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Influence of the Political Environment on Human Resource Performance in Private Healthcare Facilities in Nakuru County, Kenya

Jane Nzisa

Managing Director, Jakalu Enterprises, Kenya Institute of Management, Nairobi, Kenya

Abstract:

Human Resources Management plays an active and vital role in the success of the reform of the health sector. In Kenya, the healthcare human resource is skewed towards the private healthcare sector in the country. However, the challenge to HR managers is that while most of them are well equipped with knowledge of internal firm characteristics and their effect on the performance of the employees, most of them are not competent in dealing with externalities affecting human resource performance such as the political environment. The present paper will, therefore, focus on the impact of these externalities on HR performance in private hospitals in Kenya and specifically in Nakuru County. The study was guided by the Public Choice Theory and adopted a descriptive survey research design and was conducted in 27 medium sized private healthcare facilities in Nakuru County. The target population comprised the management and staff of the healthcare facilities from which a sample size of 90 respondents was realized using stratified random sampling. Out these 72 participated in the actual study. Questionnaires were used as data collection instruments and both descriptive and inferential statistical methods were used to analyze the data yielded. The findings revealed that the political environment was a factor in the HR performance in private healthcare facilities in the area. The study, therefore, recommended that the private healthcare facilities in the area also needed to carry out sensitization workshops to advance employee rights and also help reduce the influence of political interference in their performance.

Keywords: Political environment, human resource performance, healthcare sector

1. Introduction

Globally, there has been a significant improvement in healthcare access in last few decades as both government and the private sector increase their investment in the industry. However, emphasis is now shifting to quality of the healthcare delivery of which human resource is a key delivery factor. Specifically, human resources are one of three principle health system inputs, with the other two major inputs being physical capital and consumables (WHO, 2010). Consequently, in many health care systems across the world, increased attention is being focused on human resources management (HRM). Human Resources Management (HRM) is a vital management task in the field of healthcare and other services sectors, particularly, where the customer might be facing challenges because of staff's performance arising from inadequate experience and the quality of performance (Howard, 2005). As such, HRM plays an active and vital role in the success of the reform of the health sector (Elarabi & Johari, 2014).

In the context of the healthcare industry, human resources can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention (Kabene Orchard, Howard, Soriano, & Leduc, 2016). As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services (Salah, 2012). However, the relationship between human resources and healthcare is very complex, and it merits further examination and study (Elarabi & Johari, 2014). Most existing literature has underscored the importance of HRM on developing the quality of healthcare service (Yu, 2007). In the same vein, other studies have demonstrated the significance of motivation on performance of healthcare workers (Edgar & Geare, 2005; McKinnies, 2011). Almost all of these studies have dwelt on the internal HR issues in the firm with little attention being paid to externalities that are also known to shape the workforce performance in other sectors.

Notably, HRM practices have been evolving globally due the economic, political, legal and technological factors affecting business management practices (Salah, 2012). Pearce and Robinson (2012) talk about four external forces Economic, Political, Social and Technological. Each external factors influence HR strategy. All these are external factors which are mostly

beyond the scope of the management tools available to the firm. Keating (2011) explains that there are numerous factors that affect the firm's HR performance and the results of its operations, some of which are beyond the control of the firm. According to Zulfiqar (2017), external factors are uncontrollable and dynamics in HRM and this underlines the inevitable importance of influence of external factors on HRM practices. Further, this explains why there are variations in HRM practices from organization to organization at the national and international level.

Pamela (2005) stated that the external environmental factors that have direct or indirect impact on the role of HR department in an organization includes economic environment, labour market condition, trade unions, demographic trends and workforce diversity, technology and legal regulations. Several other studies on HR (Nakhle, 2011; Tiwari & Saxena, 2012; Kramar *et al.*, 2014) also concur with some elements of the external environment which have considerable bearing on the firm's HRM function. These include changes in international economy, changes in technology, changes in national economy, national culture and traditions, industry/sector characteristics, legislation/regulation, actions of unions, actions of competitors, impact of professional organizations, HRM staff's experiences in other organizations, and general education policies and implementations. Political factors are some of the major forces which are responsible for a company's mission and strategy (Singh, 2010). Noe *et al.* (2012) found that political and legal factors among those factors which affect HR practices. However, the influence of political factors has not been closely examined for their effect on HR performance in the private healthcare system.

1.1. Healthcare Industry in Kenya

Kenya's burden of disease has historically been mostly focused on communicable diseases. However, recent research shows a large and fast increase in the prevalence of non-communicable diseases such as cancers and cardiovascular diseases. This is mainly attributed to life style changes of Kenyans. The Kenyan healthcare system can be split into three subsystems, being the Public Sector, Commercial Private Sector, and Faith Based Organizations (FBOs). The Public Sector is the largest in terms of the number of healthcare facilities, followed by the Commercial Private Sector and the FBOs. There is a large disparity among these health facilities, especially in rural areas. The Total Health Expenditure has increased over the years by about 33% in a 2-year timeframe to KES 234 billion or USD 2,743 million in 2012/13. Health financing is mixed and receives funds from taxation, the National Health Insurance Fund (NHIF), private health insurances, employer schemes, Community Based Health Financing (CBHF), user fees (out-of-pocket expenses), development partners and Non-Governmental Organizations (NGOs).

The government spending on healthcare is approximately 6% of GDP which is low compared to other countries in the region. Approximately 25% of the Kenyans are covered by a public, private or community-based health insurance scheme (CBHIS). The amount of Out-of-Pocket (OOP) spending remains high, leading a lot of people into poverty and posing a barrier to access healthcare. Especially at the base of the pyramid, people do not save or prepay for healthcare or are not able to do so. The public sector acknowledges that they cannot improve the health system without partnering with the private and FBO sector. Human Resources for Health (HRH) is still managed at national level. Kenya has a high health worker shortage, mostly affecting the rural areas. Most health workers are employed in the private sector, in which the competition for doctors drives the costs of healthcare. Challenges are in improving the capacity of training, efficiency of health workers, and reducing the so-called brain-drain where trained health workers look for greener pastures in the private sector and abroad.

In recent times, the private health care sector in Kenya has been vibrant with increased investments. Even more critically, is the fact that the healthcare human resource is skewed towards the private healthcare sector in the country. However, the private healthcare sector needs to sustain its competitive edge in the market amidst new pressures emerging characterized with increasing public expectations and demands for quality healthcare (Horby & Forte, 2010). At the center of this resource issue are health care staff, both trained and untrained, who constitute the largest recurrent cost component of any health care service. This need for greater efficiency and effectiveness in the use of health human resources has in turn highlighted a requirement for improved management practice and more skilled managers within health systems to spur the performance of health care workers (Akacho, 2014). However, the challenge to HR managers is that while most of them are well equipped with knowledge of internal firm characteristics and their effect on the performance of the employees, most of them are not competent in dealing with externalities affecting human resource performance such as the political environment. The present paper will focus on the impact of these externalities on HR performance in private hospitals in Kenya and specifically in Nakuru County whose administrative capital, Nakuru Town, has been rated as the fastest growing urban area in the East and Central Africa region (.). Specifically, the paper seeks to answer the question:

To what extent does the political environment influence human resource performance in private healthcare facilities in Nakuru County?

2. Literature Review

2.1. Public Choice Theory

James Buchanan and Gordon Tullock developed the Public Choice Theory in an attempt to explain public decision making (Tullock, 2008). Essentially, the theory examines the interaction of the electorate, the politicians, the administration and political action committees. Public Choice Theory is concerned with the study of politics based on economic principles, that is, the political economy. The main thrust of this theory is that it recognizes that politicians are largely motivated by self-interest (Buchanan, 1990). Some consider public choice as being "ill-named" since the only choices it is concerned with are for all intents and purposes private. It is both a branch of microeconomics and an ideologically-laden view of democratic politics. Analysts of the school apply the logic of microeconomics to politics and generally find that whereas self-interest leads to benign results in the marketplace, it produces nothing but pathology in political decisions. These pathological patterns represent different kinds of "free-riding" and "rent-seeking" by voters, bureaucrats, politicians, and recipients of public funds (Rowley, 2008). Coalitions of voters seeking special advantage from the state join together to get favorable legislation enacted. At the heart of all public choice theories then is the notion that an official at any level, be they in the public or private sector, "acts at least partly in his own self-interest, and some officials are motivated solely by their own self-interest." (Downs, 1967). For Downs, broader motivations such as pride in performance, loyalty to a programme, department or government, and a wish to best serve their fellow citizens may also affect a bureaucrat's behaviour, and the level to which self-interest plays a role in decisions is different for each of five bureaucratic personality types that he identifies. For Niskanen (2008), self-interest is the sole motivator. The realization that politicians and government employees are driven by self-interest is an extremely serious conclusion. The question immediately comes to mind, "How far will they go?" The answer to that is profound and extremely disturbing, for history shows us that they will act in self-interest.

In the context of HR, the theory is instrumental in bringing to the fore certain political aspects such as clientelism where the politicians will seek to exact political pressure on the ownership and management of private organizations to get certain quotas of "their people" employed or given contracts by the organizations (Chitescua & Lixandru 2015). By such actions, they are able to extract political capital. In the same vein, their constituents could also agitate for political action to get themselves absorbed in the organizations as employees which is some form of "rent-seeking" (Rowley, 2008). Both being classical cases of self-interest (Niskanen, 2008). Thus, this theory will help provide theoretical insight into the workings of the political environment and how such an environment ultimately affects the HR performance in organizations such as private healthcare facilities.

2.2. Political Factors and Human Resource Performance

Recent political changes to human resource management practices suggest the dominance of market forces and dilution of protective regulations. The political environment of an enterprise has a direct bearing on the political context or the political climate under which the human resource management of an organization functions (Nayab, 2013). The key drivers of a political climate include the extent of external regulations, nature of work contracts, various labor legislations and case laws, to name a few. Such factors remain ever changing, and as such, the political atmosphere of human resource management remains in a constant change of flux. Factors affecting HR political changes often mean designing a unique approach in HR management. However, political changes to HRM are complex and difficult to analyze (Shaw *et al.*, 2013). They determine the nature of working relationships and have an impact on both economic and social contexts.

Since the 1980s most governments have adopted a "supply side economics" as the means to ensure growth and creation of wealth. The underlying principle of supply side economics is a free run for market forces (Tayeb, 2005). The justification for such a move are the challenges posed by globalization and a free-market economy along with the realization that protectionism created bloated companies that are unable to compete at a global level. In the human resource management context, such political change suggests the market or economic conditions replacing the hitherto prevalent regulated welfare-oriented approach as the major factor governing employer-employee relationships (Noe *et al.*, 2012).

The changes brought about by the shift in political climate include: Greater human resource mobility among firms, rendering concepts such as organizational commitment and loyalty irrelevant, and enhancing the role of HR functions such as recruitment as core strategic functions; Shift from performance management to talent management to tap the employees core skills for the betterment of the organization; Importance of individualism over collectivism resulting in individual contracts and negotiations opposed to collective bargaining and roles for trade unions, and; Shift from performance related-pay to result-oriented pay as a reaction to both the changed economic circumstances and new work methods such as telecommuting and out-sourcing (Mihail & Adelina, 2013; Singh, 2010).

A study by Chitescua and Lixandru (2015) in Romania found that the pressure of the political factor in the whole public administration was still strongly felt. There were problems like instability of function - an issue perceived especially by those in management positions, amid the absurd politicization of managing levels, without regard to expertise, continuity, growth, future prospects, but only to a false motivation of the political clientelism. Local or central government cannot delineate from the political factor because it implements government political decisions, but it needs capable and motivated human resources to develop the institution and to increase its value, in the context of sustainable development. Fractures occurred within the middle management are not beneficial for an upward path of the institution, and they stop the reforming

process. The vision of the institution does not have a linear path, but a tortuous one, depending on the vision or political mandate entrusted to each middle manager (Grigorescu, 2008). Other issues raised were the preferential allocation of funds/financial resources, without taking into account the priorities on the medium-long term of the institution, and financial motivation of a certain segment of staff, with no transparency in their evaluation.

Kokkaew and Koompai (2012) stated that in Thailand political factors have also affected HR practices. They further stated that government policies in any country also pose some threats and hurdles for HR professionals. For example, in Thailand the minimum wage level is very high set by government and it has posed a threat to HR managers to cope with this issue because this matter has increased the labor cost for companies. Labor cost is the major proportion of cost structure in most of the Thailand manufacturing organizations (Kokkaew & Koompai, 2012). Tayeb (2005) also developed a model which shows the flow of the impact of political factors on HR practices.

In some countries such as Lebanon political factors also a part of recruitment process. For example, in Lebanon, the selection criteria for applicants who apply for bank jobs is not confined to education and experiences only. It is also compulsory for candidates to provide the references of some politicians because it is the central practice of HR in Lebanon and this process is known as Clientalism (Nakhle, 2011). Moreover, in Lebanon, workers are not allowed to discuss politics at their workplace so HR managers have to ensure the strict adherence of these types of rules as well in Lebanon. Shaw et al. (2013) also investigated the impact of political factors on HR practices in the markets of Hong Kong and Singapore. They found that in Hong Kong the government has adopted the policy of non-interventionism while in Singapore the government has been monitoring the HR practices and government is heavily monitoring the pay and incentive systems so HR professional has to make it sure to comply with government rules and regulations.

In Kenya, Njau (2012) found poor working conditions present challenges among healthcare workers which causes staff grievances and political action in the organizations. Politically unresolved grievances result in tense atmosphere. However, most of these studies were done in non-healthcare sectors and as such little is known on the influence of the political environment in private healthcare facilities.

3. Research Methodology

3.1 Research Design

The study adopted descriptive survey research design (Creswell, 2013, Gall, Borg & Gall, 1996). This research design was deemed appropriate since the study sought to obtain descriptive and self-reported information on the HR situation in private healthcare facilities over an entire county and also to examine the relationships between the variables of interest in the study.

3.2. Target Population

The study was carried out in private healthcare facilities in Nakuru County which is one of the largest and cosmopolitan counties in Kenya. According to the Nakuru County Ministry of Health, there are 27 medium sized private healthcare facilities owned and operated by both for profit and non-profit organizations (Nakuru County Government, 2017). The medium sized healthcare facilities in this study were defined as facilities which patients can get both inpatient and outpatient care and, therefore, clinics and those lacking inpatient facilities were not included. Also, all public healthcare facilities were excluded. All the 27 private healthcare facilities identified in this study have a combined population of approximately 864 resident staff including management. Therefore, the population of interest of this study comprised of the management and staff of these private healthcare facilities

3.3. Sampling Design and Procedure

A sample is a smaller group obtained from the accessible population and each member has equal chance of being selected to be a sample. It is also a finite part of a statistical population about the whole (Mugenda & Mugenda, 2003). This study employed the Nassiuma (2009) formula to calculate the required sample size from the target population of 864, thus;

$$n = \frac{Nc^2}{c^2 + (N-1)e^2}$$

Where n = sample size, N = population size, c = coefficient of variation ($\leq 50\%$), and e = error margin ($\leq 5\%$). A sample size of 90 respondents obtained from the above formula and was used in the study.

The respondents were then selected the using stratified random sampling. The main factor that was considered in determining sample size was the need to keep it manageable while being representative enough of the entire population under study. The use of the sampling method as opposed to other sampling procedures was informed by the need for respondent specificity and also the need for introducing randomness (Kothari, 2004).

3.4. Research Instruments

The study used the questionnaire as its data collecting instrument. Closed ended items were used in the questionnaire. The selection of this tool was guided by the nature of data to be collected, time available and the objectives of

the study. This study used questionnaires after pilot testing them for correctness and accuracy on a 10 non-participatory respondent sample.

The study adopted the content validity method to determine the validity of the instrument as it can test whether the items represents the content that the study was designed to measure and are consistent and valid (Mugenda & Mugenda, 2003).

The researcher used the internal consistency method to check the reliability of the research instruments. This was done by calculating the Cronbach's alpha coefficient for all the sections of the questionnaire from the results of the pilot study. The method yielded a high internal consistency value of $\alpha = 0.8112$ which was deemed acceptable as a value of 0.7 or below of the Cronbach's alpha coefficient indicates low internal consistency (Cronbach & Azuma, 1962).

3.5. Data Analysis

The data was analyzed using both descriptive and inferential statistical methods. Descriptive analysis was done using means and standard deviations to describe the basic characteristics of the population. Inferential statistics involved the use of the regression models to determine the nature of the relationship between the variables. The regression model was assumed to hold under the equation;

$$y = b_0 + b_1x_1 + e$$

Where;

y_{ij} = Human Resource Performance

b_0 = Regression Constant

x_1 = Political Environment

b_0 to b_1 , are the coefficients of the variables determine by the model

e = the estimated error of the regression model

4. Results and Discussions

4.1. Instrument Response Rate

Table 1 shows the response rate of the questionnaires.

Target No. of Respondents	No. of questionnaires Returned	Response Rate (%)
90	72	80

Table 1: Response Rate

The high questionnaire response rate (80%) shown in Table 1 resulted from the method of administration of the instrument, which was in this case self-administered.

4.2. Political Environment and HR Performance in Private Healthcare Facilities

This objective was measured in terms of Culture, Clienteles and Policies. The responses of this objective were rated on a 5 point Likert scale ranging from; 1 = strongly disagree to 5 = strongly agree. These results are presented in Table 2.

Statement	SA Freq(%)	A Freq(%)	N Freq(%)	D Freq(%)	SD Freq(%)
The political culture in this place sometimes make it difficult to attract the right personnel	8(10)	12(17)	11(16)	28(39)	13(18)
The political culture in this place sometimes make it difficult for personnel to concentrate fully in their work	6(7)	12(17)	6(9)	33(46)	15(21)
Most personnel are seconded to us by the political authorities here	3(3)	13(18)	12(17)	20(28)	23(34)
Political authorities often demand that we employ certain people who are in most cases their constituents or relatives	3(3)	13(18)	11(16)	27(38)	18(25)
Government policies on healthcare personnel have minimal impact on private healthcare HR decisions	12(17)	21(30)	14(20)	18(25)	6(8)
The staff in the private healthcare facilities in this area are allowed to join workers unions	6(7)	19(27)	19(27)	10(14)	18(25)

Table 2: Political Environment and HR Performance in Private Healthcare Facilities

The findings in Table 2 suggest that the political culture in the area was not a hindrance to attracting the right personnel (57%). The political culture in the area also did not make it difficult for personnel to concentrate fully on their work (67%). Moreover, most personnel were not seconded to the healthcare facilities by the political authorities (62%). The political authorities did not often demand that the healthcare facilities employ certain people who were in most cases their constituents or relatives (63%). Other findings indicate that Government policies on healthcare personnel had minimal impact on private healthcare HR decisions (47%). However, the staff in the private healthcare facilities in the area were not allowed to join workers unions (39%). These findings indicate that the political environment did not appear to have a direct bearing on the human resource management of the healthcare facilities in the area.

4.3. Regression Analysis

R	R Square	Adjusted R Square		Std. Error of the Estimate	
0.38	0.1444	0.117		3.8295	
	Sum of Squares	df	Mean Square	F	Sig.
Regression	321.378	1	321.378	23.969	0.005
Residual	938.564	70	13.4081		
Total	1259.94	71			
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	22.426	3.449		6.501	0.000
Political Environment	0.396	0.108	0.38	2.61	0.002

Table 3: Multiple Linear Regression Analysis Model Summary
A. Predictors: (Constant), Political Environment

The multivariate linear regression analysis in Table 4.9 shows that the relationship between the dependent variable and all the independent variable pooled together has a model correlation coefficient, $R = 0.38$, further, the results in Table 4.9 also suggest that the model coefficient of determination Adjusted R-Square = 0.117 which implies that model could explain up to 12% of the variations in HR performance in the healthcare facilities in the area.

The study also performed an ANOVA on the independent and dependent variables in the model and the results summarized in Table 3 indicate that there is a significant difference between means of Political Environment and that describing HR performance in healthcare facilities ($F_o = 23.969 > F_c = 4.00$; $\alpha < 0.05$; $df = 1, 70$; $p \leq 0.05$). This finding confirms that the model predicted by Table 4.9 is indeed significant and could be used to explain factors influencing HR performance in healthcare facilities in the area. Further, it can be deduced from the findings in Table 3 that the Political Environment had a significant relationship with the HR performance of the private healthcare facilities in the area ($\beta = 0.380$, $p \leq 0.05$) that could be explained by the model;

$$y = 22.426 + .396 x_1$$

This indicates that the dependent variable, that is, HR performance in healthcare facilities, would change by a corresponding number of standard deviations when the respective independent variable, that is, Political Environment changed by one standard deviation. The study therefore establishes that the Political Environment was an important external factor influencing HR performance in healthcare facilities in Nakuru County. These results concur with those of Nayab (2013) who found that the political environment of an enterprise has a direct bearing on the political context or the political climate under which the human resource management of an organization functions. This result could also be attributed to agrees with the presence of politically unresolved HR issues. For example, Njau (2012) found poor working conditions present challenges among healthcare workers which causes staff grievances and political action in the organizations.

5. Conclusions and Recommendations

The foregoing findings revealed that the political culture in the area was not a hindrance to attracting the right personnel. However, the staff in the private healthcare facilities in the area were not allowed to join workers. In addition, findings from both correlation and regression results revealed the political environment was a factor in the HR performance in private healthcare facilities in the area. This led to the conclusion that the political environment was significant to the HR performance in private healthcare facilities in the area and could not be ignored.

The study, therefore, recommends that the private healthcare facilities in the area need to carry out sensitization workshops that will be used to advance employee rights to help resolve and undo the effects of political interference in their work. This is important as most of the healthcare facilities did not allow their employees to join workers' unions which are political vehicles that are used to demand workers' rights.

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