the crisis of the health workforce. A statistically significant relationship has been established between health worker density and the burden of disease, expressed in Disability Adjusted Life Years (DALYs) (Castillo-Laborde, 2011).

The Africa continent is currently facing severe human resource crisis in the health sector. These human resource scarcities have affected the delivery of quality and efficient health services according to the World Health Report 2006. The overall human resource shortages and distributional inequalities are well known and acknowledged in Kenya. Kenya presents a unique case of Human Resources for Health (HRH) in sub-Saharan Africa. While there is total shortage of healthcare workers, the provider-population ratio of 1.69/1000 (for all cadres of providers) is relatively high for countries in the region. The most pressing problem is the extremely unequal distribution of health workers, by urban/rural areas, by regions, and by level of care. Rural dispensaries have 20 percent fill rates of their nursing establishments, while district hospitals have 120 percent fill rates. Approximately 25 percent of the HRH budget for the whole public sector is taken up by the two-referral hospitals (Antonio, 2007).

Gwavuya (2011) asserts that incompetent leadership results in poor employee performance, high stress, low job commitment, low job satisfaction and turnover intent. Research conducted on the state of South African Training industry showed that management style was the most prominent retention factor in South Africa (Netswera, 2005). Sherman etal (2006) found in their research that the bulk of the employees in organizations surveyed planned to stay with their organizations at least for the next five years because of the prevailing culture of management care. Chew (2004) observed that leadership behaviour has a positive influence on organizational commitment and turnover intention. Thus literature indicates that leadership style is crucial in staff retention.

Statement of the Problem

The area of healthcare staff retention has not been broadly studied since it tends to be subsumed in brain drain studies. The few studies available locally (Tettey, 2006; Tetty, 2009; Kipkebutt, 2010) indicate that healthcare staff retention is a pertinent issue which has been made worse by devolution of healthcare services to County government from 2013 as envisioned in constitution of Kenya 2010.

In Meru County, a study linking the role of leadership on health workers retention has not been done, therefore knowledge gap on how leaders in the county can be improved to promote worker retention. On the same note, no scientific information exists regarding the retention patterns among different health workforce professionals in Meru County. With this gap, it is difficult for decision makers to make informed directions regarding retentions. It is not scientifically clear how leadership roles impact on retention of the health workforce in Meru County hence making it is difficult to promote or select the most acceptable leadership style for maximum retention of healthcare workers.

Study Objective

The overall objective of this study was to determine the relationship between health managers leadership competencies of health care managers influence on retention of health workers in Meru County.

Research question

What is the relationship between health care managers' leadership competencies on retention of health care workers in Meru County?

LITRATURE REVIEW

Health managers leadership competencies of health care managers on retention of health workers

Though competencies are a modern convention in training and leadership development, a lot of industries have found competencies useful for determining whether a candidate would be a suitable match for a specific position, as well as identifying potential areas for growth and development of current employees. The modern use of competency-based human resources can be traced back to 1973, when McCleland proposed a set of competencies to be used as indicators of performance (Boyatzis, 2008). Today, industries ranging from health care to engineering to government have used core competency models to guide strategic improvement programs that address leadership and organizational culture (Calhoun et al., 2008).

The term leadership competencies is used to describe the set of behaviors, knowledge, skills, and abilities that a person needs to provide leadership and positively impact an organization at a particular time (McNamara, 2003). Stahl and Bjorkman (2006) defined leadership competencies as a set of common personal characteristics to be found in leaders, which are needed for outstanding performance (p. 60). Spencer and Spencer (2012) suggested that competencies are patterns of thinking that underscore behaviors, creating a long-term impact. Drawing from an anthropology and human resources background, Zwell (2000) explained that the practice of behavioral competencies can be used to establish a common, unifying foundation upon which corporate culture, hiring practices, and employee development strategies may be developed.

Boyatzis (2008) saw competencies as a behavioral approach to emotional, social, and cognitive intelligence. Emotional intelligence competencies draw on such concepts as self-awareness and emotional self-control. Social intelligence competencies manifest in social awareness and relationships, including teamwork and empathy. Cognitive intelligence competencies include systems thinking and pattern recognition. A fourth dimension, cultural intelligence, was introduced by Chin and Gaynier (2006), to bring attention to unifying factors that undergird organizations and people. The authors proclaimed that in the global marketplace, cultural dynamics are critical to organizational transformation and leadership success. For an organization, culture includes shared values and guiding principles, and considerably impacts an organization's profitability and overall performance.

Level of education

Educational attainment refers to the highest level of schooling that a person has reached. Although formal education such as training at colleges and universities may be an effective means to reach the future workforce, the speedy change and developments in the world emphasize the need for lifelong learning (Kirsch & Lennon, 2005). However, education can be an important means to develop at least basic leadership and management skills (Veenhof 2005; Mioduser, Nachmias, Tubin, & Forkosh-Baruch, 2003). According to the BECTA, (2009) one study in Britain found that people with more education have higher leadership skills, but suggests that more educated people tend to be in leadership positions.

Some medically trained health services managers specialize in areas such as nursing or physical therapy, and their duties may involve patient care, as well as management functions. Most are employed by hospitals, but some health services managers work for doctors' offices, nursing care facilities and healthcare management organizations. Educational requirements are characteristically a master's degree in health sciences, business administration or a related field, although some may possess only a bachelor's degree. Applicants with master's degrees may enter the job market at the supervisory level; nevertheless, applicants with a bachelor's degree may start out as administrative assistants and work their way up while gaining on-the-job training.

Professional training

Today's healthcare landscape is a dynamic, unpredictable sea of legislative and economic transformation. Healthcare leaders, namely those in administrative and management roles, need a wide range of operational, relational, and analytical skills to effectively carry out their responsibilities. Healthcare administrators' abilities to do their jobs well, directly affect the quality and availability of affordable healthcare.

Today's dynamic healthcare landscape demands for highly educated and motivated administrators who maintain cutting-edge information system skills and managerial expertise as they oversee huge healthcare operations. A strong business orientation, paired with sharp leadership and communication skills are critical for today's healthcare administrator. Certain operational skills are crucial to an effective leader. Healthcare administrators are frequently required to maintain and develop professional standards, procedures, and policies for various institutional activities. These healthcare leaders are also answerable for developing and expanding programs for scientific research, preventive medicine, medical and vocational rehabilitation, and community health and welfare.

Mangers in health care play a key role in making sure that there is a professional lead with visible authority, which is accessible and can act as an advocate for nurses and midwives within a health service at the executive and board level (Duffield, Kearin, Johnston & Leonard, 2007). The absence of professional leadership through to the executive level can result in a demoralized workforce with increased staff turnover (Duffield, Kearin, Johnston & Leonard, 2007; Duffield, Roche, Blay & Stasa, 2011).

Management level in the organization

Many leadership theorists have openly acknowledged that leadership needs are dependent on the leader's level within the organization (Day & Lord, 1988; Hunt, 1991; Hunt & Ropo, 1995; Jacobs & Jaques, 1987; Katz, 1955; Katz & Kahn, 1978; Zaccaro, 1996; Zaccaro & Klimoski, 2001). Although much leadership research grounded in psychology has tended to examine rich dynamics of leadership, the findings mainly apply to leaders at lower levels of the organizational hierarchy. At the other end of the spectrum is research conducted in strategic management, which yields a set of findings regarding characteristics of top level leaders and their pattern of correspondence to organizational strategies and outcomes (Hambrick & Mason, 1984). Jacobs and McGee (2001) differentiate three general levels of leadership, which correspond to the long recognized three-tiered organizational design. At the bottom, leadership includes supervision where leaders hire and fire and allocates tasks. The next layer up is middle management where leaders establish operational goals and coordinate the effort required to meet these objectives. The top level leadership layer is the strategic apex of the organization which establishes a vision and sets broad objectives for the overall organization.

Zaccaro (1996) made the point that leaders at different organizational levels enact the same functions: direction setting, boundary spanning, and operational maintenance, but do so differently. The difference between direction-setting at the top versus the bottom of the organization resides in the time horizon. At the bottom of the organization, a leader may plan for a 3-month time horizon whereas at the CEO level, the horizon includes planning for years and maybe even decades ahead (Jacobs & McGee, 2001). With boundary spanning, the difference rests in the nature of the boundary the leader is spanning. At lower levels of the organization, the leader is boundary spanning between his/her unit and other units internal to the organization; conversely, at higher levels of the organization, leaders gradually span boundaries that link his/her unit to entities outside the organizational boundary.

Theoretical Framework

The intended study will be guided by the role of leadership models that have been tested and worked. Leadership is the ability of an individual to effect and rally others to envision and realize a better future whereas management is planning and using the resources competently to produce intended results (Management Sciences for Health, 2010). The overall goal of leadership is to identify best practices in global health in leadership and management in order to attain the wanted results that can increase the efficiency and impact of ongoing global health programming and improve health workforce retention.

The Management Science for Health Model

This model has been applied in various countries and proved to work. For example, it was used in Egypt, used applied learning strategies, and developed team building strategies, expansion of the training. All these activities were followed by substantial observed health impact; maternal mortality decreased by 41% between 2003-2006, (Management Sciences for Health, 2006).

It attempt to identify managers who lead, and improving processes that result in improved services, health outcomes and health workforce retention in all health facilities. The model defines practices that enable a manager to lead and a manager to manage. For instance, leading involves scanning, focusing, aligning or mobilizing and inspiring, while managing involves

planning, organizing, implementing and monitoring and evaluating (Management Sciences for Health, 2002).

RESEARCH METHODLOGY

Research Design

A descriptive survey design was used to investigate role of leadership on retention of human resources at healthcare facilities in Meru County, Kenya. This design was chosen because it had the advantage of producing a good amount of responses from a wide range of people. It also provides a clear picture of events and people's behavior based on data gathered at a point in time.

Target Population

The target population of this study constituted of approximately 1,058 medical staff who includes doctors, nurses, pharmacists, laboratory technicians, clinical officers, management personnel working in health facilities of tiers 2 to 4 public hospitals in Meru County. According to the healthcare system in Kenya, 2014, Health facilities in Kenya are grouped into six levels. Tier 1 is made up of community, Tier 2 provides Primary Care level Previous KEPH levels 2 and 3 (Dispensaries Health centers), Tier 3: County level Previous KEPH level 4 (District referral hospitals (47) and Tier 4: National level –Previous KEPH levels 5 and 6 Level 5 – Provincial referral hospitals (10) and Level 6 – National referral hospitals (2).

Public health facilities in Meru County

	Total number (N)	Sample (n)	Target number of healthcare workers (N)	Number sampled
Tier 4	1	1	392	91
Tier 3	5	3	254	81
Tier 2	201	60	412	92
Total	**207**	**64**	**1,058**	**264**

Retention was calculated through subtracting the number of healthcare workforce who had quit the hospitals from the total number of healthcare workforce available during data collection, divided by the total number of healthcare workforce and then multiplied by 100.

$$\text{Retention percent} = \frac{\text{Total number of healthcare workforce - the number of quitted nurse}}{\text{Total number of healthcare workforce}} \times 100$$

Data collection methods

This study used questionnaires with closed- ended and open-ended questions. Questionnaires we intended to elicit information about effect of leadership styles on job retention of staff working in public hospital in Meru County. The questionnaires were pre-tested to eliminate bias and ambiguity. There was a cover letter attached to each questionnaire explaining the purpose of the study and requesting the co-operation of the respondents. Respondents were given time to study and complete the questionnaires distributed to them.

Data Analysis

Types of statistics used depended on the type of variable in the study and the scale of measurement for example ratio, interval, ordinal or nominal. SPSS software was used to generate descriptive statistics, that is, mean, percentages, mode and frequency distributions. The results are presented in charts, graphs and tables.

FINDINGS

Assessment of Leadership Competency Skills

Therefore, the preceding section involves the respondents view concerning leadership competency skills.

Leadership Competencies

The researcher had to establish how leadership competencies are applied at health in public health facilities in Meru County. The results were recorded in table 4.1 below for interpretation purposes.

Leadership Competencies

Statements	Mean	Std. Dev.
FACILITATING TRANSFORMATION		
I articulate the need for change and its impact on people and services	4.045	.541
I focus myself and motivate others to ensure change happens	3.985	.461
SETTING DIRECTION		
I identify the drivers of change (e.g. political, social, technical, economic, organizational, professional environment)	4.254	.451
I anticipate future challenges that will create the need for change and communicate these to others	4.124	.652
APPLYING KNOWLEDGE AND EVIDENCE		
I use data and information to suggest improvements to services	3.641	.658
I influence others to use knowledge and evidence to achieve best practice	3.487	.823

The results from table 4.1 above indicates that on whether the leaders had articulated the need for change and its impact on people and services had a mean of 4.045 and standard deviation of .541. On the other hand, on whether they focused themselves and motivate others to ensure change happens had a mean of 3.985 and standard deviation of .461. Moreover, whether they identified the drivers of change (e.g. political, social, technical, economic, organizational, professional environment had a mean of 4.254 and standard deviation of .451. on whether they anticipated future challenges that will create the need for change and communicate these to others had a mean of 4.124 and standard deviation of .622. on whether they use data and information to suggest improvements to services had a mean of 3.641 and standard deviation of .658. finally on whether they influence others to use knowledge and evidence to achieve best practice had a mean of 3.487 and standard deviation of .823.

It is apparent from the study above that facilitating transformation is a key leadership competency. The respondents supported this through articulate the need for change and its impact on people and services and focus myself and motivate others to ensure change happens. These results were in line with Beard well (2007) notes that the role of leadership and a supervisor is vital in staff retention, and argues that employees leave managers not companies.

Gwavuya (2011) asserts that incompetent leadership results in poor employee performance, high stress, low job commitment, low job satisfaction and turnover intent. Research conducted on the state of South African Training industry showed that management style was the most prominent retention factor in South Africa (Netswera, 2005). Sherman etal (2006) found in their research that majority of the employees in organizations surveyed planned to remain with their organizations at least for the next five years because of the prevailing culture of management care. Chew (2004) observed that leadership behaviour has a positive influence on organizational commitment and turnover intention. Muindi (2011) recognized that leadership style, specifically lack of involvement in decision-making and inadequate communication were some of the issues that caused dissatisfaction of academic staff University of Nairobi. Therefore, literature indicates that leadership style is crucial in staff retention.

Assessment of Leadership Competency Skills and health workforce retention

Correlation analysis

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.683	.123		5.575	.000
Managing yourself-	.414	.105	.469	3.944	.000
Continuing Personal Development	.317	.101	.362	3.137	.003
Acting with integrity	-.231	.131	-.231	-1.771	.083
Working with others	-.367	.099	-.414	-3.720	.001

a. Dependent Variable: Retention of human resources for health

The t-test shows three research factors have a strong probability relation with leadership competency skills**.** These are Managing yourself with probability of 47% (t=3.944), Continuing Personal Development with 36% (t=3.137) and Acting with integrity with 41% (t=3.720). From the study above, it is clear that leadership qualities affect employee retention. Majority of the

respondents indicated that they had most desirable leadership qualities. These findings were in line with Gwavuya (2011) who asserts that incompetent leadership results in poor employee performance, high stress, low job commitment, low job satisfaction and turnover intent. Research conducted on the state of South African Training industry showed that management style was the most prominent retention factor in South Africa (Netswera, 2005). Sherman etal (2006) found in their research that majority of the employees in organizations surveyed planned to remain with their organizations at least for the next five years because of the prevailing culture of management care. Chew (2004) observed that leadership behaviour has a positive influence on organizational commitment and turnover intention.

Table 4:3 Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.544	.425		8.545	.045
Leadership competencies	.541	.154	.656	5.574	.035

Y= Employee retention
X1= Leadership competencies
$Y= 3.544 + 0.541X_1$ P=0.039[a]

The following regression result was obtained: From the model, when other factors (Leadership competencies,) are at zero, the Leadership competencies will be 3.544. The findings can be equated to Gibson (1998) that transformational leadership that is critical in facing today's challenges will not be content to sit back and let the cruise control do the driving. These leaders will be looking forward, scanning the landscape, watching the competition, spotting emerging trends and new opportunities, avoiding impending crisis. They will be explorers, adventurers, trailblazers.

DISCUSSION

The researcher sought to establish the perception of the respondents on leadership role on staff retention at this health facility. The respondents indicated that several professional organizations have developed executive statements addressing the national nursing shortage and high turnover rate among staff nurses. Reported hospitals that have successfully recruited and retained staff nurses have leaders who demonstrated competency in their role, are trustworthy, and value and support the contributions of their employees. These findings were in line with Bass & Avolio, (2000) who argues that the leader empowers followers through a shared vision, trust and common values, inspiring their influence across networks. By contrast transactional model of leadership offers incentive based exchange between the leader and follower in return for enhanced performance. This approach is task focused, based on hierarchy, bypasses the requirement to engage individual and concerns maintenance and monitoring a pre-existing service, having an operational rather than a strategic focus.

CONCLUSION AND RECOMMENDATIONS

Conclusions

Leadership competencies of health care managers influence retention of health workers in Meru County

By defining job roles and associated competency proficiency, leadership can gladly identify strengths and skill gaps. Competency management then informs targeted skills development learning solutions improving individual and organizational performance, leading to better business results.

Recommendations

Leadership competencies of health care managers influence retention of health workers in Meru County

To improve their competencies, Leaders should provide work-life balance; provide staff with comprehensive medical covers or access to free treatment and childcare services.

REFERENCES

A. A. Farag, S. Tullai-Mcguinness, and M. K. Anthony, (2009). "Nurses' perception of their manager's leadership style and unit climate: are there generational differences?" Journal of Nursing Management, vol. 17, no. 1, pp. 26–34, 2009.

Antonio Mussa, 2007, Africa Health Monitor January – June 2007. Vol. 7, No1. A magazine of the World Health Organization Regional Office for Africa.

Beardwell J., & Claydon, T. (2007). Human Resource Management. A contemporary Approach. London: Prentice Hall.

Boyatzis, R. E. (2008). Competencies in the 21st century. Journal of Management Development, 27(1), 5–12.

Castillo- Laborde, C. 2011. Human resources for health and burden of disease: an econometric approach. Human Resources for Health , 9(1): 4.

Chew,J.C. (2004). The influence of human resource management practices on the retention of core employees of Australian organisation. PhD Thesis. Murdoch University.

Chin, C. O., & Gaynier, L. P. (2006, March). Global leadership competence: A cultural intelligence perspective. Paper presented at the 2006 Midwest Business Administration Association International Conference. Chicago, IL.

Day. D. V., & Lord, R. G. (1988). Executive leadership and organizational performance: Suggestions for a new theory and methodology. Journal of Management, 14, 453 – 464.

Duffield, C., Kearin, M., Johnston, J., & Leonard, J. (2007). The impact of hospital structure and restructuring on the nursing workforce. Australian Journal of Advanced Nursing, 24, 42–46.

Duffield, C., Roche, M., Blay, N., & Stasa, H. (2011). The work environment, nursing unit managers, and staff retention. Journal of Clinical Nursing, 20(1–2), 23–33.

Gwauya, F. (2011).Leadership influences on turnover intentions of academic staff in institutions in Zimbabwe . Academic Leadership Journal, 9, p. 1-15.

Hambrick, D. C.& Mason (1984), Environmental Scanning and Organizational Strategy , in: Strategic Management Journal, 3, 159-173.

Jacobs, T. O., & McGee, M. L. (2001). Competitive advantage: Conceptual imperatives for executives. In S. J. Zaccaro & R. J. Klimoski (Eds.), The nature of organizational leadership: Understanding the performance imperatives confronting today's leaders (pp. 42 – 78). San Francisco, CA: Jossey-Bass.

MSH (Management Sciences for Health). (2010).*Managers Who Lead: A Handbook for Improving Health Services* 3rd ed., Cambridge, MA: Management Sciences for Health.

McNamara, C. (2003). Field guide to leadership and supervision for nonprofit staff (2nd ed.). Minneapolis, MN: Authenticity Consulting.

Muindi, F. (2011). The relationship between participation in decision making and job satisfaction among academic staff in the School of Business University of Nairobi. Master of Business Administration Thesis, University of Nairobi.

Netswera, F.G., Rankhumise, E.M., and Mavhundila, T.R. (2005) Employee retention factors for South African higher education institutions: A case study. South African Journal of Human Resource Management, 3, p. 36-40.

Sherman etal (2006). Turnover, social capital losses, and performance. Academy of Management Journal, 48, 594-606.

Tettey, Kipkebutt, (2010). Manager leadership and retention of hospital staff nurses. West J Nurs Res. 1997 Apr;19(2):205-26.

Vroom VH, & Jago A. G. (2007). The role of the situation in leadership. Am. Psychol, 62(1), 17-24.

World Health Organization. (2007). *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action.* Geneva, Switzerland: World Health Organization.

Zaccaro, S. J (1996). Models and theories of executive leadership: A conceptual/empirical review and integration. Alexandria, VA: U.S. Army Research Institute for the Behavioral and Social Sciences.

Zwell, M. (2000). Creating a culture of competence. New York, NY: Wiley.