

## Human Resource Management Quality in HR Capacity and Turnover in Kosovo Hospitals

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### Abstract

Nowadays, there is an increased interest of the business community and public services of different sectors for the management of HR (Human Resources) especially for the importance of circulating capacities. The importance of providing Human Capacities who are capable of making a change and adding value to the organization is extraordinary, adapting Human Resources to the needs of organization, region, business, politics etc. While globalization is involved in every segment of life, then Human Resource Management and Circulation Capabilities are the ones that make the difference. Human Resources Management is a new strategy of the 21-st century that aims to invest in organizational HR, adapting circulating capacities to various organizations and society in general.

This paper examines the case of Kosovo Hospitals, where have been compared public and private entities. The findings clarify what type of HRM model they applied and whether there was a difference between the HRM models applied in these entities, the Capacity of HRM in Quality and Circulation as well as the Impact Factors.

The analysis of primary data was collected through questionnaires, showing that in the case of public and private hospitals there is no substantial difference, the only difference that may be mentioned is the quality of HRM policies in terms of capacity and human resources circulation. In private entities, this quality is higher than in public entities, although not in the degree as is perceived by people.

**Keywords:** Management, capacities, circular, organization, resources.

### Introduction

Human Resources are the main and non-substitute resource of the organization, and therefore, it is considered a discipline that in itself entails a number of issues, processes that go with the dynamics of the overall social development, or they should precede them.

The argument that achieving high performance at work is related to work practices, including inclusive employee recruitment and selection procedures, incentive compensation and performance management systems, employee involvement and training, can improve knowledge, skills and capabilities of a current company and employee potential, increase their motivation, reduce job losses, and improve quality retention by encouraging non-performers to leave the firm (Jones & Wright, 1992, 3).

There are many arguments from authors, that individual performance of employees affects the overall performance of organization. Recently, interest in this area has been increased significantly, concluding that good individual performance of employees can provide a unique source of competing performance growth.

Effectively, human resources will require improved leadership and management at all levels, an extended HRM role is needed to transform the outdated human resource outlook from managers to support health goals of organization and ensure

that human rights with the appropriate skills are in place to meet these goals.

Managing of HR is an important and challenging task for every manager. Employees are motivated by many factors that can be affected by management. Receiving effective supervising, their perception is handled fairly, understanding their work priorities, reflecting on feedback, appreciating, and having opportunities for professional development can all help to carry out better work.<sup>1</sup>

## 2. Literature Review

The ability to maintain and develop an environment, organization, or business is dedicated to resources, growth, and the permanent development of resources; the progress of sustainable development depends on the preparation and re-development of human resource development.

All environmental, economic and social resources are produced as a result of energy transformations. Therefore, the required energy for their production can be specified and assessed in common terms by converting their energy values into emergencies. Energy is defined as available energy of a kind, previously used directly and indirectly to make a product or service. Emergency values and indices are used to assess the base of resources, in a politically defined region, and to assess its human capacity in living standards and future resources (Cambell, 1998).

Considering the complexity and challenges of HRM, now and in the near future, the management should develop sophisticated techniques and efficient personnel to manage it in good conditions. Hence, the HRM resource depends on integrating the importance of HR into the organization's strategic policy, also planning and assurance that all line managers adopt their principles as part of their daily basis. If it is effective, the organization will achieve its goal and its employees will also be committed to its success. This process depends on the comparison, between the employees and the needs of the human resources of the organization and the quality of work life.<sup>2</sup>

The declinations given to intellectual mobility have changed depending on the consequences of the acquisition, profit or loss of human resources, in the destinations and countries of origin. Some definitions of the phenomenon, separated from the vertical classification corresponding to the consequences: Positive/Neutral/Negative; and a horizontal classification based on impact levels (Varinetti, 2013). It is needed a different opinion about the reorganization of our skills, knowledge and competences. In a circular economy, employees need to develop a long-term and interdisciplinary thinking in order to perform their jobs in a sustainable and environmentally manner. Creativity, conscience and proactivity can strengthen the human resources and competences of human resources. The development of human resources according to the principles of the circular economy is an important prerequisite for a stable and competitive economy (Alese, 2018).

Manner control increases predictability by routinizing the transformation process, this includes the following HRM practices: standard operating procedures, performance

<sup>1</sup> <http://apps.who.int/medicinedocs/documents/s19628en/s19628en.pdf>

<sup>2</sup> [http://shodhganga.inflibnet.ac.in/bitstream/10603/98471/9/09\\_chapter%204.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/98471/9/09_chapter%204.pdf).

evaluation, behaviour, supervising and feedback. Trying to regulate actions, this approach to human resources focuses on issues such as reliability and efficiency. To adapt to complex environments, rapid market changes and technological progress, organizations should have developed some innovative strategies (Verma, 2012). In this research stream, human resources practices are supposed to work in co-operation with each other. When properly adapted, some other practices can reinforce each of them; when they do not match, they can work against each other and interfere on performance (Delery, 1998; Lawler, 1992; Lawler, Mohrman & Ledford, 1992). On the other hand, some practices may serve as substitutes for each other (Ichniowski et al., 1996). As noted in the discussion of competitive advantage, this research stream tends to be minimizing the importance of context (Jackson, 2013).

Additionally, HRM programs and policies should continue with the requirements of this change, but those serving in HRM departments usually play a vital role in responding to organizational requirements. HRP's often do not have the ability to articulate in the Main Management Team why and how to change HR policies and structures in the onset of a constant work environment and these changes are often neglected and underestimated.<sup>3</sup> It is necessary to create a necessary space, an appropriate administrative environment and regulation that will support the methods and tools used to capture, develop and maintain human resources. Effective support of human resource management is to ensure that labour is the most valuable asset of an organization.

The human resource arena is not isolated from the dynamics of the described processes but has experienced significant changes in the configuration and nature of the problems it faces. Most countries have witnessed the weakening of governmental institutions responsible for policy development and human resources management, as well as the lack of mechanisms for setting planning, regulation and management strategies.<sup>4</sup>

Finally, the objective of human resource management is to ensure employees' relationship with the organization, the creation of a favorable working environment, enhancing their skills and capacity in a way that contributes to the growth and development of the organization, and which directly affect their personal well-being. MRH is a process that embraces the teams involved in organizing jobs, distributing their "human resources abilities" within an organization.

### **3. Human Resource Management as Capacities and Circulation (HRMC)**

Competency-based management supports the integration of human resource planning with business planning, allowing organizations to assess the current human resource capacity based on their competencies to the capacity needed to achieve the organization's vision, mission and business goals.

This aspect consists of four measuring indicators:

- recruitment and selection;
- positioning, promotion, or termination of work relations;

<sup>3</sup> [https://mafiadoc.com/strategic-human-resource-management\\_5bb31bad097c4744208b45a1.html](https://mafiadoc.com/strategic-human-resource-management_5bb31bad097c4744208b45a1.html)

<sup>4</sup> <https://www.paho.org/hq/dmdocuments/2012/HSS-ChallengesHR-2005-15.pdf>

- training and professional development, and
- performance evaluation;

Hence, Human Resource Management as Capacities and Circulation (HRMC), *this study generally includes policies in the relationship between owners, directors, managers and employees of the organization, and more specifically, it explains HRM policies related to the creation and human capacity development for the organization and reflected in the selection and recruitment of staff, training, qualification and professional development of staff, distribution of staff positions along with practices, parallel movements, demotion, or termination of employment contract , as well as conducting assessment of the overall performance of staff.*

### 3.1 Quality of HRMC in Hospitals: What level does it show?

In order to investigate the quality of HRMC in hospitals in general, and public and private hospitals in particular, a “Crosstabs” descriptive analysis of data was performed.

Usually, researchers use a formula that takes into account the real number of the population, the desired margin of error, and the desired level of confidence. This study also uses such a formula for calculating the size of the sample. Based on the fact that the real population of 8 hospitals is 1852 people, the sample chosen in this survey has these features:

- champion with at least 244 people;
- error margin 5%, and
- confidence level 95%!

Table 3.1 summarizes the results for hospitals. What do they show? The results show two realities. When the quality of HRMC is seen in hospitals in general, 51.3% of respondents perceive it as "average" and 33.2% as "very good". Within hospitals, it is perceived as the best in private hospitals than in public hospitals.

Table 3.1 - HRM Quality Level in Capacity & Circulation in Hospitals

HRM in: Capacity and circulation	Hospitals in general	Public hospitals	Private hospitals
It is very good and qualitative	33.2%	31.7%	40.4%
Of an average quality	51.3%	54.1%	38.3%
It is very problematic and of a poor quality	11.3%	11.0 %	12.8%

**Note:** In the case of hospitals in general, 4.2% of respondents were unable complete the Quality Assessment of HRM on Capacities and Turnover; while in the case of public and private hospitals he results was respectively 3.2% and 8.5%.

What do they show? The results show two realities.

When the quality of the HRM-Capacity and Circulation is seen in hospitals in general, 51.3% of respondents perceive it as "average" and 33.2% "very good". Compared to hospitals, it is perceived as the best in private hospitals than in public hospitals. In private hospitals, 40.4% of people consider the quality of HRM of CC as "very good", a perception level that is 8.5% higher than in public hospitals (31.7%). In public hospitals, 54.1 percent of perceptions perceive the quality of HRMCC as "average," a

perceived level of 15.8 percent higher than that of private hospitals (38.3 per cent). In public hospitals, the difference between those who see "very good" quality with those who see it as "average" is 22.4%, while in private hospitals is only 2.1%.

### 3.2 Hypothesis: Public and Private Hospitals Show Different Quality in the HRM of CC

Based on the differences in the perception of the quality of the HRMC, the question arises: Are these differences so important that it is possible to talk about the existence of differences in the quality of HRMCC in public and private hospitals? The Crosstab analysis report also includes the "Chi-Square Test", the results of which are showed in Table 3.2. What do they show?

Table 3.2 –Chi-Square Tests: Differences between Public and Private Hospitals in the Quality of HRMCC

	Value	Df.	Asymptotic Significance (2-sided)
Person Chi-Square	5.506		
Likelihood Ratio	5.138	3	.138
Linear-by-Linear Association	1.409	3	.162
No. of Valid Cases	255	1	.235

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 1.95.

The coefficient indicating whether the differences are significant or not, Asymptotic Significance, is 0.138, greater than 0.050 and Nul Hypothesis that there is no difference between the public and the private entities is considered as a true assertion in the quality of HRMCC. Thus, it can be concluded that there is no difference between the public and private hospitals in the quality of the HRMCC. What does this reality show in the quality of the HRMCC that results from the analysis?

The general idea is that between public and private institutions there is a difference in quality and efficiency of management, where private institutions generally appear more efficient and qualitative than public institutions. The above results showed that, at least in the case of the quality of HRMCC, between public and private hospitals, although there may be differences in perceptions, the differences in the quality of HRMC are not so important. The existence of these differences in people's perception may serve as a signal that the quality of HRMCC in public and private hospitals may reflect specific relationships with different factors and the role and impact of different factors. So the question that arises and urges a further investigation is: What are the factors related to the quality of the HRMCC, what is the nature of these relationships, and to what extent and how do these factors affect the HRMCC?

### 3.3 The Quality of HRMCC in Hospitals: Which Factors Are Relating to?

To see which factors are related to the Quality of HRMCC, the correlation between HRMCC and two variables of "internal" and "external" groups was investigated.

The first group of internal variables includes six variables:

- Model of HRM;
  - Main feature of HRM;
  - Premises on which HRM policies are conceptualized;
  - Practices that are followed in the realization of HRM policies;
  - Staff Quality, and
  - Organizational Factors.
- The group of external variables includes:
- Socio-Cultural Factors, and
  - Factors of a Political Nature.
- The analysis sees relationships in three aspects:
- The direction and the character of the relationship, i.e. whether the relationship exhibits a positive or negative character;
  - The strength of the relationship, i.e. whether there is a relationship between the variables of these groups, and if so, how strong it is, and
  - Factors appear more prominent in the impact and quality of HRMCC.

Relations were investigated with two static techniques: 1) parametric "Pearson Correlation", and 2) non-parametric "Spearman's Rank". Both provide information on the existence and the strength of the relationship. But the fact whether the data respects the four basic assumptions that require a statistical analysis: 1) the normality of the distribution of values, 2) the value linearity, 3) the presence or not of the extreme values, and 4) the homoscedasticity, i.e. the linearity of the distribution of values. "Pearson Correlation" applies when data respects the four above assumptions; "Spearman's Rank" applies when the data either disrespects or partially respects the four above assumptions. In the HRMCC quality case, hospitals represent only one subset of the sample and they are analyzed with both techniques for two reasons: first, because they respect a part of the initial assumptions, and second, the results can be "confirmed" in two different ways, and hence, to be more reliable. Tables 3.3, 3.4, and 3.5 summarize the results. What do they show?

The first observation can be the direction and the character of the relationship between the quality of the HRMCC and each of the factors analyzed. Table 3.3 shows that HRM quality shows a positive relationship with most of the analyzed variables. Which means the higher or lower the values of these variables, the higher or lower will also be the result in the Quality Values of the HRMC. The only relationships that have a negative character are those between the Quality of HRMC and the daily "Practices" (-0.073) and "Staff Quality" (-0.015)

In this case the values go in opposite directions: when the values of "Practices" or "Quality of Staff" increase or decrease, the Quality Values of the HRMCC go down or grow.

Table 3.3 - Quality of HRMCC in Hospitals: Relations with Internal and External Factors

HRMCC	In hospitals in general		In public hospital		In private hospitals	
	Pearson R		Person R		Pearson R	
	Spearman RHO		Spearman Rho		Spearman Rho	
HRM Mode	0.238	0.311	0.255	0.247	0.204	0.498
HRM Feature	0.194	0.269	0.220	0.237	0.125	0.447
HRM Premises	0.222	0.361	0.259	0.342	0.096	0.495
Daily Practices	0.194	0.377	0.286	0.375	-0.015	0.225
Staff quality	0.166	0.196	0.207	0.257	0.043	-0.015
Organizatio.Factors	0.229	0.310	0.289	0.283	0.014	0.415
Socio-cultural Factors	0.280	0.352	0.303	0.315	0.206	0.460
Political Factors	0.241	0.411	0.280	0.426	0.150	0.336

**Note 1:** (\*) indicates that correlation is significant at level 0.05 (2-tuple).

(\*\*) indicates that correlation is significant at level 0.01 (2-tuple);

Note 2: The resulting coefficients mark this level of affinity for the correlation:

if the value is 0, between two variables there is no correlation;

if the value is - / + 0.001 to 0.099, the relationship is very poor, with negative or positive direction;

if the value is - / + 0.100 to 0.299, the relationship of poor strength, with negative or positive direction;

if the value is - / + 0.300 to 0.499, medium-strength relationship, with negative or positive direction;

if the value is - / + 0.500 to 0.699, the correlation is strong, with negative or positive direction;

if the value is - / + 0.700 to 0.999, the correlation is very strong, with negative or positive direction;

if the value is - / + 1, between two variables there exists a perfect relationship, with negative or positive direction.

The second observation can be done of the strength of the relationship between the Quality of HRMCC and the analyzed variables. Table 3.4 shows that Quality of the HRMCC exhibits a relationship from "very weak" to "average". In Private Hospitals the Quality of the HRMC shows a very poor relationship with Premises, Practices, Staff Quality and Organizational Factors, and a poor to average relationship with HRM Model, HRM Feature, and Organizational, Socio-Cultural Factors, and Politics. In Public Hospitals, the Quality of HRMCC shows a weak relationship with HRM Model, HRM Feature, Staff Quality, and Organizational Factors, and a relationship from poor to average to Premises, Practices, Socio-Cultural and Political Nature Factors.

Generally, it can be said that regardless of whether measured with Pearson or Spearman coefficients, most relationships exhibit poor strength. According to Pearson coefficients, 17% of relationships show "very poor" strength and 79% "poor" strength. According to Spearman coefficients 4% of relationships present "very poor" strength, 29% show "poor" strength, and 67% indicate "average" results. The reason why the number of average strength ratios is smaller in Pearson coefficients than in Spearman coefficients is explained by the tendency of the "Pearson Correlation" technique to underestimate the relation strength in the sample of average or smaller size.

### 3.4. - The magnitude of the Quality Relationship of HRMCC with Factors at Universities

Strength	In hospital in general;		In public hospitals		In private hospitals	
E	Pearson	Spearman	Pearson	Spearman	Person	Spearman
Correlation	HRMCC :	HRMCC with with:	HRMCC with:	HRMCC with	HRMCC with:	HRMCC with
-/+ 0.001 - .099 (very poor)	Premisat	n.a.	n.a.	n.a.	n.a.	n.a.
-/+0.100 – 0.299 (poor)	Model Feature Practice Stass Quality Staff Quality Organizational Organiz. Soc.cultural Political Politcal	Premises	Model Premises Practice Practices Organizational Staff quality Political Organizational Political	Premises	Model Feature Praktices Premises Staff quality Practices Organizational Staff quality Political Organizational Socio-cultural Political	Premises
-/+ 0.500-0.699 (strong)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
-/+ 0.700 – 0.999 (very strong)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

#### Strength in hospitals in general at Public Hospitals and Private Hospitals

The third observation conducted for the factors exhibiting more prominent relationships with the Quality of HRMCC. Table 3.5 shows that the most significant factors in HRM Quality Relationships are both internal factors and external factors. In Public Hospitals, out of the external factors emerge socio-cultural (30% - 32%) and Politics (28% - 43%) while internal factors include Organizational factors (29%) and Practices (29% - 38%). In the Private Hospitals, the socio-cultural factors (21% - 46%) are influenced by the group of external factors, and by internal factors, the HRM model (20% - 50%) is the main feature of HRM (13% - 45%), and Premises (50%).

Table 3.5 shows the most significant factors in HRM Quality Relationships

	In hospitals in general		In public hospitals		In private hospitals	
	Person	Spierman	Person	Spierman	Person	Spierman
1	28.0%soc. cultural	41.1% Political	30.3% Soc. cultural	42.6% Political	20.6% Soc.cultur	49.8% HRM Model
2	24.1% Political	36.,1% Premises	28.9% Organizat.	37.5% Practices	20.4% Mod. RHM	49.5% Premises
3	23.8% HR model	35.2% Soc. cultural	28.6% Premises	34.2%Premises	15.5% Political	46.0% Soc. cultural
4	22.9% Organizational	33.7% Practices	28.0% Political	31.5% Soc.cultur	12.5% HRM feature.	44.7% HRM feature

What conclusion can be drawn from these three observations and findings resulting from data analysis on Quality of HRMCC? The fact that HRMCC quality reflects

the effects of both "external" and "internal" factors indicates that the treatment of staff in both public and private hospitals in terms of capacity and turnover, although departing from internal needs, it is not defined only by these but reflects both external and socio-cultural influences. The fact that the Quality of HRMCC itself did not differ extensively from public hospitals to private ones might be explained by the influence of external socio-cultural and political factors.

## Conclusions

The main conclusion can be drawn about the Quality of HRMCC. The comparison of public and private hospitals showed that there is no significant difference in the quality of human resources management by capacity and turnover. Although in the perception of the people asked, the quality of the HRMCC was perceived to be better in private hospitals than in public ones.

However, the difference was not statistically significant, this seems to go against the general perception that the private entities are seen more superior to the public ones in terms of the quality of the services they offer but also the quality of the selection and treatment of internal staff. Also, with regard to the influencing factors, the quality of HRMCC in both public and private hospitals showed an important relationship with socio-cultural factors.

In the case of HRM Quality in Capacities and Circulation the analysis showed a different situation. Although the reported values indicated the existence of differences, the quality of HRMCC results with significant differences in the comparison of Public Hospitals to the Private Hospitals. In all the comparisons, the highest values for the quality of the HRMCC result to the "average" and "very good" levels. Finally, the similarities consist in the fact that, the quality of the HRMCC reflects the role of internal factors (Organizational, Practice) and external factors (Socio-Cultural, Political).

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