

JOURNAL OF HUMAN RESOURCE MANAGEMENT

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SELECTION ON QUALITY HEALTHCARE SERVICE IN
NAROK COUNTY**

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2022



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ABSTRACT

Increased poor public healthcare service such as administering wrong medication, misdiagnosis, delayed treatment, negligence and blatant complacency among others are rampant in Narok County. This is the motivation of this research to investigate the effect of recruitment and selection on service delivery in the county government of Narok County. To achieve this defining objective, the current study seeks to establish the influence of recruitment and selection policies and processes on service delivery in the county government of Narok County. Adopting descriptive research design with purposive and simple random sampling technique techniques to be used in sampling departmental heads and patients visiting the 4 four public hospitals of level three in Narok County. A structured questionnaire based on 5-point Likert scale to be piloted to fine tune it will be administered to respondents through pick and drop method after obtaining permission from relevant authorities to collect data. Collected data was processed through SPSS software using descriptive and inferential techniques. The findings were thematically expressed in percentages and frequencies before being presented in form of tables and figures accompanied with explanations inferred from statistics. The findings evolved conclusions from which recommendations were made. The study found that recruitment and selection policies have positive and significant influence on quality health care. Also, recruitment and selection process was found to have positive and significant influence on health service delivery.

Key Words: recruitment and selection, policies, processes, service delivery

Background to the Study

Due to of globalization and trend-setting innovation, present-day nationals or subjects in any country are increasingly educated, savvy and know their privileges like never before. Subsequently, governments are progressively under scrutiny to be responsible and respond to changing national needs. Accordingly, the C21st Century governments have been compelled to design new procedures, for example, decentralization to improve quality of service provision (Hostetter & Felsen, 2019). Be that as it may, this position must be conceivable by having the ideal individuals for the correct situations with important information, aptitudes, capacities and experience to convey quality service. Such gauge of workers must be acquired through viable recruitment and selection approaches, arranging, techniques and sources (Ilepe, 2017).

On a very basic level, compelling recruitment and selection is first, pegged on the presence of sound and utilization of arrangements rules (strategies and practices). Arrangement system is proxied by viewpoints, for example, expand recruitment, choosing and preparing of scouts, recruitment and selection process application, authoritative practices application and consistency with recruitment laws among others. Furthermore, recruitment and selection arranging just as techniques are similarly critical in and sources utilized for connecting with the workforce.

Recruitment techniques comprise occupation assessment, commercial of a post, screening the applications, shortlisting of up-and-comers, talking with applicants and possible arrangement of the effective up-and-comer. Further, solid and substantial recruitment and selection sources are vital to employing appropriate faculty. A portion of these sources incorporate advancement, move, recruitment/selection offices, work office, representative referrals, schools and host network (Bogatova, 2017).

Accordingly, the gauge of faculty enrolled relies upon the presence and use of sound arrangements, expand arranging, proper strategies and dependable sources utilized. These four parts of the recruitment and selection structure the study develops/variable or explicit destinations of the present research. In that regard, this study will endeavor to set up the connection between the four factors and service provision quality with regards to open healthcare in Narok County (Deserranno, 2017).

In spite of its cardinal job in procuring workforce, recruitment forms keep on confronting huge hindrances due to off base usage of these four key procedures and practices. Such poor enlisting choices noted by Garimella and Sheik (2016) bring about an assortment of issues, for example, horrible showing, over the top expense to the association, work turnover, truancy, low confidence, inadequate administration and supervision, disciplinary issues, expulsions and conceivable uncalled for rejection grievances.

Without a doubt, results into poor service provision quality cases such of wrong analysis, medicine, for example, stir up treatment or activity, the wrong solution, wrong medication administering and organization, for example, 16 youngsters in Busia County that endured changeless spinal damage, flaw infusion, wrong activity among other grave carelessness or ineptitude (World Health Organization, 2018; MOH, 2017; KIPPRA, 2018; and Kenya Health Service Delivery Indicator Survey 2018 Report), keep on including the rundown of traded off service quality.

Different hypotheses address recruitment and selection in connection to service provision and have been progressed by various creators. Most outstandingly, Attraction-Selection-Attrition (ASA) Theory reveals insight into associations having the option to discover, utilize and keep up the opportune individuals with the correct information, capacities and abilities in the correct numbers. Vrooms Expectancy hypothesis likewise gives rules to improving representative inspiration by changing the individual exertion to-execution anticipation, execution to remunerate hope, and prize valences (Hristova, 2015).

Statement of the Problem

The widespread clamor on poor public healthcare service, has not only deemed initially devolution enthusiasm but also raised concerns on the success of devolution (Luballo & Kipkorir, 2017). The World Health Organization's (2018) reported a malpractice and inadequacy case of medical personnel administering wrong medication like to 16 childre in Busia County Case. Additionally, the Ministry of Health (MOH, 2017) revealed incapability of the therapeutic conclusions that resulted in fatalities.

In 2016, the MOH identified medical staffs in Narok with the highest ineptitude, complacence and unmotivated. This explains congestion, high cases of misdiagnosed, delayed treatment, inadequate, malfunctional, vandalized and stolen medical equipment in Narok County. Wagana (2017) reported over 53% civilians disappointed with healthcare. KIPPRA's (2018) recorded 83% dissatisfaction level of public health care service in Narok County.

Regardless of the difficulties above, there is little empirical information in this field in Narok County (Kibui et al., 2015; Magokha, 2015; Muchomba, 2015; Mutai, 2015; Luballo

and Kipkorir, 2017; Loina, Nzau & Okuku, 2017; Kimathi, 2017). Available research is found in foreign nations which might not apply to the setting of the current study (Hostetter and Felsen, 2019; Witter et al., 2017; Ashraf and Bandiera, 2015; Ishii, Rohitachoo and Hossain, 2018; Ornaghi, 2016; Best, Hjort & Szakonyi, 2016). Against this setting, this study embarks to see whether there is any connection among recruitment and selection practices and service providers in the Narok County healthcare in Kenya.

Objectives of the Study

- i. To establish the influence of recruitment and selection policies in the county government of Narok County.
- ii. To assess the recruitment and selection processes used in the county government of Narok County.

LITERATURE REVIEW

Theoretical Review

Servqual Model

Parasuraman, Zeithaml and Berry (1988) developed the SERVQUAL model which is a multi-item scale to assess customer perceptions of service quality in service and retail businesses. SERVQUAL represents service quality as the discrepancy between a customer's expectations for a service offering and the customer's perceptions of the service received, requiring respondents to answer questions about both their expectations and their perceptions Parasuraman et al., (1988). The use of perceived as opposed to actual service received makes the SERVQUAL measure an attitude that is related to, but not the same as satisfaction (Parasuraman et. al., 1988).

SERVQUAL model was originally developed to measure 10 aspects of service quality. They are reliability, responsiveness, competence, access, courtesy, communication, credibility, security, understanding the tangibles that are used to measure the gap between customer expectations and experience. These 10 dimensions were merged into five dimensions namely Reliability, Assurance, Tangibles, Empathy and Responsiveness (Zeithaml, Berry & Parasuraman, 1996).

Tangibles focuses on appearance of physical facilities, equipment, personnel, and communication materials. It translates to the appearance and conditions of the building interior like furniture and equipment. The exterior includes the staff uniform of the (patrol officers and guards and centralists) companies signs and literature materials. Reliability item is about the ability of an employee to perform the service dependably and accurately or delivering on its promises. This dimension is critical for customers want to deal with firms that keep and fulfil their promises. This is—implicitly communication to the firms' customers (Saleh & Ryan, 1991).

Responsiveness is an employee's willingness to help customers and provide prompt service. This dimension is concerned with dealing with the customers' requests, questions and complains promptly and attentively. A firm is considered to be responsive when it communicates to its customers how long it would take to get answers or have their problems dealt with. To be successful healthcare institutions need to look at responsiveness from the point of view of the customer rather than the company's perspectives (Zeithaml, Berry & Parasuraman, 1996).

Assurance dwells on knowledge and courtesy of employees and their ability to inspire trust and confidence that combines original dimensions of competence, courtesy, credibility, and security. Assurance may not be so important relative to other industries where the risk is

higher and the outcome of using the service is uncertain as depicted in the medical and healthcare industry.

Empathy gives attention to caring for individualized attention that provides its customers with a combination of the original dimensions, communication and understanding the customer. Some of the ways that empathy can be provided to the customers by: knowing the customer's name, their preferences and needs. Many small firms use this ability to provide customized services as a competitive advantage over large firms. This dimension is more suitable in industries where building relationships with customers ensures the firm's survival. Empathy in security context could mean showing concern in times of service failure and providing service recovery of providing adjustable/suitable services (Saleh & Ryan, 1991).

Tefera Govender and Africa (2017) have the view that implementing SERVQUAL and measuring customer perception and expectation of service may result in customer retention, customer loyalty and positive word-of-mouth, increasing opportunity for cross-selling, employee benefits, improved corporate image, profit gains and financial performance.

Regarding the particular context of this study, this model is relevant in developing the dependent variable. In spite of the criticisms of the SERVQUAL model, its potential applicability in measuring service quality in the public healthcare institutions in Narok County can be used to determine consumer priorities and measure performance. This model is good for Level four public hospitals' management in Narok County to understand the service expectations and perceptions of patients and make improvements because of its good reliability and validity. The management can use this model to assess customers' satisfaction as a result of perceived service quality. This study shows that service quality can be measured along the same dimensions as proposed by Parasuraman et al., (1988).

Agency Theory

Proposed by Jensen and Meckling (1976), the organization hypothesis proposes a 'head' with explicit goals and 'operators' who are required to actualize exercises to accomplish those destinations. The center of the head specialist hypothesis is the 'office relationship', which relies upon power positions and data streams among principals and operators. The inquiry, ensures that the principals can deal with the interests of healthcare personnel.

The hypothesis is of the view that principals must unravel two essential errands in picking and controlling their specialists: First, they need to choose the best operators and make promptings for them to carry on as wanted. Second, they need to screen the conduct of their specialists to guarantee that they are proceeding as concurred. An issue emerges when the gatherings objectives strife or when it is troublesome or costly for the chief to confirm what the operator is really doing.

For this situation information asymmetry presents an issue of antagonistic selection and an ethical risk issue (Best, Hjort & Szakonyi, 2016). The issue of office is especially remarkable on the interest side of public service provision which emerges from the way that customers, lawmakers and bleeding edge suppliers have different interests intensified by the way that numerous head operator issues bring about the provision chain. Critically, Gilson (2017) sees decentralization as a modification of head specialist connections where principals hypothetically acquire influence over operators straightforwardly liable for service provision.

Breaking down decentralization changes utilizing the head-operator viewpoint. This help to clarify the exchange between various entertainers and the progressions that decentralization may carry new obligations of the on-screen characters included. Weaver (2017) viewed the

hypothesis of top down and base up models as the best way to ensure effective policy design and implementation.

These effective policy design and implementations enables the government to avoid partial failure and begin to take interest in ways that benefits the local government. In the base up model, definitive principal are the nationals or service clients, while lawmakers as delegates in basic leadership organs are operators. Thusly, the government managers are answerable for executing service provision capacities are operators of nearby political pioneers and service clients.

This theory is relevant to the current study especially in the applicability of developing the independent variables. Basically, the theory assists in understanding that employees are typical agents managing and running hospitals on behalf of citizens to the latter's benefit level four hospital in Narok County. The theory makes employee recruitment and selection teams understand the important roles of ensuring that they hire the right people by adhering and complying with recruitment policies, process, methods, and sources. Such quality of service is predicated on proper employee recruitment. Therefore, this theory is key to ensuring that proper compliance of standards is utilized when ~~in~~ when hiring workforce in order to guarantee high quality service delivery at the level four hospital in Narok County.

Conceptual Framework

Independent Variables

Recruitment & Selection

Dependent Variable

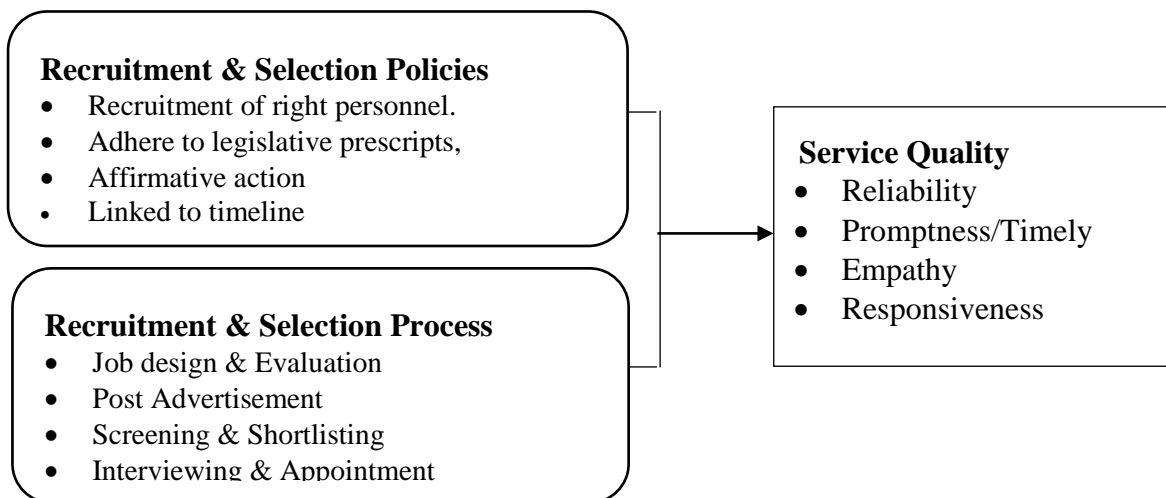


Figure 1: Conceptual Framework

Recruitment and Selection Policies

According to McConnell (2010), it is paramount for the executive to understand how to conceptualize and evaluate policy support programs themselves as indicated in the recruitment and selection forms. A clear irregularity and equivocalness while actualizing the policy failure to apply the process, programs, and politics will create lope holes in the role of implementation support. Also, the strategy guarantees that associations are being engaged with the recruitment and selection of the right candidates. This is a noteworthy investment in recruitment and selections. The criteria for assessing the contribution of a policy support program can effectively cover the extent to which such an intervention has helped to develop the stakeholders support.

The recruitment and selection approach ought to be connected to the courses of events to maintain a strategic distance from circumstances where an opening is publicized and arrangements are made after long time periods (Kwamie, Asiamah, Schaaf & Agyepong, 2017). The recruitment and selection approach ought to be connected to timetables to maintain a strategic distance from circumstances where an opening is promoted and arrangements are made after protracted time spans. Further, a suitable approach advances governmental policy regarding minorities in society and disposes of any type of non-separation during recruitment.

Recruitment and Selection Process

The recruitment and selection process start by distinguishing the requirement for procuring at that point creates position portrayal. This could be a requirement for another position, or to refill a current position, audit the authoritative structure, staffing aptitudes and mastery, and to propel the arrangement of the workforce with the firm's needs. A position depiction (PD) contains work related criteria and fills in as a rule for the presentation desires for a position.

An empirical study is utilized to distinguish work assignments and obligations (Ornaghi, 2016). This might be cultivated by gathering data about the situation; by meeting laborers, directors, and different managers; and by watching current representatives. The final product of occupation study is the set of working responsibilities and specifications. Position portrayals likewise help set up parameters and direction around the procuring and selection process.

The following stage is a careful recruitment where the sourcing plan will delineate and recognize intends to draw in an assorted and qualified candidate pool through sourcing and promoting. Upon receipt of applications, the screening process starts. At this point, the physical and mental capacities, information, aptitudes, individual qualities, and different parts of conduct can be successfully estimated through the pre-work tests. With the progression of time, the utilization of pre-business test develops at a quick rate in the selection procedure since they can clarify the characteristics and abilities of candidate unmistakably (Kwamie, Asiamah, Schaaf & Agyepong, 2017).

In the meeting, the questioner and candidate trade data so as to accomplish an objective through discussion. The work interviews are directed during the selection procedure through legitimate arranging. The charming area of the meeting place is chosen and the questioner has the great character with sympathy and capacity to convey and listen adequately. An occupation profile must be set up based on working responsibilities before the meeting is held.

Empirical Review

Recruitment and Selection Policies

Ashraf and Bandiera (2015) explored the effect of recruitment and selection technique on representatives' presentation: investigating three fabricating organizations in Nigeria. The research uncovered that the utilization of recruitment office and inside worker proposal in the recruitment/selection process empowers association to enlist submitted and profitable representatives while the recruitment through the impact of host network prompts hierarchical wastefulness. The above suggested that the point of recruitment ought to go past insignificant filling of opening to incorporate individual advancement and accomplishment. This enables the organizations to build a solid association where powerful cooperation and the peoples' needs are acknowledged simultaneously.

To accomplish these points, the study recommended that the associations must receive recruitment strategies that are steady and which are additionally predictable with the goals of the association and the desires for the bigger society. Purohit, Martineau and Sheik (2015) in a research on recruitment in the state-possessed firms in India, built up uncontrolled rebelliousness with approach rules relating to recruitment and selection by the PSC in the Toolkit on Recruitment and Selection.

Their study of the different HRM rehearses in the Public Service found that broad resistance with recruitment and selection rules were apparent. In their report on the appraisal of the province administration of HRM in general society service, it revealed that there was a disregard of essential practices, for example, the drafting of sets of responsibilities, work assessments and endorsement for work adverts were pervasive. Additionally, the study uncovered that such procedural exclusions hurt the uprightness and unwavering quality of the selection procedure. The report also uncovered the Public Service to legitimate debates by disappointed candidates.

Recruitment and Selection Process

Deserranno (2017) research focused on the impact of recruitment process on the representative execution 10 ranking directors in 5 media transmission firms in Singapore. The discoveries of the study uncovered that a recruitment procedure which included key parts of recruitment such recognizing the need and creating position portrayal, sourcing, publicizing and talking of future workers, recorded improved representative execution.

The study noted that associations need cautious time and thought to support upper hand in creating procedure on recruitment and selection process. Padgett and Morris (2015) led a quantitative report on the connection between recruitment procedure and staff-turn over among 5-star lodgings in Paris, France. Utilizing site device, 6 house-keeping directors from the six 5-star inns were locked in an online oral meeting for 20 minutes. With the help of multi-relapse of the SPSS (form 22), discoveries indicated that recruitment and selection exercises or procedures incorporated employment assessment, advertisement of a post, screening the candidates, shortlisting and interviewing applicants.

RESEARCH METHODOLOGY

This study utilized descriptive research design. The population of concentration for the present research were departmental heads and patients visiting the four public hospitals of level three in Narok County. Specifically, these included the departmental heads of Finance, Human Resource, Procurement, Stores and Inventory as well as ICT (Note here that these are more than 4 departments) from 3 level 4 referral hospitals. Also, patients visiting the health facilities at the time of the study, were included in the study. This study relied on the list of departmental heads of Finance, Human Resource, Procurement, Stores and Inventory as well as ICT from the selection and recruitment processes director and the citizen.

The research utilized data for the study using purposive sampling procedure by conducting the hospital departmental heads. At the end, each departmental head from Finance, Human Resource, Procurement, Stores and Inventory and ICT offices from the three level four public hospitals to an aggregate of 15 managers in the county, formed sample size. As recommended by Massis and Nordqvist (2016), 10 % of an average of 150 patients visiting each of the three level hospitals, yields a total of 45 patients from the 3 hospitals thereby bringing total final sample size to 60 prospective respondents to participate in the study.

Both primary and secondary data were used in the present research. A structured questionnaire was utilized in gathering data. The 10% pilot study respondents (which is 10 of the 60-example size in Narok County) did not participate in the primary review (Rajiv, Chu & Jiang, 2015).

Data was analysed using SPSS where descriptive and inferential techniques were done to show the nature and extent of connections set up between the dependent and independent variables. The findings were presented in tables and figures.

RESULTS

The total number of questionnaires administered was 118, however 85 questionnaires representing 70% were dully filled and returned while 33 questionnaires representing 30% were not returned. According to Mugenda and Mugenda (2003), a response rate below 40% is unreliable, a response rate of 40%-50% is poor, a response rate of 50%-60% is acceptable for analysis and reporting, a response rate of 60%-70% is good and a response rate of 70%-80% is very good while response of over 80% is excellent.

Descriptive Findings on Key Variables of the Study

The Influence of Recruitment and Selection Policies on Service Delivery.

The first objective sought to assess the impact of recruitment and selection policies on service delivery on various aspects. On a scale of 1 – 5, where 1= strongly agree; 2 = Agree; 3=Not Sure; 4= Disagree; 5= strongly disagree respondents were asked to rate various aspects of this thematic area (recruitment and selection policies) impact on service delivery . The responses for the aspects of this theme are as discussed below.

Table 1: Recruitment and selection policies

Recruitment and selection policies Assessment attributes	Mean (Likert Score)	Std. Deviation	Score (%)	Conclusion
Recruitment of best and right personnel.	2.84	1.111	50.6	Disagree
Non-discriminatory (Affirmative action)	3.39	1.0	50.8%	Agree
Carried out timely	3.46	0.8	63.5%	Agree
Offers competitive service terms	2.82	1.0	47.1%	Disagree
Promotes staff development, career progression and retention as well as continuity of organizational culture	2.64	0.7	48.2%	disagree
Recruitment and selection policies Assessment Score	3.03	0.9	49.3%	Not effective

Source: Field Data Computation (2021)

From the table above, it was noted that 50.6% of the respondents disagreed that there was recruitment of best and right personnel. As can be noted in the table above, 50.8% of the respondents agreed the selection and recruitment policies were non-discriminatory (affirmative action). In addition, it was noted that 64% of the respondents agreed that selection and recruitment was carried out timely. Further, the study established that 47% of the respondents disagreed that each offers competitive service terms. More so, it is evident 48% of the respondents disagreed that promotes staff development, career progression and retention as well continuity of organizational culture.

The Recruitment and Selection Processes

The second objective was to assess the influence of selection and recruitment processes on service delivery in public healthcare. The responses were as presented in the various tables below. On a scale of 1 – 5, where 1= strongly agree; 2 = Agree; 3=Not Sure; 4= Disagree; 5= strongly disagree, respondents were asked to rate various aspects of this thematic area of the impact of selection and recruitment processes in the management of public resources at the Public healthcare.

Table 2: Recruitment and Selection Processes

Selection and recruitment processes attributes	Mean (Likert Score)	Std. Deviation	Score	Conclusion
Job design based on need for recruitment	2.85	1.0	49.4%	disagree
Advertisement, screening & shortlisting of applicants	2.42	1.0	58.8%	Disagree
Interviewing	2.75	1.1	51.8%	disagree
Appointment and notification of both successful and unsuccessful candidates	2.65	0.9	56.5%	disagree
Selection and recruitment processes overall Score	2.97	0.1	59.3%	not effective

According to the statistics in the table above, 49.4% respondents disagreed that job design based on need for recruitment to enhance Service delivery at the public healthcare while 58.8% respondents disagreed that advertisement, screening and shortlisting of applicants. Besides, 51.8% respondents disagreed that interviewing was properly done. Still, the statistics in the table above indicate 56.5% respondents disagreed that appointment and notification of both successful and unsuccessful candidates is done appropriately.

Studies show that employees who are not motivated or do not have good terms of service and welfare, tend to nurse negative opinion on any aspect of selection and recruitment processes whether is true or otherwise. Indeed, high responses on most variables in this thematic area were poorly rated.

Satisfaction Level of Public Healthcare Delivery

In order to determine the satisfaction level of service delivery at the organizations, this part targeted patients who had visited the healthcare facilities at the time of the study. Essentially, this would determine how far satisfaction level had been attained by measuring specific public healthcare goals set out to achieve in terms of short-, medium- and long-term goals. This part strives to quantify the success level so far since the inception of the reform agenda. Respondents were asked to rate on a scale of 1 – 5= Very Satisfied, 4=Satisfied, 3= Not Sure, 2=Dissatisfied and 1=Very Dissatisfied. Use a tick (√), X, the value (1, 2, 3.....) or the word in the applicable box). The results are as presented in the table below:

Table 3: Satisfaction Level of Public Healthcare Delivery

Healthcare Satisfaction Attributes	Mean (Likert Score)	Std. Deviation	Score (%)	Conclusion
Staff were reliable by accurate diagnosis and treatment of medical condition on time	3.48	1.1	73.7%	Dissatisfied
Staff were responsive by listening attentively, addressing complains and questions confidently, promptly and adequately	3.58	1.0	82.1%	Dissatisfied
Staff were emphatic by politely acknowledging and apologizing for failure	2.62	1.0	59.3%	Dissatisfied
Documentation given were accurate, had all necessary information and easy to understand.	3.07	0.9	64.7%	Dissatisfied
The hospital has modern, adequate, functional, hygienic and well-maintained facilities	2.76	1.1	84.5%	Dissatisfied
Employees are neat and presentable	3.10	0.1	49.8%	Dissatisfied
Healthcare service was satisfactory and motivated to visit again	2.56	0.8	64.4%	Dissatisfied

According to the evidence of statistics in the table above, 73.7% of the respondents who visited were dissatisfied that healthcare staff were reliable by accurate diagnosis and treatment of medical condition on time. Secondly, 82.1% of the respondents were dissatisfied that the staff were responsive by listening attentively, addressing complains and questions confidently, promptly and adequately. Thirdly, 59.3% of the respondents were dissatisfied that hospital staff were emphatic by politely acknowledging and apologizing for failure.

As well, 64.7 % of the respondents were dissatisfied that documentation given were accurate, had all necessary information and easy to understand. Likewise, 84.5% of the respondents were dissatisfied that the hospital has modern, adequate, functional, hygienic and well-maintained facilities. Similarly, 49.8% of the respondents were dissatisfied that employees are neat and presentable. Further, 64.4% of the respondents were dissatisfied that the healthcare service they received when visited the healthcare facilities was satisfactory and motivated to visit again.

Regression Analysis

Multiple linear regression analysis was performed on the data for each independent variable, and for all variables combined. These yielded four multiple linear regression models based on the study objectives were very useful in comparison, clarification and confirmation of the relationships as well as the general results. To that end, the researcher was in a position to determine the effect, or lack of effect of the recruitment and selection of personnel on service delivery in the public healthcare in the county government of Narok County.

Regression analysis is a statistical modeling technique used to identify meaningful, stable relationships among sets of data. The application of these analytical procedures is based on the premises that, in the absence of known conditions to the contrary, relationships among the variables may reasonably be expected to exist. Linear regression measures the casual relationship between a dependent and one independent variable. Multiple regression analysis measures the effects of multiple independent variables on one dependent variable.

The study conducted inferential analysis using Pearson correlation coefficient, ANOVA and regression analysis. The researcher sought to determine effect of recruitment and selection on service delivery in the county government of Narok County. ANOVA was used to test the hypothesis that the means among independent variables (factors) and dependent variable (healthcare service quality) is equal, and to show the significance of the association between the four variables.

Variables that were considered for the study were recruitment and selection policies, recruitment and selection process, recruitment and selection sources and recruitment and selection methods. This was analyzed by use of SPSS as below.

Table 4: Regression Coefficients ^a

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	1.052	1.733		.607	.606
Policies	.298	.558	.315	.053	.647
Process	.065	1.415	.050	.046	.968

a. Dependent Variable: Healthcare service quality

Source: Research findings

The regression coefficients of the regression model Table 4 above, show a relationship between the independent variables and the dependent variable. The model generated is given as Y (On QHS QHS - Quality of Healthcare Service in the county government of Narok County) = 1.052 + .298 (R&S Policies) + .065 (R&S Process of QHS). Hence, the regression equation established was: $Y = 1.052 + .298X_1 + .065X_2 + e$. Implicitly, the regression coefficients of the regression model that reveals the existence of varying relationships between the independent variables and the dependent variable.

First, holding at 95% confidence level to a constant zero, on healthcare service quality in the county government of Narok County would stand at 1.052 and a unit change in recruitment holding the other variables under study constant, would result to a unit change in healthcare service quality in the county government of Narok County by a factor of 0.298 with a significant level of 0.647. Put in other terms, recruitment and selection policies can affect healthcare service quality in the county government of Narok County by 29.8% thereby answering the first research question of this study that sought to establish the relationship between recruitment and selection policies and healthcare service quality in the county government of Narok County.

Secondly, a unit change in recruitment and selection process, would cause a change in healthcare service quality in the county government of Narok County by a factor of 0.065 with a significant level of 0.968. This means recruitment and selection process affects on healthcare service quality in the county government of Narok County thereby answering the second research of this study that sought to establish the influence of recruitment and selection process on healthcare service quality in the county government of Narok County .

Table 5: Model Summary

The strength of the overall association between dependent and the independent variables and does not predict about individual variables on how an explanatory variable is associated with the dependent variable (quality healthcare service). R is the coefficient or determination

which showed the relationship the study variables. R squared was used to show how the regression line predicts the estimates of the mean and determine distance from the actual values. On the other hand, adjusted R squared or the coefficient of determination explains the variation in the dependent variable resulting due to change in the dependent variables.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.879 ^a	.773	.320	1.495

a. Predictors (Constant): Recruitment & selection policies, process, sources & methods.

The study findings in Table 5 show that R square is 0.773 indicating that 77.3% of the variation in the on healthcare service quality in the county government of Narok County are caused by the independent variables (recruitment and selection policies, recruitment and selection process) while 22.7% other factors not accounted in the study affect the healthcare service quality of healthcare service quality. From the findings, the study found that there was a strong relationship between the study variables as shown by .879 of 87.9%. The adjusted R squared 0.320 indicate that if population was used rather than a sample then the variation in the healthcare service quality of healthcare service quality would be 68%.

Table 6: Analysis of Variance - ANOVA^a

To test the statistical significance of the models as well as their adequacy for prediction, Analysis of Variance (ANOVA) was performed on an entire model together with t-tests on the individual predictor variables (determinants). ANOVA was used to check simultaneous comparison between two or more means, thus testing if a significant relationship exists between the variables under study. This helped in bringing out the significant of the regression model.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15.245	4	3.811	1.705	.000 ^b
	Residual	4.469	2	2.235		
	Total	19.714	6			

a. Dependent Variable: Healthcare service quality

b. Predictors (Constant): Recruitment & selection policies, process, sources & methods.

The findings in table 6 above shows that the regression model generated is significant at 0.05 level of significance given that the p-value (0.000) is less than alpha (0.05) as indicated by the ANOVA table. This shows that sample data used was ideal for making conclusions about the population as it is less than 5%, since the probability of 0.000 is negligible of giving false predication.

CONCLUSIONS

In tandem with the afore discussed observation in the summary above, this study arrived at key conclusions. On the first objective, the study concludes that recruitment of best and right personnel was not appropriately done. However, it is concluded that recruitment and selection was non-discriminatory (affirmative action) as well as carried out timely. On the other hand, it is concluded that recruitment and selection did not offer competitive service terms nor promotes staff development, career progression and retention as well as continuity of

organizational culture. It is concluded that recruitment and selection policies have an influence on the quality of healthcare in Narok County.

In regards to the second objective, the study concludes that job design was no based-on need for recruitment in healthcare in Narok County, Kenya. Besides, it is concluded that advertisement, screening and shortlisting of applicants process stages of recruitment and selection process were not effectively executed. Further, it is concluded that the interviewing stage of the recruitment and selection process was short of expectations. Likewise, it is concluded it is concluded the appointment and notification of both successful and unsuccessful candidates was never done effectively. To the end, it can be concluded that recruitment and selection policies on the quality of healthcare in Narok County.

RECOMMENDATIONS

In order to address the concerns identified among the conclusion discussed above, this study is of the strong opinion specific and respective intervention measures are imperative. To ensure effective recruitment and selection practices, there is need to formulate recruitment and selection policies that guarantee non-discriminatory (affirmative action), timely, competitive service terms, staff development, career progression and retention as well as continuity of organizational culture. Concerning recruitment and selection process, there is need to streamline job design, advertisement, screening, shortlisting of applicants, interviewing, and appointment and notification of both successful and unsuccessful candidates if the quality of healthcare in Narok County has to improve.

In terms of recruitment and selection sources, it is crucial to balance sourcing of employees by relying on other sources such as recruitment/selection agencies, labour office, host community and internship besides in-house mechanism for enhanced quality of public healthcare service in Narok County. In regards to recruitment and selection methods, the study suggests that besides maximization of interviews, references, cognitive, aptitude, personality tests as well as work sampling methods should be employed in recruitment and selection in healthcare in Narok County.

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