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Performance Management of Health Workers: A Study in Senegal

Dr. Aida Diop Meyer, MBA
Arizona, USA

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ABSTRACT

Management practices refer to the strategies, and organizational practices to improve workers effectiveness and performance, with the intended improvement in quality. The paucity in studies on healthcare management practices in developing countries prompted undertaking 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 phenomenon under study. The theory of performance was used as the underlying lens in this study. The overarching research questions developed in this study, was to understand how healthcare workers describe management practices that affect healthcare worker performance in Senegal, and to explore, how 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. The protocol developed in this study included one-on-one interviews and focus groups. The repeated words or phrases from the interview data was used to categorize data into themes. The themes that emerged from the data were: (a) willingness to better communicate and work as team in the workplace, (b) expanding the knowledge and training skills for a positive organization operational, (c) restoring and effective organization structure in promoting learning/growth, increase efficiency, quality, flexibility and performance. These themes clarified how management practices influence healthcare worker performance and quality.

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Introduction

Background and Introduction into Research

The organizational performance management paradigm includes measures, and leadership strategies in achieving service quality improvements, consistent with the quest for achieving institutional efficiencies and sustainable operations. Performance management is best defined as a strategic, administrative, and developmental function that connects the worker and team's performance within the overall organization strategy. 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 faces challenges in the healthcare sector, with performance management issues (Barnes, Kpangon, Riley, & Mothibi, 2016). The management-related healthcare studies in Senegal appear limited, and there is little available knowledge of the challenges in the healthcare and quality of care. The apparent gap in literature and knowledge, arising from the paucity of studies on the management of health-care staff in this region, presents opportunities for research, to increase understanding

of healthcare from a business perspective, in delivering quality care to patients, as expressed by researchers (Awases, Magdalene, Marthie, Bezuidenhout, & Janetta, 2013). This study was with a focus on understanding the economic and business performance of hospitals in Senegal.

Study Aims

The aim of this study was to explore the management practices critical to improving the quality of patient care within the Dakar-Senegal regional public hospitals, which could serve to increase revenues and institutional sustainability. Polit and Beck (2009-2014) expressed the value of qualitative studies related to. This study involved the use of semi-structured qualitative interviews to collect primary data and a focus group. A descriptive study is as important and appropriate for research questions focusing on experiences or gaining insights from participants in understanding a phenomenon (Kim, Sefcik, & Bradway, 2016). The study by Kim et al., involved the use of multiple articles, in which researchers reported multiple sampling strategies. For this study, a sample size of twelve individuals was drawn purposefully, to elicit detailed insights from a purposeful sample of qualified and screened participants, drawn from a target population of 667 physicians and 2,410 nurses within the Dakar-Senegal region, as was adopted by researchers (Nagai, Fujita, Diouf, & Salla, 2017). For this study, one-on-one interviews and focus groups served to collect data.

Interviews help a qualitative researcher to elicit detailed insights from participant experiences. In this study and context, it involved collection of data on health care, interventions, challenges, perceptions of health care, factors, or other reasons. Using focus groups invariably helps to solve an array of “real world” or practical problems (Kamberelis & Dimitriadis, 2013). The participant of the focus group is randomly selected to form a group. The focus group is a useful approach, which can help the researcher to gauge and describe individual reactions, which may be measured, and can be based on the responses gathered, from which the researcher could draw suitable conclusions.

In this study, physicians and nurses were selected from qualified healthcare providers from multiple organizations; however, they play different professional roles associated with the delivery of patient care and the phenomenon studied. The data from interviews helped in understanding participant experiences pertaining to health care challenges, the factors influencing worker performance and the quality of care, and the carefully developed objective helped to gain insight into the key data points, as fell under the central research question of this study. The details presented herein may provide a background of the problem, the problem identified, as it was not known what management practices within the Dakar-Senegal regional healthcare organization affect healthcare worker performance and quality of care. The aim was to explore the phenomenon of the influence of management practices to advance the ability of healthcare workers in performing their job roles and the quality, in the efforts to deliver the quality of care in a hospital setting.

Foundational Aspects of Study Exploration

The knowledge is currently sparse on how healthcare workers understand management practices which influence healthcare worker performance and quality of care within the Dakar-Senegal region. From recent studies, it was determined, the mortality rate of women in Africa in 2012, dying of complications at birth is estimated at 620 deaths per 100,000 live births, 300 times higher than women in industrialized nations (Anne, Diouf, Seck, & Dia, 2017). The data from Africa also showed, that 23% of women who gave birth in health institutions, did not enjoy the necessary postnatal care and services, and very few of the 77% of mothers completed all required visits (Anne, Diouf, Seck, & Dia, 2017). The focus of this study was to gain a finer understanding of how to achieve better clinical and 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 were qualified healthcare providers within the Dakar-Senegal region. The focus was on understanding the influence of management practices upon healthcare worker performance and quality of care.

The general business problem is that deficits in management, infrastructure, and equipment adversely affects healthcare worker 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 negatively affects the quality of care. The findings from this study helped in the formulation of strategies within many healthcare organizations in the Dakar-Senegal region can use to improve healthcare worker performance and quality of care.

The research strategies included a focus on learning about the imperatives in respect of education, training, supervision, mentoring, providing supporting materials, and implementing various programs to support workers’ knowledge, skills, tools, behaviors, and motivation. The findings of this study could provide an in-depth understanding of the complex issues related to performance management in healthcare settings in Senegal. The overarching research question for this study helped gain insight into the problem under study. The phenomenon is healthcare workers’ descriptions of the management practices within the Dakar-Senegal region.

Intent of the Research and its Purpose

The purpose of this qualitative descriptive study was to explore how healthcare workers describe management practices that influence healthcare worker performance and quality of care within the Dakar-Senegal region. The qualitative study 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 selected to collect data. The target population was approximately 3,077 qualified and eligible clinicians, in which 667 doctors and 2410 nurses (Nagai et al., 2017). The data was 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, is 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, Chukwuma, Mbaruku, & Leslie, 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 the health systems of developing countries, including issues relating to service delivery, supplies, governance, technologies, and financing (Kruk et al., 2017).

Key and Central Research Question of Study

The overarching research question of this study was: How do healthcare workers describe management practices that affect healthcare worker performance in Senegal?

Potential Significance of Study

The aim of this study was to gain a deeper understanding of the how management practices influence healthcare worker performance and quality of care. The study findings may be of significance in improving overall patient health outcomes and delivery of health care services within the Dakar-Senegal region. Importantly, 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 may be critical to understand the productivity and performance of healthcare workers in hospitals in Senegal, to enhance efficiency and quality of care. The findings from this study could add to the knowledge of strategic business imperatives for healthcare institutions in Senegal, and clinicians and health administrators. Based on Awaes et al. (2013) recommendations, there is a need to address the gap, the need for performance management of professional healthcare workers in the Dakar-Senegal regional public hospitals.

The conceptual framework of this study was with the inclusion of the underlying 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, Aikins, Akweongo, and Wyss (2014) noted, that work motivation and job satisfaction are related to management practices.

Bonenberger et al. (2014) indicated. 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.

In business management, human resources and other factors, strategies, and practices play a role in worker performance and quality of care. In the healthcare industry, optimizing service delivery is vital for both employees and patients. Measuring and managing performance systematically enhances the efficiency and effectiveness of organizations and is essential to ensure business profitability (Mensah & George, 2015).

Methodology Used to Undertake Study

Qualitative research justifies the rationale in this study in views of the goal to study a phenomenon of worker performance in the face of limited hospital resources. Nassehi, Esmaeili, and Varaei (2017) contended, that the flexibility of interviews, with open-ended questions and observations, is more flexible and to study a phenomenon. The aim of the study was to explore the management strategies necessary to optimize health workers' performance, the quality of patient care, and to 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 finer understanding of the 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, which also ensure credibility and confirmability, compared to a quantitative approach, where the emphasis is on achieving validity and reliability.

Review of Contemporary Literature

Knowledge of current performance management practices is vital for an organization. However, it remains a challenge on how an organization can manage its individual for better performance outcomes (Awases, Magdalene, Marthie, Bezuidenhout, & Janetta 2013). Astute organizational performance measured the organization's goals, design, and management. An extensive review of literature was undertaken on performance management (PM). Performance is the most important imperative and desired goal within an organization. Performance adds value to a firm and continues to be a difficult concept to create substantial difficulty in interpreting research (Miller, Washburn, & Glick, 2013). Managers and employees are more likely satisfied or disappointed with their organization's performance. Sometimes, though and on the other hand,

Pulakos, Hanson, Arad, and Moye (2015) argued that organizations became increasingly bureaucratic and disconnected from day-to-day activities.

Professional workers in the health care sector, working with patients and the community must ensure the highest standards in performance. Therefore, health organizations must recognize the value and role that healthcare professionals play globally. For health organizations to deliver a quality of healthcare service, it is important to acknowledge the performance of the workers. Research is often necessary to understand the drivers of performance and those factors affecting it (Awases et al., 2013). A quantitative study followed a non-experimental descriptive of the performance of professional workers, including doctors, nurses, and administrators to improve the quality of health care survey of a questionnaire, was used by Awases et al. (2013) in a study. The questionnaire comprised of open-ended and closed questions, with the results was organized under thematic analysis, while statistical approaches served to analyze the data collected from 770 professional nurses in Namibia, 180 randomly were selected, and of which 147 successfully responded to the questionnaires. Based on participants' responses, it was noted that most African countries are facing challenges of healthcare workers to improve productivity and performance (Awases et al., 2013). The inference drawn was that human resources selection for workers often causes a major problem. To ensure an effective working environment, and to improve the performance of healthcare professionals, it is important to hire motivated individuals with the right knowledge and skills.

The lack of healthcare workers causes constraints in achieving the Millennium Development Goals (MDGs) to fight against poverty, after the coming to the fore, many diseases (Bhatnagar & George, 2016). The researchers suggested that the World Health Organization (WHO) should implement policies and decision-makers in the health care organization, including improving employee' motivation, retention, productivity to ensure high performance (High-Level Forum 2004:1; World Bank 2000:5). It is often necessary that health care organizations effectively train staff internally. To improve organizational performance management, organizations must set objectives and goals, communicate, and provide quality feedbacks (Pulakos et al., 2015). The theory of performance management developed in this study helped to provide a deeper and holistic analysis of the data collected. The theory of performance management covers six concepts that could affect the performance management of health care professionals if not addressed properly.

The measurement of healthcare performance could depend on many factors including public and patient views, experiences, and perceptions. However, it is important to understand the factors affecting health workers' performance; and to implement management strategies to improve worker performance and quality of care. This theme was of relevance to this study, as it denoted a gap (need) and represents the rationale for undertaking this qualitative case. Identifying the factors affecting the performance of healthcare professionals and the knowledge and skills that contribute to factors affecting the performance of professional nurses were critical to gain a deeper understanding of the management, employee, and financial challenges in delivering quality patient care in Senegal (Awases, Bezuidenhout, & Roos, 2013). This theme may advance the understanding of the imperatives and strategies essential to improving financial and human

resource management performance in the health sector, as it relates to strengthening the sustainability of medical institutions in the region, and in improving governance (Barnes et al., 2016).

Africa is facing a problem of healthcare workers under-performance. A study conducted in Namibia, for example, revealed that Africa has no presence of workers' performance management in place for an extended period (Awases, Bezuidenhout, & Roos, 2013). The performance management in workers is all about helping and encouraging professionals to work more effectively individually and as teams to increase productivity and performance. The study in Namibia did not include a identification of the factors that seemed to impact their health care workers. This led to exploring the management and economic strategies critical to improving the quality of patient care within the Dakar- Senegal regional public hospitals, which could increase revenues and sustainability.

In the contemporary business environment, managers enhance their organizational performance to stay competitive. Organizational management is facing many critical, valuable, and necessary functions, including workers' level of knowledge, the level of skills, and personal factors that could impact an organization's performance in terms of increased revenues and sustainability (Melnyk et al., 2014).

Several organizations have need for a management system that continuously measures an organization's performance over a year for overall accountability, and to monitor management decisions (Sanger, 2013). An effective organization depends on leadership. It is also important for leaders to consider their cultural and organizational structure, which deals with the level of identity. Leaders are required to make informed decisions, develop strategies, and communicate key ideas to an organization's members (Sanger, 2013). It is also important for leaders to coordinate organizational components for cultural change, which is essential for forming a performance-managed operation.

For effective performance management in the health sector, it is important to hire competent people, have adequate resources, good governance, accountability, adequate training, motivated and satisfied employees for support, and rewards for improvement. It is also important that the organization's leaders develop a culture to measure the value and the relationship between their work and organizational outcomes. An effective organization's performance inspires learning, innovation, and problem-solving. For instance, healthcare organizations undergo many challenges in human resources management (HRM) to deliver healthcare services (Shen et al., 2017). The findings of this study indicated, that a significant reason for the problem affecting health workers inferior performance include human capital (employee satisfaction and motivation, shortage of doctors and nurses), people lack professionalism, employee's high workloads, lack of medical devices and facilities, resource funding, political and social factors, lack of organization hierarchical culture, non-compliance with rules and technological advances (Carayon et al., 2014; Elg, Palmberg Broryd, & Kollberg, 2013). Zambia, another African nation is also facing severe shortage of healthcare professionals across all levels of healthcare in both urban and rural areas because of limited human resources (Shen et al., 2017).

In response to these challenges, organizations are finding it difficult to manage their healthcare organizational systems and workers' performance. One crucial point to highlight is the gap between performance management and healthcare

professionals in developing countries, specifically within the Dakar-Senegal regional public hospital. It is therefore the responsibility of the leaders or management to ensure an effective organization performance in providing the tools to overcome such challenges based on the performance management theory.

Jacobs et al. (2013) claimed that culture in the health care sector could influence decision-making and an organization's performance in a variety of ways, including the influence on efficiency, the shared values, beliefs, and norms within the organization, and the ways healthcare professionals communicate and engage with each other. Evidence showed that the lack of an organization's culture affects an organization's structure, the effectiveness of healthcare professional's teamwork and job satisfaction, and quality of service care delivery (Jacobs et al., 2013). In summary, a descriptive analysis of culture showed several significant relationships between culture, hospital characteristics, and performance.

The problem of healthcare systems has always seemed to be a concern in low-and-middle-income countries, because of the constraints of organizations. Such constraints include accountability, human capital, and financial resources, external and internal factors, lack of innovative technologies, and innovation that most of these studies cannot research on. Several researchers have drawn attention to the cost of healthcare service to low-and-middle-income countries, and lack of funds (Mills, 2014). In response to the constraints that led to deficiencies in the healthcare system, many countries have come up with innovative approaches in financing, organizations and improving the quality of health care delivery, in efforts at increasing profitability, and sustainability (Mills, 2014).

In Africa, for instance, the major issue in the healthcare sector is the lack of financial support, affecting the population in need of care. Research has shown, that 50% of healthcare financing in developing countries are from patient's self-payees, a small percentage of government and private health insurance (Mills, 2014). In Africa, Rwanda is an example of a country with remarkably high voluntary and limited insurance coverage, and few African countries expanding their health care coverage replacing the national health insurance program; and making premiums affordable across the population (Mills, 2014). Improving transparency and accountability in the health care sector requires people understanding of their rights and obligations, to focus on improving corruption and performance for quality-of-service care.

Leadership and accountability, governance seemed to be the most crucial factor in the healthcare system, as is seen impacting performance management (Cleary, Molyneux, & Gilson, 2013). Accountability usually has implications on access and delivery of quality care. Quality of health care delivery is however contingent upon efficient leveraging and optimization of financial, human resources, and individual behaviors, including those of healthcare professionals' administrators, in which governance plays a crucial factor, affecting healthcare professionals' performance (Brinkerhoff & Bossert, 2014). Using a descriptive literature review, guided by a conceptual framework on accountability in healthcare, aide in undertaking this a study, also included an assessment of the factors influencing the functioning of accountability of the healthcare system. The literature reviewed included extensive research from Africa, Asia, and South America. A case study design was selected, as the aim

was to determine the key factors that influence the functionality of the accountability procedure. Based on the evidence, the results identified resources (time, space, and capacity), attitudes, and perceptions of actors, values, beliefs, and cultures as factors influencing the functioning of accountability, congruent with the results found by others cited herein (Cleary et al., 2013).

Several researchers have shown that health care organizations comprise of three domains: administrative management, professional service, and policy (Elg, Palmberg, Broryd, & Kollberg, 2013). In similar vein, healthcare organizations are facing challenges, as administrative leaders, professionals, and advances in modern technologies, result in difficulties to sustain and increase performance. Measuring the performance of public professionals in low-and-middle-income countries require public transparency in handling resource funding and government policy (Elg et al., 2013).

Motivation and job satisfaction. Motivation is defined as an action of current life pursuits in achieving a positively tested goal, self-determination, including more engagement, better performance, and greater persistence (Sayanagi & Aikawa, 2016). Job satisfaction represents a positive emotional appraisal of one's job or job experience of employees showing satisfaction with their work in terms of the work environment, organizational policies, a task assigned, and salary (Sansoni, De Caro, Marucci, Sorrentino, Mayner, & Lancia, 2016). Healthcare workers' satisfaction and motivation affect their performance and the quality-of-service care delivery. The research revealed a shortage of professional workers leads to wastage that affects performance and poor service delivery (Munyewende et al., 2014; Mutale, Ayles, Bond, Mwanamwenge, & Balabanova, 2013).

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 motivations of health workers, and both can increase workers' performance and the sustainability of the community health workers. The theme of studying the perceptions of managers in healthcare institutions applies to this discussion and the proposed study, as it relates to developing countries. Human resource management competencies can influence the quality of service being delivered to patients. Management seems to play a key role in the overall performance and motivation of health workers (Bradley et al., 2013). There is unmistakably, significant data to support the notion that managers in healthcare have a legal and moral obligation to ensure a high quality of service delivery and improve performance (Parand, Dopson, Renz, & Vincent, 2014).

Supervising community health workers in urban areas. There is an increase in the need for community health workers (CHWs) in low-and-middle-income countries. Community health workers (CHWs) are a group that is part of the health workforce to achieve health performance (Kok et al., 2015). Community health workers represent a powerful force in supporting good behaviors in the workplace, albeit with limited training, often with no formal professional training, education, or certification for the duties and responsibilities needed (Perry, Zulliger, & Rogers, 2014). If trained effectively, however, a community health worker can improve the quality of patient care and service delivery (Perry

et al., 2014). Quality supervision should directly mentor and guide healthcare workers (Hill et al., 2014).

Many factors could affect the performance of health professionals in low-and-middle-income countries, including social, political, and economic, poverty, and level of education. Community health workers are increasing globally and particularly in developing countries as they play a key role in health care delivery. Research has shown that economy, environment, health system, practice, socio-cultural factors such as gender, norms, and values, education, and knowledge could be factors affecting CHWs performance (Kok et al., 2015). In another study. Hill et al. (2014) confirmed that managers or supervisors play a key role in the healthcare sector as they set programs, document and discuss issues about the job, and deliver a variety of health interventions, motivation, performance, and outcomes. Community health workers carried out functions related to healthcare delivery, and CHWs also plays a significant role in the health sector in influencing employees' motivation, trustworthiness, connectedness, competence, honesty, fairness, recognition, and performance (Kok et al., 2017).

Population and Sample Selection

This qualitative study took place in locations that were convenient to the researcher and participants were from different healthcare organizations within the Dakar-Senegal region. The target population was approximately 3,077 staff, including 667 doctors and 2,410 nurses within the Dakar-Senegal healthcare setting. The selected population in this study was 3,077 clinicians and the researcher recruited 20 participants to ensure a minimum sample size of 10 participants was available for interviews and focus groups. This was necessary for the potential attrition of prospective participants. Robinson (2014) argued that small sample size in qualitative studies must be initiated at the design stage. The sample size was influenced by both theoretical and practical considerations, and qualitative researchers often provide valuable insights from data collected from the sample. The purpose of this study was to explore management practices that influence healthcare workers' performance and quality of care.

Qualitative studies provide a clear understanding of a complex issue and to extend experience or add strength to what is known (Soy, 2015). Unlike quantitative studies, use hypothesis testing to achieve the research goals in the study (Park & Park, 2016). Site authorization was not a requirement in this study because participants were independent healthcare workers, recruited through word-of-mouth. The word-of-mouth approach of recruiting participants is known as snowballing sampling and did not require site authorization.

The interviews and focus groups were the sources of data in this research study. With note taking notes during the interviews, supplementary to the interviews and focus groups. The research was conducted with an interview protocol to facilitate participants in the sample to answer the questions with consistency, responding to questions developed to elicit views on management practices of healthcare workers influencing performance. The interview and focus group data collection procedures provided additional knowledge to the primary interview questions, many of which were informed from the extensive research and from also a review of literature.

The participants in the interview questions and focus group were healthcare workers. The target population were eligible (N=3,077), included recruitment of 20 participants to

account for attrition so that 10 participants, to undertake the data collection process. The first 10 participants to meet the prerequisites for participation and complete the data collection process, were included in the study. The research was conducted in ways to reach data saturation. Data saturation is reached when no new information can be obtained from participants (Fusch & Ness, 2015). Failure to reach data saturation could hurt the validity of the study results (Fusch & Ness, 2015). Each participant was interviewed once, and additional interview questions were used, when and if necessary, as the aim was to achieve data saturation. A descriptive study design, within a qualitative method of data collection, often serves to provide a more convincing and accurate form of inquiry using diverse types of data sources such as interviews, primary and secondary research (Houghton et al., 2013).

The one-on-one interviews helped to validate observations and provide directions for future observations using an interview protocol refinement (IPR) framework for developing and refining interview protocols. The interview protocol refinement (IPR) framework was found suitable for conducting structured or semi-structured interviews in ensuring interview questions alignment with research questions, and therefore in enhancing the reliability of interview protocols to increase the quality of data from the research interviews (Castillo-Montoya, 2016). Each interview took an estimated 45-60 minutes. The focus group estimated was completed within 60 minutes. The one-on-interviews and focus group were held in a public location, convenient to the participant and researcher.

One-on-one interviews. Before participants were interviewed, participants were fully informed of confidentiality measure and safeguard to protect identities. The one-one interviews served to gain insightful knowledge of management practices influencing healthcare worker performance within the Dakar-Senegal region. If a participant did not answer sufficiently the questions, there were optional probing questions to expand the discourse. All interviews were recorded then transcribed, with the option to interview participants more than once to clarify information.

Focus groups. A brief description of the overall focus group's session was read to participants. The participants were informed about the study purpose, the recording of it, and that their participation in this study was voluntary. All individuals read and signed a consent form before starting the timer and recording. The focus groups involved several participants in a session, and it was explained, that there was no guarantee of participant confidentiality, since this was research of a group. The focus group questions, adhered to the script of the protocol and included nine questions, and additional probing questions, with a duration of approximately 45 to 60 minutes.

The participants were in two groups for the focus group process based on participant schedules and availability. Using focus groups helps to solve an array of "real world" or practical problems (Kamberelis & Dimitriadis, 2013). The individuals taking part in the interviews were the same as those in the focus groups. In case the participant did not answer sufficiently, there was an option for probing questions to expand the answers. The focus groups and one-on-interviews were coded and thematically analyzed.

The ethical measures for this research included the diligence to undertake an international study. An international study must be ethically compliant, and this study did not require any site authorization. The participant recruitment

included only qualified healthcare providers who were willing to share their experiences. The one-on-one interviews and focus groups helped to generate adequate data for analysis. In theory, a researcher recruits all participants using a word-of-mouth approach of recruiting, known as snowball sampling (Saw, Nissen, Freeman, Wong, & Mak, 2017), and based on participants meeting the predetermined eligibility criteria. The research entailed contacting participants individually, and the participants showed interest to take part in the study. Participation in this research was voluntary, and there was no obligation or commitment required from participants to be part of the study.

Data Analysis Procedures

The data analysis followed the method described by Sutton and Austin (2015) for qualitative research. This approach of analysis comprised of organizing, interpreting, transcribing, and checking, the data collected, reading between the lines, coding, and theming.

Data Analysis and Findings

The aim of this qualitative descriptive study was to explore how healthcare workers describe management practices that influence healthcare worker performance and quality of care from the perspective of the participants within the Dakar-Senegal region. 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.

One-on-one interview questions and focus groups were used to collect data specific to the following research questions which guided this study: How do healthcare workers describe management practices that affect healthcare worker performance in Senegal?

Key Findings

The target population consisted of 3077 licensed physicians or registered nurses, 20 people were recruited, in which ten were selected to participate in the research. Qualified participants included both male and female doctors or nurses. All participants must be at least eighteen years of age, fluent in English and were able to participate in interviews and focus group questions.

Participants in the study were licensed doctors or registered nurses, all from various organizations and the data was collected in two phases, including the one-on-one interviews and focus groups. The questionnaires in both the interview and focus group were designed to meet the research objectives and to ensure that the respondents provide 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 focus group was conducted the following day with the same individuals, 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 could 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 scheduled for an average of 45-60 minutes. Participants in the focus group could not hide their identity due to the group setting. However, participants did build rapport with one to another to facilitate the conversation. The names of participants were not revealed to ensure confidentiality, and each participant was labeled using pseudonyms such as A, B, C, etc.

The research involved a potential number of 20 participants, of which 10 participated in the study. Of the ten participants, there were five female and male doctors or nurses, and their age groups ranged between 25-32 years, and had with a minimum of 1-6 years of work experience. The participants were licensed doctors or registered nurses, working in various healthcare organizations. Out of the five of the participants licensed doctors included 3 females and 2 males. The two male physician's ages ranged between 29-32 years old, and both held 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 nurse participant's ages ranged between 26-32 with 2-6 years of work experience. All interviews were recorded and transcribed into NVivo software.

Data Analysis Procedures

The data collection and procedures were designed and interpreted in ways to ensure accurate interpretation and analysis.

The research process was an emulation of Saldana's (2016) descriptive coding research design for an accurate and easy design and constructed on the conceptual framework. The following steps consist of data analysis process, getting familiarized with the data. In the transcription process, all recordings were transcribed verbatim. A descriptive coding technique was adopted, facilitating focus on relevant codes to keep the process transparent using either a priori, emergent codes, or a combination of both, as suggested by Stuckey, (2015).

Participant responses were classified into files and imported into the NVivo qualitative software. Each code was labeled from the data in NVivo. The use of memos also helped clarify how codes were constructed and interpreted to make the analysis easier for more consistency. In step 2, using Saldana's descriptive coding method predefined facilitated concomitant application of the theoretical framework. Charmaz (2001) defined coding as the "critical link" between data collection and their explanation of meaning. The data were transcribed in NVivo to generate codes for categories and themes. The research analysis was in two columns, notably the primary word and any similar words in the next column (making the codebook), meaning if someone else explained the same concept slightly differently, the words would still have overall similar meanings (all from the raw data). All similar words were grouped into "categories" and then subsequently grouped into "themes", which served to answer the research questions). The themes were developed from the codes.

All interviews were transcribed to ensure that data analysis enables the reader to determine whether the process is trustworthy. In step 3, the text was coded using NVivo software. Stuckey (2015) explained that using the software like data management system can be helpful for the researcher to create codes, and to analyze the data. All transcribed data from the interview and focus group recordings were grouped by similarities, referred to as coding. The method of theming facilitated organizing and presenting the findings in a meaningful way. As Sutton and Austin

(2015) explained, underneath each theme should be the codes, examples from the transcripts, and the researcher's interpretation of what the themes mean. The research process included identification of the themes by common patterns that made sense to the meaning and interpretation of the data, and reflected appropriate organization and analysis of the data.

Two experts were involved in the review of questions, one in the healthcare field, and one from academia. In the final step, the themes developed reflected expounding of the different themes that reflected details pertinent to the research questions. This theming consisted of grouping codes from one or more transcripts to present the data findings in a coherent and meaningful way as suggested by the researchers cited (Sutton & Austin, 2015).

Strengths and weaknesses of the study. The records of the one-on-one interview and focus group were meticulously maintained, by making sure that all data are interpreted clearly with consistency and transparency. Any changes noticed in the data collection or analysis process from the original proposal expectations of the process were the changes made to ensure clarity. The research methodology choice, sample size, research design, and data presented in this study was therefore deemed credible. However, there are several strengths and weaknesses present in this study. Limited resources and time constraints were major factors that prevented interviewing a diverse population, notably in another geographical region and in private sector as well.

Due to shortage of health professionals and work hours conflict. Other factors included the limitation of available clinicians who were fluent in English to participate in this study, and limited therefore, the desired sample size. Culture plays an important role in society and within the organization, thus, the importance of organizational culture and its impact on management practices were not mentioned in findings, as may have adverse implications. Other areas of weaknesses include the fact that there were not enough supporting documents such as articles or textbooks, specific to the region and covering governance, health transportation, and corruption influencing health workers' performance and quality in developing countries.

Recommendations

The study was 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 may benefit other institutions in developing countries.

Recommendations for future research. Based on the data analysis results, the following recommendations presented could benefit future researchers and institution:

1. Conduct other research, eliciting the perspectives of managers.
2. Involve multiple generations of participants. The rationale for age range for participants could change the findings because different age groups may have different perspectives.
3. Extend research to clinicians in rural and private healthcare organizations. A future research study could be focused more on human resources management in healthcare, to develop new policies. Further research and study are needed in rural areas and other developing countries to identify concerns in areas on health policy, human resources, governance, transportation, financing, communication, and corruption, to facilitate a comparison of findings from diverse settings.
4. 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.

5. Further researchers could also 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.

6. A future study can include research into the effect of turnover rate and the impact on organization accreditation, competitiveness, and profitability.

7. A similar study is possible in comparing many African countries' management practices and their impact on health workers' performance and quality. The results of the study could increase the knowledge of researchers in enhancing infrastructure, providing more education, and training, decrease health system inefficiencies, and increase equity of access to health care.

Recommendations for future practice. Three major themes emerged from the study in response to fulfilling the study objectives, as espoused by the principal research question. Three themes were: (a) Healthcare workers agreed that communication and teamwork aim to optimize worker's performance, (b) Healthcare workers described knowledge management (KM) having a positive effect on operational, organization and worker performance, and (c) healthcare workers described effective organization structure and human resources promoting learning/growth, increase efficiency, quality, flexibility, and performance.

Based on the study findings, and the themes that emerged from the study, the recommendation for future practice are:

1. Build an organizational structure to create and enhance the level of commitment by professionals' to increasing clinical and patient outcomes and performance in the workplace.

2. Engage health workers in decision-making processes to be more productive and better outcomes. The participant's points of view revealed that it significantly points that need to be taking into consideration.

3. Build trust in the healthcare setting in low-and-middle-income countries to minimize medical errors, and gain control over donations and funds.

4. Implement clinical governance for healthcare workers to gain more access to new technology and innovation, to increase efficiency.

5. Incorporate changes in the work environment, focusing more on communication and teamwork, changes in the attitude and behavior of practitioners towards the patients.

In summary, the improvement in the quality of services associated with motivational factors such as incentives, health infrastructure, and resource availability can increase worker motivation and performance. Thus, significant changes are possible with knowledge and training skills, access to information, and resources.

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