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Research paper

Staff members' satisfaction level with the ministry of health and social services strategic plan implementation at three intermediate public hospitals in Namibia

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Abstract

This research aims to explore the staff remembers satisfaction level with strategic decisions implementation in the three intermediate public hospitals in Namibia. Reviewing the literature, 27 variables were identified. The items were then reduced using exploratory factor analysis, which is evaluated using Principal Axis Factoring with Direct Oblimin rotation. Using exploratory factor analysis, variables were categorized into 5 implementation perspectives. This model, in the order of effect, identified Service Provision with a predictor importance of (0.79), Human Resources Management (0.07), Governance (0.06), Financial Management (0.05) while, the Infrastructure Development and Management with predictor importance of (0.03) is the least important. This implies that the Service Provision theme is perceived by the MoHSS staff as having the largest impact of implementation satisfaction and quality of service perceptions at the three intermediate public hospitals. The radar chart also shows that the respondents perceived levels of satisfaction with strategy implementation is rated less than desired levels (yellow) of implementation superiority. The only item perceived to perform better than minimum level (blue) is related infrastructures development and management (IDM-2), Improve health facilities to be responsive to emerging needs''. This implies that the strategic plans implementation level failed to meet the minimum satisfaction level of the operational staff and hospitals management teams. This further implied that top management shall be recognized that operational staff and hospitals management teams can turn strategic plan implementation into success.

Keywords: *Strategy; Strategic Decision Implementation; Implementation; Adequacy, Superiority; Public Hospital; Factor Analysis.*

1. Introduction

The MoHSS 2009 -2013 Strategic Plan was preceded by the 2008 health and social services system review and subsequent consultative meetings with the Ministry Staff members across all levels and key stakeholders, who tirelessly identified and outlined critical strategic issues and challenges (MoHSS, 2009). The situational analysis of the plan was done as part of the 2008 Health and Social Services System Review (HSSR). The Strategic Plan encompasses five broad strategic themes: Service Provision: The Ministry sought to focus on core functions, streamline the fragmented services/ programmes/ functions, improve Waste Management, improve fleet management, and improve performance management procedures and systems and other service delivery instruments.

Human-resource management: Recruitment, remuneration and retention policies and strategies were reviewed and upgraded; decision making was devolved to appropriate levels, and staff shortages were vigorously addressed;

Infrastructure development and management: The minimum District Service Packages were defined, sufficient extensions of health services to community level were implemented. Adequate development and maintenance strategies for health facilities were affected, and the often unnecessary and expensive referral system was optimized;

Governance: Addressing problems of inadequate/inappropriate information and communication technologies co-ordination, delayed payment of suppliers, poor record keeping, poor communication and co-ordination, bureaucracy, outdated legislation, policies, guidelines and a lack of a well-defined Strategic Plan;

Financial management: To redress the problem of inequitable distribution of resources, inadequate resource allocation criteria, the need to mobilize more financial resources, and the need to improve financial governance (MoHSS, 2009).

Given the above strategic themes and objectives to be achieved, it was the intention of this study to examine the achievement recorded during the period under review by MOHSS in their annual reports using the MOHSS`s BSC as designed in the strategic plan 2009-2013. Despite, MoHSS setting itself to fulfil its core function, service provision, its main stakeholders, the client still complained about poor service delivery. Sentinel indicators such as malnutrition remained a challenge for MoHSS with stunting levels not declining despite the country's rising income per-capita and government efforts to address food insecurity (MoHSS, 2014b). Stunting levels have stood at 26 percent at the end of 2013 while it expected to be at a strategic target of 15 percent. Additional strategic sentinel targets not met include;

- Underweight levels slightly dropped from 17 percent to 13 percent in the same period, as opposed to the targeted level of 1 percent by 2013.

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- Wasting has also slightly dropped to 6 percent in 2013 from 8 percent in 2006.

Another challenge was in the vagueness of strategic plan performance measurement. The measures and/or performance indicators, were not clear whether the data measured was qualitative, quantitative or both and how the percentages were arrived at is another concern of effective measurement of the strategic plan achievements. Accordingly, there is a need to understand the factors contributing to the strategic decisions' implementation failure in Namibian public health care, focusing on the how three intermediate public hospitals in Katutura(KISH), Oshakati(OISH) and Rundu (RISH)fared in implementing the 2009-2013 Strategic Plan. Thus the important questions about the study were: What are the staff members' level of satisfaction with implementation of the individual strategic dimensions or strategic themes?. Which strategic theme/dimension is perceived by the MoHSS staff as having the largest impact of implementation satisfaction and quality of service perceptions at the three intermediate public hospitals?

2. Literature review

2.1. Strategic implementation success/failure impact

To effectively implement the strategies, a unique approach that best suits the internal and external challenges are crucial. Adopting the best approach, however, necessitates addressing the issues of the variables affecting the strategy implementation. This study selects the five themes Service Provision, Human-Resource Management, Infrastructure development and management, Governance and Financial Management as the key variables.

Lega et al. (2013) found that officially adopted strategic plans like the MoHSS 2009 Heath Sector Strategy offer vague and qualitative targets for steering complex PHOs like the three intermediate hospitals. Therefore, the 2009-2013 strategic plan's five themes, have no clear or explicit overarching quantitative strategy and are externally oriented towards the external stakeholders like the government, the public, civic society, NGOs and international organisations. Interestingly, both quarterly and annually reports for the period under reviews were not formulated in line with the strategic themes and its objectives to be achieved, thus MoHSS`s achievement through its strategic plans cannot be quantifiable and failed to meet the minimum standards. Therefore, the proposed framework intends to provide an evaluation framework that can measure the impact of strategic decisions' implementation success or failure on internal stakeholders' satisfaction and quality of service perceptions at the three intermediate public hospitals.

2.2. Strategy evaluation tool: the balanced score card

Given that the proposed framework is based on the strategic themes, the framework relies heavily on the MOHSS`s Balanced Score Card that was designed to evaluate the implementation of the strategic plan (MoHSS, 2009). The Balanced Scorecard is an important strategy-evaluation tool that allows organisations to evaluate strategies from four perspectives namely, financial performance, customer knowledge, internal business processes and learning and growth (David, 2011). The Balanced Scorecard (BSC) developed by Robert S. Kaplan and David P. Norton (1992) is probably the most renowned performance measurement framework for strategic plan implementation. The reason for this is that Kaplan and Norton most notably broadened the understanding of performance by multiple dimensions. Based on a one-year research project and numerous interviews, Kaplan and Norton developed the balanced scorecard as a tool for top management, which provides a multi-dimensional overview of company performance (Kaplan and Norton, 1992).

According to David (2011) the Balanced Scorecard analysis assist organisations in answering the how questions on effectively strategy implemented. These include questions such as:

- How well is the organization continually improving and creating value along measures such as innovation, technological leadership, service quality, operational process efficiencies, and so on?
- How well is the organization sustaining and even improving upon its core competencies and competitive advantages?
- How satisfied are the organization's customers?

As such, the Balanced Scorecard approach balances the long-term with short-term concerns, as well as balance financial with nonfinancial concerns and internal with external concerns (David, 2011). It can be an excellent management tool, as used by MoHSS in its 2009-2013 Health Sector Strategic Plan. The tool has proven effective to organisations from in various industries with the same underlying theme of being able to evaluate the organization's strategies based upon both keys quantitative and qualitative measures. However, failure to meet the basic requirements such as economical strategy evaluation activities, having just the right information and not having too many controls. Strategy-evaluation activities should be meaningfully providing managers with useful information about tasks that can control and influence in a timely manner (David, 2011).

Large organizations like the three intermediate hospitals require a more elaborate and detailed strategy-evaluation system because it is more difficult to coordinate efforts among different divisions and functional areas within the hospital hence strategic implementation Committee could be the best option for effective implementation and coordination. Unlike, managers in smaller establishments who often communicate daily with each other and their employees and do not need extensive evaluative reporting systems. Thus MoHSS failed to meet the basic requirements needed for its strategic plan to be effective, by not establishing specific hospital-based strategic plans implementation committees and using a top-down approach of developing national and ministerial-level strategic plans. It further observed that at MoHSS, the strategic evaluation activities are often done centrally by the department of policy and planning that is often not familiar with hospital environments and thus leave the gathering and evaluating information for these large institutions to the top management of these institutions. The challenge to this strategy-evaluation system is in the ability to convince these top managers that failure to accomplish certain objectives within a prescribed time is not necessarily a reflection of their performance, because their performance agreements are aligned to this strategy evaluation system.

David (2011) argues that there is no one ideal strategy-evaluation system and that the unique characteristics of the organization, including its size, management style, purpose, problems, and strengths should determine the strategy-evaluation and control system's final design. He notes that successful organizations' strategy-evaluation and control system are such that they treat facts as friends and controls as liberating. Successful organisations not only survive but thrive in the troubled waters due to their strategy evaluation and control systems, which are sound.

3. Research methodology

Questionnaires were used, and respondents were asked to rate quality service indicators of MoHSS Balance Score Card (BSC) based on LibQual rating's three columns from 0 (low) to 9 (high) scales for "perception," "desire," and "minimum" services. The minimum and desired service expectations were considered indicators of the importance of the service (attribute or dimension item) to the respondents' users. We have determined the most important areas for service improvement by identifying the items that ranked highest by respondent on minimum/desired service level. The minimum expectations of level of service that users consider as adequate represent their minimum level of service that users will tolerate or willing to accept. The services performed below respondent' minimum expectations could create disappointment, frustration and dissatisfaction as well as decrease their loyalty and reliability of effective strategic plan implementation.

Thus a radar chart is used to present these expectations and satisfaction levels with the Radar Chart axis representing the 27 core survey questions of the Ministry of Health and Social Services` Balance score card of the strategic plan. Figure 5.1 presents the results.

4. Data analysis

4.1. The results of exploratory factor analysis

The strength to the relationship among the variables (or items) is tested using the Kaiser-Meyer-Olkin (KMO) test, which must produce a value larger than 0.5. And, the items within the scales should adequately correlate with a Bartlett's test of sphericity that should be significant ($p < .05$) (Pallant, 2010). The study results showed that all the necessary conditions were met and that it is appropriate to conduct an Exploratory Factor Analysis.

4.2. Libqual item scale analysis

In order to determine the strategic plan implementation success and/or failure as expressed by workers and management, this study adopted LibQual model of service quality measurement to measure respondents' minimum, desired and perceived levels of strategic plan implementation of the dimensions highlighted above.

In achieving the objectives of the study, the LibQual radar chart is used to present the descriptive statistics at the level of satisfaction with the MoHSS strategic plan objectives for 2009 - 2013 implementation. Multivariate regression analyses procedures are used to explore the nature of the relationships between level of satisfaction with implementation of the individual strategic dimensions or strategic themes, and the critical success factors required for successful implementation. The questionnaire was reviewed in terms of validity and reliability; Cronbach's alpha was 78%-90%. It shows high reliability of the questionnaire. The final questionnaire was distributed among MoHSS Staff. Data analysis was performed by SPSS 23 software. Research period was limited to April 2016 - May 2016

Figure1 presents the results of expectations and satisfaction levels with the Radar Chart axis representing the 27 core survey questions of the Ministry of Health and Social Services` Balance score card of the strategic plan.

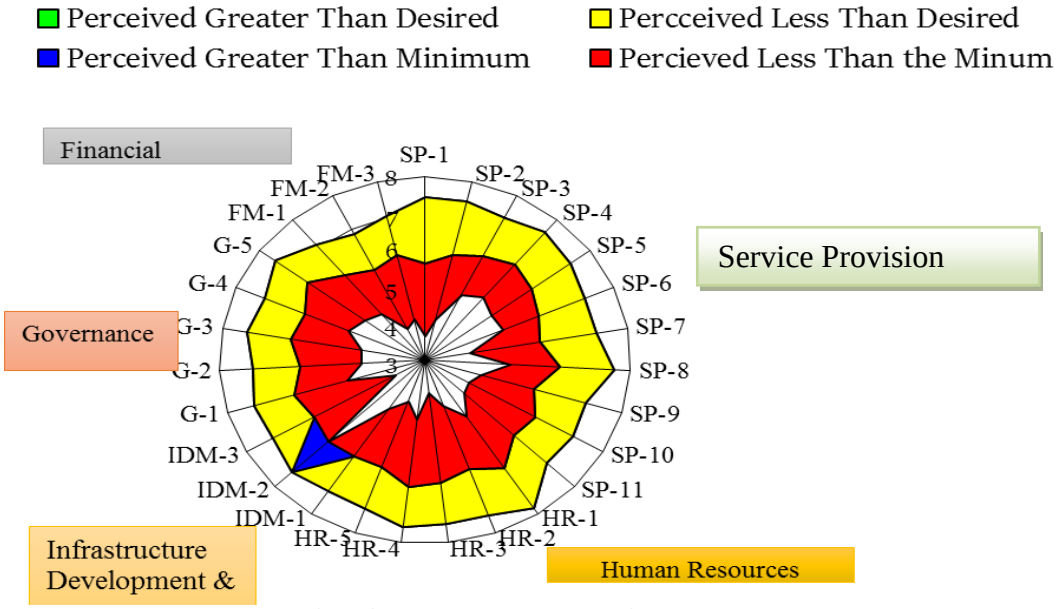


Fig. 1: Radar Chart of Satisfaction with Implementation of M0HSS Strategic Plan Objectives.

Figure 1 presents the statistical data of the respondents' satisfaction in terms of how the strategic plan objective meet the minimum required implementation level of the respondents. The Radar Chart in figure 5.1 shows the aggregate results for the 27 Section A. survey questions responses. On each axis, respondents' minimum level, desired level and perceived levels of satisfaction with the strategic plan are plotted and the resulting "gaps" between the three levels represents implementation adequacy or implementation superiority depending on the shade of colour. The five dimensions or Strategy Themes are grouped together and labelled: Service Provision, Human Resource Management, Infrastructure development and management, Governance and Financial Management. Figure 1 shows that overall the respondents are not adequately satisfied with strategic plan implementation as seen from the high concentrations of the red and yellow shades. The implementation of the strategic plan objectives is not meeting the minimum levels of satisfaction required by the respondents with only one item in blue, others are perceived to perform less than the minimum (red) implementation adequacy. The chart also shows that the respondents perceived levels of satisfaction with strategy implementation is rated less than desired levels (yellow) of implementation superiority. The only item perceived perform better than minimum level (blue) is related infrastructures development and management (IDM-2), "Improve health facilities to be responsive to emerging needs''.

4.3. Expected Implementation Satisfaction (EIS)

The Expected Implementation Satisfaction (EIS) scale includes 27 items consist of the following five factors, namely; service provision (11 items), governance (5 items), infrastructure development (3 items); human resource management (5 items) and financial management (3 items)

4.4. Service provision

From the 11-item service provision theme (SERVPRO) scale, only one significant factor is extracted (see Table 1). This factor produced an eigenvalue of 10.451 and explained 95.011 percent of the variance in SERVPRO (factor loadings: $0.957 < r < 0.979$). The scale is thus unidimensional such that a single factor model will constitute a good fit to the data for each of the examined service provision objectives.

Table 1: Results of the Factor Analysis on SERVPRO Scale

Code	Description	SERVPRO
SP-2	Improve Focus on core function.	0.979
SP-4	Provision Improve fleet management.	0.979
SP-3	Improve waste management system.	0.978
SP11	Ensure prompt and effective response to disasters.	0.974
SP-9	Decrease morbidity rates.	0.973
SP-6	Improve stakeholder relationships and co-ordination.	0.973
SP-5	Provide adequate, formalised and structured community based health services.	0.972
Sp10	Decrease mortality rates.	0.972
SP-8	Reduce malnutrition.	0.970
SP-1	Streamline and harmonise services/functions/programs.	0.968
SP-7	Adopt and implement performance management system at all level.	0.957
Eigenvalue		10.451
% of Variance		95.011
Cumulative %		95.011

Notes. SERVPRO = Service Provision

4.5. Governance

From the 5-item governance theme (GOVERN) scale, only one significant factor is extracted from 5-items (see Table 2). This factor produced an eigenvalue of 3.349 and explained 66.98 percent of the variance in GOVERN (factor loadings: $0.601 < r < 0.919$). Further analysis with ANOVA shows that there is no significant difference between the item means ($F=4.429$, $p=0.002$). GOVERN scale is also a unidimensional factor. See Table 5.8 for the full set of item-level factor loadings, eigenvalues and variance explained.

Table 2: Results of the Factor Analysis on GOVERN Scale

Code	Item Description	GOVERN
G-4	Improve procurement and payment system.	0.773
G-5	Strengthen the stewardship role of the MOHSS.	0.891
G-1	Ensure responsive legislation and policies.	0.635
G-2	Implement efficient and effective contract management system.	0.601
G-3	Improve information management system.	0.919
Eigenvalue		3.349
% of Variance		66.983
Cumulative %		66.983

Note: GOVERN= Governance

4.6. Human resource management

From the 5-item human resource management theme (HRM) scale, only one significant factor is extracted from 5-items (see Table 3). This factor produced an eigenvalue of 3.349 and explained 66.98 percent of the variance in HRM (factor loadings: $0.642 < r < 0.798$). Further analysis with ANOVA shows that there is no significant difference between the item means ($F=15.296$, $p=0.000$). HRM scale is unidimensional. Table 5.9 presents the item-level factor loadings, eigenvalues and variance explained.

Table 3: Results of the Factor Analysis on HRM Scale

Code	Item Description	HRM
HR-3	Improve staff morale.	0.798
HR-2	Ensure adequate and appropriate staff complement and strength.	0.790
HR-4	Create skilled work force.	0.785
HR-5	Devolve levels of decision making to appropriate levels.	0.764
HR-1	Improve conditions of services for health and social workers.	0.642
Eigenvalue		3.288
% of Variance		65.763
Cumulative %		65.763

4.7. Infrastructure development and management (IDM)

The 3-item Infrastructure development and management (IDM) factor produced an eigenvalue of 2.095 and explained 69.846 percent of the variance in IDM (factor loadings: $0.708 < r < 0.763$). (See Table 4).

Table 4: Results of the Factor Analysis on IDM Scale

Code	Item Description	IDM
IDM-2	Improve health facilities to be responsive to emerging needs	0.763
IDM-1	Ensure proper management of infrastructure and equipment	0.750
IDM-3	Provide a minimum district service package (MDSP)	0.708
Eigenvalue		2.095
% of Variance		69.846
Cumulative %		69.846

4.8. Finance management (FM)

The 3-item finance management (FM) factor produced an eigenvalue of 3.349 and explained 66.98 percent of the variance in FM (factor loadings: $0.642 < r < 0.798$). Further analysis with ANOVA shows that there is no significant difference between the item means ($F=17.99$, $p=0.000$). Table 5 presents the results.

Table 5: Results of the Factor Analysis on FM Scale

Code	Item Description	FM
FM-2	Ensure capital formation make up at least 10% MOHSS total budget	0.899
FM-1	Improve financial management	0.864
FM-3	Ensure equitable and efficient allocation of resources among the ministry`s directorates	0.812
Eigenvalue		3.288
% of Variance		65.763
Cumulative %		65.763

4.9. Expected Implementation Satisfaction (EIS)

A forward stepwise multiple linear regression model is used to explore the relationship between EIS and the five EIS themes.Figure 2 presents the model summary.

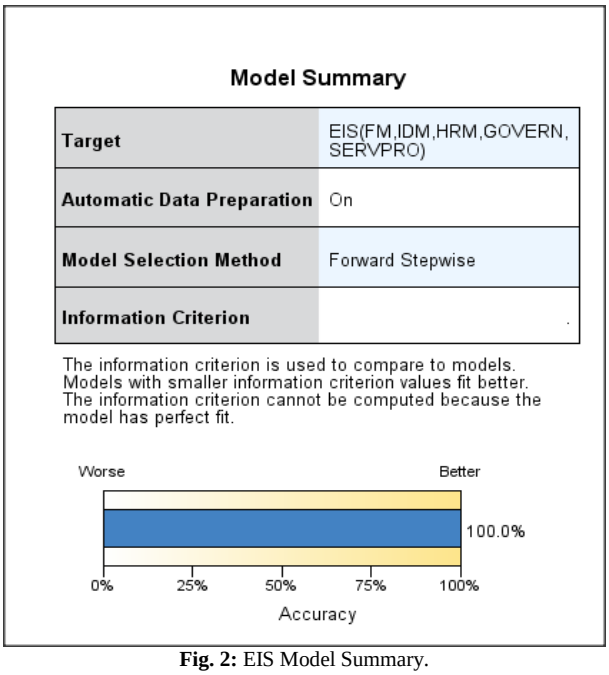


Fig. 2: EIS Model Summary.

Figure 2 shows that a model accuracy of 100 percent because the model is a perfect fit. This confirms that the five themes are significant to the successful implementation of the strategy and the consequent satisfaction of the MoHSS staff. Additionally, Figure 3 presents the predictor importance of the themes to EIS.

Amongst the five predictor themes of EIS, Service Provision with a predictor importance of 0.79 is the most important predictor of EIS values. While, the Infrastructure Development and Management with predictor importance of 0.03 is the least important. This implies that the Service Provision theme is perceived by the MoHSS staff as having the largest impact of implementation satisfaction and quality of service perceptions at the three intermediate public hospitals. Figure 4 presents the predictor coefficients and the EIS model equation.

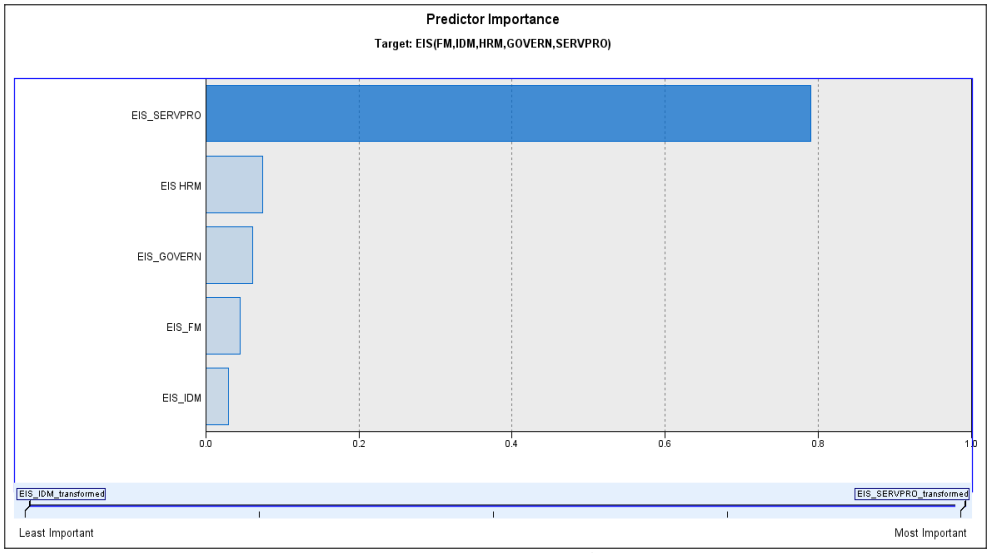


Fig. 3: Predictor Importance for EIS.

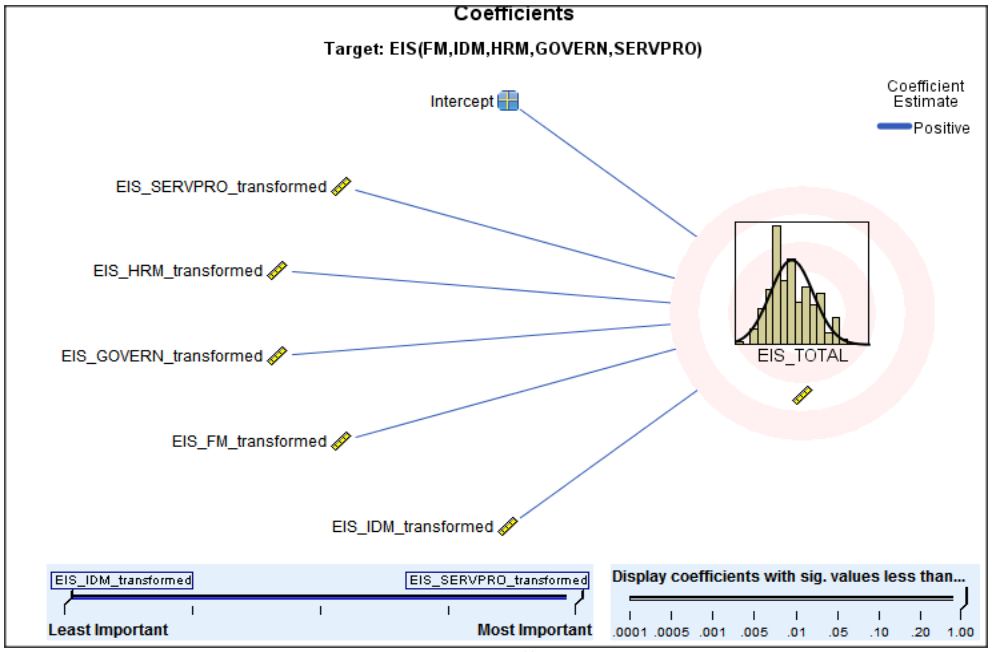


Fig. 4: Model 1 Coefficients (EIS).

From the Coefficients Figure 4, the equation used to predict EIS can be derived from the standardized Coefficients (B) as:

EIS Total = EIS_FM + EIS_IDM + EIS HRM + EIS_GOVERN + EIS_SERVPRO

(Model EIS Total)

The standardized coefficients of the predictor variables are statistically significantly different to zero at the p<.001 level.
This model, in the order of effect, identified Service Provision with a predictor importance of (0.79) is the most important predictor of EIS values, Human Resources Management(0.07), Governance(0.06), Financial Management(0.05) while, the Infrastructure Development and Management with predictor importance of 0.03 is the least important. This implies that the Service Provision theme is perceived by the MoHSS staff as having the largest impact of implementation satisfaction and quality of service perceptions at the three intermediate public hospitals.

The radar chart also shows that the respondents perceived levels of satisfaction with strategy implementation is rated less than desired levels (yellow) of implementation superiority. The only item perceived perform better than minimum level (blue) is related infrastructures development and management (IDM-2), "Improve health facilities to be responsive to emerging needs''.
This implies that the strategic plans implementation level failed to meet the minimum satisfaction level of the operational staff and hospitals management teams.

Conclusion

Nowadays, public health care is faced with challenges of technology and innovation of new products and services in order to provide patient-centred services. It is therefore crucial for hospitals management to understand that hopsitals are complex organisations characterised by complicated organizational structures and complex interactions, power of interest groups and internal politics, and vulnerability to the external environment. Thus hospital managers shall recognised that strategy implementation is a dynamic, iterative and complex process, which is comprised of a series of decisions and activities by managers, employees and affected by number of interrelated internal and external factors to turn strategic plans into reality in order to achieve strategic objectives. Reviewing the literature, 27 variables were identified. The items were then reduced using exploratory factor analysis which is evaluated using Principal Axis Factoring with Direct Oblimin rotation. Using exploratory factor analysis, variables were categorized into 5 implementation perspectives. This model, in the order of effect, identified Service Provision with a predictor importance of (0.79), Human Resources Management (0.07), Governance (0.06), Financial Management (0.05) while, the Infrastructure Development and Management with predictor importance of (0.03) is the least important. This implies that the Service Provision theme is perceived by the MoHSS staff as having the largest impact of implementation satisfaction and quality of service perceptions at the three intermediate public hospitals. The radar chart also shows that the respondents perceived levels of satisfaction with strategy implementation is rated less than desired levels (yellow) of implementation superiority. The only item perceived perform better than minimum level (blue) is related infrastructures development and management (IDM-2), "Improve health facilities to be responsive to emerging needs''. This implies that the strategic plans implementation level failed to meet the minimum satisfaction level of the operational staff and hospitals management teams.
This further implied that top management shall recognized that operational staff can turn strategic plan implementation into success.
In conclusion, David (2011) reminds us that formulating a plan may be difficult, but implement strategies is even more difficult. Therefore, Strategic plans implementation in hospitals has to do with the practices and processes that are adopted (how) and the practitioners (strategists) involved (who).

5. Funding

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