

Study of the Relationship between the Human Resources Management Functions and the Quality of Health Care at Private Hospitals in Baalbek-Hermel Governorate

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ABSTRACT

The management of human resources in healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction. This study aims to investigate the impact of practicing human resources management on the quality of healthcare service and achieving patients' satisfaction. The descriptive methodology was applied to demonstrate and analyze the previous literatures. The study shows that effective human resources management has a strong impact on healthcare quality and improving the performance of hospital's staff.

The purpose of this study was to examine the relationship between 4 functions of Human Resources Management and the Quality of HealthCare in private hospitals in Baalbek-Hermel Governorate.

Data for this cross-sectional study was collected using a paper survey developed by the researcher. The questionnaire assessed health workers' perception of the relationship between job satisfaction and the quality of care they deliver, and factors that affect the delivery of a quality care and job satisfaction. The questionnaire was distributed to 80 health workers (Physiotherapists, Laboratory Technicians, Nurses, Medical doctors) who work in direct patient care at private hospitals in Baalbek - Hermel Governorate. Analysis included descriptive and correlation. The research found that there is a positive correlation between health workers' job satisfaction influenced by HRM practices and quality of care they deliver.

Keywords: Human Resource Management (HRM), Quality of HealthCare, Baalbek-Hermel Governorate

INTRODUCTION

Human Resource Management (HRM) is a management function that deals with recruiting, selecting, training, and developing human resources in an organization. It is concerned with the "people" dimension in management. It includes activities that focus on the effective use of human resources in an organization. It is concerned with the development of a highly motivated and smooth functioning

workforce. It also includes planning, acquiring, developing, utilizing, and maintaining 'human resources' in the achievement of organizational goals¹.

Human resources, when it is related to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention². Arguably the most important aspect of the health system inputs is the performance and the benefits the

system can deliver, which depends largely upon the knowledge, skills, and motivation of those individuals responsible for delivering health services³.

Human Resource or Personnel Department is established in most of the organizations, under the command of the Executive Human Resource / Personnel Manager. Some of the major functions of this Department are managerial functions, operative functions, and advisory functions⁴. In other words, the Human Resource Manager is part of the organizational management. Therefore, the person holding this position must perform the basic managerial functions of planning, organizing, and directing the Department. Besides, the operative functions are those tasks or duties which are specifically entrusted to the human resource or personnel department. These are concerned with employment, development, compensation, integration, and maintenance of personnel of the organization. Last, human resource manager has specialized education and training in managing human resources. The HR manager is an expert in his/her area and so can advice on matters relating to the human resources of the organization⁵.

The World Health Report launched the Health Workforce Decade (2006-2015), with high priority given to retaining high-quality health care workers. The Kampala Declaration stressed the crucial role of retaining an effective, responsive, and equitably distributed health workforce⁶. Sound human resources (HR) management practices are a key strategy for retaining effective health professionals in health care organizations (HCOs)⁷. Given the recruitment and retention reality of the health workforce in the twenty-first century, the role of HR managers in health care organizations and those who combine the role of HR managers with other responsibilities should not be underestimated⁸.

Furthermore, the quality of care provided by health care professionals is

becoming very important nowadays. Quality of care is here more than a concept. It is a mean for achieving financial survival through delivering patient wellbeing and satisfaction⁹. According to Deming, "A product or service possesses quality if it helps somebody and enjoys a good and sustainable market". Through this statement, Deming generally tried to highlight the important bond between any product or service and its quality¹⁰. However, The Institute of Medicine in 1990 stated that healthcare quality consists of the "degree to which healthcare services for individuals and populations increase the likelihood of desired healthcare outcomes and are consistent with current professional knowledge". Therefore, it is crucial to identify here the important role of professional health care practitioners when trying to define and understand health care quality¹¹.

Public and organizational awareness toward the essential role that quality of care plays in healthcare industry have evolved throughout the years. This awareness could be referred specifically to some healthcare failures in delivering patient care. For instance, several cancer patients have died in the United States in 1994 due to complications of an overdose of a chemotherapeutic agent received in a hospital in Boston. The investigation revealed that the main cause of this incident were errors performed by a nurse at the hospital¹¹. This incident shed the light on pivotal role of human workforce in defining and determining the quality provided by any healthcare institution.

One of the biggest challenges for hospitals today is the availability of a strong, capable, and motivated workforce. Hospitals are 'people-driven' and their primary expenses are labor costs. As in many developed and developing countries, many hospitals in Middle Eastern countries have come to realize that the most important asset to their organization, besides physical capital and consumables, is their healthy human resources, without which they cannot

properly function¹². At the system level, evidence indicates a strong link between the availability of health care providers and population health outcomes¹³.

A study has been done in Lebanon and the region to survey HR managers in hospitals about their views on current HR challenges, strategies implemented, and enabling factors including role, education, experience, and training. The results of the study indicate that HRM in Lebanese hospitals should be strengthened to build capacity to better manage and retain health workers. The findings showed that not all hospitals delineate the departmental responsibilities for their HRM function¹⁴. This can be demonstrated by the challenges and strategies that emerged from thematic analysis. The most striking observation is the mismatch between challenges and strategies in this study. This finding is similar to an earlier study targeting nursing directors, where retention strategies did not always correspond to the reported challenges¹⁵. However, this does not necessarily imply that the HR managers are not aware of how to address the challenges they reported. On the contrary, it may reflect the limited capacity and authority they have to mitigate challenges that are hindering HR development at their institution. This was reported as a challenge by some of the respondents. Another challenge reported by in other studies could be related to the lack of a strategic plan for HR in hospitals⁹.

According to a study on “Sense-giving in health care: the relationship between the HR roles of line managers and employee commitment”, it was found that HRM practices such as training and development, employee career planning, and recruiting and selection had the greatest significant influences on the implementation of TQM. The results of the study also revealed that HRM practices and TQM practices have a significant effect on organizational quality performance, especially employee quality awareness,

customer satisfaction, and company image¹⁶.

Statement of the Problem

One of the biggest challenges for hospitals today is the availability of a strong, capable, and motivated workforce. Few and early studies have been conducted to assess recruitment and retention practices and strategies in the Eastern Mediterranean Region (EMR)¹⁷. A study targeting nursing directors in Lebanon found that the majority of the sampled hospitals (88.2%) reported facing challenges in retaining their nurses due to unsatisfactory salary and benefits (80.8%); unsuitable shifts and working hours (38.4%); the presence of better opportunities abroad (30.1%) and within the country (30.1%); workload (27.4%); and instability of the country (16.4%)¹⁴.

Even though management practices are recognized as instrumental for enhancing employee performance, quality of health care, many studies hitherto have focused on individual practices, overlooking or under specifying the contexts within which these practices are operating.

Developing effective HR practices in health care organizations for the high quality of care in developing countries is a complex issue. That's why the major objective of the study is to measure the relationship between four HRM Functions and the quality of healthcare at private hospitals in Baalbek – Hermel Governorate.

Purpose of the Study

The purpose of this study which is also known as the objectives is summarized in three points; At the macro level, this study type will encourage the Ministry of Public Health to find ways to implement an effective HRM in the healthcare systems in governmental/private hospitals by controlling the quality of services and monitoring the performance of HR responsible and the health workers. On the other hand, the micro-level will encourage the private hospitals in making the HRM system effective to increase the performance

of the employees which will lead to an increase in the quality of healthcare served. Also, it will guide and aid in designing and delivering better benefits for health workers to increase their performance and increase the rate of their retention.

Significance of the Study

This study will be a significant endeavor in highlighting the importance of HRM functions in private hospitals., the impact of HRM functions on the health workers which also influence the healthcare quality in the private hospitals, and in pointing to the importance of effective HRM functions and its effect on the performance of the health workers (Laboratory technicians, doctors, nurses, physiotherapists) which affect positively the healthcare quality in the private hospitals.

Definition of Terms

- **HRM:** Human resource management (HRM) is the management of an organization's workforce or human resources. It is responsible for the attraction, selection, training, assessment, and rewarding of employees, while also overseeing organizational leadership and culture and ensuring compliance with employment and labor laws^{18,19}.
- **Health workers:** Health workers are people whose job is to protect and improve the health of their communities. Together these health workers, in all their diversity, make up the global health workforce¹³.
- **Healthcare:** It is the field concerned with the maintenance or restoration of the health of the body or mind⁴.
- **Job Performance:** Job performance is the way employees perform their work. An employee's performance is determined during job performance reviews, with an employer taking into account factors such as leadership skills, time management, organizational skills, and productivity to analyze each employee on an individual basis. Job

performance reviews are often done yearly and can determine to raise eligibility, whether an employee is right for promotion or even if an employee should be fired⁶.

Research Questions

1. Main question: Is there any relationship between HRM functions and the quality of healthcare in private hospitals?
2. Sub-questions:
 - Is there any relationship between the Compensations & Benefits offered for health workers and the healthcare quality in private hospitals?
 - Is there any relationship between the Performance appraisal offered for health workers and the healthcare quality in private hospitals?
 - Is there any relationship between the Safety & Security benefits offered for health workers and the healthcare quality in private hospitals?
 - Is there any relationship between the Training programs implemented for health workers and the healthcare quality in private hospitals?

Research Hypotheses

- H0: There is no relationship between the HRM functions and the quality of health care in the private hospitals in Baalbek – Hermel Governorate.
- Ha1: There is a significant statistical relationship between the Compensation & Benefits offered for the health workers and the healthcare quality in the private hospitals in Baalbek - Hermel Governorate.
- Ha2: There is a significant statistical relationship between Performance appraisal offered for the health workers and the healthcare quality in the private hospitals in Baalbek- Hermel Governorate.
- Ha3: There is a significant statistical relationship between the Health & Safety benefits offered for the health workers and the healthcare quality in the

private hospitals in Baalbek - Hermel Governorate.

- Ha4: There is a significant statistical relationship between the training programs implemented for health workers and the healthcare quality in the private hospitals in Baalbek - Hermel Governorate.

Limitations of the Study

Some limitations may affect or restrict the methods and analysis of research findings, the first one is that the health workers were waited in hospitals until their break time to answer the questionnaire. The second one is that the study was limited to a specific area in Lebanon (Baalbek-Hermel District). Besides, some respondents needed a small idea on the purpose of the study which made the questionnaire time a bit longer. On the other hand, there was a lack of access to quality of care data at the hospital was also a limitation. The hospital keeps data on its care quality based on patient satisfaction and clinical outcomes. Lack of access to these data limited the ability to compare the survey findings with the real-time quality data at the hospital.

Research Design

The study used a descriptive method which involved collecting data and information and explaining and analyzing them in chapter four titled "Findings and Analysis".

The study used a mixed-method approach using quantitative (numbers) and qualitative (text and images) approach. Also, there were two other ways to collect data; the primary data like Questionnaire and the secondary data which is collected from articles, websites, and books found in the reference section.

Instrument

The survey is divided into three major parts and six sub-sections: The first part includes eight questions about the demographic characteristics of the respondent (gender, age, major, level of

education, official job title, tenure in the hospital, contract type with current hospital and weekly working hours).

The second part is composed of four sub-sections targeting the satisfaction level of the respondent of the following HR functions in the hospital where he/she is working: Compensation and benefits, Performance appraisal, Health & Safety, and Training. Each sub-section includes eight statements and five answer options (Strongly agree, agree, undecided, disagree, and strongly disagree) and the respondent must select the most applicable by checking on the answers.

The third part is composed of twelve statements about the quality of HealthCare in the hospital and it also includes five answer options (strongly agree, agree, undecided, disagree, and strongly disagree) and the respondent must select the most applicable by checking on the answers.

Population & Sample

The research consists of a quantitative approach. In other words, it is based on the analysis of quantitative data collected by the research himself (primary data). The choice of this approach is justified by the reasoning type of research which is hypothetic-deductive reasoning. So, its objective is to test the validity of predefined research hypotheses derived from previous literature reviews.

The data collection technique adopted in this research is the questionnaire. We elaborated on the questionnaire to evaluate and measure the different variables included in our research variables.

The sample is taken randomly from medical staff working in 5 private hospitals in the Baalbek district from different groups including age, gender, educational background, and job title which made the survey more reliable. The sample size was 160 respondents working in 5 different hospitals.

Each individual was chosen randomly and entirely by chance, such that each individual has the same probability of

being chosen at any stage during the sampling process, and each subset of those individuals has the same probability of being chosen for the sample as any other subset of those individuals. This process should not be confused with systematic random sampling. A simple random is an unbiased surveying technique.

Procedure

The survey was conducted mainly on Fridays and Saturdays at a time interval between 12:00 PM and 3:00 PM; this is the peak time where health workers usually take their lunch break. Before approaching and interviewing employees, special approval was acquired from the directors of the five hospitals. Before starting the survey, participants were instructed to read the purpose of the study and were assured that their answers will remain confidential.

RESULTS AND ANALYSIS

This segment illustrates the result of the survey in which 160 respondents working in 5 private hospitals in Baalbek district had completed the survey which is analyzed to make effective decisions.

Although it was not part of the purpose of the study, this set of data was intended to describe demographic variables of the sample and to assess for any influence on the research findings.

Based on the data collection and analysis of the demographic questions, the results show that 62.5% which is the

majority of the respondents were female and 27.5% were male. This difference is explained in the major section since the majority of our respondents were working as nurses where the majorities are females. Also, additional demographic questions we asked, as shown in the Table 1.

Table 1: Demographic Variables

		Frequency	Percentage
Gender	Male	60	37.5
	Female	100	62.5
	Total	160	100%
Age (Years)	20-30	76	47.5
	31-40	56	35.0
	>40	28	17.5
	Total	160	100%
Major	Nursing	60	37.5
	Medical Lab	36	22.5
	Physiotherapy	32	20.0
	Medicine	32	20.0
	Total	160	100%
Education	Bachelor	80	50.0
	Master's	52	32.5
	Doctorate	28	17.5
	Total	160	100%
Job Title	Nurse	60	37.5
	Medical Lab Technician	36	22.5
	Physiotherapist	32	20.0
	Medical Doctor	32	20.0
	Total	160	100%
Tenure in Hospital	< 2 years	12	15.0
	2-4 years	39	48.8
	> 4 years	29	36.3
	Total	160	100%
Contract Type	Permanent	4	2.5
	Temporary	156	97.5
	Total	160	100%
Working Hours per week	< 12	8	5.0
	12-23	26	16.3
	24-31	18	11.3
	>32	108	67.5
	Total	160	100%

Table 2: ANOVA test between each of Major, Age, Job Title and Education with the quality of healthcare

		Sum of Squares	df	Mean Square	F	Sig.
Major	Between Groups	40.050	18	2.225	2.060	.019
Age	Between Groups	21.800	18	1.211	3.212	.000
Job Title	Between Groups	40.050	18	2.225	2.060	.019
Education	Between Groups	24.250	18	1.347	3.858	.000

Using one-way ANOVA, the results in the table 2 show that there was a statistical significance difference between Major and Quality of HealthCare (F (18,61) = 2.060, Sig = 0.019 < 0.05).

Second, there was a statistical significance difference between Age and Quality of HealthCare (F (18,61) = 3.212,

Sig = 0 < 0.05). Third, there was a statistical significance difference between Job Title and Quality of HealthCare (F (18,61) = 2.060, Sig = 0.019 < 0.05). There was a statistical significance difference between Education and Quality of HealthCare (F (18,61) = 3.858, Sig = 0 < 0.05).

Table 3: Pearson Correlation & Correlation Coefficient between Compensation and Benefits and Healthcare quality

		HealthCare Quality	Compensations and benefits
HealthCare Quality	Pearson Correlation	1	.803
	Sig. (2-tailed)		.000
Compensations and benefits	Pearson Correlation	.803	1
	Sig. (2-tailed)	.000	

Table 3 shows that there is a strong positive linear relationship between “Compensations and benefits” with HealthCare quality since Pearson correlation=0.803 and Correlation Coeff. =0.747

Table 4: Pearson Correlation & Correlation Coefficient between Compensation and Benefits and Performance Appraisal

		HealthCare Quality	Performance Appraisal
HealthCare Quality	Pearson Correlation	1	.841
	Sig. (2-tailed)		.000
Performance Appraisal	Pearson Correlation	.841	1
	Sig. (2-tailed)	.000	

Table 4 shows that there is a strong positive linear relationship between “Performance Appraisal” with HealthCare quality since Pearson correlation=0.841 and Correlation Coeff. =0.779

Table 5: Pearson Correlation & Correlation Coefficient between Compensation and Benefits and Health & Safety

		HealthCare Quality	Health & Safety
HealthCare Quality	Pearson Correlation	1	.814
	Sig. (2-tailed)		.000
Health & Safety	Pearson Correlation	.814	1
	Sig. (2-tailed)	.000	

Table 5 shows that there is a strong positive linear relationship between “Health and Safety” with HealthCare quality since Pearson correlation=0.814 and Correlation Coeff. =0.820

Table 6: Pearson Correlation & Correlation Coefficient between Compensation and Benefits and Training

		HealthCare Quality	Training
HealthCare Quality	Pearson Correlation	1	.816
	Sig. (2-tailed)		.000
Training	Pearson Correlation	.816	1
	Sig. (2-tailed)	.000	

Table 6 shows that there is a strong positive linear relationship between “Training” with HealthCare quality since Pearson correlation=0.816 and Correlation Coeff. =0.755

Table 7: Pearson Correlation & Correlation Coefficient between Compensation and HR Functions

		HealthCare Quality	HR Functions
HealthCare Quality	Pearson Correlation	1	.881
	Sig. (2-tailed)		.000
HR Functions	Pearson Correlation	.881	1
	Sig. (2-tailed)	.000	

Table 7 shows that there is a strong positive linear relationship between “HR Functions” with HealthCare quality since Pearson correlation=0.881 and Correlation Coeff. =0.826

Table 8 shows the level of satisfaction/dissatisfaction of health workers with services related to “Compensations and Benefits” provided by the hospital (1st HR function studied in this research). The results show that in the statement “The hospital makes all payments due to the staff on time”, the standard deviation is low, which means that most of the respondents answered the same (90%). As for the other statements, the standard deviation was

higher, which means that the respondents' answers were more spread out.

Table 8: Level of respondents' satisfaction with the first HR function "Compensations and Benefits"

	SA	A	U	D	SD	MEAN	STD. Dev.	Variance
Pay increments offered by the hospital are satisfactory	0 0%	31 38.8%	8 10%	35 43.8%	6 7.5%	3.2	1.048	1.099
The pay we receive in our work are similar to that of employees doing similar work in other organizations	0 0%	18 22.5%	17 21.3%	39 48.8%	6 7.5%	3.41	0.924	0.853
The benefits we receive are similar to what most of the other organizations provide to their employees	0 0%	9 11.3%	35 43.8%	30 37.5%	6 7.5%	3.41	0.791	0.625
Rewards and incentives are fairly distributed in the hospital	0 0%	16 20%	20 25%	40 50%	4 5%	3.4	0.866	0.749
The existing reward and incentive plans motivate us for better performance	6 7.5%	27 33.8%	5 6.3%	26 32.5%	16 20%	3.24	1.314	1.728
The staff are being paid adequately for the work they do	0 0%	18 22.5%	17 21.3%	45 56.3%	0 0%	3.34	0.826	0.682
The hospital makes all payments due to the staff on time	6 7.5%	72 90%	2 2.5%	0 0%	0 0%	1.95	0.314	0.099
The staff are satisfied with the benefits they are receiving	0 0%	28 35%	17 21.3%	27 33.8%	8 10%	3.19	1.032	1.066

Table 9: Level of respondents' satisfaction with the second HR function "performance appraisal"

	SA	A	U	D	SD	MEAN	STD. Dev.	Variance
The hospital follows the policy of matching pay with performance	0 0%	26 32.5%	14 17.5%	34 42.5%	6 7.5%	3.25	1	1
Rewards in our organization are strictly linked to employee performance	0 0%	24 30%	10 12.5%	38 47.5%	8 10%	3.38	1.023	1.047
Adequate growth opportunities are available for those who perform well	0 0%	14 17.5%	18 22.5%	34 42.5%	14 17.5%	3.6	0.976	0.952
In our organization good performers get promoted first	0 0%	12 15%	18 22.5%	40 50%	10 12.5%	3.6	0.894	0.8
Performance appraisal aims at improving employee performance and strengthening our job skills	0 0%	20 25%	24 30%	26 32.5%	10 12.5%	3.32	0.991	0.982
We receive proper feedback on how we are performing	0 0%	46 57.5%	18 22.5%	14 17.5%	2 2.5%	2.65	0.858	0.737
Performance appraisal undertakes to identify the developmental needs of its employees to help them attain their career goals	0 0%	28 35%	8 10%	40 50%	4 5%	3.25	1	1
The staff feel that the performance appraisal is being fair and objective	0 0%	32 40%	20 25%	26 32.5%	2 2.5%	2.98	0.914	0.835

Table 10: Level of respondents' satisfaction with the third HR function "Health and Safety"

	SA	A	U	D	SD	MEAN	STD. Dev.	Variance
The hospital fosters a workplace safety culture in which employees and their supervisors work together to ensure workplace safety	0 0%	58 72.5%	16 20%	6 7.5%	0 0%	2.35	0.68	0.382
The hospitals establish administrative procedures that encourage employees to report unsafe conditions to their supervisors without fear of being disciplined	0 0%	44 55%	20 25%	14 17.5%	2 2.5%	2.68	0.854	0.728
The hospital provides advice to employees in matters of occupational health & Safety	0 0%	58 72.5%	20 25%	2 2.5%	0 0%	2.3	0.513	0.263
The hospital cares about special needs of pregnant employees, employees with illness or with disabilities	0 0%	50 62.5%	14 17.5%	16 20%	0 0%	2.57	0.808	0.653
All employees know their rights & responsibilities regarding their safety at work	0 0%	28 35%	18 22.5%	34 42.5%	0 0%	3.07	0.883	0.779
All employees have entitlement to rest breaks & paid vacation	0 0%	18 22.5%	28 35%	28 35%	6 7.5%	3.28	0.9	0.809
The hospital has a suitable and sufficient fire warning and evacuation systems	2 2.5%	74 92.5%	4 5%	0 0%	0 0%	2.03	0.274	0.075
The hospital offers Liability insurance for employees	0 0%	24 30%	22 27.5%	34 42.5%	0 0%	3.12	0.848	0.718

Table 9 shows the satisfaction/dissatisfaction rate of health workers with services related to "Performance Appraisal" provided by the hospital (2nd HR function

studied in this research). The results reveal that the standard deviation levels were high in all the statements, which means that the majority of the respondents' answers were

evenly spread out.

Table 10 shows the satisfaction / dissatisfaction rate of workers with services related to “Health and Safety” provided by the hospital (3rd HR function studied in this research). The results show that in the statement “The hospital has a suitable and

sufficient fire warning and evacuation system”, the standard deviation was the lowest (0.274), which means that most of the respondents answered the same (92.5%) and for the other statements, the standard deviation was higher, which means that the other answers were more spread out.

Table 11: Level of respondents’ satisfaction with the fourth HR function “Training”

	SA	A	U	D	SD	MEAN	STD. Dev.	Variance
The training needs of the employees are assessed on the basis of their performance appraisal	0 0%	22 27.5%	12 15%	34 42.5%	12 15%	3.45	1.054	1.111
Training includes social skills, general problem-solving skills & broader knowledge of the hospital	0 0%	20 25%	12 15%	40 50%	8 10%	3.45	0.980	0.959
The content of the training programs is always relevant to the changing needs of our job	0 0%	26 32.5%	12 15%	32 40%	10 12.5%	3.32	1.065	1.134
The medical staff are encouraged to participate in various seminars and workshops etc.	0 0%	20 25%	16 20%	32 40%	12 15%	3.45	1.03	1.061
The hospital offers opportunities for on-the-job training	0 0%	52 65%	22 27.5%	6 7.5%	0 0%	2.43	0.632	0.399
The hospital offers opportunities to access training programs for learning new things	0 0%	44 55%	4 5%	30 37.5%	2 2.5%	2.97	1.011	1.022
The hospital ensures an orientation for new employees	6 7.5%	72 90%	2 2.5%	0 0%	0 0%	1.95	0.314	0.099
The hospital considers employee demands beyond training	0 0%	24 30%	10 12.5%	44 55%	2 2.5%	3.3	0.933	0.871

Table 11 shows how the satisfaction/dissatisfaction rate of health workers with services related to “Training” provided by the hospital (4th HR function studied in this research). The results show

the standard deviation levels were high in all the statements, which means that the majority of the respondents’ answers were more spread out.

Table 12: Level of respondents’ satisfaction with the quality of healthcare provided by the hospital

	SA	A	U	D	SD	MEAN	STD. Dev.	Variance
The hospital has done a good job of simplifying how care and services are provided	12 15%	54 67.5%	8 10%	6 7.5%	0 0%	2.1	0.793	0.547
The hospital does a good job of assessing current patient needs and expectations	10 12.5%	52 65%	10 12.5%	8 10%	0 0%	2.2	0.786	0.618
Staff promptly resolve patient complaints	0 0%	42 52.5%	22 27.5%	16 20%	0 0%	2.68	0.792	0.627
Procedures and systems are good at preventing errors from happening	2 2.5%	28 35%	18 22.5%	32 40%	0 0%	3	0.928	0.861
Patient safety is top priority at this hospital	10 12.5%	56 70%	12 15%	2 2.5%	0 0%	2.07	0.612	0.374
The quality of care we provide is affected by employee job satisfaction	44 55%	30 37.5%	6 7.5%	0 0%	0 0%	1.53	0.636	0.404
Quality of health services is a top priority at this hospital	8 10%	62 77.5%	10 12.5%	0 0%	0 0%	2.03	0.477	0.227
The medical staff feel very engaged in the assessment of patients’ needs	2 2.5%	28 35%	18 22.5%	30 37.5%	2 2.5%	3.03	0.968	0.936
Staff have the authority to correct problems in their area when quality standards are not being met.	2 2.5%	22 27.5%	28 35%	28 35%	0 0%	3.03	0.856	0.734
Over the past few years, the organization has shown measurable improvements in the quality of care provided to patients.	8 10	34 42.5%	18 22.5%	20 25%	0 0%	2.62	0.973	0.946
The quality assurance staff effectively coordinate their efforts with others to improve the quality of healthcare provided.	8 10%	54 67.5%	16 20%	2 2.5%	0 0%	2.15	0.618	0.382
Medical staff take seriously into consideration the patients’ complaints which will be studied to identify patterns and prevent the same problems from recurring	0 0	28 35%	14 17.5%	38 47.5%	0 0%	3.13	0.905	0.820

Table 12 shows how the satisfaction / dissatisfaction rate of employees with the quality of healthcare provided by the hospital where they work. The results show that in the statement “Quality of health services is a top priority at this hospital”, the standard deviation was the lowest (0.477) which means that most of the respondents answered the same (77.5%) and for the other statements, the standard deviation was higher which means that the other answers were more spread out.

CONCLUSION AND RECOMMENDATIONS

Conclusion

There is no doubt that the HRM has a good impact on the quality of services provided in any organization or field of work, and health care is not any different. It is also essential for the delivery of efficient and effective health care services to the public. This study addresses four HR functions: compensation and benefits, performance appraisal, health and safety benefits (to the health workers), and the training program. Each of these functions, at different levels, slightly impacts the quality of health care in a positive linear relationship with a cumulative 0.826 correlation coefficient.

Concerning the first function of compensation and benefits has a correlation coefficient of 0.74. Most people agree that the hospitals make all payments due on time with 90% of the surveyed answered that they agree with. On the other hand, the question which was the least disagreed on was 'the motivation of the incentives to do better work', where those who agree and disagree are at 33% each.

In the meantime, 33.8% answered that 'they are not satisfied with the benefits they are receiving', and 35% indicated that they are satisfied. These results are intriguing since they imply that even though there is a division in opinions over incentives and salaries, the quality of health care remains low.

The second function 'performance appraisal' has a 0.77 correlation coefficient. The results showed that the quality of performance is not related to promotion and career growth. Since 50% indicated that they disagree with the following statements “in our organization, good performers get promoted first” and “performance appraisal undertakes to identify the developmental needs of its employees to help them attain their career goals”. While 47% also disagreed with the following statement “rewards in our organization are strictly linked to employee performance”. These findings indicate that hospital employees are convinced whether their performance is high or low, they will remain in their positions. Interestingly enough, 57.5% answered 'they do receive proper feedback on their performance', and with that, the researcher's analysis indicates that if the feedback is negative, then no actions are taken, and on the other hand, if it is positive, no reward will take place.

The third function, health, and safety received a 0.82 correlation coefficient, where only 35% answered that they know their rights, and their responsibilities regarding their safety at work. This implies that there is a culture of ignorance and carelessness on both management and employees. While only 22.5% answered that 'they are entitled to rest, breaks, and paid vacations', this reflects negatively on the moral and physical wellbeing, which may result in not performing the job properly. Even though most expressed that they are working in a safe environment regarding fire hazards, safe culture, freedom of expression without fear of discipline, the fact that they are not receiving rest breaks or vacations affects the employee negatively because of its frequency. It is meant that every day, an employee is entitled to a break, but rarely does he need to evacuate the building because of fire hazards.

The fourth function, training, has a 0.75 correlation coefficient and showed the most interesting results. Only 25% of the medical staffs are encouraged to participate

in various seminars and workshops. And if given, the training is not based on their performance appraisal-if existent that is since only 27.5% expressed that it is based on their performance appraisal. This indicates that employees are not improving, thus their performance is not. The results showed that they are being trained on the job, but not improving other skills such as social skills and general hospital knowledge.

The research showed also that 92.5% of the employees believe that their satisfaction is directly related to the quality of health care services, where 87.5% also said that the hospital has the quality of health care as a top priority. However, the results of the four functions indicate that employees are not satisfied with their jobs. This raises some questions about the practices and approaches of management and not their intentions. The hospitals do prioritize the quality of health care, but they are doing so through their staff. It is an issue of approach and not an issue of intentions.

Recommendations

This study answered questions about the relationship between HRM functions and the quality of health care in the private hospitals in the Baalbek-Hermel governorate. Based on the research findings and analysis, here are some recommendations for best practices and future research. The first approach of the hospital management team is to address the improvements of health care and maintaining it through staff members. Since they are the first contact and they provide these services, therefore it is important to keep them satisfied to perform better. Second, it is important to implement stress relief strategies, such as offering more breaks and vacations for employees, because this will keep their morale and physical status at an optimal level to maintain the highest levels of performance.²⁰

On the other hand, the study was based on first health care providers (medical staff). Further studies must look into

including management, especially HR, in the study to have their input and feedback on the topic. Further studies may include patients' and clients' feedback and input to better diagnose the quality of services²¹. It is also important to take into consideration expanding the research into other areas to identify whether the problem is a cultural problem related to the Baalbek-Hermel region and not only Lebanon as a whole.

Moreover, hospitals might be inclined toward financial profits leading to employing fewer employees than needed in certain departments¹¹. This would lead to employees having to do more work than their capacities. An intervention from the Ministry of Public Health is required to advise hospitals on the required number of staff per healthcare facility. Besides, the problem of health care is a complex issue and cannot be simplified through HRM functions alone. Additional variables that need to be accounted for would include continuous monitoring from the Ministry of Public Health and the improvement of public health policies. Furthermore, the Ministry of Labor's intervention is also essential to assess whether there is a breach in rules and regulations governing employees' rights. Finally, the practices of human resource management are very important in the health sector, and modern hospitals should have alternative approaches to practice HRM successfully. Keeping in mind that senior management in hospitals should also have a clear strategic direction and clear objectives on how to enhance their employees' management.

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