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**UNDERSTANDING THE EFFECT OF HRM ALIGNMENT  
TO CORPORATE STRATEGY ON THE PERFORMANCE  
OF PUBLIC HEALTHCARE INSTITUTIONS IN KISUMU  
COUNTY, KENYA**

**Tsuma Eglay<sup>1</sup>**

<sup>1</sup>School of Business and Economics,  
Masinde Muliro University of Science and  
Technology,  
Kakamega,  
Kenya

**Otuya Willis<sup>2</sup>**

<sup>2</sup> School of Business and Economics,  
Masinde Muliro University of Science and  
Technology,  
Kakamega,  
Kenya

**Tibbs Charles<sup>3</sup>**

<sup>3</sup> School of Business and Economics,  
Masinde Muliro University of Science and  
Technology,  
Kakamega,  
Kenya

**ABSTRACT**

*Whereas several discussions regarding innovation and technology have been held in leading hospitals around the world, the relationship between Strategic Human Resource Management (SHRM) practices and organizational performance for healthcare institutions to gain and sustain their competitive advantage has largely been underestimated. The objective of this paper was to determine the effect of strategic HRM alignment to corporate strategy on the performance of public healthcare institutions. The target population was 1770 derived from a sample frame of three public healthcare institutions in Kisumu County, selected through purposive sampling. Stratified simple random sampling was used to select respondents from 3 categories; health professionals, technical professionals and senior managers to participate in the study. The sample size of 326 was derived using the Yamane Taro formula. Questionnaires and interview schedules were used to collect data. Findings indicated that HRM alignment to corporate strategy ( $t$ -statistic=1.001,  $p$ -value=0.318 > 0.05) does not predict employee performance. At 5% level of significance, Moderated Strategic HRM alignment to corporate strategy was not a significant predictor of Performance in public healthcare institutions in Kisumu County ( $p=0.157 > 0.05$ ). It was recommended that healthcare policy experts should develop strategic HR policies and regulations to streamline bureaucratic processes that limit effective service delivery in healthcare service provision.*

**KEY WORDS:** HRM alignment, Corporate strategy, Performance,

## 1.0 INTRODUCTION

There is increasing evidence that several developed and developing nations are facing serious human resource management related challenges in the healthcare sector. This has been attributed to a rapidly aging workforce, medical advancements, policy reforms, decline in state funding and the ever-rising cost of healthcare (Cooke, & Zhan, 2013; Kessler, 2015; Lepak, 2006

Delery and Doty (1996), Chuang and Liao (2010), Fu (2013), and Kaufman (2015) reviewed the theoretical foundations for a human resource management-firm performance relationship with specific focus on the potential for a Strategic Human Resource Management (SHRM) to serve as an inimitable resource supporting the effective implementation of corporate strategy and the attainment of operational goals

Strategic HRM has captured the attention of social research and has grown into an established domain of inquiry (Huselid, 1995). Most HR professionals acknowledge the term strategic HRM to signal their belief that effective Human Resource Management (HRM) contributes to business effectiveness enabling the organization achieve a competitive advantage. The meaning of strategic HRM is varied across time, between cultural contexts and reflections of diverse multidisciplinary identities of HRM scholars (Zhang et.al, 2014).

## 2.0 LITERATURE REVIEW

Armstrong (2006) defines strategic HRM as the direction and scope of an organization over the longer term which matches its resources to its internal and external environment; markets, customers and clients in order to meet stakeholder expectations. Boxall and Purcell (2003) further define strategic management as an art and science of formulating, implementation and evaluating cross-functional decisions that enable an organization achieve its objectives. Most organizations have adopted strategies that are aimed at aligning HRM practices with the corporate strategies of the organization in order to gain a competitive advantage (Fu, 2013).

Strategic alignment of HRM to corporate strategy refers to the alignment of HRM in the formulation and implementation of organizational strategies and the alignment of HRM with the strategic needs of an organization (Delery and Doty, 1996). HRM practices are applied by line managers as part of their daily operations. Organizations can no longer generate profits without having the relevant ideas, skills and talent of their knowledgeable workers.

Ramadevi and Gunasekaran (2016) acknowledged the existence of limited research on the

framework of HRM in the healthcare systems and services. They identified workforce development as the most important skill required for the healthcare workforce to deliver high quality services. Chang and Chen (2011) investigated the influence of HRM systems for knowledge-intensive teamwork on external team knowledge acquisition and internal team knowledge sharing. The results showed that there is need to integrate strategic HRM and knowledge teamwork for effective knowledge-based competition among organizations. This paper has only identified the HRM and teamwork relationship, making it insufficient for understanding the SHRM and performance relationship.

Chanda and Chanda (2010) in a study to determine success factors for strategic change initiatives in large urban health care systems, found significant correlations between strategic alignment of HR and HR's involvement in responses related to cost control, quality improvement and patient access. Findings indicated the need for top management teams in health systems to consider positioning HR as part of the core leadership team and a relationship that allows HR to participate in formulating and implementing organizational adaptation. The role of HRM in healthcare institutions continues to receive inadequate attention making it necessary for this paper to establish whether line managers in public healthcare institutions in Kenya are involved in decision-making.

Ostroff and Bowen (2016) reviewed literature aimed at understanding the HRM-firm performance linkages. They observed that there exists challenges in capitalizing on the HR constructs and the need to identify consistencies and inconsistencies in previous studies related to the subject under study. De Koeijer and Paauwe (2014) suggested that for healthcare organizations to sustain continuous improvement, there is need to aim for a strategic climate with an enabling HRM focusing on shared perceptions of employees on quality, efficiency and innovation.

## 3.0 RESEARCH METHODOLOGY

### 3.1 Research Design

The study used a causal research design to determine the effect of strategic HRM practices on performance of the public healthcare institutions in Kisumu County in Kenya. The present study fitted well in this category since the researcher was interested in exploring and determining the effect of strategic HRM alignment to corporate strategy practices on the performance of the public healthcare institutions in Kisumu County.

### 3.1 Study Area

The study was carried out in Kisumu County. Kisumu County is located in the former Nyanza

Province with a population of 968,909 (Census, 2009) covering an area of 2085.9KM<sup>2</sup>. It borders Siaya County to the West, Vihiga County to the North, Nandi County to the North East and Kericho County to the East. It has a shoreline on Lake Victoria occupying the Northern, Western and part of the Southern shores of the Winam Gulf. It has a population density of 460 per square kilometre. The main health facilities namely Jaramogi Oginga Odinga Teaching and Referral Hospital, Kisumu District Hospital, Ahero County Kisumu and 2 CDC funded research centres are all located in Kisumu City, the County headquarters. This area was selected for this study due to the high prevalence of diseases, presence of healthcare facilities

and personnel, high rate of urbanization and its proximity to the researcher.

### 3.2 Study Population

The population for the study comprised of 1770 employees working in the selected healthcare institutions in Kisumu County in Kenya. The target population for this study was; medical/health professionals, technical professionals and senior managers from the public health care institutions in Kisumu County. Part-time employees and support staff working in these institutions were not included in the study (Kenya, Health Sector Human Resources Strategy 2014-2018).

**Table 1: Target Population for Health Care Professionals, Technical and Senior Management Staff in Public Health Care Institutions in Kisumu County, Kenya.**

Hospital	Health Professionals	Technical Professionals	Senior Managers
Jaramogi Teaching and Referral Hospital	850	300	15
Kisumu District Hospital	150	100	10
Ahero County Hospital	300	35	10
Total	1300	435	35

Source: Kenya Health Sector Human Resources Strategy 2014-2018

### 3.3 Sampling Frame, Sampling Procedures and Sample Size

#### 3.3.1 Sampling Frame

Purposive sampling was used to select three public health care institutions as follows; 1 teaching and referral hospital, 1 county health facility and 1 sub-county (District) health facility. These public health care facilities have been in existence for more than five years and are more likely to encounter strategic HRM practices (Kenya, Health Sector Human Resources Strategy 2014-2018).

According to Mutai (2000), purposive sampling is a non-probability sample selected based on the characteristics of a population. The researcher relies on his/her judgment when choosing members of a population to participate in the study. This is a suitable method for selecting a sample that can serve as primary sources of data due to the nature, design and objectives of the study. The three health care institutions have been selected through purposive sampling due to their characteristics and objectives of this study. The selected health care institutions are as follows:

1. Jaramogi Oginga Odinga Teaching and Referral Hospital (Public)

2. Kisumu District Hospital (Public)
3. Ahero County Hospital (Public)

#### 3.3.2 Sampling Procedures

Stratified random sampling was used to select the respondents to participate in the study. The sample frame included a list of employees working in the medical, technical and administrative sections of the selected three health care institutions which formed the strata. Within each stratum, the simple random sampling method was used to select the respondents to participate in the study. Each employee was assigned a unique identification number and using a table of random numbers, the respondents were selected. It is important to note that simple random sampling is a method that reduces bias and can achieve a high level of representation (Mutai, 2000).

#### 3.3.3 Sample Size

The sample size was obtained using a formula developed by Yamane Taro(1967). This method was suitable for calculating the sample size in the study as the formula assumes a 95% confidence level and that  $P= 0.5$ . The researcher therefore obtained a representative sample as shown below:

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

Where:

- n = the required sample size
- e<sup>2</sup> =the significant level or error
- N =the population size

Therefore;

$$n = \frac{1770}{1 + 1770(.05)^2}$$

n = 326

**Table 2: Sampling Matrix for Health Care Professionals, Technical and Senior Management Staff in Public Health Care Institutions in Kisumu County.**

Sample	Target Population	Sample
Health Professionals	1300	239
Technical Professionals	435	80
Senior Managers	35	7
Total	N = 1770	n = 326

Source: Kenya Health Sector Human Resources Strategy 2014-2018

### 3.4 Data Collection Methods

The study utilized both qualitative and quantitative data. Primary and secondary data was used in the study. Primary data was collected through structured questionnaires, which provided respondents with an opportunity to provide detailed information. The second phase of data collection involved face to face interviews targeting employees from medical, technical and administrative sections in senior management levels. The interview schedule was used to collect data supporting that collected from questionnaires.

Secondary data on the other hand was collected from various sources such as archival records comprised of journals, policy documents, Acts of Parliament, official reports, internet and any other relevant literature.

### 3.5 Piloting

A pilot study was carried out in Kakamega County Referral Hospital to test the validity and reliability of the data collection instruments in order to ensure that the items in the questionnaire and interview schedule are clearly stated and understood by the respondents. The pilot study also enabled the researcher determine the time taken to complete a questionnaire.

### 3.6 Reliability and Validity of Instruments

Convergent validity is the degree to which two or more items measure the same concept (Bagozzi and Philips, 1982). The convergent validity of measurement items was examined by t-values, factor loadings, composite reliability, and average variance. The findings from the pilot study enabled the researcher to acknowledge errors and validate the research instruments.

To ensure that the research instruments yield consistent results across time and in line with the various items of the instrument, Cronbach’s alpha coefficient was used. This measure is widely used to determine inter-consistency or average correlation of items in a survey instrument to gauge its reliability. The instruments are said to be reliable if the measure for independent and dependent variables are greater than the accepted minimum of 0.70.

### 3.7 Data Analysis and Presentation Techniques

The data collected was refined, coded and entered into the computer system. The Statistical Package for Social Sciences (SPSS version 19) and R was used for analysis. Data was analyzed using inferential statistics; regression analysis and correlation, where relationship between the independent variable and the dependent variable were determined. Regression analysis was used to determine

the strength of relationship among the variables. Data was presented using descriptive statistics; means, modes, standard deviation, frequencies and percentages.

### 3.8 Ethical Considerations

Ethical issues in research are significant aspects that concern the appropriate behavior and norms of the researcher in conducting research. It involves those participants involved in the research process and the implication this process can have on them. The researcher assured participants of the highest level of confidentiality and anonymity during the entire process of data collection, analysis.

## 4.0 DISCUSSION OF RESULTS

### 4.1 Demographic Characteristics of the respondents

This section contains the analysis of information on respondent’s age, gender, education level and work experience. The main purpose of this was to find out any trend from the respondents profile that was directly linked to the variables of the study.

#### 4.1.1 Gender of the respondents

The study sought to establish the gender of the respondents in the study, Table 3 shows the distribution of the respondents according to their gender.

**Table 3: Gender of the Respondents**

Gender	Frequency	Percent	Mean	Std. Deviation
Male	167	52.3	1.37	.384
Female	153	47.7		

Source: (Researcher, 2018)

According to the study findings, majority of the respondents were male 52.3% while female respondents were 47.7% with a deviation of 0.384. The study attributed this to the existing gender gap in the employment in the public sector in Kenya which is predominantly dominated by the male gender.

#### 4.1.2 Distribution of Respondents by Age Group

The study sought to establish the age groups of the respondents in the Study. Table 4 shows the distribution of the respondents according to their age groups.

**Table 4 Age of the respondents**

Age	Frequency	Percent	Mean	Std. Deviation
Below 30 years	56	17.5	2.47	1.010
30-39 years	125	39.1		
40-49 years	72	22.5		
Above 50 years	67	20.9		

Source: (Researcher, 2018)

The findings in Table 4 indicate that majority of the respondents in the healthcare institution in Kisumu County were between ages 30-39 year bracket representing a 39.1 %; 22.5% were between 40-49 years of age; 20.9% were above than 50 years of age and 17.5% were below 30 years of age. Thus the highest were 39.1% while the least were 17.5%. This meant that the sample used by the study was well distributed in terms of age and could therefore give reliable information. The study established that the highest respondents were mainly young adults (ages 30-39).

In a mixed-age workforce where companies value knowledge, experience and skill above age, seniority or gender, employees of all ages have the opportunity to teach, share and learn from one another.

A young generation is very critical to the healthcare sector and important in succession planning which is also a key aspect of continuity. An ongoing supply of well trained, broadly experienced, well-motivated people who are ready and able to step into key positions is needed to take on the continuation process in the healthcare sector. (KPMG, 2014 Report).

#### 4.1.3 Distribution of respondents by their working experience.

The study also sought to establish the working experience of the respondents. This was very important because previous studies indicated that there was strong relationship between experience and employee performance. Table 5 shows the findings:

**Table 5: Length of time in the healthcare service**

Age	Frequency	Percent	Mean	Std. Deviation
Below 5 years	105	32.8	2.20	1.161
5-15 years	118	36.9		
16-20 years	35	10.9		
21-25 years	51	15.9		
Above 25 years	11	3.4		

Source: (Researcher, 2018)

According to the findings in Table 5, majority of the respondents 36.9% had worked in the hospital for between 5-15 years. Ideally when combined, more than 67.2% had worked for the hospital for more than 5 years and only 32.8 % had worked with the hospital for less than 5 years. From the findings, the researcher concluded that majority of the respondents had enough experience with the hospitals' strategies and hence would provide valid and credible information with regard to strategic HRM practices and employee performance. Therefore it was established that work experience meant most of the respondents were aware

of the hospitals operations ,HR policies and procedures.

#### 4.1.4 Distribution of respondents by their level of education

The study also sought to establish the level of education of the respondents. Level of education is important as it acts as a basis on whether the respondents have the requisite knowledge , skills and competencies to deliver on the organizations' objectives. and to understand the HRM practices and their influence on performance. The summary of the findings is as shown in Table 6.

**Table 6: Academic and professional qualifications of the respondents**

Qualification	Frequency	Percent
Certificate or equivalent	29	9.1
Diploma or equivalent	110	34.4
Degree	146	45.6
Masters	21	6.5
PHD or ongoing	14	4.4

Source: (Researcher, 2018)

Study findings in Table 4.7 shows that 45.6% of the respondents were degree holders, 34.4% were diploma holders or equivalent, 9.1% were certificate holders or equivalent, 6.5% were Masters holders, and 4.4% were PhD holders or ongoing. This shows most of the respondents had the necessary skills and professional competencies required to perform their duties and effectively deliver quality service to their customers. In addition, majority of the respondents had enough experience with the hospitals' strategies and hence would provide valid and credible information

with regard to strategic HRM practices and performance of their respective healthcare institutions.

#### 4.1.5 Cadre and level of management of the respondents

The study sought to establish the level of management and cadre of the respondents involved under study so as ascertain whether they take part in decision making process. The summary of the findings is as shown in Table 7.

**Table 7: Cadre and level of management of the respondents**

		Frequency	Percent	Mean	Std. Deviation
Cadre	Health Professional	245	76.6	1.23	.424
	Technical staff	75	23.4		
Level of management	Top level management	13	4.1	2.18	.476
	Middle level management	238	74.4		
	Low level management	69	21.6		

Source: (Researcher, 2018)

From the study, most of the respondents were health professionals (76.6%) with a deviation of 0.424. Additionally, 74.4% of the respondents were in middle level management with 4.1% being at the top level management. This meant that the sample used by the study was well distributed in cadre and level of management and would therefore provide reliable information with reference of strategic human resource management practices on the performance.

**4.2 Correlation analysis**

The results of correlation analysis are as shown in Table 8. The findings indicated that there was weak

positive and non-significant relationship between Strategic HRM alignment to corporate strategy and Employee Performance of public healthcare institutions in Kisumu County. This is depicted by a Pearson correlation coefficient  $r=0.006$ ,  $p\text{-value}=0.319 > 0.05$  which was not significant at 0.05 level of significance. This implies that improved Strategic HRM alignment to corporate strategy results in slight increase of the institutions' performance.

**Table 8: Correlation analysis of the study variables**

		Performance	Strategic Alignment to Corporate Strategy
Performance	Pearson Correlation	1	
	Sig. (1-tailed)		
Strategic HRM Alignment to Corporate Strategy	Pearson Correlation	.006	1
	Sig. (1-tailed)	.319	

\*. Correlation is significant at the 0.05 level (1-tailed).

Source: (Researcher, 2018)

There was strong positive and significant relationship between strategic compensation and performance with a Pearson correlation coefficient  $r=0.226$ ,  $p\text{-value}=0.000 < 0.01$  which was significant at 0.05 level of significance. This implies that increased strategic compensation results in an increase of employee Performance.

The results indicated that there was weak positive and non-significant relationship between result-oriented appraisal system and Performance of public healthcare institutions in Kisumu County. This is depicted by a Pearson correlation coefficient  $r=0.057$ ,  $p\text{-value}=0.301 > 0.05$  which was not significant at 0.05 level of significance. This implies

that improved result oriented appraisal system results in a slight increase in performance. There was strong positive and significant relationship between talent development and performance with a Pearson correlation coefficient  $r=0.326$ ,  $p\text{-value}=0.001 < 0.05$  which was significant at 0.05 level of significance. This implies that increased talent development results in an increase in performance of public healthcare institutions.

**4.2.1 Collinearity Tests**

Collinearity is the measure of the degree of association between the variables. Serial correlation was performed using the Durbin Watson test statistic. The summary of the findings is as shown in Table 9.



**Table 9: Summary table on Collinearity tests**

<b>Strategy</b>	<b>Collinearity statistics</b>
Strategic HRM Alignment to Corporate Strategy	1.547
Durbin Watson (D-W) statistic=1.735	
Employee performance indicators	1.628

*Source: Researcher (2018)*

Study findings shows that there is a positive autocorrelation as depicted by (D-W=1.735 < 2). The result of the Durbin Watson (D-W) statistic measure was 1.735 which is less than the threshold of 2. This shows that the dependent variables and the independent variables are positively auto-correlated.

The study used the parameters where: 5=Strongly Agree (SA), 4=Agree (A), 3 = Neither agree nor disagree (N), 2= Disagree(D) and 1=Strongly Disagree(SD). A summary of the findings is as shown in Table 3.

**Table 10: Responses on Strategic HRM Alignment to corporate strategy**

	N	S.D (%)	D(%)	N(%)	A (%)	S. A (%)	Mean	Std. Dev.	Max.	Min.
All levels of management or their representatives are involved in the formulation of the vision and mission of the institution	320	43(13.4)	149(46.6)	35(10.9)	78(24.4)	15(4.7)	2.30	.955	5	1
All employees are aware and understand the vision and mission of the institution	320	18(5.7)	164(51.4)	92(28.6)	40(12.4)	6(1.9)	2.29	.776	5	1
Strategic decision-making is a function of senior management and board of directors	320	21(6.7)	152(47.6)	110(34.3)	28(8.6)	9(2.9)	2.46	.966	5	1
All strategic decisions made are communicated to all levels of management	320	29(9.1)	186(58.1)	43(13.4)	53(16.6)	9(2.8)	2.01	1.132	5	1

*Source: Researcher (2018)*

According to study findings in Table 3, 46.6% of the respondents with a mean of 2.30 and standard deviation of 0.955 disagreed that all levels of management or their representatives are involved in the formulation of the vision and mission of the institution.

They also disagreed (51.4%) that all employees are aware and understand the vision and mission of the institution as indicated by a mean of 2.29 and standard deviation of 0.776. The respondents disagreed (47.6%) that strategic decision making is a function of senior management and board of directors as indicated by a mean of 2.46 and standard deviation of 0.966. They disagreed (58.1%) that all strategic decisions are communicated to all levels of management as indicated by a mean of 2.01 and standard deviation 1.132. Overall, from the above measurements in Table 4.3, the indicators used to operationalize the variables had an approximate mean of 2.27. This meant that most respondents disagreed that HRM alignment to corporate strategy influences performances of public

healthcare institutions in Kisumu County. From the study results it shows that line managers in public healthcare institutions in Kisumu County are not involved in decision-making. This calls for the need for top management teams in health systems to consider positioning HR as part of the core leadership team and a relationship that allows HR to participate in formulating and implementing organizational adaptation.

**4.3 Testing Hypothesis**

This section of the research provides information about testing of the research hypotheses.

Hypothesis: HRM alignment to corporate strategy and performance

**H<sub>01</sub>** *HRM alignment to corporate strategy has no significant effect on the performance of public healthcare institutions in Kisumu County.*

**Table 11: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.056 <sup>a</sup>	.003	.000	7.865

Source: Researcher (2018)

From the study findings in Table 4, the value of R-square is 0.003. This implies that, 3.0% of variation of

performance was explained by strategic HRM alignment to corporate strategy.

**Table 12: ANOVA test**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	61.980	1	61.980	1.002	.318 <sup>a</sup>
	Residual	19486.493	315	61.862		
	Total	19548.473	316			

a. Predictors: (Constant), Strategic HRM Alignment to Corporate Strategy

b. Dependent Variable: Performance

Source: Researcher (2018)

From the findings in Table 12, at 0.05 level of significance the ANOVA test indicated that in this model the independent variable namely; Strategic HRM Alignment to Corporate Strategy does not

predict Employee Performance as indicated by significance value=0.318 which is greater than 0.05 level of significance (p=0.318>0.05).

**Table 13: Coefficients Model of Strategic HRM Alignment to Corporate Strategy**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Collinearity (VIF)
		B	Std. Error	Beta			
1	(Constant)	34.892	2.084		16.744	.000	
	Strategic HRM Alignment to Corporate Strategy	.212	.211	.056	1.001	.318	1.569

a. Dependent Variable: Performance

Source: Researcher (2018)

From Table 5, the study findings revealed that strategic HRM alignment to corporate strategy had no significant influence on the performance of public healthcare institutions in Kisumu County (t-statistic=1.001, p-value=0.318 > 0.05). Therefore at 5% level of significance the null hypothesis was not rejected, indicating that strategic HRM alignment to corporate strategy had a negative influence on employee performance in public healthcare institutions in Kisumu County. Thus, for every unit increase in strategic HRM alignment to corporate strategy there was a corresponding decrease in performance by 0.212.

In one of the interviews, one of the respondents mentioned that;

‘Management was very rigid and did not involve employees, especially union members who spoke up on key issues that concerned employees; this had led to constant strikes by health workers’.

The county hospitals management were found not to hold regular meetings with its staff and that there was no administration of attitude survey to employees that elicited ideas from them. The study also established that there was a lack of structured and intensive consultative forums that gave employees an opportunity to interact and actively participate in policy and decision-making.

Cooke et. al(2013) in a study to determine success factors for strategic change initiatives in large urban health care systems in South Eastern United States found significant correlations between strategic HR alignment and the employees’ involvement in responses related to cost control, quality improvement and patient access. Findings indicate the need for top management teams in health systems to consider positioning HR as part of the core leadership team and a relationship that allows HR to participate in formulating and implementing organizational adaptation. This shows that strategic HRM alignment to corporate strategy should be enhanced to enable achievement of employee performance in health sector.

These results are supported by McDermott (2015) who observed that even the roles of line managers in Dutch hospitals were not clearly outlined and argued for the need to allocate sufficient resources for managers to undertake these roles. McDermott (2015) further observed a lack of clarity and tensions in coordination among line managers and the HR department across different hospitals across Europe. These findings therefore imply that this scenario is not unique to public healthcare institutions in Kisumu County. Zhang et.al (2014) further explained that when departmental managers are motivated to be involved in SHRM, the relationship between them and other managers is strengthened.

## 5.0 CONCLUSION

The findings indicated that there was weak positive and non-significant relationship between Strategic HRM alignment to corporate strategy and Performance of public healthcare institutions in Kisumu County. This is depicted by a Pearson correlation coefficient  $r=0.006$ , p-value =0.319>0.05 which was not significant at 0.05 level of significance. From Table 4.17, the study findings revealed that strategic HRM alignment to corporate strategy had no significant influence on employee performance in public healthcare institutions in Kisumu County (t-statistic=1.001, p-value=0.318 > 0.05). Therefore at 5% level of significance the null hypothesis was not rejected, indicating that strategic HRM alignment to corporate strategy had a negative influence on employee performance in public healthcare institutions in Kisumu County.

Strategic human resource management (SHRM) focuses on the fit between HR practices and organization strategic management, devolvement of HR practices to line managers and value addition to organizational performance. It is a managerial orientation that ensures that human resources are sourced and deployed in a manner that is aligned to the achievement of organizational goals. SHRM further puts emphasis on pro-active, integrative and a value driven approach to HRM taking a strategic direction towards employee selection, compensation, talent development, performance appraisal and linking HR practices both horizontally and vertically with the strategic management processes of the organization. The study has provided evidence that the HR function plays an integral part in the strategic management of the human resources in the public healthcare institutions in Kisumu County and in supporting them to attain their organizations’ strategic goals and vision. However there is need to interrogate the weak relationship that exists between strategic HRM alignment to corporate strategy and performance of these healthcare institutions.

## 6.0 RECOMMENDATIONS

It is imperative to recognize that effective HR management is the focus for any sustainable solution to challenges facing the public healthcare sector in Kenya. In view of the findings and conclusions, the following recommendations can therefore be made:

- i) Healthcare policy experts should develop strategic HR policies and regulations to streamline bureaucratic processes that limit effective service delivery, reduce tariffs that hinder access to affordable healthcare to all Kenyans and embrace HR regulations that allow for flexibility, diversity and inclusion especially in the devolved units of government.

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