



Exploration of the Dynamics of Healthcare Performance Management in Sub-Saharan Africa

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ABSTRACT

In a professional human resource context, management practices refer to the employment acquisition and retention policies and strategies, implemented by organizations to improve organizational effectiveness and thereby improve institutional performance and quality. The limited studies on healthcare management practices in developing countries led to undertaking this study. The aim of this qualitative descriptive study was to explore management practices that influence the employee output in terms of health worker performance, specific to the quality-of-care within the Dakar-Senegal region. The theory of performance was served as a theoretical lens. Two research questions principally guided this study: 1) how do healthcare workers describe management practices that affect healthcare worker performance in Senegal? 2) how do healthcare workers describe management practices that affect the quality-of-care in Senegal? The focus of this study was on clinicians in various healthcare organizations in the region. The research for this study included one-on-one interviews and a focus group. The frequency of repeated words or phrases from the primary qualitative data were used to categorize data into themes. The major themes that emerged from the data analysis were (a) willingness to communicate within the organization and work as a team in the workplace, (b) expanding the knowledge and training skills for positive organizational operations (c) restoring an effective organizational structure in promoting learning/growth, increase efficiency, quality, flexibility, and performance, (d) productivity, and organizational commitment are based on the leadership, (e) transparency and leadership must be maintained for effectiveness, and (f) lack of trust tends in reducing workers' capacity and creating discomfort. These themes clarified how management practices may influence healthcare worker performance and quality.

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Introduction

The performance management paradigm is widely regarded to include measures and leadership strategies to achieve service quality improvements, consistent with the quest to achieve institutional efficiencies and sustainable operations. In the professional and corporate world, performance management is a strategic, administrative, and developmental function that connects the worker and team performance within the overall organization strategy (Lutwana & Dolamo, 2013). In a medical institution or hospital setting, quality-of-care outcomes often depends on the performance of health workers within the healthcare system and environment. Successful management strategies may reflect the institutional abilities to harness and optimize the human and other resources within the institution (Aboagye Agyemang & Sidney, 2014).

As a developing and politically stable country in West Africa, Senegal is among the 30th of the world's poorest countries and has grown over the past years in some areas. However, it still faces challenges in the healthcare sector with performance management issues (Barnes, et al., 2016). Management-related healthcare studies in Senegal appear

limited, and there is little knowledge of the challenges in healthcare and quality-of-care. The apparent gap in literature and knowledge, stemming from the lack of studies on the management of healthcare staff in this region, presents opportunities for research to increase understanding of healthcare from a business perspective in delivering quality care to patients (Awases et al., 2013), in terms of the economic and business performance of hospitals in Senegal.

In qualitative studies, the interviews specific to this study served to gain insight into participants' health care experiences, interventions, challenges, perceptions of health care, factors, or other reasons. Using focus groups and eliciting insights and data can better understand business challenges. Therefore, it could aid in solving an array of "real world" or practical problems (Kamberelis & Dimitriadis, 2013). The participants in a focus group are often randomly selected, albeit from an informed and knowledgeable pool; and population, to gain a deeper understanding of conversations identified and the problem statement of a study. Therefore, the focus group can serve the researcher understand individual reactions measured, and the researcher could conclude based on the responses gathered.

As part of this study, the medical professionals are qualified healthcare providers from multiple organizations; however, they play different professional roles associated with the delivery of patient care and are closely associated with the phenomenon under study. The data from interviews helped understand participants' experiences of health care challenges, factors influencing workers' performance and the quality-of-care, and gain insight into the study's central research question. This section includes a background of the problem and its identification. The problem is the imperatives of management practices within the Dakar-Senegal regional healthcare organization to influence healthcare worker performance and quality-of-care need exploration and understanding and provide the rationale for this study.

Aims of the Research

Health professionals play a significant role in the healthcare sector, and improving the performance of healthcare workers and the quality-of-care to enhance productivity and efficiency, is a challenge in most African countries (Awases et al. 2013). A developing country on Africa west coast, Senegal is endowed with a rich French colonial heritage. A population estimated at 13 million inhabitants in 2010 has a health system far from efficient and needs considerable improvement (Faye, 2014). It is essential to have competent and dedicated human resources (HR) to deliver quality healthcare services. The healthcare system in Senegal is plagued with human resources shortages and a lack of strategies to improve worker performance. In contrast, the lack of medical and other equipment adversely impacts the quality-of-care. Healthcare is critical to progress, and a nation's long-term development relies on a healthy society and the efficiency of its health care system (Faye, 2014). A lack of funds, inadequate resources, corruption, a weak economy, poor governance, and challenges in ensuring and maintaining economic sustainability often lower health worker performance and patient care quality. Hanefeld et al. (2017) stated that in the healthcare sector, it is vital to consider the role of management practices in influencing the quality of patient care. A continued emphasis on measuring and improving the quality-of-care improves patient satisfaction.

Awases et al. (2013) identified the performance management strategies of healthcare workers in developing countries. However, in this study, the goal was to explore how performance management strategies influence healthcare workers and the quality-of-care in Africa's Dakar-Senegal region. Africa suffers 24% of the global weight of disease yet has only 3% of the world's health workers (Claire et al., 2016). The quality of health worker performance also contributes to the negative impact of this significant gap on the healthcare system (Claire et al., 2016). Astute performance management improves employee effectiveness and facilitates meeting strategic and operational goals within an organization. Focused performance management includes knowing the job and having a good understanding of the organization's mission and goals.

A Problem Worthy of Study

A gap in knowledge in Senegal is unknown how healthcare management practices influence worker performance and quality-of-care within the Dakar-Senegal region. Past studies estimated the mortality rate of women in Africa in 2012 as dying of complications at birth is estimated at 620 deaths per 100,000 live births, 300 times higher than women in industrialized nations (Anne et al., 2017). The data from Africa also showed that 23% of women who gave birth

in health institutions did not enjoy postnatal care and services, and very few of the 77% of mothers completed all required visits (Anne et al., 2017). This study, possibly in some small way, served to understand the problem of achieving better performance and making changes for effective and efficient delivery of quality-of-care by providing a new understanding of the factors that influence the quality-of-care. The general population for the study was qualified healthcare providers within the Dakar-Senegal region. The phenomenon under study explored the influence of management practices on healthcare worker performance and quality-of-care.

The general business problem is that deficits in management, infrastructure, and equipment affect healthcare workers' performance and quality-of-care within the Dakar-Senegal region (Anne et al., 2017). The specific business problem is that some hospital clinicians have limited strategies to overcome the challenges associated with worker performance and lack of equipment, which adversely affects the quality-of-care. The findings from this study could help formulate strategies within many healthcare organizations in the Dakar-Senegal region to improve healthcare worker performance and quality-of-care. The strategies include supporting materials, implementation education, training, supervision, mentoring, supporting materials, and implementation of various programs to support workers' knowledge, skills, tools, behaviors, and motivation. The findings of this study possibly have provided an in-depth understanding of the complex issues related to performance management in healthcare settings in Senegal. The overarching research question for this study may gain insight into the problem under study. The aim was to bridge the gap in knowledge in Senegal. It is unknown how healthcare workers' management practices influence healthcare worker performance and quality-of-care within the Dakar-Senegal region.

Purpose of the Study

This qualitative descriptive study explored how healthcare workers' management practices influence healthcare worker performance and quality-of-care within the Dakar-Senegal region. This research included providers from diverse professional organizations within the Dakar-Senegal region in an urban area. A descriptive study approach with semi-structured qualitative interviews and focus groups was opted to collect data. The target population was approximately 3,077 qualified and eligible clinicians, of which 667 doctors and 2410 nurses (Nagai et al., 2017). The data were collected from a small sample size of 10 physicians and nurses drawn from the target population. All participants in the study were drawn from qualified and licensed physicians or registered nurses from different organizations.

Dakar-Senegal, the 30th poorest nation in the world (World Book, 2013), has experienced a considerable number of high female and child mortality rates over the past years because of avoidable causes, which arguably include the lack of institutional performance and equipment (Kruk et al., 2017). The deficits in management, infrastructure, and equipment cause the inadequate quality-of-care in the Dakar-Senegal region (Kruk et al., 2017). There is a dire and urgent need to reduce the mortality rate among females and children in Senegal. The World Health Organization (WHO) revealed some challenges in developing countries' health systems, including issues relating to service delivery, supplies, governance, technologies, and financing (Kruk et al., 2017).

Research Questions

This study addressed the following research questions are answered and addressed in the study.

Phenomenon: The aim was to explore in this study the influence of management practices on healthcare worker performance and quality-of-care within the Dakar-Senegal region; healthcare workers' descriptions of the management practices within the Dakar-Senegal region.

Advancing Scientific Knowledge and Significance of the Study

Based on Awares et al. (2013) recommendations, there was a need to understand and explore the gap in understanding the performance management of professional healthcare workers in the Dakar-Senegal regional public hospitals.

This study was constructed using the lens of the theory of performance (ToP) by Elger (2007), which covers the six fundamental concepts, context, level of knowledge, level of skills, level of identity, personal factors, and fixed factors related to management practices influence upon hospital workers' performance management or quality-of-care, thus address the gap. Bonenberger et al. (2014) noted that work motivation and job satisfaction are related to management practices.

Bonenberger et al. (2014) specified that to address health workforce inadequacies and organizations must evaluate management practices such as human resource (HR) and health system (HS) policies and practices already in place. Such practices should be reviewed and ameliorated through tasks assigned, training, supervision, and monitoring to improve the performance management of healthcare workers in Senegal. Effective management practices are often needed to achieve better outcomes for healthcare workers and healthcare delivery access. Thus, the study findings may significantly improve overall patient health outcomes and delivery of health care services within the Dakar-Senegal region. The study findings may also bridge the current gap in the literature with limited healthcare studies in Senegal. In the contemporary environment of 2018 and beyond, it is critical to understand the productivity and performance of healthcare workers in hospitals in Senegal, to enhance efficiency and quality-of-care. Hence, the focus of this study was to explore the impact of management practices on performance and productivity. The success of a healthcare institution depends on employee performance in increasing revenues and sustainability. The findings potentially add to existing knowledge of strategic business management imperatives for Senegal healthcare institutions and clinicians, and health administrators.

In business management, human resources and other factors, strategies, and practices play a role in worker performance and quality-of-care. Optimizing service delivery is vital for employees and patients in the healthcare industry. Measuring and managing performance systematically enhances the efficiency and effectiveness of organizations and is essential to ensuring business profitability (Mensah & George, 2015). An identified need emerged from exhaustive research, denoting the imperative to study healthcare workers and the performance management of health professionals in hospitals and healthcare institutions in developing countries.

This study aimed to identify the factors affecting the performance of healthcare professionals in the Dakar-Senegal region and to explore the management practices necessary for health workers to deliver quality care. The focus of this study included collecting qualitative data in areas of business and

management related to the delivery of quality patient care in a hospital in Senegal and the imperatives to ensure efficiency and high performance. The study involved exploring and drawing from the data collected using semi-structured qualitative interviews and a focus group with small sample groups of qualified healthcare providers from multiple hospitals within the Dakar-Senegal region. The lens of the performance theory serves as an additional perspective for deeper analysis.

Rationale for Methodology

Qualitative research justifies the rationale in this research study, given the goal to study a phenomenon of worker performance in the face of limited hospital resources. Nassehi et al. (2017) contended that interviews with open-ended questions and observations are more flexible and study a phenomenon. This study aimed at the management strategies necessary to optimize health worker performance and the quality of patient care and understand the business and financial strategic imperatives to increase hospital profitability and sustainability. In understanding management in a healthcare system, a qualitative study may be suitable to gain a more comprehensive understanding of a complex phenomenon (Nassehi et al., 2017), which would be in studying delivering quality patient care and institutional economic sustainability. Nassehi et al. (2017) endorsed the importance of research inquiry strategies for complex phenomena by ensuring approaches in achieving credibility and confirmability of the data collected, compared to a quantitative approach, where the emphasis is on achieving validity and reliability numerically based information.

A quantitative approach and mixed methods were unsuitable for this study. Quantitative research is typically used to measure the opinions or views of a group, test conceptual models, and compare the relationships between variables; however, arguably of limited value in gaining insight into participant's thoughts, emotions, and behaviors to be assessed (Jacobs et al., 2013), as needed in the proposed study. The aim of quantitative research, with closed questions, often may be to generate theories and study the explanation of causal relationships between variables and in the testing of formulated hypotheses (Mayer, 2015). In most cases, the limitation of quantitative research is a large population (Ridder, 2017). Using this approach was rejected since it would take a considerable time and effort to ensure participant disclosures, as noted in similar settings by others (Zainal, 2017).

The mixed-methods approach entails using a combination of qualitative and quantitative methods, which could provide a means to understand better the phenomenon studied. Still, it was not suitable for this study because of its complexities of using two methodological approaches and, as researchers have noted, extended time in the duration to undertake and in weighting, mixing, and theorizing (Christenson & Gutierrez, 2016). Mixed methods are often used to understand complex problems and hear participant thoughts (Guetterman et al., 2015); however, as stated is a complex process and unsuited to achieve the objectives of this study. McCuskey and Gunaydin (2015) added that in an initial qualitative method, a mixed-method might not suit the sample size selected may be too small. Overall, a qualitative descriptive study as ideal to explore the complex phenomenon of healthcare management in Senegal, with the underlying reasons and strategies, wherein using a small snowballing sample drawn from the population helped fulfill the research objectives of this study.

Implementation of Selected Research Methodology and Design Public hospitals in Dakar-Senegal appear to be losing revenues arising from issues related to human resources, lack of equipment, and infrastructure challenges. To better address the "how," "what," and "why" of particular events or to gain insights into a phenomenon being studied, a descriptive study may be more comprehensive in describing the experiences of participants to generate valid findings and interpretations in the research designs, data collection, and analysis (Kim et al., 2017; Houghton et al., 2013). The target population in this study included 3,077 staff with a sample size of 20 clinicians. The sample was purposefully drawn from 10 healthcare professionals, selected for interviews in English, and a minimum of 4 to 6 participants for focus groups.

This qualitative descriptive method design involved semi-structured qualitative interviews and a minimum of two focus groups. This qualitative design is conducive to eliciting and collecting complete information about participant experiences in a holistic analysis and detailed descriptive data from a historical perspective. A qualitative descriptive design involving healthcare providers from various professional organizations was found more suitable to explore performance management practices, which enable healthcare workers to provide quality care.

A descriptive study approach helps the researcher gain more insights into the phenomenon being studied (Houghton et al., 2013). An ethnographic approach aims to understand a culture, present, explain, or describe people's behaviors, and involve a combination of data collection methods (Grossoehme, 2014), which was not the aim of this study. Pilerot (2015) noted that an ethnographic design that involves information sharing likely to yield different interpretations than a case study. This study suited an ethnography study because a descriptive study in healthcare research should seek to explore thoughts and experiences, not study a culture, while also ensuring not to misrepresent participants' views (Houghton et al., 2013).

A Brief Review of Literature

Motivation and job satisfaction. Motivation is defined as an action of current life pursuits to achieve a positively tested goal, self-determination, including more engagement, better performance, and more remarkable persistence (Sayanagi & Aikawa, 2016). Job satisfaction represents a positive emotional appraisal of employees' job or job experience, showing satisfaction with their work environment, organizational policies, assigned tasks, and salary (Sansoni et al., 2016). Healthcare workers' satisfaction and motivation affect their performance and the quality-of-service care delivery. The research for this study revealed a shortage of professional workers leads to wastage that affects performance and poor service delivery (Munyewende et al., 2014; Mutale et al., 2013).

Research on the level of satisfaction of nurses in Italian hospitals showed a low result of motivation related to dissatisfaction with duties, organizational policy, and career advancement. The quantitative study was conducted on a convenience (non-probability) sample size of 1,304 nurses with a questionnaire in 15 different hospitals. Several views found in the reviewed literature connoted that dissatisfied nurses are stress-related, burnout, and workload. Sansoni et al. (2016) argued that these factors of nurses' job satisfaction are worldwide, resulting in high turnover, shortages of nurses, and the problems that can affect the healthcare system; and need attention.

Improving the performance of healthcare workers is fundamental in any workplace and in all industries. The immediate success of modern health institutions is on the motivation and job satisfaction of health professionals (Grujičić et al., 2016). To increase the motivational levels of health professionals and job satisfaction and decrease human resources challenges and deficient performance, arguably, better income, more help, and support from supervisors, recognition, and future advancement opportunities need improvement (Grujičić et al., 2016). As contented, the lack of motivation, job satisfaction, and managerial support could be crucial for promoting satisfaction and intrinsic work directly and indirectly (Olafsen et al., 2015).

The effects of health worker motivation and job satisfaction. Some have suggested that the main concern of some developed countries around the world, in rural and urban areas, is the problem of improving the retention of the health professionals related to low pay, limited work career opportunities, poor living, economic and infrastructural conditions (Bonemberger et al., 2014). Improving the retention of healthcare professionals invariably confers organizational strengths and consequent competencies, contributing to healthcare delivery quality. Healthcare organizations need qualified doctors and nurses to test and constantly improve the quality-of-care.

In organizational contexts, talent management, which represents the strategies of hiring and keeping skilled clinical and administrative staff, is essential to consider motivation and job satisfaction. Many researchers and practitioners have agreed that to increase the retention of health workers, the training of managers training is of vital significance to expeditiously address and prioritize employee and staff issues, which may constrain performance (Bonemberger et al., 2014). Some internalized motivation job factors often appear related to the supervisor's support of employees or a lack thereof. When management cannot recognize employee performance, and there are limited opportunities for advancement, the negative impact on staff commitment and job satisfaction directly impacts organizational performance in terms of service quality and revenue generation (Mazahir & Khalid, 2017).

To improve the quality-of-care and patient experiences, physicians must first feel comfortable in their work environment, positively affecting patient care quality. This study aimed to understand the nurse's point of view and how their working environment could impact the quality-of-care. The research focused on a purposeful sample of 26. The interviews were audiotaped, transcribed, and thematically analyzed. Using the same research method approach as this study, the results concluded that nurses, for instance, are essential elements in improving patient experiences and the quality-of-care. Kieft et al. (2014) noted that factors affecting nurses' competency include autonomy, managerial support, cultural awareness, efficiency, policy, and transparency for accountability. The study findings indicated that nurses feel pressure as they carry a high administrative load, which often results in a mediocre performance, demotivated, and dissatisfied staff with their jobs, consistent with reviewed literature (Kieft et al., 2014).

Health professionals can contribute to the quality-of-care delivery and the institution's productivity. Deliberate strategies to increase the level and quality of work require strategies to increase the motivation and job satisfaction of health workers, which often needs improvement in monetary compensation, the help and support from supervisors, and

better employee recognition and advancement opportunities (Grujičić et al., 2016). A study in Nigeria revealed a significant under-performing health system and no significant improvements because of disparities in population health (Bhatnagar & George, 2016). For example, in Sierra Leone, poor management in urban areas has contributed to the challenges of poor retention of health workers faced by human resources that compromise the sustainability of the healthcare delivery system (Wurie et al., 2016).

Another study showed that high staff turnover rates hurt the employee, resulting in an increase in workload towards other employees and a loss of human capital (ability to perform the job), service (motivation), and individual-level quality-of-care (Aryee et al., 2014). Nigeria implemented performance-based financing strategies aligned with human resources reforms to prevent employee burnout by motivating health workers by increasing their monetary gains and changing organizational structures, working environment, supervision, and team cohesion (Bhatnagar & George, 2016). Other factors that could affect the performance of healthcare professionals and the quality-of-service delivery include lack of equipment, funding, and working environment.

Health managers' perceptions of supervision. The problem of health worker shortages in many low- and-middle- income countries, particularly in Africa, is because of insufficient and ineffective human resource management, affecting the entire organization and workers' performance (Bradley et al., 2013). Management and community health supervisors are factors influencing the motivations of health workers, and both can increase workers' performance and the sustainability of the community health workers. They are studying the perceptions of managers in healthcare institutions applied to this discussion, and this study is related to developing countries. Human resource management competencies can influence the quality-of-service delivered to patients. Management seems to play a critical role in health workers' overall performance and motivation (Bradley et al., 2013). Healthcare managers have a legal and moral obligation to ensure high-quality service delivery and improve performance (Parand et al., 2014).

In Tanzania and Malawi, for example, a study exposed the challenges health supervisors faced in putting in place adequate supervision in the health community, and the main factors affecting health workers motivation and job satisfaction include human resource management issues, supervision, workloads, working conditions, employee motivation, and engagement (Bradley et al., 2013). Based on participants' thoughts, there was clear evidence that some Tanzania and Malawi lacked workers' competency, faced shortages of staff, conflicts, held too many assigned responsibilities, and experienced limited staff and financial constraints (Bradley et al., 2013).

Supervision seems to be the main element of effective human resources. Therefore, a health care organization often needs to establish current and practical policies based on the role and understanding of supervision to improve the performance of health professionals. Before undertaking this study, it was known how health managers view the role of supervision in public and private health care settings. This knowledge deficit led to exploring the supervision gap concerning health professional performance in Dakar-Senegal regional public hospitals.

Data Collection and Management

The researcher ensured that the study met all requirements and IRB approval for an international study.

The research met the high moral and ethical quality mandates required in the researcher used one-on-one interviews and focus groups to generate enough data for analysis. Each method of data collection method had a different approach. A roster was started based on the personal knowledge of participants. Using a snowball recruitment approach, a family member was the initial person recruited, told others, and engaged more clinicians' friends in different organizations. In theory, the researcher recruits all participants on a word-of-mouth recruiting approach, known as snowballing sampling (Saw et al., 2017), and based on eligibility criteria. The researcher asked for participants' personal phone numbers and emails. The researcher contacted the participants individually, and the participants showed interest in taking part in the study. The researcher provided details of this study to participants before confirming their participation. Participation in this research was voluntary, and there was no obligation or commitment required from participants to be part of the study.

The participants had the option to withdraw, and there was no obligation. The qualified participants had to speak English and sign a consent form for their cooperation and willingness to participate in the study. All participants were made aware that their responses were recorded and would be kept confidential. The sample size of 10 participants was purposively selected based on the list of referrals of doctors and nurses who met all requirements and were self-verifying.

One-on-one interviews. Before the interview, each participant acknowledged and signed an individual informed consent form. The informed consent form reaffirmed that participation in the study was voluntary. The informed consent form expressed that the study comprised semi-structured in-depth interviews and the duration. As a data collection instrument, the one-on-one interviews provided the researcher with adequate and detailed qualitative data for understanding participant experiences and thoughts as they describe those experiences, similar to the experiences of other researchers (Castillo-Montoya, 2016).

During the one-on-one interview, the researcher took handwritten notes while audio-recording. The interview was not to exceed 45-60 minutes and was audio-recorded. A panel of two experts in the field revised the questions to ensure the questions were related to the research topic. The researcher recorded the data and transcribed it verbatim before the data analysis procedure. This descriptive study required the learner to pursue a minimum of 20 individuals to recruit, two sources of data, and no less than five pages of transcribed data per interview.

Sutton and Austin (2015) argued that researchers could use interview notes and handwritten notes during the data analysis. A process known as member checking protocol was used to confirm what the participants meant before analysis (Morse, 2015). To ensure transparency, the researcher followed the following member checking protocol:

1. Interview participants while taking notes and recording interviews.

Transcribe recordings.

Critically analyze transcript and interview notes.

Synthesize interpretation for participants' answers by question.

Perform a member check interpretation by sharing a paper version of the question and synthesis with each participant.

Note and record any additional in-depth data provided from the participant.

Member checking occurred during the interview process. The researcher was ensuring that the message provided by the participant was accurate by asking the participant a confirmatory question or repeating back to the participant what the researcher had just heard. All data and responses were kept confidential in secure data storage for three years after the official completion date of the study. This allowed for an audit of the data in case of a question of ethical conduct on behalf of the researcher. From data collection to completion, the overall research process interprets the participants' own experiences in the form of a narrative (Sutton & Austin, 2015).

Focus groups. Participant selection in the focus group was the same procedure as the one-one-interview. After the one-on-one interview, the researcher discussed with the initial participants to arrange for the focus group. The researcher identified a date and time when participants could participate in the group setting. Before the focus group began, the researcher presented an informed consent form to participants. By signing the informed consent, participants were authorized to participate in the study and acknowledge that their voices were being audiotaped. If the participants chose not to participate, they could withdraw from the study. The researcher could not maintain confidentiality for a focus group, unlike the interview. The researcher reminded participants of the purpose of the study and invited participants interested in answering a few questions that may take 45 to 60 minutes. After interviewing participants in this study, it would be appropriate to form a small group of 4 or more individuals to get a group perspective on the phenomenon studied. A focus group is a good strategy that helps the researcher get several perspectives on the subject from potential participants to reach data saturation (Fusch & Ness, 2015).

Two groups of participants formed the focus groups. The participants were seated at a round table for more interaction. The researcher was the moderator and started discussing with participants using semi-structured questions to get responses while monitoring the time. For the group to yield useful information, the researcher must be prepared for the session, the research topic, and the questions to ask. During each focus group, the researcher gathered useful information in a short time. Once the researcher completed all data collection, transcribed recordings professionally, and checked transcripts, the coding began.

Two groups represented the focus groups. The researcher will use the results in reports, presentations, or publications. Participants' names were not used. To share the results, the researcher used quotes from participants. The researcher used pseudonyms, such as Participant A, to ensure confidentiality when crediting the quote to a participant. There were no foreseeable risks or discomforts to any participants. The researcher asked all questions necessary to answer the research questions. Participants had the opportunity to ask the remaining questions at closing. If there were remaining questions related to this research study, it was directed to the researcher, chair, or IRB of Doctoral Studies. All data and responses are confidential and kept in secure data storage for a minimum of three years after the official completion date of the study

Data Analysis Procedures

This descriptive study obtained insights into how healthcare workers describe management practices that influence healthcare worker performance and quality-of-care within the Dakar-Senegal region; a descriptive research

approach was adopted. This qualitative study included gathering responses from the one-on-one interviews and focus groups on understanding the participants' perspectives better. Data retrieved from the interviews and focus groups must be audio-recorded, then transcribed before the data analysis procedures, and was followed in this study. Hence, the data analysis mirrored the method Sutton and Austin (2015) described for qualitative research. This analysis approach comprised identifying, organizing the data, interpreting data, transcribing and checking, reading between the lines, coding, and theming.

Coding is defined as a step within the analysis that transforms the text-based data into words or short phrases (codes) that are, in effect, the value of that text-based data. Saldaña (2016) added that the research determines many different methods by which one may code the text. Coding was a step within the analysis that transformed the text-based data into words or short phrases (codes) that are the value of that text-based data. There are many methods by which one may code the text. The research determines the method. Using descriptive coding by Saldaña (2016) might help a reviewer identify "keywords" using NVivo data analysis software.

Once the entire transcript was coded as described in the preceding paragraph, the researcher then grouped the codes by similar characteristics called characterization or second-cycle coding. Groups were then further grouped by common themes. Sutton and Austin (2016) described this approach as theming. After completing all transcripts, the researcher went over the recording a second time to ensure accuracy. This process facilitated the management, analysis, and presentation of the data. The description of the data analysis procedures should reflect the voices of the participants that the researcher is trying to understand, interpret, to explain the results to others included in this section (Sutton & Austin, 2015). Interpreting the data depends on the researcher's theory of performance management viewpoint, which led to the understanding in phenomenological terms of the influence of management practices on healthcare worker performance and quality-of-care.

Organizing the data. In this process, notes were taken. The researcher ensured that all interview research was transcribed, checked, and then organized. Once the transcription was complete, it took going through the recording to edit minor errors or any spelling to avoid discrepancies and provide a rich description experience. To ensure trustworthiness, the researcher analyzed and validated data using the performance management theory to describe the participants' experiences and to think from a different viewpoint. In a qualitative study, the researcher may interpret data considering the conceptual framework and foundation (Sutton & Austin, 2015). This qualitative descriptive approach explored how management practices influence healthcare workers and the quality-of-care from the participants' perspective.

The research findings indicated may reflect adeptness in obtaining the views of and participants' perspectives while ensuring that data was managed, analyzed, and appropriately presented. The research must filter data collected to facilitate readers to evaluate information related to the study. Sutton and Austin (2015) explained the following steps: interpreting the data, transcribing, reading between the lines, coding, and theming for the research to read and re-read the data to get familiar with the content of the data.

Data Interpretation. This data analysis and interpretation stage usually help the researcher identify patterns,

connections, and explanations within the data and determine how the findings complement or contradict past literature, theories, or practices (Neale, 2016). The interviews and focus groups were audio-recorded to facilitate transcribing in this study. The researcher listened to the recording and filtered and interpreted the participant responses. The researcher had to select a theoretical standpoint as a foundation of qualitative research to interpret the data better. The theory of performance by Elger (2007) used in this study helped the researcher think from different perspectives (Sutton & Austin, 2015). In this study, the researcher adopted a descriptive approach to describe better how management practices influence healthcare workers and the quality-of-care from the participants' perspective. The following described Sutton and Austin's (2015) coding techniques.

Transcription and Checking. As Sutton and Austin (2016) recommended, all audio-recorded was transcribed verbatim. In transcribing and checking, the researcher translates the participant's words into a written document to facilitate analysis. Hence, the researcher must transcribe the interview several times by reading the entire transcripts (Vaismoradi et al., 2013). The researcher must read line per line and must number lines of text. The researcher ensured that data was transcribed in the best quality possible. Once the transcription is over, the researcher reads the transcribed document while listening to the audio recorder to correct any grammatical errors or others. Participants' identities, names, and other identifying information must be used in the interviews. The researcher used participant numbers instead. The researcher transcribed both the interview and focus group data using NVivo transcription software. In the focus group, the researcher had to ensure appropriate data alignment with each speaking participant.

Limitations and Delimitations

In the proposal stage, outlining assumptions, limitations, and delimitations are important (Simon, 2013). However, to minimize the limitations, it was essential to assume that the participants would respond honestly and accurately to the interviews and focus groups. The participant's responses are confidential and must be kept secure. However, no matter how well it is directed and erected, every study has limitations and delimitations that could affect the study outcomes. In most cases, qualitative study limitations are associated with validity and reliability, in which it is crucial to understand the problem that could be used to generalize results.

Results

The results from the data analysis came from the research questions, with themes and codes known as they related to each research question. The study was guided by two research questions: RQ1: How do healthcare workers describe management practices that affect healthcare worker performance in Senegal? RQ2: How do healthcare workers describe management practices that affect the quality-of-care in Senegal?

Six themes emerged from the data collection and analysis in response to RQ1 and RQ2. Each research question is supported with three appropriate themes to support participant responses based on the codes and themes presented. Codes and themes are identified in the data analysis as they relate to each research question. Based on participants' congruent responses or constituted each code, the researcher provided examples as they aligned to each research question. A literature search conducted in the healthcare settings revealed that open communication among workers,

caring leaders, peer support, organizational commitment, and open cultures are essential factors in achieving goals (Morrow, et al., 2016).

From this study, several themes emerged from the data related to the code. Each theme was connected to answer each research question. A list of codes and six themes were provided throughout the data analysis. The researcher developed codes from repeated words or phrases from participants. Three themes were identified in response to the research questions.

Participants in focus groups described good organizational and structural hierarchies and communication skills fundamental in the healthcare sector. Past research showed that nurses and physicians received different training, and they exhibit differences in communication styles in the healthcare settings limiting performance and quality (Foronda et al., 2016).

Summary, Conclusions and Recommendations

Awares et al. (2013) research identified the performance management of healthcare workers in developing countries. There appears to be a gap in contemporary how management practices influence health workers and quality in developing countries. Therefore, in view of the research deficit, because of the research deficit, there was a need to address this gap because of the research deficit. Sfantou et al. (2017) argued that management practices in healthcare settings require establishing effective healthcare organizations of high productivity and quality-of-care (Sfantou et al., 2017). The findings of this study indicated that healthcare professionals and healthcare leaders need to build a relationship to strengthen the quality and integration of care or work as teams towards a common goal, as was endorsed by others (Sfantou et al., 2017). Based on the theoretical framework of performance management (Elger, 2007) developed under six concepts: level of identity, level of skills, level of knowledge, context, fixed factors, and personal factors, the research was able to develop the research questions presented in this study, to collect data to address this gap.

The aim of this descriptive study aimed was to explore how management practices influence healthcare workers' performance and quality. The researcher used a one-on-one interview and focused group in data collection and analysis. The findings indicated some similarities in management practices that affect performance and quality, including supportive visionary leadership, effective management of resources, health infrastructure, financial constraints, proper planning, education, and training, as Mosadeghrad (2014) outlined. Six themes that emerged from this study helped the research answer the two research questions, thus addressing the gap.

Effective management practices in healthcare settings are much needed to enhance professionals' performance and the quality of health outcomes. Previous research studies showed that exemplary management practices within the healthcare settings for performance and quality of healthcare services are mainly based on practitioners' knowledge (expertise) and technical skills (commitment) and examining the patient properly (Mosadeghrad, 2014). To deliver high-quality services and performance, healthcare professionals should improve their competencies (i.e., attitudes, knowledge, and skills).

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