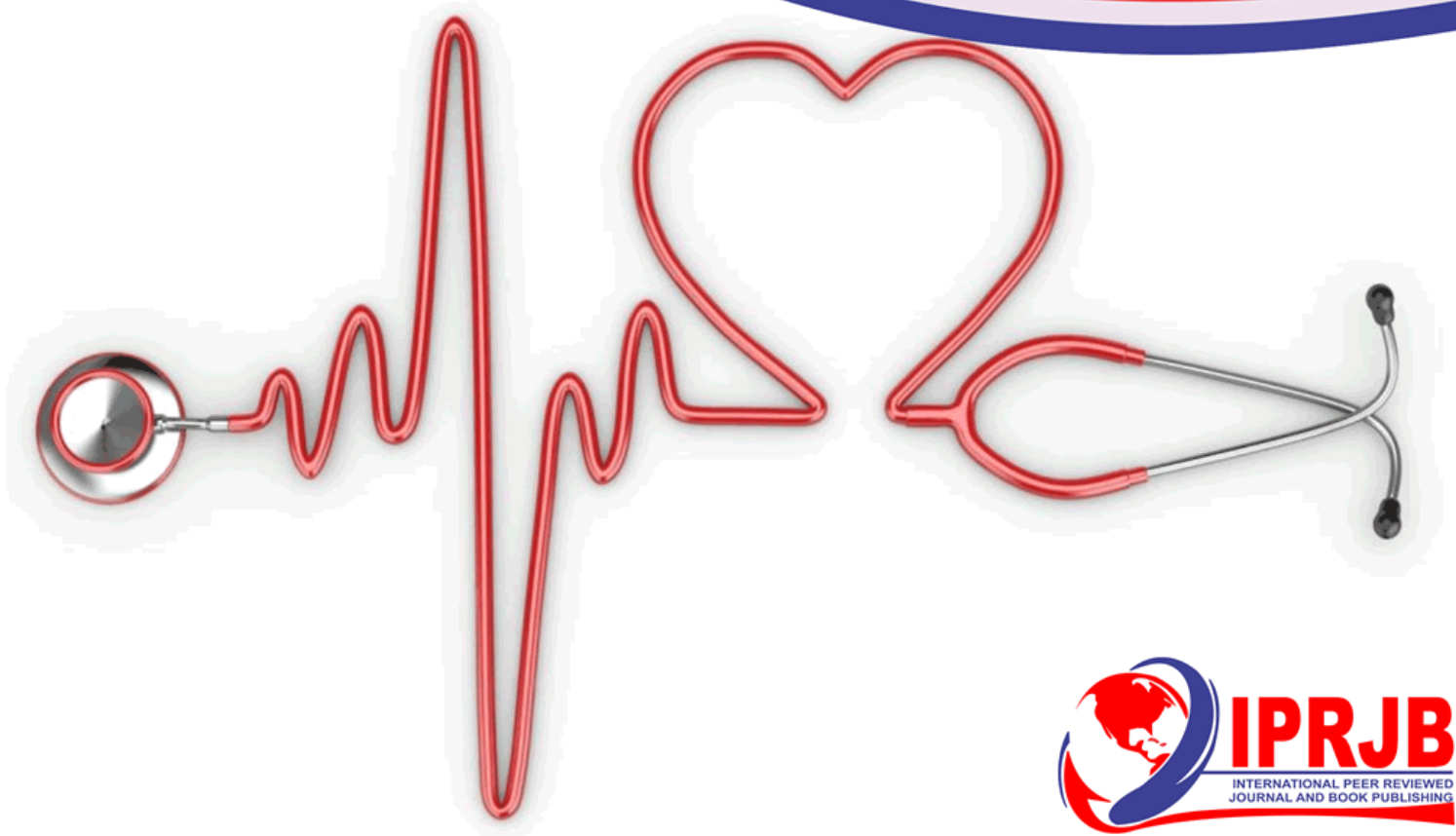


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INFLUENCE OF TRAINING ON THE PERFORMANCE OF NURSING OFFICERS, IN NYERI COUNTY, KENYA

Jeremiah M. Ongori, Musa Oluoch and Ms. Maureen A. Adoyo



INFLUENCE OF TRAINING ON THE PERFORMANCE OF NURSING OFFICERS, IN NYERI COUNTY, KENYA

^{1*}Jeremiah M. Ongori

Post Graduate Student: Kenya Methodist University, Kenya

*Corresponding Author mjereh@gmail.com

²Musa Oluoch

Lecturer, School of Medicine and Health Sciences
Kenya Methodist University, Kenya

³Ms. Maureen A. Adoyo

Lecturer, School of Medicine and Health Sciences
Kenya Methodist University, Kenya

Abstract

Purpose: The management of human resources in healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction. Training and development is most effective in motivating and retaining high quality human resources within healthcare organization. This study therefore sought to establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya.

Methodology: This study adopted a cross sectional descriptive research design. The respondents constituted all nursing staffs and managers in Nyeri County Public Health facilities and at the County Director's Office. Stratified random sampling was used to come up with a sample of 248 respondents. Data was collected using questionnaire. Descriptive statistics were used in the analysis of data with the help of SPSS. Chi-square analysis was used to establish relationships.

Findings: The study found that training of nurses was conducted but there was a limitation in the diversity of approaches used. There was a significant relationship ($\chi^2= 34.500$, $df=12$, $p=0.001$, $v=0.422$) between training and the performance of nursing officers, in Nyeri County. The study concluded that training influences the performance of nursing officers, in Nyeri County, Kenya. Specifically, the lack of adequate training is a drawback in service delivery.

Unique contribution to theory, practice and policy: The study recommends that training programs in the health sector should therefore be reviewed in order to employ more techniques in the training of nurses.

Keywords: *Training, Health workers, Performance of Nursing Officers*

1.0 INTRODUCTION

Health outcomes are unacceptably low across most of the developing world, and the persistence of deep inequities in health status is a problem which is affecting all countries in the world (Vermeeren et al., 2014). It's only through building and strengthening health systems will it be possible to secure better health outcomes. Hyde, Sparrow, Boaden and Harris (2013) indicates that a single framework with six building blocks is important to promote a common understanding of what a health system is and what constitutes health systems strengthening. The building blocks are: service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance (stewardship). Health system strengthening is building capacity of individuals and institutions to achieve more equitable and sustained improvements across health services and health outcomes (Patterson et al., 2016). For health systems strengthening to be achieved integrated approaches that recognize the interdependence of each part of the health system are pivotal. The building blocks provide us with a means of identifying and addressing gaps in our health systems (McAlearney *et al.*, 2011).

Health workforce consists of health service providers, health management and support workers. A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances that is, there are sufficient healthcare staffs, equitably distributed; competent, responsive and productive (WHO, 2016). Human resources, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical healthcare staff responsible for public and individual health intervention. According to Hamidi *et al.* (2017) 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, as well as the balance between the human and physical resources.

The management of human resources in healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction (Elarabi & Johari, 2014). It is also essential to maintain an appropriate mix between the different types of health promoters and caregivers to ensure the system's success. Due to their obvious and important differences, it is imperative that human capital is handled and managed very differently from physical capital. Both the number and cost of health care consumables (drugs, prostheses and disposable equipment) are rising astronomically, which in turn can drastically increase the costs of health care. A practitioner without adequate tools is as inefficient as having the tools without the practitioner. In publicly funded systems, expenditures in this area can affect the ability to hire and sustain effective practitioners.

Various human resources initiatives have been employed in an attempt to increase efficiency including outsourcing of services, contracting-out, performance contracts and internal contracting (Patterson *et al.*, 2016). However, one lesson that can be applied to HRM in health is that single or uncoordinated interventions are less likely to achieve performance improvements than strategic packages. In both government-funded and employer-paid systems, HRM practices must be developed to find the appropriate balance of workforce supply and the ability of those practitioners to practice effectively and efficiently for success of health systems. Studies have identified the following as some of HRM best practices; employment security, selective hiring,

team working, high compensation contingent on healthcare organizational performance, extensive training, reduction in status difference, and feedback to confer competitive advantage to a healthcare organization. Training and development is most effective in motivating and retaining high quality human resources within healthcare organization (Hsu, Chang & Hsieh, 2015).

While early research on strategic HRM advocated the development of lists of best practices, training and development lead to bundling of high performance work practices or having a system approach to HRM as most effective in ensuring healthcare organizational performance (Momanyi *et al.*, 2016), importantly, it has been noted that training is a key element of the bundles of practices arising from research into high performance work systems (Kurnat-Thoma *et al.*, 2017). The training process is one of the most pervasive methods for enhancing the productivity of individuals and communicating healthcare organizational goals to personnel. Healthcare organizational training activities are recognized as being able to become sources of competitive advantage through their impact on healthcare employees' productivity (Ashour *et al.*, 2018).

As the need for current and future effective managers increases in all types of healthcare organizations, training programs and design tools for the evaluation process become more important. These statements evidentially make a mention about the importance of Training and Development in healthcare organizations. It has been confirmed that healthcare organizations with more progressive people-oriented policies have excelled, leaving the competition behind. This is mainly because when healthcare organizations invest in people, in their training, what they get in return is higher skill and greater competence that helps improve morale and productivity (Kurnat-Thoma *et al.*, 2017). As Nishtha & Amit, 2010 posits, training is important at all healthcare employee levels, because skills erode and become obsolete over a period and need to be replenished. In an organization the top management's commitment to the following beliefs and their reiterating them is significant – "Human resources are the most important assets in the healthcare organization. Unlike other resources, human resources can be developed and increased to an unlimited extent and a healthy climate, characterized by the values of openness, enthusiasm, trust, mutuality, and collaboration (Sanyal & Hisam, 2018)."

The Constitution of Kenya 2010 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a right to the highest attainable standard of health, which includes reproductive health rights. Devolution of health services to county level as per the Kenya Constitution 2010 has had a unique challenge to the medical systems. Since its inauguration, counties have experienced massive misappropriation of funds and numerous strikes by health workers affecting service delivery to Kenyan citizens. In the year 2016, the health sector suffered over 20 strikes January to October 2016. The efficiency and effectiveness of health services has suffered a big blow especially in the public sector. Further the Kenya Vision 2030, the long-term development blueprint for the country, aims to transform Kenya into a "globally competitive and prosperous and newly industrialized middle-income country providing a high quality of life to all its citizens in a clean and secure environment by 2030". To realize this ambitious goal, the health sector defined priority reforms as well as flagship projects and programs, including the restructuring of

the sector's leadership and governance mechanisms, and improving the procurement and availability of essential health products and technologies. Unfortunately, corruption tribalism and nepotism has dominated recruitment, hiring and procurement of health resources.

The Kenya Health Policy 2014 – 2030, together with Chapters 6 and 12 of the Kenya Constitution 2010 provide guidance on the values and principles that all State organs and officers are expected to uphold in the delivery of services. In the implementation of this policy, the health sector should embrace equity in distribution of health services and interventions; public participation, in which a people-centered approach and social accountability in planning and implementation are encouraged, in addition to the multi-sectoral approach in the overall development planning; efficiency in application of health technologies; and mutual consultation and cooperation between the national and county governments and among county governments. Nyeri County as one of the devolved units has the best health services in Kenya per the Commission on the Implementation of the Constitution. Nyeri County with a population of 832,877 has 10 level 4-6 hospitals and 401 health centres, dispensaries and private clinics (Levels 2-3) comprising of public, faith based and private facilities (KHP 2014-2030). On healthcare staffing the ratio of nurses to the population is 1: 654 compared to the national average of 1: 2,054, whereas the ratio of doctors to the population is 1: 5,000 compared to the national average of 1: 25,000.

In Nyeri County, HCWs cite that during the strike operations of the hospital are paralyzed. The management also cites that forming high performing teams is a big challenge due to the training and nature of the health sector. According to the Nyeri County health workforce establishment 2017/2018, there are 1,708 health workers in public facilities. This comprises of 826 nurses, 254 public health officers, and 100 medical officers to mention the most prevalent in order of priority. According to the exit summary, there has been a mixed trend; in the year 2013-2014, 33 HCWs exited; 2014-2015, 70 HCWs exited; 2015-2016, 31 HCWs exited; 2016-2017 43 HCWs exited, and 2017-2018, 49 HCWs exited. This leaves MOIs, BSN Interns, COIs and diploma nursing and clinical medicine students at the mercy of service delivery to clients. Unfortunately this lasts only for a short duration per the nature of rotation schedules leading to many challenges among the HCWs and clients. Developing and using best human resources practices can be a source of addressing this challenges. This study therefore sought to establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya.

2.0 LITERATURE REVIEW

2.1 Theoretical Review

Human Capital Theory posits that investment in education and job training increase employability among the general labor force (Peers, 2015). Human capital theory has had a profound impact on a range of disciplines from economics to education and sociology (Tan, 2014). Fitzsimons (2017) explains that human capital signifies the combined intelligence and experience of healthcare staff as a source of competitive advantage that cannot be imitated by rivals. This theory has implications for attracting, engaging, rewarding and developing people in healthcare organizations. The theory has cross cutting significance in HRM practice and it is also

useful in the context of financial cooperatives because HRM practices must ensure that healthcare organizations attract and retain healthcare employees.

The fundamental belief of human capital theory is that human capacity for learning and idea creation is as important as other factors involved in the process of production (Korpi & Clark, 2017) and that people as a human resource reserve capabilities and potential that are readily there to contribute to the process. The theory argues that “individuals and society derive economic benefits from investments in people’ in a form of education expecting returns to become equal to or greater than the investment (Gao *et al.*, 2010). Thus, human knowledge and skill secured through investment in education is posited as a predominant determinant of productive superiority and that in so far as expenditures to enhance such capabilities also increase the value productivity of human effort (labor), they will yield a positive rate of return. In the healthcare, organizational context, human capital is regarded as a subset of healthcare organizational intellectual capital (Peers, 2015).

2.2 Empirical Review

Research shows that career prospects and learning opportunities are influencing factors when potential healthcare employees are choosing between job offers. In addition, healthcare employees who perceive their employer to provide career growth opportunities show a greater commitment to their healthcare organizations (Vasset *et al.*, 2011). Healthcare employee competencies change through effective training programs. Training not only improves the overall performance of the healthcare employees to effectively perform their current jobs but also enhances the knowledge, skills an attitude of the workers necessary for the future job, thus contributing to superior healthcare organizational performance (Davis, White & Stephenson, 2016).

In Ma *et al.* (2018) study on training transfer seven themes evolved from the analysis, categorized in 4 main domains, which described the factors influencing training transfer in nursing profession in trainee characteristics, training design, work environment and profession domain. The trainee characteristics domain included attitude and ability. The training design domain included training content and instruction method. The work environment domain included supports as facilitators and opposition as hindrance. The theme pertaining to the profession domain was professional development. Stomski *et al.*, (2018) study examined the impact of situation awareness training on final year nursing students' confidence in their patient safety skills. No significant differences in confidence about patient safety skills were identified within settings (class/clinical). However, confidence in patient safety skills significantly decreased between settings i.e. nursing students lost confidence after clinical placements. In a similar study, López *et al.* (2017) assessed the influence of training on the completion of PU records in the GACELA Care application, to identify the level of satisfaction of the nurses after its use. The training activity improved PU record completion significantly and was deemed positive by the nurses, mainly for its applicability in clinical practice.

2.3 Conceptual Framework

This study sought to establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya. Training of human resources for health was the independent variable while performance of nursing officers was the dependent variable

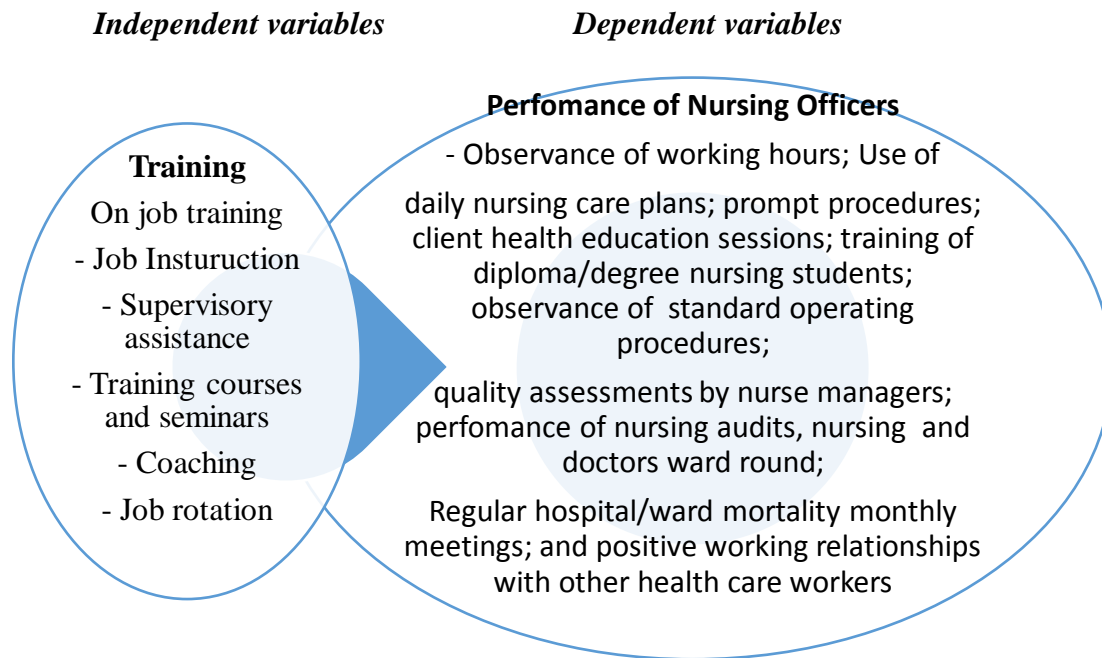


Figure 1: Conceptual Framework

3.0 METHODOLOGY

This study adopted a cross sectional descriptive research design. Further, the study adopted quantitative and qualitative techniques in the data collection process, analysis, presentation and discussion of findings. This research design was deemed appropriate because showed an in-depth analysis to describe the relationship between the independent variables. The target population constituted 826 nursing officers in Nyeri County. The respondents constituted all nursing staffs and managers in Nyeri County Public Health facilities and at the County Director’s Office. Stratified random sampling was used to come up with a sample of 248 respondents. Primary data was collected using questionnaire. Data was analyzed both quantitatively and qualitatively according to the study objectives. Quantitative analysis was applied for closed ended question that provided respondents with alternative response from which to choose. The quantitative data in this research was analyzed by descriptive and inferential statistics using statistical package for social sciences SPSS 21. Qualitative analysis was applied for open ended questions, wherein traditional text analysis were used for data analysis. Descriptive statistics and inferential statistics such as Chi square was used to summarize quantitative data. The data was then be presented using frequency tables and figures.

4.0 FINDINGS

A total of 248 nursing officers working at Nyeri County Public Health facilities and County Director’s Office participated in the study. Findings in Table 1 show that 87% of the respondents were female. This shows that there was a great gender disparity among nursing officers working at NCRH, and county director’s office whereby men are greatly underrepresented. The findings show that 28% of the respondents were aged below 30 years while 27% of respondents were aged between 4 and 50 years. The mean age was 32 years. This shows that majority of nurses working at Nyeri County Public Health facilities and Nyeri county director’s office were middle aged since slightly above half (53%) of the respondents were aged over 40 years. These findings also show that there was a large diversity in age as every age group including baby boomers, gen x and millennials were represented in the workforce. On education, the findings show that majority (65%) of the respondents had acquired a diploma as their highest level of education. The findings also show that all the respondents had acquired some form of post-secondary education. This implies that nurses working in Nyeri County Public Health facilities and Nyeri county director’s office were well educated and in a position to comprehend the questions put to them in the study.

Table 1:Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage
Gender	Male	32	13
	Female	216	87
	Total	248	100
Age (years)	<30	69	28
	31-40	50	20
	41-50	67	27
	>50	64	26
	Total	248	100
Education	Certificate	20	8
	Diploma	161	65
	Higher diploma	42	17
	Undergraduate	20	8
	Postgraduate	5	2
	Total	248	100

Findings in Table 2 show that majority of nurses were employed on permanent terms and majority (80%) of respondents in the study were in general nursing. The findings also show that majority (84%) of the nurses worked in the wards. This can be attributed to the fact that majority of respondents were drawn from Nyeri County Referral facilities (County and sub-county levels). Findings in Table 2 also show that slightly less than half (48%) had a working experience of between 2 and 5 years. The mean working experience in respondents’ current role was 6 years. The findings also show that 37% of nurses had a nursing experience of 2-5 years while those who had an experience of over 21 years accounted for 30% of the respondents. The mean nursing experience was 8 years. The findings therefore show that majority of respondents

in the study had acquired adequate working experience to enable them respond resourcefully to the study questions.

Table 2: Roles and Responsibilities of Respondents:

Variable	Category	Frequency	Percentage	Mean
Terms of employment	Contract	79	32	
	Permanent	169	68	
	Total	248	100	
Speciality	General nursing	198	80	
	Critical Care	25	10	
	Mental Health	5	2	
	Renal	10	4	
	Others	15	6	
	Total	248	100	
	Responsibility	Nursing officer in charge	2	1
	Ward in charge	25	10	
	ward nurse	208	84	
	Any other	10	4	
	Total	248	100	
Experience in current role (years)	2-5	119	48	6
	6-10	40	16	
	11-20	42	17	
	>21	45	18	
	Total	248	100	
Nursing Experience (years)	2-5	92	37	8
	6-10	40	16	
	11-20	42	17	
	>21	74	30	
	Total	248	100	

The study assessed training of nurses in Nyeri County. The findings would enable the study establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya. Findings in Table 3 show that majority (63%) of the respondents indicated that on the job training was used while 28% indicated that there was use of training courses. The findings therefore show that training of nurses was conducted but there was a limitation in the diversity of approaches used.

Table 3 Training Approaches

Training approaches	Frequency	Percentage
On the job training	156	63
Supervisory assistance	7	3
Training courses	69	28
Job instruction	2	1
Upgrading programs	12	5
Total	248	100

Performance of nurses was also assessed. The mean value of 3.76+1.103 indicates that the items tested on performance of nurses were done about half of the time. Findings in Table 4 show that observing working hours (M=4.09, SD=0.848) and training students (M=4.03, SD=1.162) were usually done while all other activities were done about half of the time. These findings therefore suggest that there was moderate performance of nurses.

Table 4: Performance of Nurses

	N	Min	Max	Mean	SD
Nursing officers observe working hours (work shifts)	248	2	5	4.09	0.848
Nursing officers utilize 24 hour nursing care plan daily	248	1	5	3.72	1.076
Nursing officers promptly perform procedures	248	2	5	3.93	1.037
Nursing officers offer health education to clients	248	2	5	3.72	0.988
Nursing officers train diploma/degree nursing students and interns	248	1	5	4.03	1.162
Nursing officers observe standard operating procedures in managing clients	248	2	5	3.90	1.018
There are quality assessments in the nursing division addressing client issues	248	1	5	3.65	1.046
Ward In-charges and Nursing services managers conduct nursing audits	248	1	5	3.24	1.323
Nursing officers participate in nursing ward round	248	1	5	3.82	1.293
Nursing officers participate in medical officers (doctors) ward round	248	1	5	3.74	1.255
Nursing officers participate in hospital/ward mortality monthly meetings	248	1	5	3.34	1.258
Nursing officers have positive working relationships with other health care workers	248	1	5	3.93	0.927
Average				3.76	1.103

To determine influence of training on the performance of nursing officers in Nyeri County, Kenya, chi-square tests were conducted. Computed scores of the independent variables were related to the computed scores of performance. There was a significant relationship ($\chi^2= 34.500$, $df=12$, $p=0.001$, $v=0.422$) between training and the performance of nursing officers, in Nyeri County, Kenya as shown Table 5.

Table 5: Chi-Square Output

Variable	Chi-square value	Df	P-value	Cramer's V
Training	34.500	12	0.001***	0.422

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

This study sought to establish the influence of training on the performance of nursing officers, in Nyeri County, Kenya. The study found that training of nurses was conducted but there was a limitation in the diversity of approaches used. There was a significant relationship ($\chi^2= 34.500$, $df=12$, $p=0.001$, $v=0.422$) between training and the performance of nursing officers, in Nyeri County. This is in tandem with findings of Ashour *et al.* (2018) that healthcare organizational training activities are recognized as being able to become sources of competitive advantage through their impact on healthcare employees' productivity. The finding is in tandem with findings of Ayeleke *et al.* (2016) that healthcare employee training plays a vital role in improving performance as well as increasing productivity. This in turn leads to placing healthcare organizations in the better positions to face competition and stay at the top. It is also in tandem with Nishtha and Amit (2010) finding that training is important at all healthcare employee levels, because skills erode and become obsolete over a period and need to be replenished.

5.2 Conclusion

The study concludes that training influences the performance of nursing officers, in Nyeri County, Kenya. Specifically, the lack of adequate training is a drawback in service delivery. There is also over reliance on the job training as a mode of training staff. In addition, opportunities for nurses to further their studies are limited and there is little or no employee involvement in the planning of employee training.

5.3 Recommendations

Training programs in the health sector should be reviewed in order to employ more techniques in the training of nurses. Nurses should also be involved in the training programs whereby they should identify areas where they feel they need more information. In addition, the county government in conjunction with institutions of higher learning should come up with a program to enable nurses further their education especially because the vast majority of nurses are diploma holders.

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