

Political Factors Influencing the Shortage of Human Resources for Health in Samburu County Referral Hospital, Kenya

Salim Omambia Matagi

Kenya Medical Training College P.O.BOX 76-20402 Longisa
Bomet (Department of Administration)

Nipher Khisah Nganga

Kenya Medical Training College P.O.BOX 30195-00100, Nairobi
(Lecturer Department of Health Information)

ABSTRACT

Objective: The principal reason for carrying out the project was to determine the political factors that influenced the shortage of human resources for health at Samburu County Referral Hospital in Kenya. **Design setting:** The investigation deployed a cross-sectional study. **Subjects or participants:** A sample population of 145 participants was calculated using the Fishers et al method of 1998. Data collection was done using a survey with closed-ended queries. A strict inclusion criterion was followed to select the respondents from all trained health personnel in Samburu County Referral Hospital in Kenya. Data were analyzed using SPSS, presented in figures with various diagrams like charts and tables and interpreted using descriptive statistics. **Results:** The results showed that according to the study, there were no programs set aside to ensure that all employees in the hospital were treated fairly. When it came to discharging their jobs especially posting, 72.6% (p-value 0.000 and OR 1.1), agreed that they gave bribes to be posted to their preferred working station. Segregation among the healthcare workers had been reported with 59.4% and 56.8% (p-value 0.00 and OR 1.1), of the healthcare workers agreeing that there was segregation by virtue of their religion, gender and culture. **Conclusion:** Political factors such as employees using their affiliate influence to get better working stations, preferential treatment and job posting were among the major issues highlighted in the study.

INTRODUCTION

To have a good health system, there must be a symbiotic relationship between the government, health care workers, tools used to properly run the hospitals and delivery of services. But among the premise, human resources for health has been a crucial cross-cutting mass to all other structure blocks. HRH was demarcated as all people involved in actions aimed at improving health services. These human resource for health includes clinical staff such as physicians, nurses, pharmacists, dentists, radiologists, among others, as well as the support staff and top-level management [1].

One of the major challenges and stumbling blocks in achieving health care services towards sustainable development goals has been a shortage of personnel and specifically health personnel. The shortage has led to poor health delivery services, especially to newborns,

children and mothers across Africa and the world as a whole, [2]. A good case study was how China was facing a shortage in that sector which had been attributed to low pay among the workers and a lack of continuous health education. It was also worth noting that most workers prefer working in urban centers which has really hindered health delivery, [3]. With Asia showing a huge number with regard to the shortage of health personnel, it is Africa and sub-Saharan Africa that accounted for the greatest share. It was worth noting that with government efforts towards training 47 countries we only had 168 registered medical schools, [4]. The years' people of sub-Sahara spend have been reduced by 35% especially in 17 out of the 48 countries involved and this has really hindered the expansion and implementation of the much-needed health service with remote and rural areas being the most affected. Making the Sustainable development goals very hard to achieve and implement, [5].

The reasons have been the high wage bill required to run the hospitals, social-economic factors and political factors that have been among the main reason attributes for the crisis, (Government of Kenya [6]. The northern part of the country Kenya has been highlighted as one of the regions in the country with the biggest gap compared to the other parts of the country, with regards to inequalities in the health service. To bring this point home, the northern part has a population of 2.3 million people, accounting for 6.4% of the entire population, doctors and pharmaceutical technologists share the same number, followed by clinical officers and lastly, we had nurses with the least share among all the health workers distributed by the government of Kenya, [6]. The Samburu County Referral Hospital has been challenged with the shortage of HRH. It was due to this deficiency of human resources for health that the Kenyan Government decided to import 100 Cuban doctors and dispatch at least 2 in each county, including Samburu County. Although the Cuban doctors were brought, Samburu county referral hospital still experiences a shortage of HRH in every department. [6]

Remuneration includes non-financial prizes such as upgrades, gratitudes and duty. They included forms of rewards that do not involve any direct payment or any promotion. That notwithstanding the other forms of encouragement called remuneration. The incentive aimed to entice, inspire and preserve extremely performing workforces and to develop structural victory [7]. Eye-catching payment deals were one of the most significant aspects of holding because it satisfies the monetary and measurable requirements as well as offer the means for employee position (Shoaib et al., [8]. Areas that had suffered huge workers' unrests and protest among specialists and workers' unions on behalf of workers comprise the learning and health industry. An examination of these areas revealed that there is certainly an important income dissimilarity in the health sector. Nursing and mid-wifery experts in government-run institutions, normally suffer a salary punishment of fewer than thirty thousand shillings. Health workers formerly in local government used to pay out ninety-five thousand shillings on their gross salary. Medical/clinical officers in the public sector sustain a wage punishment of seven thousand nine hundred and forty on the basic salary, while government employees in the health civil service incurred a punishment of nine thousand and nine hundred on basic and gross wage in turn [9]. Staffs reimbursement precedes a large quantity of government expenditure on health. The privately owned hospitals pay moderately advanced elementary pays than the public sector. Caregivers and skilled worker make fewer than half the premier wage, which is grossed by medical specialists, dentists, and radiologists. Even though the medical worker makes the premier payment, this rests very low related through global wages, presenting the poor effectiveness of Kenya on the global health labor marketplace [4].

The migration of health care workers within the country and outside the country, affected ultimately service delivery in the country. The movement was associated to many things, such as low pay, prospects of growth in your area of specialization, but pay stood out and seems to be different in different governments, faith-based hospitals and the private hospital, [3,9]. When systems in the health sectors come out like they are created to only empower certain job groups in that institution, they were likely to have some people complain because they felt discriminated against and ultimately affected the working psyche of the employee this inequality was seen between doctors and clinical officers. These issues really brought out aspects of reduced motivation, [10]. Correctly working national systems of examination could significantly enrich worker inspiration, professionalism and conservation, because each health professionals should be treated and paid equally. In Ghana, for instance, an extra duty hour's payment was announced to increase maintenance of health workers. Nonetheless, the point that nurses get less than doctors under this payment is extensively testified to have disheartened the nurse work fraternity. The ministry of health witnessed an upsurge in the number of nurses wanting to migrate and subjective sign suggests that it was linked to the disheartening consequence of this apparent inequity [11]. In a study of maintenance of expert labor in Cape Town [12], acknowledgment and payment for the good concert were found to have expressively unfair strengthening of personnel in the private sector establishments but not so in the government run institution. Staffs, specifically those with admiration and self-drive pushes want to be valued and remunerated, not essentially with cash, but by willingly admitting their accomplishments and involvement to the realization of administrative aims and purposes. [13] Showed that employee pay was realized to stimulate how many workers would stay in an organization or move to another organization. According to [14], the salary of the health worker does a very important role in the final decision of an employee on whether to transfer or stay in the same organization. Private organizations also give gratuities and exceptional awards to respect and demonstrate a good deal. In public organizations, nurses are known to be rewarded but there are no gratuities.

MATERIALS AND METHODS

The study utilized a cross-sectional study design, focusing on determinants of the shortage of human resource for health at Samburu county referral hospital. Quantitative data was collected from administering questionnaires to middle level management and health care workers in the hospital. This study designed was deemed suitable for this study considering the desire to obtain firsthand data from respondents to formulate rational and sound conclusions for the study and recommendations for the study. Samburu County number 025 borders Baringo County to the west, Laikipia County to the South, Isiolo County to the East, Turkana County to the northwest and Marsabit County to the north. Lake Turkana borders at the northern tip between Turkana and Marsabit counties. The study area was be Samburu County Referral Hospital. It was the largest hospital in Samburu County. According to the Kenya Master Health Facility List, the county has 3 level 4 health facilities, 17 level 3 and 89 level 2 health facilities. Majority of health care facilities in the county were faith based and private hospitals and clinics that serve the county. Samburu County Referral Hospital being the largest in the county was picked to give a representation of the county health personnel shortage status.

Conferring to the 2019 Census, Samburu County populace had 310,327 persons with a domestic of 4.7 and a populace mass of fifteen people per Km² and a populace growing rate of two percent per annum. The age distribution was zero to fourteen years at fifty percent, fifteen to sixty-four

years at forty six percent and sixty-five and above representing three percent. Target population was the specific population from which the data was collected. The target population was composed of 174 health workers that work at Samburu County Referral Hospital. These health workers were the trained personnel who provide healthcare services. The study included all 174 trained health personnel in Samburu county referral Hospital, specifically those who engaged directly in healthcare delivery like nurses, physiotherapist etc. The study excluded the personnel who were not trained in health and who did not directly engage in enhancing health care services like cashiers, procurement officers etc.

The dependent variable was the HRH at Samburu County Referral Hospital, which was measured against the independent variables constituting political attributes like pecuniary philosophies examples salary remuneration, civil services benefits, religion, nuptial status and political affiliations.

Sample size determination

The preferred sample scope was calculated using the Fishers et al method 1998 as shown below: $nf = \frac{n}{1 + \frac{n}{N}}$

nf= required population size when the populace is less than 10,000

n= required population size when the populace is greater than 10, 000

N= target population

$$\frac{174}{1 + \frac{174}{2000}} = 145.97$$

$$nf = \frac{174}{1 + 0.0192} \quad nf = \frac{174}{1.192} =$$

Thus, the sample size was 146 respondents.

The investigator used stratified sampling procedure to select a good number that was represent the entire populace. The population was divided into strata i.e., according to departments. This sampling technique was preferred over simple random sampling and other sampling designs since stratification can lead to a gain in precision. In stratification the population is partitioned into groups which are called strata corresponding to some characteristics, subsequently, within each strata a sample probability (usually a simple random sample) was selected (Kothari, 2004), Then choice of the study population from each segment is performed based on a listed proportion. The sampling method used was to ascertain representativeness of the general population. Based on the representativeness of the technique used, it permits the researcher to draw conclusions as a representation of the entire population [15]. The data collection method used was questioning. Data collection technique involved structured questionnaires. The questioning method utilized structured questions in a tool where the respondent was writing down their responses thus respondents had to be literate. The study used a self-administered questionnaire to all the health workers at the facility. After gathering of raw records, the investigator used a gadget sequential number to approve that data input into the computer matches with that in the initial data form. The questions entailed issues on human resource traits. The tool was issued through the departmental in charges to the sampled health officers of each healthcare service department and was given via the drop and pick later method. An interval of 21 days was allowed for the data collection tool term after which the subjects who

had not responded or completed were added one or two more days for completion as per each department. The tools were then amassed and collated accordingly ready for analysis.

The information needed was gathered by use of surveys questions. A questionnaire had a set of published or printed queries with a choice of responses, created with an aim of a survey. The survey consisted of close-ended questions with an intention to gather the demographic data, political factors, socio-economic factors as well as queries on how knowledge contribute to these features that lead to the shortage of health personnel.

Data analysis was done using SPSS, and Microsoft Word software's with univariate, bivariate. Univariate exploration looked at the central tendency that is how the data tends to present itself around some values. Bivariate exploration was among the simplest statistical analysis, it contained the examination of two variables for the resolution of defining the experimental association between them in order to see if the variables were associated with one another, it was common to look at how those two variables concurrently variation together Bivariate analysis was supportive in testing modest hypotheses of association.

KMTC having a research mandate and office guided and provided the researchers on the ethical issues even before proceeding to seek for permission from the University of Nairobi/Kenyatta National Hospital ethical review committee thus the researchers were a consult, and all the necessary documents and permissions were obtained before commencing for data collection. The investigator sought and observe the ethical principles before obtaining consents from the respondents. The researcher ensured that the respondents' information was carried out with highest discretion and no influence was excreted on the respondents.

RESULTS

Social Demographic Characteristics

Social demographic characteristic	Frequency	Percent
Gender (n=106) - Male - Female	45 61	42.5 47.5
Age (years) (n=106) 18-25 26-35 36-45 46-59	42 34 23 7	39.6 32.1 21.7 6.6
Level of education (n=106) - College - University - Others	56 39 11	52.8 36.8 10.4
Religion(n=106) - Catholics - Protestants - Muslims - Others	44 37 10 15	41.5 34.9 9.4 14.2
Marital status (n=106) - Single - Divorced - Married - Separated	23 8 72 3	21.7 7.5 67.9 2.8

Social demographic characteristics among the study respondents

During the study, a total of 106 out of the 144 responded participated in the study through completing and returning the study questionnaire. The study population 18-25 age group accounted for the greatest number of health care workers in Samburu sub county referral hospital, with 39.6% followed by 26-35 with 32.1%, 36-45 (21.7%), and 46-59 (6.6%). Majority of the health care workers had attained collage education at 52.8% and university graduates at 36.8% and finally 10.4 % had no access to education. Catholics were the most represented religious group 41.5%, followed by protestants 34.9 and Islam at 9.4%. majority of the health care workers 67.9% were married, followed by singles at 21.7 % and separated couples at 2.2% least represented.

Political factors verses social demographic characteristics among the healthcare workers at Samburu county referral hospital

	SOCIO -DEMOGRAPHIC CHARACTERISTIC				
	Sex	Age bracket (Years)	Level of education	Marital status	Religion
Political factors	Male Female	18-35 >35	college University	Sing/sep Married	Islam Cath Protest
Do you find political interference in discharging your duty? - Strongly disagree/Disagree - Strongly agree /Agree P value	15.1% 29.2% 27.4% 28.3%	38.7% 9.4% 34% 10%	22.8% 21.3% 77.2% 78.7%	11.3% 2.8% 22.6% 14% 8.7% 40.6%	8.5% 17.9% 13.2% 4.7% 27.4% 28.3%
	0.049	0.560	0.573	0.601	0.247
Do you bribe to get preferred duty station or shift? - Strongly disagree/Disagree - Strongly agree /Agree P value	31.1% 48.1% 11.4% 9.4%	55.7% 23.5% 17% 3.8%	49.1% 29.2% 9.4% 12.3%	16.1% 4.7% 56.6% 6.6% 2.8% 13.2%	11.8% 37.7% 27.4% 7.6% 6.6% 9.4%
	0.893	0.89	0.130	0.35*	0.339
Do you sometimes feel segregated by the virtue of your religion? - Strongly disagree/Disagree - Strongly agree /Agree P value	35.8% 51% 5.7% 7.5%	60.4% 26.4% 11.3% 1.9%	50% 34% 7.5% 8.5%	20.8% 5.7% 59.3% 3.8% 1.9% 8.5%	10.4% 40.6% 36.8% 1,9% 6.6% 3,7%
	0.095	0.023*	0.638	0.029*	0.064
Do you sometimes get or feel segregated by the virtue of your gender or culture and ethnicity? - Strongly disagree/Disagree - Strongly agree /Agree P value	28.3% 38.7% 14.2% 18.9%	47.2% 20.8% 22.6% 19.4%	37.7% 28.3% 19.9% 14.1%	17% 49.1% 1.7% 7.6% 18.9% 5.7%	7.5% 36.8% 30.1% 1.9% 19% 4.7%
	0.130	0.294	0.573	0.467	0.24

In the study there was an association between gender and political interference in the healthcare workers discharging of their job with a p value pf 0.049. Gender, marital status, religion and age of the healthcare workers had an association with segregation by virtue of their religion.

Political factors verses social demographic characteristics among the healthcare workers at Samburu county referral hospital

	SOCIO -DEMOGRAPHIC CHARACTERISTIC				
	Sex	Age bracket (Years)	Level of education	Marital status	Religion
TRAINING	Male Female	18-35 >35	college Uni	Sep/sing Mar Div	Islam cath prot
I am satisfied with the training by the hospital to present my job	22.6%	47.2%	36.7%	13.2%	6.8%
• Strongly disagree/	40.2%	16%	24.6%	5.7%	28.5%
Disagree	18.9%	24.5%	19.8%	10.4%	29.3%
• Strongly agree	16.9%	12.3%	18.9%	24.5%	19%
/Agree				1.9%	11.9%
P value	0.311	0.118	.0722	0.92	0.025
	.		.		
Training opportunities are offered regularly in the hospital					
• Strongly disagree/	34%	58.5%	44.5%	18.9%	7.5%
Disagree	43.4%	19.8%	34%	6.6%	36.8%
• Strongly agree	7.5%	13.2%	12.3%	5.7%	33%
/Agree	15.1%	8.5%	9.5%	0.9%	12.3%
Sig				15.1%	8.5%
Exp(B)	0.657	0.752	0.484	0.978	0.632
95% CI (Lower-Upper)					.

Financial support is regularly given by the hospital to attend conferences and workshops to enhance my professional growth - Strongly disagree/Disagree - Strongly agree /Agree Sig	33% 42.5% 9.4% 15.1% 0.120	53.8% 22.6% 17.9% 5.7% 0.531	45.3% 28.5% 12.3% 13.9% 0.21 0.5	15.1% 4.7% 7.5% 3.8% 0.759	53.8% 15.1% 6.6% 10.4% 12.3% 3.8% 10.4% 12.3% 0.56 0.715
What is stated in training policy is what is practiced - Strongly disagree/Disagree - Strongly agree /Agree Sig	26.4% 46.2% 15.1% 12.3% 0.414	51.9% 21.7% 19.8% 6.6% 0.435	43.4% 34.9% 15.1% 6.6% 0.12	17% 4.7% 7.5% 2.9% 0.24	50.9% 17% 7.5% 30.2% 29.2% 1.9% 18.9% 12.3% 0.542
The hospital has good training opportunities - Strongly disagree/Disagree - Strongly agree /Agree Sig	24.5% 42.5% 17% 16% 0.025	50% 18% 21.7% 10.3% 0.338	35.2% 29.3% 21.7% 13.8% 0.001	14.2% 4.6% 10.4% 2.8% 0.001	47.2% 20.8% 7.5% 18.9% 12.3% 1.9% 18.9% 12.3% 0.000

p value of 0.000 and an OR of 3. Which means that there was a significant association. With regards to remuneration among the healthcare workers, they seem to be satisfied with their kind of remuneration they receive. But when it came to allowances and leave the workers were not satisfied with what they were getting from the county government of Samburu county, p value of 0.06 and OR 2.4, meaning that there was a significant association. Most of the healthcare personnel felt that they were okay in relation to promotions in the county referral hospital. Final remittances like NHIF were not remitted in good time by the county government

of Samburu, this delay had a p value 0.003 and OR 1.1, meaning there was a significant association.

DISCUSSION

A lot of human resources programs geared towards empowering the health workforce, includes proving for mechanisms to allow for fairness, fairness relative to wants, have shown to necessitate a planned health sector. These approaches contain the start of a financial protection strategy, putting emphasis on special needs groups the redeployment services. The main drive of any employer has been to ensure that all these strategies have been followed to create all-inclusive and fair working settings,[11]. According to the study, there were no programs set aside to ensure that all employees in the hospital were treated fairly. When it came to discharging their jobs especially posting, 72.6% (p value 0.000 and OR 1.1), agreed that they gave bribe to be posted to their preferred working station. Segregation among the healthcare workers had been reported with 59.4% and 56.8% (p value 0.00 and OR 1.1), of the healthcare workers agreeing that there was segregation by virtue of their religion and gender and culture. This ultimately created an unhealthy environment for the employees. [2], agreed with our findings, when he observed that Political, racial/ethnic upheaval, gender discrimination, corruption and political interference were among the main reason hindering the effective operation of health sector in most African countries at different capacities. Most nations that have witnessed political instabilities they have also seen the movement of their labor force to other countries with better working conditions.

CONCLUSION

Political factors such as employees using their influence to get better working stations, preferential treatment and job posting were among the major issues highlighted in the study that had a great influence on the shortage of human resources for health in Samburu subcounty referral hospital. Political, racial/ethnic upheaval, gender discrimination, corruption and political interference were among the main reason hindering the effective operation of health sector in most African countries at different capacities. Strengthening human resource for health should be among the priorities identified in the health national strategy and the county government for a long-term perspective, and all key actors in government, civil society, academia, and other stakeholders to participate in human resource policymaking.

RECOMMENDATION

The national/county governments and health workers should have strategies and reforms towards more progress on political and economic developments towards the fight against corruption that will consequently be an impetus to finding better ways to deliver quality health care.

ACKNOWLEDGEMENTS

We would like to acknowledge the Kenya National government through the Ministry of Health, the county government of Samburu, the Kenyatta National Hospital /University of Nairobi ethical research committee and the Kenya Medical Training College for all the support accorded to ensure the project was a success.

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