Perceived Competency of Human Resource Managers in Referral Hospitals, Ethiopia

By Teshome Woyesa, Negalign Berhanu, Fikru Tafese & Geremew Muleta

Jimma University, Ethiopia

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Objective: The overall objective of this study was to assess the competency level in human resource management in public referral hospitals found in Oromia regional state, Ethiopia.

Methods: A cross-sectional survey involving 290 human resource managers of the referral hospital found in Oromia regional carried out from February to march 2012.The survey was supplemented by in-depth interview of a qualitative method. The collected data was entered into SPSS Software version 20.0, cleaned and analyzed. Descriptive analyses and Binary logistic regression were used. The results were summarized as crude and adjusted odds ratios at 95% confidence intervals.

Keywords: *perceive competence, competence domains, human resource management and leadership.*

PERCEIVEDCOMPETENCYOFHUMANRESOURCEMANAGERSINREFERRALHOSPITALSETHIOPIA

Strictly as per the compliance and regulations of:

Perceived Competency of Human Resource Managers in Referral Hospitals, Ethiopia

Teshome Woyesa [α], Negalign Berhanu [σ], Fikru Tafese [ρ] & Geremew Muleta [ω]

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Result: A total of 290 human resource managers have been involved in this study. Two hundred fifty one (86.4%) of all human resource managers were aged between 20-45 years. One hundred four (35.9%) of them were females. Of All human resource managers, two thundered twelve (73.1%) had work experience below three years. With regards to perceived competence levels the majority of the respondents one hundred eighty nine (65.1%) have capacity to undertake personnel policy related responsibilities, and more than 60% of the respondent have capacity toundertake, performance management, human resource training and development, human resource data system, human resource retention strategy, and genera leadership and management related responsibilities.

Keywords: perceive competence, competence domains, human resource management and leadership, Jimma.

I. Background

When studying the competency in human resource management (HRM) in the hospitals, it is important to reflect upon the concepts of HRM, the major functions, the required competencies from the perspective of the hospitals. Therefore, first, definitions of concept will be given, and then the major functions of HRM were summarized and framed as a major responsibility of HRM managers. Finally, the required competencies had been discussed in the context of referral hospital.

a) Defining human resource management

Human resource, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. 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 (1).

According to Management science for health(MSH), human resource management is defined as the integrated use of systems, policies, and management practices to recruit, maintain, and develop employees to strengthen the capacity of an organization in meeting its desired goals(2). HRM plans and implements efficient processes, policies and procedures for the work force in the organization, such as recruitment, hiring and job placement, planning and appraising employee performance, rewarding and promoting staff, human resources management also provides support for the needs, concerns, and problems of employees and identifies ways to increase staff competence and commitment(2).

In this era of rapid and continuous change, human resources management is one of the organizational domains that can provide support for employees during internal change processes and help managers and leaders identify and implement processes for change (3).

Many organizations face pressing human resource challenges, for example, staff shortages, attrition and absenteeism, and low morale- all of which can be addressed by an effective HRM system (4).

Base on the above literature review, the following conceptual model is adapted.

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Figure 1 : Conceptual frame work competency levels in HRM in oromia regional state referral hospital, March 2012
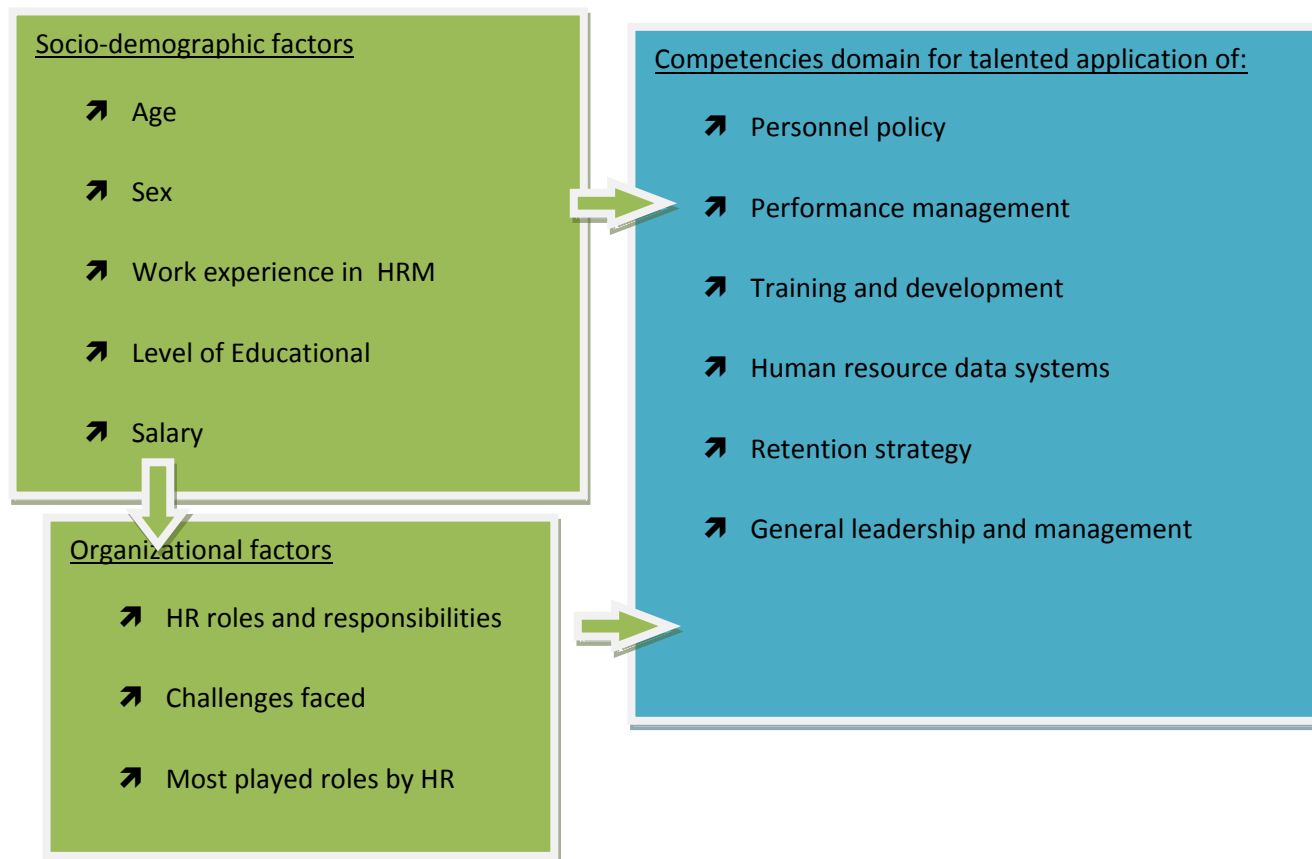
II. METHODS AND MATERIAL

a) Study areas and period

There are six referral hospitals in Oromia regional state found in Ethiopia. All of them were considered for the study. The study was conducted from February 5-March 5/02/2012 at, Adama, Assella, Shashamannee, Jimma, Neqamete, and Mettu Karl referral hospitals.

b) Study design

To explore the challenges faced by staff with significant HRM responsibilities and identify the skills needed to address these challenges, a cross-sectional study design was used. This was complemented by qualitative study, face to face interview. The primary purpose of the face to face interview was to collect information from HR managers about their actual past experiences which demonstrates competencies required for the HRM functions. Face to face interview was carried out with CEO, CFO, and clinical director of each public referral hospitals.

c) Source Population

The source of population was all HR managers working in public referral hospitals and having HRM responsibilities in the referral hospitals which were the same with study populations.

d) Sample size

All human resource managers were included by census and totally 290 individuals were involved as sample size by available sampling technique.

e) Study variables

Organizational factors are HR roles and responsibilities, Challenges faced, experience in HRM functions and Roles most played in HRM functions, Sex, Academic level and Salary.

HRM competencies domain are Personnel policy, Performance management, Training and development, Human resource data systems, Retention strategy and General leadership and management.

f) Data collection tools and procedures

Competency domain assessment tool was adopted from MSH and AMREF (8) with its Cranach's alpha(r=0.82), whereas personal related questions were adapted after review of relevant literatures were pretested. The questionnaire consisted of two parts. In the first part consisted of 21questions about personal and job-related data and to describe whether there were opportunities to fully utilize their knowledge and skills. The second part consisted of 23 questions about six competence domains in HRM functions: personnel policy and HR planning, performance management,

Training and development, HR data system, Retentions strategy and general leadership and management.

These questions address two components of each core management task:

i. Individuals' perception of the value of a task for their management position

ii. Their perceived competence levels of knowledge and skills to perform the task.

On a five-point Likert scale, the task value ranged from 1 (no competence) to 5 (very competent), while the perceived levels of knowledge and skills ranged from 1 (no skills) to 5 (very high skills) in performing the task regularly. For the matter of analysis it dichotomized into" yes" implies have perceived competence in performing the task regularly and "no" implies have no perceived competence to perform the task regularly respectively. The questions and statements were arranged according to what specific issue they address.

In this study, both qualitative and quantitative data were collected. The data were collected from a total of 290 managers via questionnaire and from a total of 18 CEOs via interview. The questionnaire was pretested on 5% of the sample prior to actual data collection at Bushofitu hospital which is not included in the study.

III. Results

a) Socio-demographic description of HRM Managers

A total of six hospitals and 290 people at different managerial levels were involved in this study.

The distribution of sex across selected institutions among the respondents, one hundred four (35.9%) of them were females. Among the people at different managerial levels, one hundred thirty nine (47.9%) were aged between 20-30 years, one hundred twelve (38.6%) were between 31-45 years of age and thirty nine (13.4%) were aged between 46-60 years.

With regard to work experience of the respondents, one hundred twelve (73.1%) were having experience below 3 years, fifty (17.2 %) were having 4-7 years of experience and seventy (5.9 %) had experience of 8-10 years, four (1.4%) having work experience 11-14 years and only seven (2.4%) had a work experience of above 15 years.

With regards to educational level and salary range shows that, most of the HR managers one hundred twenty nine (44.5%) were having salary range of 2501-3500. With regards to educational level of respondents, ninety three (32.1%) were diploma holders, one hundred forty eight (51.0%) were bachelor degree holders and 10(3.4%) were master's degree holders only nine (3.1%) PHDs holders (Table 1).

The various roles of HR manager staff with HR responsibilities within specific hospitals showed that seventy nine (27.2%) of HR responsible personnel were found at Administration level, sixty seven (23.1%) at Training level, twenty eight (9.7%) at HR planning level, forty eight (16.6%) at Supervision level, eleven (3.8%) at Deployment level, ten (3.4%) at Recruitment and twenty four (8.3%) at Benefit levels.

Hundred eighty nine (65.1%) of the respondents have perceived capacity level to undertake personnel policy and HR planning, one thundered ninety two (66.1%) the respondents have perceived competence to undertake performance management related issues, one thundered sixty three (56.2%) of the respondent have perceived capacity level to deal with HR training and development. One thundered eighty (62.1%) of study subjects have individual that have a capacity to deal with HR data system. One hundred eighty two (62.8%) and one thundered seventy nine (61.7%) of the respondent have the capacities to deal with HR retention strategy to develop and keeping staff at hand, and in leadership and management have the team work and collaboration, communication and inter personal skills, and also leadership and advocacy respectively.

Respondents were asked about their perceived levels of knowledge and skills to perform the task in HRM functions. There were significant differences in perceived competency levels among HR managers found in Oromia regional state referral hospitals in personnel policy related responsibilities with statistically chi-square value 30.4 and with probability of less 0.01.

Age, salary range per month, experience in HRM functions, roles most played by HR managers were significantly associated with HR perceived competency level in personnel policy and HR planning (Table 5).

Age, salary range per month, experience in HRM functions, roles most played by HR managers were significantly associated with HR perceived competency level in performance management with respective odds ratio (Table 6).

The perceived competency level of age group 46-60yrs is 2.9 times significant capacity level than age group 20-30 years, HR manager whose salary is 2501-3500 is 1.5 times have the probability of perceived competence level than who have salary of less than 1500.

The Age group 31-45 and 46-60 have 1.5 and 2.5 time more perceived competence in HR data system related responsibilities than whose age is 20-30 year respectively, Those of who have experience 4-7 on HRM function have 1.8 times perceived competence than those less than 3 years. The HR Manager Whose salary range is 2501-3500 and above 4500 birr per month is 2 and 3 times more perceived competence than who have less 1500 birr per month.

Age, salary range per month and experience in HRM functions were significantly associated with HR

perceived competency level in retention strategy (table 7).

Age and salary range per month and were significantly associated with HR perceived competency level in general leadership and management with respective odds ratio as indicated in table 7 below.

IV. Discussion

a) Personnel Policy

The perceived competence level of HR managers significantly increases with age of the managers. Among the HR mangers, those that aged from 46-60 years old have the probability of 3.5 times perceived competence levels to undertake personnel policy and HR planning related responsibilities than those aged 20-30 years old. (AOR = 3.50(1.33-9.12, p-value=0.01 at 95%CI) *(Table 5)*.

With regards to Work experience in HRM functions, those managers with the experience of 4-7 years, have perceived competence levels of 4.6 times as to those HR managers less than 3 years in personnel related responsibilities, (AOR =4.6(1.51-7.64), p-value=0.03 at 95%CI)*(Table 5)*.

Looking for salary range per month, HR manager ranging in salary from 2501-3500 have perceived competency level which exceeds those less than 1500 in 1.6 times. Again HR ranging from 3501-4500 exceeds those who are less than 1500 in 2.8 times, (AOR =1.63(1.28-1.44), and 2.8(1.28-27.43) at 95%CI p<0.05).

Concerning HR's roles most played by HR managers in the hospitals under study employee champion role, perceived competency in personnel policy and HR planning show to be 1.5 times more than those who played administrative role .AOR =2.8(0.596-3.61,p-value less than 0.05 at 95% CI).

In-depth interviewees shed additional light on the survey findings that there is no clear vision and plans on HR development. Limited budget, poor planning, and lack of awareness from the local government were mentioned as main reasons for inadequate staffing. In-depth interviewee's participants were concerned with lack of good training institutions and training programs, lack of adequate legislation for HR issues, and lack of necessary resources for HR development from the government.

These are complex issues that, if neglected, contribute directly to lower standards of performance, increased staff turnover, and higher levels of position vacancies. In a fully resourced system, professional HR managers would be trained and prepared to address these challenges.

Sixty one and half percent of the respondents have perceived competence in carrying HR responsibilities. Problematic situations in the hospitals with severe shortages of clinical staff as these people are sorely needed to provide health services on a full-time basis. Although most of the study respondents were highly educated, the vast majority did not sense prepared to handle HR challenges facing their organizations and lacked preparation in human resource management.

At present, more than forty percent of the respondents feel they do not have the skills and/or knowledge to carry out their HR functions in six key components of HRM: personnel policy, performance management, training, HR data systems, strategy development, and leadership and management *(Table 3)*.

Although their organizations are responsible for these HR components, the great evidence from this study is that the managers tasked with these functions need to acquire the skills and knowledge to carry them out and a concerted effort is of paramount importance to address this lack of HR management capacity.

Similar study conducted in Belgrade Chez republic primary health-care competence gap of management personnel's in public primary healthcare during 2007and 2008,reported that more than forty five percent of the respondent revealed that either their capacity needs improvement or they do not have the capacity to deal with the personnel policy matters and HR planning issues(29).

This result is comparable with the results observed in the study conducted among Addis Ababa public hospitals for enhancing capacity building of HRM functions (2).

b) Performance Management

Among the HR mangers, those that aged from 46-60 years old have the probability of 2.5 times perceived competence levels to undertake performance management related responsibilities than those aged 20-30 years old. (AOR = 2.52(1.05-6.03, p-value=0.01 at 95%CI) *(Table 6)*.

With regards to Work experience in HRM functions, those managers with the experience of 4-7 years, have perceived competence levels of 2 times as to those HR managers less than 3 years in performance management related responsibilities.(AOR =2.00(1.96-3.98), p-value=0.03 at 95%CI)(Table 6).

Looking for salary range per month, HR managers receiving salary from 2501-3500 have perceived competency level which exceeds those who receive less than 1500birr per a months by 1.8 times. Again HR ranging from 3501-4500 exceeds those who are less than 1500 by 6.01 times. (AOR =1.8(1.07-3.09), and 6.01(1.68-27.43) at 95%CI p-value).

Concerning HR's roles most played by HR managers in the hospitals under study change agent role, perceived competency in performance management and HR planning show to be 1.5 times more than those who played administrative role. AOR =1.5(1.50-4.61, p-value less than 0.05 at 95% CI).

On average, thirty three and point eight percent of respondents stated that they needed additional training to carry out these functions. This result is comparable with the results observed in the study conducted in Lebanese hospitals 2010-2011(27).

c) HR Training and development

Respondents were asked about their capacity in managing cost effective training programs, providing opportunities for staff to improve their career *(Table 7)*. Among all hospitals, JUSH has shown the minimum demand for average training and development.

A significant proportion of the indicated forty three and half percent either they do not have perceived capacity or their capacity needs improvement related to training and development function *(Table 7)*. This clearly shows the competency gap that managers faced in carrying out their HR responsibilities related to training and development. Based on the interview responses either there is no a functioning system of training and development of staff in place or if there is, it is not a well-established one.

As a result, most of the management staff members of the hospitals are not carrying out activities related to human resource training and development or those who are involved have limited capacity to do so. According to the interviewees the limited capacity in dealing with training and development is observed during those situations where health related fragmented training and education opportunities come to the hospitals.

d) Challenges face in HRM functions

When respondents were asked to identify their current HR management challenges, the common topics includes staff grievance, lack of satisfaction, poor work condition, lack of skilled staff, understaffing and lack of team spirit *(Table 2)*. In Shashamannee, Nekemet and Assella hospitals at least a quarter of challenges were attributed to lack of team spirit. These points are also supported by the interview respondents. According to the interview respondents lack of skilled manpower, high turnover, absenteeism, conflict as a result of absenteeism, delay at work, lack of initiation by the clinical employees to assume HR related responsibilities, lack of basic HRM skills, limited power to use financial resources, and lack of incentives are the main challenges faced by hospital managers in relation to HRM.

This finding result on challenge faced much lower than the study conducted in sub Saharan Africa in four countries, November 2008 and March 2009 , that had documented some of Challenges facing HR manager are: Understaffing (67%), Lack of staff satisfaction (65%), Lack of skilled HRM staff (63%), Poor working conditions for staff 60%' HR responsibilities (60%), Staff grievances (52%)(8). This difference might

be explained by the difference in socio-economic and cultural differences of the two populations.

e) Selected associated factors with competence level of HR managers

To determine the significant difference in competence levels among the hospital managers under study, the chi-square test was used to compare proportion/percentages of HR managers who are competent Vs Not competent for specific functions in six critical components of human resource management: personnel policy, performance management, training, HR data systems, HR strategy development, and general leadership and management. Differences between HR managers' rating among the hospitals were analyzed by chi-square test in HR mangers rating with regard to competence task. The proportion were significant hence the p-value was <0.05 a difference in their competence levels. For personnel policy (χ^2=30.36, P< 0.001), for performance management (χ^2=28.369, p value<0.001), for training Chi-Square value=17.766, p<0.003, for HR data systems (χ^2=22.26, p<0.001, for HR strategy (χ^2=17.861, p< 0.003, and for general leadership and management (χ^2=17.861, p< 0.003) *(Table 3)*.

The study indicates that there was significant difference among the hospital managers in their competence levels in all areas of HRM practices. Nearly all respondents indicated a need for additional preparation in all six components of HRM. The study findings indicate a critical need for capacity building in human resource management in the hospitals. Out of the socio-demographic and organizational factors, age, salary range per month, experience in HRM functions, roles most played by HR managers were significantly associated with HR perceived competency levels for the implementation of the policies and the procedure. The relationship between socio-demographic and organizational variables and competence levels of HR mangers evidenced by level of implementation of policy and procedure by level capacities by positive or negative response to the ways of competent and not competent strategy use indicted by the overall means of capacity use have shown the existence of difference in proficiency level use between the groups.

V. Conclusion and Recommendations

a) Conclusion

The findings of this research show that majority of HR managers in Oromia regional state referral hospitals lacks competences related to HRM in six critical areas on average by 37.7%. Capacity to play an important role as a strategic partner and agent for change (14.14%) and creating team sprits (26.2%) It is clearly seen in this study that hospitals related

competencies domain are significantly related to age, sex, roles most played, salary range and experience in HRM function.

Generally Poor working condition, under staffing, lack of staff satisfaction, commitment and initiation, team spirit, skilled manpower are the main challenges faced by HR managers in Oromia regional state referral hospitals Socio demographic and organizational factors like age, salary range, specific role and responsibilities, challenges faced by HRM at different levels and job positions were associated with perceived competence levels of the managers.

b) Recommendations

The Oromia regional state health bureau should design strategies to enhance the capacity of HR managers in Oromia regional state referral hospitals in the area of human resource management, playing an important role as a strategic partner and change agents that can creating team sprits. special attention should be considered to working condition, staffing ratio, staff satisfaction, commitment and initiation, team spirit, skilled manpower by the hospital CEO and Oromia regional state health bureau to reduce challenges which could face HR managers in Oromia regional state referral hospitals.

c) Competing of interests

We declare that we have no competing of interests.

Table 1 : Socio-demographic characteristics of survey respondents (N=290) in Oromia regional state referral hospitals, March 2012

Characteristics (Variables)		JUSH NO. % (n=47)	Mettu NO. % (n=45)	Shashmn NO. % (n=45)	Nekemet NO. % (n=48)	Adama NO. % (n=47)	Asella NO. % (n=48)	Total No.% (N=290)
Sex:	Male	33(70.2)	24(53.3)	33(73.3)	30(62.5)	36(63.2)	30(62.5)	186(64.1)
	Female	14(19.8)	21(46.6)	12(26.7)	18(37.5)	21(36.8)	18(37.5)	104(35.9)
Age in yrs	20-30	24(51.1)	20(60)	27(60)	24(50)	26(46.6)	11(22.9)	139(47.9)
	31-45	20(42.6)	16(35.6)	13(28.9)	18(37.5)	23(40.4)	22(45.8)	112(38.6)
	46-60	3(6.4)	2(4.4)	5(11.1)	6(12.5)	8(140	15(31.2)	39(13.4)
Experience in yrs	≤3	35(16.5)	35(16.5)	36(17.0)	40(18.9)	41(19.3)	25(11.8)	212(73.1)
	4-7	6(12.0)	5(10.0)	6(12.0)	8(16.0)	10(20.)	15(30.)	50(17.2)
	8-10	3(17.6)	4(23.5)	0	0	4(23.5)	6(35.3)	17(5.9)
	11-14	1(25.0)	0	1(25.0)	0	2(50.)	0	4(1.4)
	>15	2(28.6)	1(14.3)	2(28.6)	0	0	2(28.6)	7(2.4)
Salary /month	<1500	3(6.8)	9(20.5)	13(29.5)	7(15.9)	7(15.9)	5(11.4)	44(15.2)
	1501-2500	25(28.4)	14(15.9)	13(14.8)	13(14.8)	16(18.9)	7(8)	88(30.3)
	2501-3500	14(10.9)	15(11.6)	17(13.2)	27(20.9)	25(19.4)	31(24)	129(44.1)
	3501-4500	0	4(44.4)	0	1(11.1)	3(33.3)	1(11.1)	9(3.1)
	>4500	5(25)	3(15)	2(10)	0	6(30)	4(20)	20(6.9)
Education Level	Certificate	0	0	2(4.4)	0	1(1.8)	3(6.2)	6(2.1)
	Diploma	10(21.3)	17(37.8)	17(37.8)	19(39.6)	18(31.6)	12(25)	93(32.1)
	Bachelor	32(68.1)	22(48.9)	16(35.6)	22(45.8)	27(47.4)	29(60.4)	148(51)
	Masters	1(2.1)	4(8.9)	3(6.7)	2(4.2)	0	0	10(3.40)
	PhD	2(4.3)	1(2.2)	0	1(2.1)	5(8.8)	0	9(3.1)
	Others	2(4.3)	1(2.2)	7(15.6)	4(8.3)	6(10.5)	4(8.3)	24(8.3)

Table 2 : HR roles and responsibilities (N=290 in Oromia regional state referral hospitals, March 2012

HR roles and responsibilities	JUSH (n=47) NO. %	Mettu (n=45) NO. %	Shashmne (n=45) NO. %	Nekemet (n=48) NO. %	Adama (n=57) NO. %	Asella (n=48) NO. %	Total (n=290) No.%
Administration	18(22.8)	13(16.5)	6(7.6)	9(11.4)	24(30.4)	9(11)	79(27.2)
Training	8(11.9)	7(10.4)	10(14.9)	12(17.9)	14(20.9)	16(23.9)	67(23.1)
HR planning	3(10.7)	5(17.9)	7(25)	5(17.9)	4(14.3)	4(14.3)	28(9.7)
Supervision	11(22.9)	0	9(18.8)	3(6.2)	11(22.9)	14(29.2)	48(16.6)
Deployment	1(2.1)	5(11.1)	1(2.2)	4(8.3)	0	0	11(3.8)
Recruitment	0	2(4.4)	1(2.2)	2(4.2)	2(3.5)	3(6.2)	10(3.4)
Benefits	3(6.4)	8(17.8)	7(15.6)	3(6.2)	1(1.8)	2(4.2)	24(8.3)
Others	3(6.4)	5(11.1)	4(8.9)	10(20.8)	1(1.8)	0	23(7.9)

Table 3 : Perceived competence level of HR managers by competence domains, in oromia regional state referral hospitals (N=290), March 2012

competence domains	Competence	
	Yes number &%	No number & %
Personnel policy	189(65.1)	101(34.9)
Performance management	192(66.1)	98(33.8)
HR Training and development	163(56.2)	127(43.8)
HR data systems	180(62.1)	110(37.9)
Retention strategy	182(62.8)	108(37.3)
General leadership and management	179(61.7)	111(38.3)

Table 4 : Significant difference in competence level of HR managers by hospitals, in oromia regional state referral hospital (N=290), March 2012

Domains	Competence	Hospitals name with respondent numbers and percent						Total	X²	P-value
		JUSH (n=47)	Metu (n=45)	Nekemt (n=45)	Shashne (n=48)	Adama (n=57)	Assella (n=48)	(n=290)		
Personnel policy	yes	39(83.0)	32(71.1)	23(51.1)	18(37.5)	42(73.7)	35(72.9)	189(65.2)	30.4	<0.001
	No	8(17.0)	13(28.9)	22(48.9)	30(62.5)	15(26.3)	13(27.1)	101(34.8)		
Performance Appraisal	yes	39(83.0)	32(71.1)	24(53.3)	19(39.6)	44(77.2)	34(70.8)	192(66.2)	28.4	<0.001
	No	8(17.0)	13(28.9)	21(46.7)	29(60.4)	13(22.8)	14(29.2)	98(33.8)		
Training and development	yes	35(74.5)	28(62.2)	20(44.4)	18(37.5)	31(54.4)	31(64.6)	163(56.2)	17.8	<0.003
	No	12(25.5)	17(37.8)	25(55.6)	30(62.5)	26(45.6)	17(35.4)	127(43.8)		
HR data system	yes	34(72.3)	37(82.2)	22(48.9)	20(41.7)	34(59.6)	33(68.8)	180(62.1)	22.7	<0.001
	No	13(27.7)	8(17.8)	23(51.1)	28(58.3)	23(40.4)	15(31.2)	110(37.9)		
Retention strategy	yes	30(63.8)	29(64.4)	24(53.3)	20(41.7)	43(75.4)	36(75.0)	182(62.8)	17.9	<0.003
	No	17(36.2)	16(35.6)	21(46.7)	28(58.3)	14(24.6)	12(25.0)	108(37.2)		
General leadership and mgt	yes	36(76.6)	26(57.8)	22(48.9)	15(31.2)	43(75.4)	37(77.1)	179(61.7)	36.0	<0.001
	No	11(23.4)	19(42.2)	23(51.1)	33(68.8)	14(24.6)	11(22.9)	111(38.3)		

Table 5 : Association and Binary logistic regression of selected socio-demographic and other characteristics with personnel policy and planning of HR managers of oromia regional state referral hospitals (N=290), March, 2012

Characteristics		Personnel policy		Total	COR(95%CI)	AOR(95%CI)
		Yes	No			
Age	20-30	83(43.9)	56(55.4)	139(47.9)	1	1
	31-45	75(39.7)	37(36.6)	112(38.6)	2.03 (1.37-3.01)*	1.52(1 .83-2.77)*
	46-60	31(16.4)	8(7.9)	39(13.4)	3.88 (1.78-8.43)*	3.49(1.33-9.12)*
Experience	0-3 year	129(68.3)	83(82.2)	212(73.1)	1	1
	4-7 year	41(21.7)	9(8.9)	50(17.2)	4.56 (2.21-9.37)*	3.41(1.51-7.64)*
	8-11year	13(6.9)	4(4.0)	17(5.9)	3.25(1.06-9.97)*	1.89(.54-6.67)*
	12-15 year	0	4(4.0)	4(1.4)	.00(.00-	.00(.000-
	>15 year	6(3.2)	1(1.0)	7(2.4)	6.00(.72-49.84)	3.18(.36-27.90)
Salary range per month	<1500	29(15.3)	15(14.9)	44(15.2)	1	1
	1501-2500	52(27.5)	36(35.6)	88(30.3)	1.44(.94-2.21)	.40 (.17-.94)*
	2501-3500	89(47.1)	40(39.6)	129(44.5)	2.23(1.53-3.23)*	1.63(1.28-1.44)
	3501-4500	8(4.2)	1(1.0)	9(3.1)	8.00(1.01-63.96)*	2.80(1.28-27.43)*
	>4500	11(5.8)	9(8.9)	20(6.9)	1.22(.51-2.95)	.24(.07-.88)*
HR Role most Played	Administrative	110(58.2)	45(44.6)	155(53.4)	1	
	Employee Champion	29(15.3)	8(7.9)	37(12.8)	3.63(1.66-7.93)*	1.47(1.60-3.61)*
	Change agent	8(4.2)	8(7.9)	16(5.5)	1.00(.38-2.67)	.46(.15-1.38)
	strategic partner	25(13.2)	16(15.8)	41(14.1)	1.56(.83-2.93)	.49(.23-1.06)
	all role equally	24(23.8)	17(9.0)	41(14.1)	.71(.38-1.32)	.25(.11-.55)*

* Statistically significant with probability value less than 5%.

Table 6 : Association and Binary logistic regression of selected socio-demographic and other characteristics with performance management of HR managers in oromia regional state referral hospitals (N=290), March, 2012

Socio-demographic Variable		Performance management		Total	COR(CI95%)	AOR(CI95%)
		Yes	No			
Age	20-30	85(44.3)	54(55.1)	139(47.9)	1	
	31-45	78(40.6)	34(34.7)	112(38.6)	2.29(1.53-3.43)*	1.81(1.02- 3.23)*
	46-60	29(15.1)	10(10.2)	39(13.4)	2.90(1.41-5.95)*	2.515(1.05-6.03)*
Experience	0-3 year	143(74.5)	77(78.6)	220(75.9)	1	
	4-7 year	32(16.7)	16(16.3)	48(16.6)	2.00(1.01-3.65)*	1.95(.96-3.98)
	8-11 year	10(5.2)	3(3.1)	13(4.5)	3.33(.92-12.11)	1.42(.44-4.61)
	12-15 year	3(1.6)	1(1.0)	4(1.4)	3.00(.31-28.84)	.90(.12-7.50)
	>15 year	4(2.1)	1(1.0)	5(1.7)	4.000(.45-35.79)	3.71(.43-32.18)
Salary range per month	< 1500	29(15.1)	15(15.3)	44(15.2)	1	
	1501-2500	51(26.6)	37(37.8)	88(30.3)	1.38(.90-2.11)	.98(.56-1.73)
	2501-3500	91(47.4)	38(38.8)	129(44.5)	2.40(1.64-3.50)*	1.82(1.07-3.09)*
	3501-4500	8(4.2)	1(1.0)	9(3.1)	8.00(1.01-63.96)*	6.10(.68- 54.43)
	>4500	13(6.8)	7(7.1)	20(6.9)	1.86(.74-4.66)	.94(.31-2.82)
HR role most played	Administrative	114(59.4)	41(41.8)	155(53.4)	1	
	Employee Cha	26(13.5)	11(11.2)	37(12.8)	2.36(1.17-4.78)*	1.03(.46-2.34)
	Change agent	11(5.7)	5(5.1)	16(5.5)	2.20(.76-6.33)	1.53(.51-4.61)
	strategic partner(	23(12.0)	18(18.4)	41(14.1)	1.28(.69-2.37)	.55(.269-1.12)
	play all role	18(9.4)	23(23.5)	41(14.1)	.78(.42-1.50)	.35(.172-.73)*

* Statistically significant with probability value less than 5%.

Table 7 : Association and binary logistic regression of selected socio-demographic and other characteristics with Training and development of HR managers in oromia regional state referral hospitals (N=290), March, 2012

Socio-demographic Variable		Training and development		Total	COR(CI95%)	AOR(CI95%)
		Yes	No			
Age	20-30	73(44.8)	66(52.0)	139(47.9)	1	
	31-45	61(37.4)	51(40.2)	112(38.6)	1.20(.83-1.74)	1.17(.68-2.01)
	46-60	29(17.8)	10(7.9)	39(13.4)	2.90(1.41-5.95)*	3.14(1.34-7.36)*
Experience	≤3 year	126(77.3)	94(74.0)	220(75.9)	1	
	4-7 year	25(15.3)	23(18.1)	48(16.6)	1.11(.62-1.92)	1.36(.71-2.60)
	8-11 year	7(4.3)	6(4.7)	13(4.5)	1.17(.39-3.47)	.73(.26-2.07)
	12-15 year	2(1.2)	2(1.6)	4(1.4)	1.00(.14-7.10)	.34(.03-3.44)
	>15 year	3(1.8)	2(1.6)	5(1.7)	1.50(.25-8.98)	1.07(.22-5.15)
Salary range per month	Below 1500	24(14.7)	20(15.7)	44(15.2)	1	
	1501-2500	43(26.4)	45(35.4)	88(30.3)	.96(.63-1.45)	.79(.46-1.40)
	2501-3500	79(48.5)	50(39.4)	129(44.5)	1.58(1.11-2.25)*	1.33(.80-2.21)
	3501-4500	6(3.7)	3(2.4)	9(3.1)	2.00(.50-7.10)	1.78(.41-7.80)
	4500 above	11(6.7)	9(7.1)	20(6.9)	1.22(.51-2.95)	.79(.27-2.30)
HR role most played	Administrative	91(55.8)	64(50.4)	155(53.4)	1	
	Employee Cham	24(14.7)	13(10.2)	37(12.8)	1.85(.94-3.63)	1.47(.68-3.18)*
	Change agent	8(4.9)	8(6.3)	16(5.5)	1.00(.38-2.66)	.89(.32-2.49)
	strategic partner(	21(12.9)	20(15.7)	41(14.1)	1.05(.57-1.94)	.69(.35-1.37)
	play all role	19(11.7)	22(17.3)	41(14.1)	.86(.47-1.60)	.69(.34-1.37)

* Statistically significant with probability value less than 5%

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