

Aida Diop Meyer / Elixir Org. Behaviour 161 (2021) 55752-55758 Available online at www.elixirpublishers.com (Elixir International Journal)

Organizational Behaviour



Elixir Org. Behaviour 161 (2021) 55752-55758

The Influence of Management Practices on Healthcare Staff Performance

Aida Diop Meyer Arizona, USA

ARTICLE INFO

Article history: Received: 26 October 2021; Received in revised form: 25 November 2021; Accepted: 4 December 2021;

Keywords

Management Practices, Performance, Quality of Care, Descriptive.

ABSTRACT

In contemporary settings, management practices imply strategic approaches to improve employee performance and quality. The paucity of studies on healthcare management practices in developing countries led to the undertaking of this study. The purpose of this qualitative descriptive study was to explore the management practices that influence health workers performance and quality of care within the Dakar-Senegal region and to gain an insight into the central research question of the study. The theory of performance provided the foundation to underpin this study. The overarching research question served to elicit detailed participant responses and aided in uncovering how healthcare workers understand the existing management practices in the organization and the influence it has on workforce performance as it relates to the quality of care in Senegal, west Africa. This study included a sample of clinicians in various healthcare organizations. The protocol developed in this study included one-on-one interviews and focus groups. The repeated words or phrases, using a process of constant comparison of the data was used to analyze the data and derive common and emergent themes, representing the knowledge outcome from the study. The important themes that emerged from the data were productivity, and organizational commitment, based on leadership, transparency and leadership, reflecting the imperatives that must be maintained for effectiveness and institutional effectiveness in delivering quality of patient care. These themes elucidated and clarified how management practices influence healthcare worker performance and quality.

© 2021 Elixir All rights reserved.

Introduction

Performance management in any discipline entails measures and leadership strategies in achieving and enhancing optimal service quality to ensure business profitability and sustainable operations. Performance management is defined as a strategic, administrative, and developmental function that connects the worker and team's performance within the overall organization strategy (Lutwama & 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 with the institution (Aboagye Agyemang, & Sidney, 2014).

Senegal is a developing and politically stable country in West Africa. It is among the poorest countries in the world and has grown over the past years in some areas, although it still faces challenges in the healthcare sector, with performance management issues (Barnes, Kpangon, Riley, & Mothibi, 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, arising from the paucity of studies on the management of healthcare staff in this region, presents opportunities for research to increase understanding of healthcare from a business management perspective in delivering quality care to patients (Awases, Magdalene, Marthie, Bezuidenhout, & Janetta, 2013), in terms of the economic and business performance of hospitals in Senegal. **Problem Identified**

It is not known how management practices influence healthcare worker performance and quality of care within the Dakar-Senegal region. The data from Africa also shows 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). The findings of this study may contribute to understanding how to achieve better performance and making changes to enhance 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 studied was the influence of management practices on healthcare worker performance, as it relates to the quality of patient 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 patient care. The findings from this study may help in the formulation of strategies within many healthcare organizations in the Dakar-Senegal region to improve healthcare worker performance and quality of patient care.

Aims and Purpose of Research

The purpose of this qualitative descriptive study was to explore the influence of management practices healthcare worker performance and quality of patient care within the Dakar-Senegal region. 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 recruited from qualified and licensed physicians or registered nurses from different organizations. The data from interviews and focus groups helped in understanding participant experiences in respect of health care challenges, and the factors influencing employee performance as it relates to the quality of patient care. The primary researched helped gained insight into the information sought, as encapsulated under the central research question of the study.

Research Question

The following overarching research question was used to explore the phenomenon: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal? **Theoretical Underpinning**

This study was grounded using the postulations 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, as it relates to the quality of clinical care.

Bonenberger et al. (2014) specified that to address health workforce inadequacies, organizations must consider management practices such as human resource (HR) and health system (HS) policies and practices already in place. Such practices should be achievable through tasks assigned, training, supervision, and monitoring to improve the performance management of healthcare workers in Senegal. Effective management practices are needed to achieve better outcomes from healthcare workers and access to health care delivery. Thus, the study findings may be of significance in improving overall patient health outcomes and delivery of optimal clinical and health care services within the Dakar-Senegal region. Importantly, the study findings may also bridge the current gap in literature and service quality and contribute to the knowledge deficit with the limited healthcare studies in Senegal.

The findings from this study may contribute to understanding the factors affecting the performance of healthcare professionals in the Dakar-Senegal region and, therefore, will potentially enhance knowledge on the management practices necessary for health workers to deliver the optimal quality of clinical care. The focus of this study included exploring areas of business and management as it relates to the delivery of quality patient care in a hospital and institutions in Senegal, and the imperatives to ensure efficiency and high performance from clinical and financial outcomes and perspectives. The lens of the theory of performance served as an additional perspective for deeper analysis.

A Brief Review of Literature

The problem of the performance management of healthcare workers has been major concern in Africa. According to Crisp and Chen (2014), a vast number of

African nations are facing a global crisis of shortages of healthcare professionals, including nurses and doctors, related to factors including the inequality of the distribution of personnel, cultural challenges, expertise and services, incompetency of workers. transferring technology. insufficient human resources, social, political, and economic contexts and lack of resources. The healthcare institutions in the United States have considered the quality of clinical care as fundamental to improving quality of service performance; thus, it has made significant evolvement in healthcare quality and outcomes (Burstin Leatherman, & Goldmann, 2016). In general, healthcare worker shortages have an enormous impact on organization performance and the quality of care. Addressing these concerns requires a good understanding of the influence of management practices on healthcare workers to improve the standard quality of care.

Some Gaps in Contemporary Knowledge

The management of the healthcare system in low-andmiddle-income countries is challenging because of the lack of financial resources, adequate training, or lack of equipment. Past literature in a few African countries revealed some societal problems associated with the challenges. However, there is limited study in Senegal about healthcare worker performance and the quality of patient care.

The case of the Ebola virus disease was considered an epidemic and the deadliest in history in West Africa (Abdoulaye, Moussa, Daye, Boubacar, Cor2015). Few African countries were strongly affected and could not provide the best care for the patients. Countries like Nigeria and Senegal received few cases from the neighboring country of Guinea. Senegal could provide a responsive team, strong management of the communication system to monitor and control the epidemic (Abdoulaye et al., 2015). During that period of the epidemic, Senegal has implemented a preepidemic phase essential to open communication of health workers to patients, and the general population, reinforcing the training of the personnel and preventive surveillance.

The Ebola epidemic in Senegal has proven the importance of a good health management system, and on how aggressive and responsive were the workers for being able to control the outbreak that had such a strong social and economic impact. This showed the importance of an adequate and efficient health workforce and a well-functioning health system. Superior quality of care requires a human resource for health (HRH) management composed of well-trained and motivated individuals. However, the research has indicated that in developing countries, health workers being underpaid, which often resulted in a lack of motivation affecting health workers' retention and service delivery (Abdoulaye et al., 2015). In most cases, factors related to health workers' performance are skilled workers, motivation, retention, and delivering high-quality services.

Data Analysis Procedures

The aim of this descriptive study was to explore the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care within the Dakar-Senegal region. To accomplish this aim, a descriptive research approach was adopted. The data analysis followed the method described by Sutton and Austin (2015) for qualitative research. This approach of analysis comprised of identifying, organizing the data, interpreting data, transcribing, and checking, reading between the lines, coding, and theming. These techniques will further be explained in this article.

Once the entire transcript was coded, the data were grouped the codes by similar characteristics called characterization or second-cycle coding. Groups were then further grouped by common themes. Sutton and Austin (2015) described this approach as theming. 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 was with the invocation of the theory of performance management and researcher analysis, which led to the understanding the influence of management practices upon which healthcare worker performance and quality of care greatly depend. The following overarching question addresses the problem statement answered by the research sub-questions.

Research Question: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal?

Data Analysis and Results

Introduction

The aim in this qualitative descriptive study was to explore the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal, In understanding management in a healthcare system, Nassehi et al. (2017) emphasized the use of a qualitative descriptive approach as a methodology to gain an understanding of the complex phenomenon. The unit of analysis in this study was management practices. It was not known how management practices influence healthcare workers' performance and quality of care.

The one-on-one interviews and focus groups served to collect data and to answer the research questions present in this study. The following two research question guided this study: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal?

All data were transcribed and uploaded into NVivo to generate codes for categories and themes. Saldana (2016) referred to coding as words or short phrases that symbolizes or translates data and thus find patterns by categorizing the ideas to develop themes supported by the data. The advice of Saldana (2016) was implemented in this study.

Descriptive Findings

The target population consisted of 3077 licensed physicians or registered nurses; 20 people were recruited, of which ten were selected to participate in the research. Qualified participants included both male and female physicians or nurses. All participants were required to be at least eighteen years of age, fluent in English, and were required to participate in the interviews and focus groups. Participants in the study were licensed doctors or registered nurses, all from various organizations, and the data was collected in two phases, in the one-on-one interviews and focus groups. The questionnaires in both the interview and focus group were well-designed to meet the research objectives and to ensure that the respondents provided accurate, unbiased, and complete information. The data collection process took two consecutive days. The one-on-one interview and focus group were conducted in English and lasted approximately 45-60 minutes per interviewee. The same individuals participated in interviews and focus groups due to time constraints and limitations or availability of participants fluent in English. The focus group was conducted the following day, divided into two groups of five participants. Each group held for 45-60 minutes.

The first phase in the data collection included one-on-one interviews with semi-structured and narrative questions. The one-on-one interview was conducted in a private hotel conference room setting, in which each participant can respond to the question freely, including their observations and experiences between 45-60 minutes.

The focus group was used as a second method of interviews to gain respondents' attitudes, thoughts, and experiences. Two groups of five participants per group formed the focus group. Each group was scheduled for an average of 45-60 minutes. The names of participants were not revealed to ensure confidentiality, and each participant was assigned a pseudonym A, B, C, etc.

There were a potential number of 20 participants, of which ten participated in the study. Of the ten participants, there were five female and male doctors or nurses, and their agesranged between 25-32 years old with a minimum of 1-6 years of work experience. Out of the five of the participants, licensed doctors included three females and two males. The two male physician's ages ranged between 29-32 years old, and both with a minimum of 5 years of work experience. The three female physicians' age ranged between 25-31 years old with a minimum of 2-5 years of work experience. The five nurses' participant's ages ranged between 26-32 with 2-6 years of work experience. An informed consent form was given to all participants to read and sign before the interview session. All interviews were recorded and transcribed into NVivo software. The table 1 below shows a summary of participants invited to participate in the study and the sociodemographic characteristics of study participants, including gender, occupation, years of experience, and age group.

Data Analysis Procedures

The data collection and procedures were designed and interpreted in ways to ensure accurate interpretation and analysis. Saldana's (2016) descriptive coding research design

Participants in Order of Interview	Occupation Doctor/Nurse	Gender	Age	Years of Experience
PA	Doctor	Female	29	5
РВ	Doctor	Female	29	5
PC	Nurse	Male	32	5
PD	Doctor	Female	31	6
PE	Doctor	Male	32	5
PF	Doctor	Female	25	2
PG	Nurse	Male	27	2
РН	Nurse	Female	26	2
PI	Doctor	Female	28	3
РЈ	Nurse	Male	31	6

TABLE 1. A SUMMARY OF THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESEARCH PARTICIPANTS

was followed for an accurate and easy design constructed on the conceptual framework. The following steps consist of the data analysis process, getting familiarized with the data. In the transcription process, all recordings were transcribed verbatim. A descriptive coding technique was adopted, which facilitated a focus on relevant codes to keep the process transparent using either a priori, emergent codes, or a combination of both (Stuckey, 2015). The emergent codes in this study came from the data and the identification of common words or short frequently expressed phrases with common meanings. Both a priori and emergent codes were used in the data analysis to categorize data. At first, the data was labeled each participant response using a pseudonym A, B, C, etc.....

Data analysis steps. The interviews and focus group data were transcribed verbatim and analyzed thematically. The reviews included perusal of all recorded interviews to ensure that the audio recordings were clear and relevant to the study. After data transcription, it was conducive to developing codes and the themes that emerged from the data. Both qualitative content analysis and thematic analysis are classified under the qualitative descriptive design and are a set of techniques used to analyze transcribed and clarify themes (Vaismoradi et al., 2016).

Each data was labeled appropriately and stored in a database. The codes in the data were broken down into parts to make it more manageable and easier to read as a storyline. Codes were created within the transcribed one-on-one interview and focus group. The themes, concepts, or relationships between two items are developed after the coding. The nodes folder was created to represent concepts, ideas, opinions, or experiences, classified under codes.

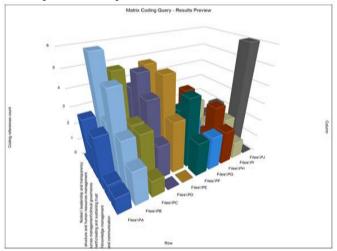


Figure 1 . Codes references counts.

The scrutiny and constant comparison of frequently occurring words and phrases aided in emergent themes to manifest. For example, the a code was labeled as "communication and teamwork," and it was, therefore, possible to determine how many participants in the interview and focus groups expressed the same word or thought. Any idea or concept are broken down into common themes. Table 2 indicates how initial codes were identified and combined to form final codes. Results

The results from the data analysis came from the research questions, with themes and codes known as these related to each research question. The study was guided by the research question: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal? Examples of participants supporting each theme presented as these relate to the research question. The following three themes emerged from the data analysis:

Theme RQ1: Productivity and organizational commitment are based on leadership.

Theme RQ2: Transparency and leadership must be maintained for effectiveness.

From this study, several themes emerged from the data related to the code. Each theme was connected to the central research question. A list of codes and three themes were provided throughout the data analysis. The researcher was able to develop codes from repeated words or phrases from participants. Three themes were identified in response to the research question. The following is central research question presented in this study: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal?

The following are the three themes that emerged in response to Research Question, and a description of each theme listed, a conceptual action, and evidence from the data was presented (see Table 2).

Theme RQ1: Productivity, and organizational commitment are based on leadership.

Theme RQ2: Transparency and leadership must be maintained for effectiveness.

Theme RO .1. Leadership and transparency. "Lack of leadership and transparency affecting job satisfaction, productivity, and commitment among healthcare workers." PB stated "we need strong organizational leadership, and we must work in transparency to build trust among clinicians and patients, and also to reduce medical errors," PC stated "Leaders must maintain transparency to be effective. However, it is the responsibility of the leadership in healthcare to balance accountability for quality, efficiency, and effectiveness", PE "when there is transparency, there is job satisfaction, productivity, and organizational commitment among healthcare workers for better service delivery." When there is transparency, there is job satisfaction, productivity, and organizational commitment among healthcare workers for better service delivery. Combining (PB, PC, and PE) statements led to a "lack of leadership and transparency affecting job satisfaction, productivity, and commitment among healthcare workers" that reflected the emergent theme to the Research Question, RO 1.

Theme RQ.2. Creating and sustaining trust. "Healthcare works explained that lack of trust reducing workers' capacity and creating discomfort." PF stated, "with rapid changes in healthcare, and new regulations, new technologies, and workforce transformations, it is crucial to building organizational build trust to improve service delivery and employee motivation" that led to "healthcare workers

TABLE 2. SAMPLE OF CODING PROCESS FROM START TO FINAL CODES

Participant	Initial codes	Final codes		
PA	lack of professionalism	Communication and teamwork		
PF	In supporting the organization commitment	Leadership and transparency		
PB	Additional training and protocols	Knowledge management		
PH	in need of human capital /human resources	Organization structure & human resources		
PG	Focused on reinforcing the management system	Creating and sustaining trust		
	Governance intervention	Clinical governance		

stating that lack of trust reducing workers' capacity and creating discomfort." Building trust in healthcare settings helps in creating better outcomes.

Summary

In this reserach, a descriptive qualitative approach served to fulfill the objective of the study as reflected in the problem statement, and the derived overarching research question was: "It is not known how management practices influence health workers performance and quality of care," and to seek further elaboration through the central research question of the study: What is the influence of management practices on healthcare staff performance as it relates to the quality of patient and clinical care in Senegal? To answer the research question based on the data analysis, codes were developed, and the research selected three appropriate themes to seek answers to research question:

Theme RQ1: Productivity and organization commitment are based on leadership.

Theme RQ.2: Transparency and leadership must be maintained for effectiveness.

All participants were engaged in sharing thoughts and experiences. Some of the limitations of this study were:

1. A potential bias due to lack of mitigation of bias during the analysis process.

2. The inability to interview clinicians in the private health sector or working in rural areas.

3. Another limitation of the study included in demographics; all the participants were under the age of 35. Older participants may have had a different perspective, and thus, their insights may have altered the findings.

Summary of Findings and Conclusion

The aim of this descriptive study was to facilitate and uncover a description of how management practices influence healthcare workers' performance and quality. Six themes that emerged from this study helped the research to 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 showed that best management practices within the healthcare settings for performance and quality of healthcare services are mainly 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).

Implications

This section in the research includes theoretical implications, practical implications, future implications, and strengths and weaknesses of the study. Theoretical implications were interpreted as the actual results of the research study as are related to the theoretical framework. The practical implications in this study defined the reliability of the data collected and how the results can be applied effectively and professionally.

Theoretical implications

This study was constructed under the theory of performance. The theory of performance (Elger, 2007) covers six concepts: context, the level of skills, level of identity, level of knowledge, personal, and fixed factors. This study examined context from the participant's perspectives on the situations, factors, or conditions they are facing within their organizations. The 10 participants in this study have specified the lack of organization structure, which results in many issues affecting health workers' performance and quality of care. Researchers have shown that human resources and the problem of workers' characteristics, incentives, supervision, training, and performance are becoming more of a problem in developing countries, thus affecting the quality of care delivery (Kok et al., 2015). The findings in this study revealed that an organization structure with solid human resources is much needed to boost health workers' performance. Despite the financial constraints that most low-and-middle-income countries are facing, respondents suggested the increase of pay, or incentives remuneration, or advancement of opportunities.

Participants acknowledged that the level of skills and knowledge are important criteria for clinicians. Therefore, healthcare organizations need to reinforce their training on skills and expertise on innovation and new technology to gain more competitive advantage, as suggested by participants are important for clinicians. Additionally, knowledge strategy depends on both external and internal factors of the firm organizational structure, technology, and environment. Kim et al. (2014) argued that knowledge could be obtained if a firm is willing to adapt to the knowledge management (KM) strategy, resulting in high performance.

The level of identity identified how well individuals cope with society (Gioia et al., 2013). Respondents in this study believed that the lack of communication among doctors and nurses and professionalism comes from personal behavior. Individuals do often carry their problems at work, which affects their work performance and leads to poor quality of service delivery. Under the theory of performance, fixed factors include unique individual variables that cannot be replaced, such as political and environmental issues, and personal factors include the worker's situation (Elger, 2007). The findings of this study may indicate how communication, professionalism. health infrastructure, and financial constraints relate to fixed and personal factors as they relate to the theory of performance.

Practical implications

The practical implications of this research study could help in the understanding of advancing science in the field of management and health professionals' performance and quality as they relate to professional practices. Most importantly, the findings serve to bridge the current gap in the literature with limited healthcare studies within the Dakar-Senegal region. Mensah and George (2015) mentioned that measuring and managing performance analytically enhances the efficiency and effectiveness of an organization, and it is essential to ensure business profitability. Based on the findings, practitioners in Senegal can enact changes in improving the healthcare system in collaboration with the government to create tools, set policies and procedures to ensure the quality of care. Practitioners need to understand their responsibilities and the resources needed to fulfill them. Another area that changes can be applied is by strengthening the human resources, hiring the right person for the right job, and making sure practitioners better understand the role they play and the services they provide for greater performance and quality of service to patients. Based on the findings, practitioners in Senegal need to expand their training program to address specific needs, to strengthen their skills to improve the quality-of-service delivery.

Future implications

This study was on understanding how management practices can affect health workers' performance and quality

within the Dakar-Senegal region. This research study was a descriptive qualitative study using a one-on-one interview and focus group. The choice of methodology was considered ideal for helping participants' points of view to come to the fore in respect of the phenomenon studied. Future research with the managers' perspectives is needed, and future research with multiple generations of participants. The rationale for age group for participants could provide different perspectives, thus changing the findings. Other future research could target different regions in the country, including rural areas. Also, this study was limited only to registered doctors or nurses. Additionally, this study could also include upper management and patients to get their perspectives. Since the participants in this study have been in practice for less than ten years, future investigations can involve clinicians with more years of experience.

Recommendations

This section of the study covers the recommendations for future research and practice based on the research findings. Now, research is needed on how management practices can affect health workers' performance and quality of care, as it could lead to a better understanding of the healthcare settings within the Dakar-Senegal region. The recommendations generated from the study results can benefit other researchers in similar studies in developing countries.

Recommendations for future research

Based on the data analysis results, the following recommendations for future research could benefit anyone with similar studies:

1. Focus on soliciting managers' perspectives.

2.Undertake research with multiple generations of participants. The rationale for a wide age range for participants could change the findings because different age groups may have different perspectives.

3.Extend study to clinicians in rural and private healthcare organizations. A future research study would be to focus more on human resources management in healthcare and to develop new policies. However, more research study is needed in rural areas and other developing countries to identify more concerns in areas on health policy, human resources, governance, transportation, financing, communication, and corruption. Thus, this allows researchers to compare study findings.

4.Study the organizational culture, as it affects workers' attitudes, performance, and quality. Therefore, good management practices must include an organizational culture to enhance or otherwise change productivity.

5.This study was conducted in a non-English -speaking and low-and-middle-income country. Therefore, a future study could be conducted in English-speaking host countries, allowing researchers to share and present different perspectives.

6.Focus on accountability in the healthcare settings, the proposal of universal health care coverage in developing countries, the creation of enduring relationships among providers, patients, and the broader community, and the implications of policy successes and failures in these areas.

7.Undertake a study to examine the effect of turnover rate and the impact on organization accreditation, competitiveness, and profitability.

Recommendations for future practice

Three themes emerged from the study. Based on the study findings and the themes that emerged from the study, a recommendation for future practice is that healthcare institutions need to build an organization structure to create and enhance the level of professionals' commitment and performance in the workplace. It would be more beneficial to engage health workers in decision-making processes to be more productive and have better outcomes. The participant's point of view revealed significant points that need to be taken into consideration.

Therefore, the recommendation is to ensure more transparency, trust in the healthcare setting in low-andmiddle-income countries to minimize medical errors and gain control over donations and funds. Another recommendation is the implementation of clinical governance for healthcare workers to gain more access to new technology and innovation for efficiency. Other recommendations of practices included changes in the work environment, focusing more on communication and teamwork, changes in the attitude and behavior of practitioners towards the patients.

References

Abdoulaye, B., Moussa, S., Daye, K., Boubakar, B. S., Cor, S. S., Idrissa, T., & Tacko, D. C. (2015). Experience on the management of the first imported Ebola virus disease case in Senegal. *The Pan African Medical Journal*, 22(Suppl 1).

Aboagye, E., Agyemang, O.S., & Sidney, K. (2014). Socioeconomic factors and health outcome metrics in Africa: Cross-national comparisons from 1995–2011. *Population Health Management*, 17(5), 318-319.

doi:10.1089/pop.2014.0076.

Alfes, K., Truss, C., Soane, E. C., Rees, C., & Gatenby, M. (2013). The relationship between line manager behavior, perceived HRM practices, and individual performance: Examining the mediating role of engagement. *Human Resource Management*, *52*(*6*), *839-859*.

Anne, T.S.B., Diouf, M., Seck, I., & Dia, A.T. (2017). Satisfaction determinants of women during childbirth in health facilities in Senegal: *Literature Review*. *African Journal of Reproductive Health*, 21(1), 93-98.

.Awases, M. H., Bezuidenhout, M. C., & Roos, J. H. (2013). Factors affecting the performance of professional nurses' in Namibia. *Curationis*, 36(1), 1-8.

Balabanova, D., Mills, A., Conteh, L., Akkazieva, B., Banteyerga, H., Dash, U., & Kidanu, A. (2013). Good health at low cost 25 years on: lessons for the future of health systems strengthening. *The Lancet*, *381*(9883), 2118-2133.

Barbazza, E., & Tello, J.E. (2014). A review of health governance: definitions, dimensions and tools to govern. *Health Policy*, *116*(1), 1-11.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234.

Bonenberger, M., Aikins, M., Akweongo, P., & Wyss, K. (2014). The effects of health worker motivation and job satisfaction on turnover intention in Ghana: A cross- sectional study. *Human Resources for Health*, 12(1), 1.

Bradley, S., Kamwendo, F., Masanja, H., de Pinho, H., Waxman, R., Boostrom, C., & McAuliffe, E. (2013). District health managers' perceptions of supervision in Malawi and Tanzania. *Human Resources for Health*, 11(1), 1.

Burstin, H., Leatherman, S., & Goldmann, D. (2016). The evolution of healthcare quality measurement in the United States. *Journal of Internal Medicine*, 279(2), 154-159.

Cleary, S. M., Molyneux, S., & Gilson, L. (2013). Resources, attitudes and culture: An understanding of the factors that influence the functioning of accountability mechanisms in

primary health care settings. BMC Health Services Research, 13(1), 320.

Crisp, N., & Chen, L. (2014). Global supply of health professionals. *New England Journal of Medicine*, 370(10), 950-957.

Elger, D. (2007). Theory of performance. *Faculty Guidebook*: A Comprehensive Tool for Improving Faculty Performance, 19-22.

Faye, S. (2014). Non-price Determinants of Health Care Services in Senegal. *African Development Review*, 26(1), 38-49. doi:10.1111/1467-8268.12062

Gioia, D. A., Patvardhan, S. D., Hamilton, A. L., & Corley, K. G. (2013). Organizational identity formation and change. *Academy of Management Annals*, 7(1), 123-193.

Grujičić, M., Bata, J. J., Radjen, S., Novaković, B., & Grujičić, S. Š. (2016). "Work motivation and job satisfaction of health workers in urban and rural areas." *Vojnosanitetski Pregled: Military Medical & Pharmaceutical Journal of Serbia 73*, 8, 735-743. Retrieved from Academic Search Complete, EBSCOhost database.

Hanefeld, J., Powell-Jackson, T., & Balabanova, D. (2017). Understanding and measuring quality of care: Dealing with complexity. *Bulletin of The World Health Organization*, 95(5), 368-374.

doi:10.2471/BLT.16.179309

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). *Rigour in Qualitative Case- Study Research: Nurse Researcher*, 20(4), 12-17.

Jacobs, R., Mannion, R., Davies, H. T., Harrison, S., Konteh, F., & Walshe, K. (2013). The relationship between organizational culture and performance in acute hospitals. *Social Science & Medicine*, *76*, 115-125.

Kamberelis, G., & Dimitriadis, G. (2013). *Focus groups: From structured interviews to collective conversations.* Routledge-London. http://doi.org/10.4324/9780203590447

Kim, T. H., Lee, J. N., Chun, J. U., & Benbasat, I. (2014). Understanding the effect of knowledge management strategies for knowledge management performance: A contingency perspective. *Information & Management*, *51*(4), 398-416.

Kok, M. C., Dieleman, M., Taegtmeyer, M., Broerse, J. E., Kane, S. S., Ormel, H., & de Koning, K. A. (2015). Which intervention design factors influence performance of community health workers in low-and middle-income countries? A systematic review. *Health Policy and Planning*, *30*(9), 1207-1227.

Kruk, M. E., Chukwuma, A., Mbaruku, G., & Leslie, H. H. (2017). Variation in quality of primary-care services in Kenya, Malawi, Namibia, Rwanda, Senegal, Uganda,

Mayer, I. (2015). Qualitative research with a focus on qualitative data analysis. *International Journal of Sales, Retailing & Marketing*, 4(9), 53-67.

Mensah, W., & George, B.P. (2015). Performance management in the public sector: an action- research based case study in Ghana. *Journal of Applied Economics & Business Research*, 5(2), 97.

Morrow, K.J., Gustavson, A.M., & Jones, J. (2016). Speaking up behaviors (safety voices) of healthcare workers: A metasynthesis of qualitative research studies. *International Journal of nursing studies*, 64, 42-51.

Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3(2), 77.

Nagai, M., Fujita, N., Diouf, I. S., & Salla, M. (2017). Retention of qualified healthcare workers in rural Senegal: lessons learned from a qualitative study. *Rural & Remote Health*, 17(3).

Nassehi, Esmaeili, M., & Varaei, S. (2017). Quality in the qualitative content analysis studies. *Nursing Practice Today*, 4(2), 64-66.

Neale, J. (2016). Iterative categorization (IC): A systematic technique for analyzing qualitative data. *Addiction*, *111*(6), 1096-1106.

Ridder, H. (2017). The theory contribution of case study research designs. *Business Research*, 10(2), 281-305.

doi: 10.1007/s40685-017-0045-z

Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage Publications Ltd.

Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, 3(01), 007-010.

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of HospitalPpharmacy*, 68(3), 226.

Truss, C., Shantz, A., Soane, E., Alfes, K., & Delbridge, R. (2013). Employee engagement, organizational performance and individual well-being: Exploring the evidence, developing the theory. *Taylor & Francis*.

Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis.

World Health Organization. (2016). Global strategy on human resources for health: Workforce 2030. *World Health Organization*.

Wu, Y. P., Thompson, D., Aroian, K. J., McQuaid, E. L., & Deatrick, J. A. (2016). Commentary: writing and evaluating qualitative research reports. *Journal of Pediatric Psychology*, *41*(5), 493-505.

Yin, R. K. (2014). *Case study research: design and methods* (5th ed). Thousand Oaks, CA: SAGE Publications.

Yin, R. K. (2017). *Case study research and applications: Design and methods.* Sage Publications.

Zainal, Z. (2017). Case study as a research method. *Jurnal Kemanusiaan*, 5(1).